Jefferson Health Plans

RB. 009.A Sepsis/RASI-Sepsis and Severe Sepsis DRG Clinical Validation Review

Original Implementation Date : 04/01/2020
Version [A] Date: 04/01/2020
Last Reviewed Date: 03/22/2022

PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans (JHP) lines of business unless noted below.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

POLICY STATEMENT

SEVERE SEPSIS

Severe Sepsis without Septic Shock (R65.20) and Severe Sepsis with Septic Shock (R65.21) can be billed on the claim when at least one of the criteria listed below is met:

- Multi-organ dysfunction (platelets, liver, kidney cardiac output, AMS).

  - Multi-organ should be supported by a second criterion and the treating physician must explicitly link organ dysfunction to sepsis or infection.

- Septic Shock: Systolic Blood pressure (BP) < 90, OR map < 65, unresponsive to a fluid by the addition of vasopressors to support BP.

- Positive blood culture for a specific organism considered to be a pathogen and not a contaminant.

- Serum Lactate >2.

- Central Venous 02 Saturation (sat) > 70% (or peripheral venous sat > 65%).

- Mechanical Ventilation in the absence of pneumonia.

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SEPSIS

- Sepsis (A40.0-A40.9, A41-.0-A41.9) can be billed on the claim if: The acute change from the patients baseline in the SOFA score is a total of 2 or more points from any of the six organ systems, consequent to the infection; AND:

    o finding evidence of involvement beyond local infection such as AMS, relative hypotension, mottling or delayed capillary refill; **OR**

    o Sepsis was treated with IV antibiotic: **OR**

    o Other possible conditions as a cause of the patients SOFA parameters have been ruled out

*The Sequential Organ Failure Assessment (**SOFA**) **Score** is a mortality prediction **score** that is based on the degree of dysfunction of six organ systems. The **score** is calculated on admission and every 24 hours until discharge using the worst **parameters** measured during the prior 24 hours.

POLICY GUIDELINES

Sequential (Sepsis-Related) Organ Failure Assessment Score

Respiratory System

PaO$_2$/FiO$_2$ (mmHg)	Score
≥ 400	0
< 400	1
< 300	2
< 200 **and** mechanically ventilated	3
< 100 **and** mechanically ventilated	4

Central Nervous System

Glasgow coma scale	Score
15	0
13–14	1

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10–12	2
6–9	3
< 6	4

Cardiovascular System

Mean arterial pressure OR administration of vasopressors required	Score
MAP ≥ 70 mmHg	0
MAP < 70 mmHg	1
dopamine ≤ 5 µg/kg/min or dobutamine (any dose)	2
dopamine > 5 µg/kg/min OR epinephrine ≤ 0.1 µg/kg/min OR norepinephrine ≤ 0.1 µg/kg/min	3
dopamine > 15 µg/kg/min OR epinephrine > 0.1 µg/kg/min OR norepinephrine > 0.1 µg/kg/min	4

Liver

Bilirubin (mg/dl) [µmol/L]	Score
< 1.2 [< 20]	0
1.2–1.9 [20-32]	1
2.0–5.9 [33-101]	2
6.0–11.9 [102-204]	3
> 12.0 [> 204]	4

4.4.5 Coagulation

Platelets×10^3/µl	Sofa Score
≥ 150	0
< 150	1
< 100	2
< 50	3
<20	4

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4.4.6. Kidney

Creatinine (mg/dl) [μmol/L] (or urine output)	Score
< 1.2 [< 110]	0
1.2–1.9 [110-170]	1
2.0–3.4 [171-299]	2
3.5–4.9 [300-440] (or < 500 ml/d)	3
> 5.0 [> 440] (or < 200 ml/d)	4

MS-DRG 870, 871,872 or comparable DRGs can be billed with Sepsis (A41.0-A41.9, A40.0-A40.9), Severe Sepsis without Septic Shock (R65.20) and Severe Sepsis with Septic Shock (R65.21) in the primary dx code if the above criteria met.

- o   The term "urosepsis" codes to UTI (N39.0) and not to sepsis

- DRG validation follows the standard coding guidelines in the ICD-10 CM Coding Manual in effect of the period of confinement
- Additional references are CMS Manuals, CMS publications and American Medical Association (AMA) published Coding Clinics
- Auditors verify principal diagnosis, secondary diagnosis, discharge status, severity of illness, risk of mortality, procedures and sequencing based on documentation submitted for selected claim(s)

This is not a medical necessity review.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services,

providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

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CPT Code	Description
N/A	N/A

HCPCS Code	Description
N/A	N/A

ICD-10 Codes	Description
A40.0	Sepsis due to streptococcus, group A
A40.1	Sepsis due to streptococcus, group B
A40.3	Sepsis due to Streptococcus pneumoniae
A40.8	Other streptococcal sepsis
A40.9	Streptococcal sepsis, unspecified
A41.0	Other streptococcal sepsis
A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus
A41.02	Sepsis due to Methicillin resistant Staphylococcus aureus
A41.1	Sepsis due to other specified staphylococcus
A41.2	Sepsis due to unspecified staphylococcus
A41.3	Sepsis due to Hemophilus influenzae
A41.4	Sepsis due to anaerobes

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A41.5	Sepsis due to other Gram-negative organisms
A41.50	Gram-negative sepsis, unspecified
A41.51	Sepsis due to Escherichia coli [E. coli]
A41.52	Sepsis due to Pseudomonas
A41.53	Sepsis due to Serratia
A41.59	Other Gram-negative sepsis
A41.8	Sepsis, unspecified organism
A41.81	Sepsis due to Enterococcus
A41.89	Other specified sepsis
A41.9	Sepsis, unspecified organism
R65.20	Severe sepsis without septic shock
R65.21	Severe sepsis with septic shock

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DESCRIPTION OF SERVICES

N/A.

DEFINITIONS

N/A.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making.

Policy Bulletins are developed by Jefferson Plans (JHP) to assist in administering plan benefits and constitute neither offers of coverage nor medical advice.

This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
2022 Biennial review. No changes to content. Reissue version "A".	A	4/1/2020
New policy.	A	4/1/2020

REFERENCES

1) Coding Clinics: 4Q 2017 p 99-100.

2) ICD-10 Office Guidelines of Coding and Reporting. Section 1C, chapter 1d: Sepsis, Severe Sepsis and Septic Shock.

3) Clinical Reference: JAMA 2016 Feb23; 315(8): 801-1.doi: 10.1001/jama.2016.0287. The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3).