ConnectiCare

Payment Integrity Administrative Policy:

Sepsis Coding Criteria

(Commercial & Medicare)

EFFECTIVE DATE:	APPROVED BY
1/01/2022	**HCCI (Health Care Cost Initiatives Committee)**

Overview:

All Commercial and Medicare Advantage claims for sepsis-related treatment may be reviewed on a pre-payment or post payment basis. These reviews promote accurate diagnosis and treatment of sepsis and help ensure the claim is coded and billed at the appropriate treatment level.

Policy Statement:

Claims will be reviewed utilizing Sepsis 2 or 3 guidelines (depending on state laws) and the patient's medical records to validate that sepsis was present. Subject to state laws and regulations, and as indicated above, the plans will use the most recent evidence-based definition of sepsis and supports the International Guidelines for Management of Sepsis and Septic Shock 2021.

Frequently Asked Questions:

1. **What if the plan can't validate that sepsis is present?**
   Based on the guidelines and review of the member's medical records, services may be denied or adjusted. In the event payment for sepsis-related services is denied, the hospital may submit a corrected claim.

2. **How will I know if the claim requires review?**
   You will receive a letter from the plan, one of our delegate vendors, or electronic remittance denial stating medical records are required. Please be aware that submitting the information as soon as possible will help prevent possible claim delays and/or denials.

3. **What happens if my claim is re-coded or denied?**
   You will receive a letter explaining the outcome of the review. You may have dispute or appeal rights depending on nature of the outcome.

Proprietary information of ConnectiCare, 2025

4. **Sepsis protocol was initiated per hospital/state criteria for sepsis, why was the claim re-coded?**

   When sepsis criteria have been met for initiation of sepsis protocol for treatment the diagnostic workup does not automatically translate to coding for sepsis as a diagnosis. The clinical documentation must clearly support sepsis is confirmed. Sepsis should not be coded when Sepsis/SIRS is being ruled out or easily explained by another infection/diagnosis.

Revision History

Company(ies)	DATE	REVISION
ConnectiCare	11/18/2025	• Policy criteria are *not applicable* to Exchange and Medicare Advantage Plans for dates of service **on or after January 1, 2026**.
ConnectiCare	11/18/2025	• Transferred policy content to individual company-branded template. No changes to policy title or policy number
ConnectiCare	11/2021	• Policy created