

SPECIAL eBULLETIN

FOR FACILITY PROVIDERS

DEC. 7, 2018

HIGHMARK CONCURS WITH THE AMERICAN MEDICAL ASSOCIATION'S SEPSIS AND SEPTIC SHOCK DEFINITION

Since early 2000, several articles about sepsis and septic shock have been published by various medical journals. Additionally, clinical trials, peer review organizations, and committees have been attempting to formally define sepsis and septic shock and organ dysfunction.

Highmark agrees with the following definition of sepsis and septic shock that was published in the February 2016 issue of the **Journal of American Medical Association (JAMA)**:

- Sepsis is life-threatening organ dysfunction caused by a dysregulated host response to infection. In other words, sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs.
- Septic shock is 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.

CODING STANDARDS FOR REPORTING SEPSIS AND SEPTIC SHOCK

Highmark's sepsis and septic shock definition requires that the patient show definite signs of a life-threatening systemic infection, rather than just exhibiting two of four general symptoms (high white count, rapid breathing, rapid heart rate, and fever) as required by prior definitions. Depending on the body system, quantifying this dysfunction can be a gray area, but we maintain that organ dysfunction caused by the infection is what separates a localized infection, even a severe one, from sepsis.

Whenever sepsis is prevented from developing, it should not be coded as if it existed. While the resources expended to prevent sepsis may be more than needed to treat a simple urinary tract infection or pneumonia, they pale in comparison to the intensive care required to treat a truly septic patient.

Highmark's Clinical Validation Audit approach for sepsis is no different than our review approach for any other condition. If the care provided by the facility prevented a condition from evolving, then that condition cannot be reported as a confirmed diagnosis. In addition, even when applying systemic inflammatory response syndrome criteria, the coding of sepsis, when prevented, does **not** meet the following ICD-10-CM coding rule found in Section I. Conventions, general coding guidelines – B. General Coding Guidelines No 11:



Impending or Threatened Condition

Code any condition described at the time of discharge as “impending” or “threatened” as follows:

- If it did occur, code as confirmed diagnosis.
- If it did not occur, reference the Alphabetic Index to determine if the condition has a subentry term for “Impending” or “Threatened.”
- If the subterms are listed, assign the given code.
- If the subterms are not listed, code the existing underlying condition(s) and not the condition described as impending or threatened.

REIMBURSEMENT OF INPATIENT DRG CLAIMS FOR SEPSIS AND SEPTIC SHOCK

Inpatient claims reimbursed on a DRG payment methodology will be subject to audit selection to clinically validate that the sepsis diagnosis reported is supported in the medical record documentation.

Please reference Highmark’s Reimbursement Policy RP-035, Correct Coding Guidelines, that outlines Highmark’s systems and sources of coding information used to appropriately adjudicate claims provided by resources such as, but not limited to National and State Medical Societies, National Coding Initiatives (NCCI), American Medical Association, Current Procedural Terminology (CPT[®]), World Health Organization (WHO), etc.

Highmark's Reimbursement Policy RP-035, Correct Coding Guidelines, is available on the Provider Resource Center as an option under **Claims, Payment & Reimbursement**. Select **Reimbursement Policy**, and then search for RP-035.

Please review your internal procedures when reporting sepsis or septic shock diagnoses codes when submitting claims. When inappropriate codes are billed, Highmark will notify the provider and impacted claims will be adjusted accordingly.