Sepsis

Purpose

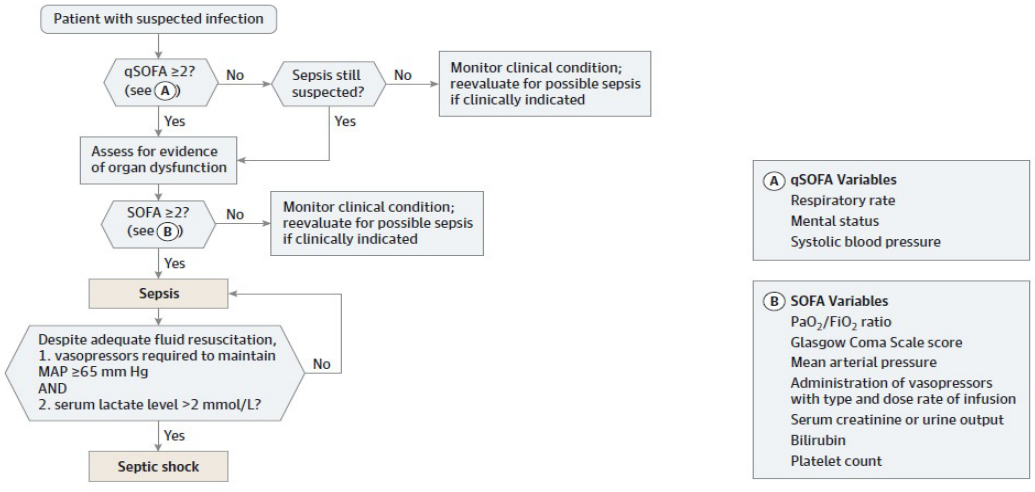
This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

In 2016 the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3) was developed by a task force of 19 critical care, infectious disease, surgical and pulmonary specialists and defined sepsis as "a syndrome of physiologic, pathologic and biochemical abnormalities induced by infection." Sepsis-3 is endorsed by 31 medical societies and provides the most clinically relevant definition of sepsis with a Sequential [Sepsis-related] Organ Failure Assessment (SOFA) score of 2 or more as an adjunct in the clinical diagnosis of sepsis (Figure 1).

The Surviving Sepsis Campaign International Guidelines for Management of Sepsis and Septic Shock (2016) was developed by a consensus committee of 55 international experts and utilized the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system to categorize the quality of evidence on the early management and treatment of patients with sepsis or septic shock. The Surviving Sepsis Campaign International Guidelines for Management of Sepsis and Septic Shock (2016) defined sepsis and septic shock according to the Sepsis-3 criteria. Thus, the Sepsis-3 criteria is the most recent evidence- based definition of sepsis and supports the Surviving Sepsis Campaign International Guidelines as part of its effort to promote accurate diagnosis and treatment of sepsis as well as appropriate billing and coding.

Figure. Operationalization of Clinical Criteria Identifying Patients With Sepsis and Septic Shock



The baseline Sequential [Sepsis-related] Organ Failure Assessment (SOFA) score should be assumed to be zero unless the patient is known to have preexisting (acute or chronic) organ dysfunction before the onset of infection. qSOFA indicates quick SOFA; MAP, mean arterial pressure.

Reimbursement Guidelines

Molina Healthcare or its designee conducts DRG clinical validation reviews both pre-payment and post-payment to verify DRG assignments and appropriate payment. This process ensures that claims accurately represent services provided to members, and that billing and reimbursement comply with federal and state regulations, as well as applicable standards, rules, laws, policy, and contract provisions. Molina Healthcare will apply the sepsis guidelines issued by the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3) to reviews for clinical validation that sepsis was present and that sepsis treatment services were appropriately rendered.

Hospital payments may be adjusted if, after reviewing the member's medical record, Molina Healthcare or its designated vendor determines that sepsis and sepsis treatment services are unsupported based on the Sepsis- 3 definition and criteria. ICD-10 diagnosis code ranges subject to review include R65.2, A40.x, and A41.x, which are subject to ICD-10 coding updates. Facilities that disagree with a determination may follow appropriate procedures in accordance with regulatory and contractual requirements.

Supplemental Information

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. The Centers for Medicare & Medicaid Services (CMS) is a federal entity under the United States Department of Health and Human Services (HHS). It oversees the Medicare program and collaborates with state governments to manage Medicaid, the Children's Health Insurance Program (CHIP), as well as health insurance portability regulations.
DRG	Diagnosis Related Group. A system developed by the Centers for Medicare & Medicaid Services (CMS) to classify inpatient hospital stays into categories based on the patient's diagnosis, procedures, age, and other factors. Medicare uses DRGs to determine how much it will pay the hospital for an inpatient claim, with each DRG having a fixed reimbursement rate.

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Initial Creation Date	01/07/2022	New Policy
Revised Date	12/12/2024	Updated Template
Revised Date	08/10/2025	Updated Template
Revised Date	08/19/2025	Updated Initial Creation Date

References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
National Institute of Health Library - Journal of the American Medical Association (JAMA)	The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3) - PMC
National Institute of Health Library – Critical Care Medicine	Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock: 2016 - PubMed
CMS	2021 ICD-10-CM Guidelines Medicare Claims Processing Manual, Chapter 23, Fee Schedule Administration and Coding Requirements

***CODING DISCLAIMER**. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.*