

Payment Policy: Sepsis and Septic Shock Payment Policy for Medicaid, MyCare Ohio, Medicare, and Marketplace Lines of Business

Effective Date: March 1, 2019

This payment policy will be used for reimbursement, and is not intended to address every situation. In instances that are not addressed by this policy, or by another policy or contract, Molina Healthcare retains the right to use discretion in interpreting this policy and applying it (or not applying it) to the reimbursement of services provided. The provider is responsible for submitting complete, accurate, and timely claims for payment consideration.

POLICY OVERVIEW

Beginning March 1, 2019, Molina Healthcare of Ohio, Inc. (“Molina”) will use the revised sepsis guidelines issued by the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3).

The Sepsis-3 guidelines have consolidated three sepsis categories into two categories:

1. Sepsis and severe sepsis have been merged into one category, now called sepsis
2. Septic shock (or Sepsis 3) has not changed significantly

Providers should note that patients who previously met the definition of sepsis may be excluded from the merged sepsis category.

For example, a patient with a urinary tract infection (UTI) may have met the previous definition of sepsis as evidenced by the systemic inflammatory response (elevated white cell count and an elevated temperature) and a site of infection. However, under the new definition, unless the patient has an elevated heart rate, respiratory rate, confusion and other signs of organ dysfunction, he/she would no longer fit the definition of sepsis.

The Sepsis-3 definition will be used in clinical claim reviews to validate that sepsis was present and that related services were appropriately submitted as part of the member’s claim. If clinical documentation provided to and reviewed by Molina does not support Sepsis-3 definitions and associated services, hospital payments will be adjusted appropriately, as described below.

CLAIM PROCESSING

Molina Healthcare will review a claim at the time of receipt to determine if any diagnosis (primary or secondary) of sepsis or septic shock meet the Sepsis-3 guideline:

- If a claim meets Sepsis-3 guidance, the claim will be processed based on medical necessity and standard payment guidelines.
- If a claim does not meet Sepsis-3 guidance, the claim will be processed with the removal of the sepsis or septic shock diagnosis(es) when evaluating the payment.

ICD-10 diagnosis code ranges subject to review of a claim include the following (which may be updated due to coding changes):

A40.X
A41.X
R65.X

If a sepsis or septic shock diagnosis is determined to be inappropriate, providers will have standard reconsideration timelines via the Claims Reconsideration Process for Molina to perform review of the additional documentation from providers.

In the event Sepsis-3 criteria is not identified as part of the authorization review, Molina will review impacted claims for Sepsis-3 criteria at the time of claim receipt. If a claim does not meet Sepsis-3 guidance, providers will have the opportunity to request reconsideration of the sepsis diagnosis(es) code(s) through the Claim Reconsideration Process. Please refer to the:

- "MyCare Ohio and Medicare Authorization and Claim Reconsideration Guide" on the MyCare Ohio website under the "Manual" tab, under "Quick Reference Guides & FAQs"
- "Medicaid and Marketplace Authorization and Claim Reconsideration Guide" on the Medicaid website under the "Manual" tab, under "Quick Reference Guides & FAQs"
- "Medicaid and Marketplace Authorization and Claim Reconsideration Guide" on the Marketplace website under the "Forms" tab, under "Other Forms"

DEFINITIONS

Sepsis-3 – definitions for sepsis and septic shock according to the Third International Consensus Definitions.

ICD-10 – International Classification of Diseases, 10th Revision, Clinical Modification ICD-10-CM for diagnoses.

ADDITIONAL RESOURCES

The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). Singer, M., Deutschman, C. S., et al. JAMA 2016; 315(8):801-810.

DOCUMENT REVISION HISTORY

Date		Action
Effective Date	March 1, 2019	
Revised Date	July 1, 2019	Updated