

Medical Policy

Sepsis and Septic Shock	
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APPLICABLE PRODUCT AND MARKET	Medicare Advantage: All Plans

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PURPOSE

The purpose of this policy is to establish the clinical review criteria are intended to be used as an administrative tool for determining the presence or absence of a diagnosis of sepsis or septic shock.

POLICY

This policy expresses the adoption of sepsis and septic shock definitions in accordance with current literature and clinical guidelines and elaborates on the importance of utilizing the Sequential Organ Failure Assessment (SOFA) calculator and specific assessment criteria during the evaluation of a patient and during the review of the patient's medical record in accordance with the Third International Consensus Definitions for Sepsis and Septic Shock (SEPSIS-3).

Documentation supporting a diagnosis of sepsis should be legible and maintained in the patient's medical record and made available upon request. Brand New Day/Central Health Medicare Plan and its affiliates reserve the right to perform retrospective reviews using the above criteria to validate if services rendered met payment determination criteria.

Clinical Review Criteria

The care of sepsis (and sepsis-related care in other diagnosis related groups) and septic shock are provided when all the following clinical documentation elements are present:

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1. Sepsis (and sepsis-related care in other diagnosis related groups)
 - a. Suspected or documented infection, and;
 - b. An acute increase of 2 or more points in the SOFA score as described in Appendices A & B
2. Septic Shock – presence of sepsis as above and:
 - a. Persistent hypotension despite adequate volume resuscitation, excluding other non-septic causes of hypotension, requiring vasopressor medications to maintain mean arterial pressure of at least 65 mm Hg, and
 - b. Serum lactate level greater than 2 mmol/L despite adequate volume resuscitation.

BACKGROUND

Important practice-altering changes were published that improve the diagnosis and management of this common and often lethal syndrome. The 2016 Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3, from The Society of Critical Care Medicine and the European Society of Intensive Care Medicine) sought to revise the 1991 identification of life-threatening organ dysfunction via Systemic Inflammatory Response Syndrome (SIRS). SIRS-based definitions were thought to excessively focus on inflammation and to offer inadequate specificity in the use of associated SIRS criteria (abnormalities of 2 or more temperature, heart rate, respiratory rate, white blood cell count). Subsequent research has proven that among critically ill patients with suspected sepsis, the predictive validity of the Sequential Organ Failure Assessment (SOFA) score was superior to that of the SIRS criteria. SOFA uses simple measurements of major organ function to calculate a severity score. SOFA was therefore recommended by the task force for identifying organ dysfunction. This policy seeks to incorporate this change to increase the validity of sepsis-related diagnoses and claims.

DEFINITIONS

1. **Sepsis:** Sepsis is currently defined as life-threatening organ dysfunction caused by a dysregulated host response to infection

ATTACHMENTS

Appendix A - Sequential Organ Failure Assessment (SOFA)

Appendix B – Gasgow Coma Scale

CODING

The codes listed below are for reference purposes. This list does not imply whether the code is covered or not covered. The benefit document should be referenced for coverage determination. This list of applicable codes may not be all-inclusive.

ICD-10	DESCRIPTION
R65.20	Sepsis
R65.21	Sepsis Shock

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EVIDENCE BASED REFERENCES

- Jain S, Iverson LM. Glasgow Coma Scale. [Updated 2022 Jun 21]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-.
- Marik PE, Taeb AM. SIRS, qSOFA and new sepsis definition. J Thorac Dis. 2017;9(4):943-945.
- 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.
- Vincent JL, Moreno R, Takala J, et al. The sofa (Sepsis-related organ failure assessment) score to describe organ dysfunction/failure. On behalf of the working group on sepsis-related problems of the European Society of Intensive Care Medicine. Intensive Care Med. 1996;22(7):707-710.

POLICY HISTORY

This policy has been approved by the approval body listed below or has received other necessary approval pursuant to Brand New Day/Central Health Medicare Plan policies on clinical criteria and policy development.

Approval Body		<Insert Utilization Management Committee OR Pharmacy and Therapeutics Committee>	
Version History	Approval Date	Effective Date	Action
V1	02-06-2023	03-01-2023	New Policy
V2		1/1/2024	Updated to Brand New Day/Central Health Medicare Plan (no policy revisions made)

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Appendix A SOFA Score

Table 1 The Sequential Organ Failure Assessment (SOFA) score^a

Organ system	SOFA score				
	0	1	2	3	4
Respiratory, PO ₂ /FIO ₂ , mmHg (kPa)	≥400 (53.3)	<400 (53.3)	<300 (40)	<200 (26.7) with respiratory support	<100 (13.3) with respiratory support
Coagulation, Platelets, ×10 ³ /mm ³	≥150	<150	<100	<50	<20
Liver, Bilirubin, mg/dL	<1.2	1.2–1.9	2.0–5.9	6.0–11.9	>12.0
Cardiovascular	MAP ≥70 mmHg	MAP <70 mmHg	Dopamine <5 or dobutamine (any dose) ^b	Dopamine 5.1–15 or epinephrine ≤0.1 or norepinephrine ≤0.1 ^b	Dopamine >15 or epinephrine >0.1 or norepinephrine >0.1 ^b
Central nervous system, Glasgow Coma Scale	15	13–14	10–12	6–9	<6
Renal, Creatinine, mg/dL. Urine output, mL/d	<1.2	1.2–1.9	2.0–3.4	3.5–4.9 <500	>5.0 <200

^a, adapted from Vincent *et al.* (7); ^b, Catecholamine doses are given as µg/kg/min for at least 1 hour. FIO₂, fraction of inspired oxygen; MAP, mean arterial pressure; PO₂, partial pressure of oxygen.

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Appendix B Glasgow Coma Scale

Best eye response (4)

1. No eye opening
2. Eye opening to pain
3. Eye opening to sound
4. Eyes open spontaneously

Best verbal response (5)

1. No verbal response
2. Incomprehensible sounds
3. Inappropriate words
4. Confused
5. Orientated

Best motor response (6)

1. No motor response.
2. Abnormal extension to pain
3. Abnormal flexion to pain
4. Withdrawal from pain
5. Localizing pain
6. Obeys commands