PREMERA HMO
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Payment Policy

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Title	**Inpatient Sepsis Coding**		
Number	**CP.PP.428.v1.0**		
Last Approval Date	10/07/25	**Original Effective Date**	02/06/26
Replaces			
Cross Reference	*Hospital or Hospital System Readmissions*		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose/ Application	To define how the plan will reimburse all facility claims for adults billed with a sepsis related DRG.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products.
Definitions	**MAP**- Mean arterial pressure. **Sepsis**- life-threatening organ dysfunction caused by a dysregulated host response to Infection. **Septic Shock**- a subset of sepsis in which particularly profound circulatory, cellular, and metabolic abnormalities are associated with a greater risk of mortality than with sepsis alone. **SIRS** – Systemic Inflammatory Response Syndrome is an inflammatory response that can occur due to varying triggers such as but not limited to infection, trauma, or surgery. SIRS is not an adequate definition for coding of sepsis.
Policy	The Plan requires appropriate coding for Sepsis-related hospitalization to ensure accurate reimbursement. Related **claims for adults ages 19 and older** may be denied unless the following requirements are met: Documentation must include **ONE** of the following: o Infection with a bacterium, virus, fungus, protozoan, or helminth is suspected, and both of the following are documented: • A reasonable suspicion of infection is described and documented as suspected at the time of discharge. • A compatible clinical illness **OR** o Infection with a bacterium, virus, fungus, protozoan, or helminth is documented in the medical records to be clinically significant by one or more laboratory methods, and is not considered a contaminant: • Cultivation of bacteria and fungi on growth medium.

- Detection of a specific immune response (antibody).
- Detection of antigens (immunohistochemistry) or nucleic acid sequences. (in situ hybridization, or amplification by polymerase chain reaction).
- Identification of the agent biochemically, antigenically, or genetically.
- Isolation of viruses in cell culture.
- Visualization of an organism in infected tissue.

AND

Organ dysfunction supporting sepsis diagnosis is documented by **one** of the following:

- Septic shock identified by a vasopressor requirement to maintain a mean arterial pressure of 65 mm Hg or greater and serum lactate level greater than 2 mmol/L (greater than 18 mg/dL) in the absence of hypovolemia.

OR

- An increase in the Sequential [Sepsis-related] Organ Failure Assessment (SOFA) score of 2 points or more as reflected in the codes and coding guidelines section.

Codes and Coding Guidelines

Sequential [Sepsis-Related] Organ Failure Assessment Score[a] (SOFA) Table:

System	Score				
	0	1	2	3	4
Respiration					
PaO_2/FIO_2, mm Hg (kPa)	≥400 (53.3)	<400 (53.3)	<300 (40)	<200 (26.7) with respiratory support	<100 (13.3) with respiratory support
Coagulation					
Platelets, $\times 10^3/\mu L$	≥150	<150	<100	<50	<20
Liver					
Bilirubin, mg/dL (μmol/L)	<1.2 (20)	1.2–1.9 (20–32)	2.0–5.9 (33–101)	6.0–11.9 (102–204)	>12.0 (204)
Cardiovascular					
Hypotension	MAP ≥70 mm Hg	MAP <70 mm Hg	Dopamine <5 or dobutamine (any dose)[b]	Dopamine 5.1–15 or epinephrine ≤0.1 or	Dopamine >15 or epinephrine >0.1 or norepinephrine >0.1[b]

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					norepinephrine ≤0.1[b]	
Central nervous system						
Glasgow Coma Scale score[c]	15	13–14	10–12	6–9	<6	
Renal						
Creatinine, mg/dL (μmol/L)	<1.2 (110)	1.2–1.9 (110–170)	2.0–3.4 (171–299)	3.5–4.9 (300–440)	>5.0 (440)	
Urine output, mL/d				<500	<200	

*Abbreviations: FIO_2, fraction of inspired oxygen; MAP, mean arterial pressure; PaO_2, partial pressure of oxygen. [a]Adapted from Vincent et al.[27] [b]Catecholamine doses are given as μg/kg/min for at least 1 hour. [c]Glasgow Coma Scale scores range from 3–15; higher score indicates better neurological function.

- Providers are expected to adhere to current coding and documentation guidelines.
- Claims must contain coding that accurately describes the services rendered.
- Sepsis should not be coded when the condition is being ruled out or easily explained by another infection/diagnosis

Violations of Policy	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be determined by the Plan.
Exceptions	Inpatient facility claims that are reimbursed under a methodology other than DRGs Exceptions to the policy may also be made where a provider contract dictates otherwise.
Laws, Regulations & Standards	
References and Resources	• Medicare Claims Processing Manual, Chapter 23, Fee Schedule Administration and Coding Requirements, section 10.1 - General Rules for Diagnosis Coding and 10.2 – Inpatient Claim Diagnosis Reporting • Singer M, Deutschman CS, Seymour CW, et al. The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). JAMA. 2016;315(8):801–810. doi:10.1001/jama.2016.0287 • Vincent JL, Moreno R, Takala J, et al. Working Group on Sepsis-Related Problems of the European Society of Intensive Care Medicine. The SOFA (Sepsis-related Organ Failure Assessment) score to describe organ dysfunction/failure. Intensive Care Med. 1996;22(7):707–710. doi: 10.1007/BF01709751.

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