

New Sepsis Guidelines

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

COUNTIES:

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**
- Primary Care**
- IPA/MSO
- Directs
- Specialists**
- Directs
- IPA
- Hospitals**
- Ancillary**
- CBAS
- SNF/LTC
- DME
- Home Health
- Other

FOR QUESTIONS CALL PROVIDER SERVICES:
(855) 322-4075, Extension:

Los Angeles/Orange Counties

X111113 X123071
X127657

Riverside/San Bernardino Counties

X127684 X128010
X120618

Sacramento County

X121360

San Diego County

X121805 X121401
X127709 X121413
X123006 X121599

Imperial County

X125682 X125666

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding new guidelines for Sepsis and Septic Shock (Sepsis-3).

Beginning August 1, 2019, Molina Healthcare of California, Inc. (Molina) will use the revised sepsis guidelines issued by the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3) for all product lines for claims payment reviews. The new guidelines have consolidated three sepsis categories into two categories:

1. Sepsis and severe sepsis have been merged into one category, now called sepsis
2. Septic shock (or Sepsis 3) has not changed significantly

Providers should note that patients who previously met the definition of sepsis for claims payment, may be excluded from the new sepsis category. For example, a patient with a urinary tract infection (UTI) may have met the previous definition of sepsis as evidenced by the systemic inflammatory response (elevated white cell count and an elevated temperature) and a site of infection. However, under the new definition, unless the patient has an elevated heart rate, respiratory rate, confusion and other signs of organ dysfunction, he/she would no longer fit the definition of sepsis.

Please note: Adoption of this criteria is to ensure accurate claims payment and does not serve as a mandate or recommendation to change any existing sepsis protocols to utilize Sepsis-3 criteria for diagnosis.

ABOUT THE SEPSIS DEFINITIONS

These definitions are:

- Recognized by the industry and professional associations as aids to determine sepsis and septic shock, and
- The most recent evidence-based definitions for determining sepsis and septic shock.

Sepsis definitions are used in clinical claim reviews to validate that sepsis was present and that related services were appropriately submitted. If clinical documentation reviewed by Molina does not support Sepsis-3 definitions, hospital payments may be adjusted.

RESOURCES

For additional information about sepsis and sepsis-3 definitions, please see: The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). Singer, M., Deutschman, C. S., et al. JAMA 2016; 315(8):801-810.

QUESTIONS

- For billing and claims related inquiries, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.
- For clinical or member specific inquiries please contact our Utilization Management department at (844) 557-8434. For a clinical consult, please call this line and request to speak with a Medical Director.

Overview:

Sepsis-3 is the most recent evidence-based definition of sepsis and is the definition recognized by the industry and many professional associations as an aid in determining Sepsis and Septic Shock. Sepsis-3 is defined as *a life-threatening organ dysfunction caused by a dysregulated host response to infection*. Molina Healthcare is using Sepsis-3 as part of our Sepsis Clinical Guidelines for claims payment, that will go into effect on August 1, 2019. The guidelines will be used in post-payment Diagnosis-Related Group (DRG) claim reviews to clinically validate a sepsis diagnosis using the clinical information provided during medical review.

Frequently Asked Questions and Answers:

1. *What specific changes are being made by Molina Healthcare?*

Beginning August 1, 2019, Molina Healthcare will use the revised sepsis guidelines issued by the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3) for determining the appropriateness of claims with a sepsis diagnosis.

2. *Why and when was the Sepsis-3 Clinical Guideline developed?*

An international consensus committee developed Sepsis-3 because definitions for sepsis and septic shock were last revised many years ago. Since then, there have been considerable advances in pathobiology. The management and epidemiology of sepsis have advanced as well. Sepsis-3 is based on the most recent evidence-based medicine.

The Sepsis-3 International Consensus Committee was led by the Society of Critical Care Medicine and the European Society of Intensive Care Medicine. The committee consisted of 19 governing medical societies with expertise in sepsis pathophysiology, clinical trials and epidemiology. An expert consensus process, based on a current understanding of sepsis-induced changes in organ function, morphology, cell biology, biochemistry, immunology, and circulation, developed updated definitions and clinical criteria. These were peer reviewed and endorsed by 31 international professional societies.

The consensus committee ultimately determined that previous definitions of sepsis overly focused on signs and symptoms of inflammation, which lack specificity and sensitivity in delineating sepsis. The task force concluded the term “severe sepsis” is redundant, since true sepsis (by Sepsis-3 definition) is severe sepsis. The term sepsis alone would now distinguish sepsis from infections, some of which may be severe, but without sepsis.

The Sepsis-3 criteria is accepted by the American Medical Association, and was published in JAMA in 2016 (see citation below)

3. *Why is Molina Healthcare adopting the Sepsis 3 criteria as its clinical guideline for claims reviews?*

Molina Healthcare is using this guideline as a mechanism to ensure appropriate claims payment. The Sepsis-3 criteria is recognized by the industry and professional associations, such as AMA, to define what is and is not sepsis. Molina Healthcare looks to remain consistent with this industry accepted definition as its clinical guideline to effectuate appropriate claims payment. When submitting a claim with a DRG for sepsis, it is recommended that medical records are submitted in accordance with the Sepsis-3 guidelines for review and determination for appropriate reimbursement post-service.

Molina Healthcare is in no way dictating to any of our providers how to diagnose and treat Molina Healthcare members. We do not require that providers use Sepsis-3 clinical guidelines to diagnose or direct care.

4. *How are sepsis and septic shock defined in Sepsis-3?*

Sepsis is defined as life-threatening organ dysfunction caused by a dysregulated host response to infection. Organ dysfunction can be identified as an acute change in total Sequential [Sepsis-related] Organ Failure Assessment (SOFA) score ≥ 2 points consequent to the infection.

Sepsis Clinical Guidelines: Frequently Asked Questions

Septic shock is a subset of sepsis in which underlying circulatory and cellular/metabolic abnormalities are profound enough to substantially increase mortality. Patients with septic shock can be identified with a clinical construct of sepsis with persisting hypotension requiring vasopressors to maintain MAP ≥ 65 mm Hg and having a serum lactate level >2 mmol/L (18mg/dL) despite adequate volume resuscitation. With these criteria, hospital mortality is in excess of 40%.¹

5. *Does this change impact the prior authorization processes?*

No. Molina Healthcare's Sepsis Clinical Guidelines do not change any existing prior authorization requirements. Molina will continue to apply MCG criteria for inpatient admissions. You'll still follow your normal prior authorization process when treating Molina Healthcare's members.

6. *Will this change impact reimbursement?*

Molina Healthcare will review a claim at the time of receipt to determine if any diagnosis (primary or secondary) of sepsis or septic shock meets the Sepsis-3 guideline. Reimbursement will depend on a review of the clinical information and codes submitted.

7. *Why is Molina Healthcare using Sepsis-3 when Centers for Medicare & Medicaid Services (CMS) do not?*

The CMS Sepsis Care bundle measures your ability to achieve early recognition and treatment of members who present with signs and symptoms of infection that may evolve into sepsis. Sepsis-1 and Sepsis-2 criteria are broad and represent the industry's prior understanding of how to identify and treat this life-threatening condition.

Sepsis-3 criteria is the current understanding of the industry to diagnose Sepsis and Septic Shock. It is based on the reality that only some members with severe infections will go on to develop a life-threatening response to their disease. These members require the highest level of care and resource use.

8. *Do I need to provide any additional clinical information during concurrent review or claims submittal?*

The clinical information as requested as a part of our concurrent review process in our provider manual should be sufficient. However, additional information and context in some situations may be helpful to ensure the appropriate level of review.

9. *What steps can I take if I disagree with the payment determination for a specific claim?*

If a claim does not meet Sepsis-3 guidance, providers will have the opportunity to request reconsideration of the sepsis diagnosis(es) code(s) through the Claim Reconsideration Process.

10. *Where can I find out more information?*

You can learn more by reviewing the following resource:

The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3), JAMA. 2016 February 23; 315 (8): 801-810: ncbi.nlm.nih.gov/pmc/articles/PMC4968574

You may also contact Molina Healthcare as follows:

For billing and claims related inquiries, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.

For clinical or member specific inquiries, please contact our Utilization Management department at (844) 557-8434. For a clinical consult, please call this line and request to speak with a Medical Director.

¹ 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

SOFA Scoring Tool

SOFA score	0	1	2	3	4
Respirations PaO ₂ /FIO ₂ (mm Hg) SaO ₂ /FIO ₂	>400	<400 221–301	<300 142–220	<200 67–141	<100 <67
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^b Hypotension	No hypotension	MAP <70	Dopamine </=5 or dobutamine (any)	Dopamine >5 or norepinephrine </=0.1	Dopamine >15 or norepinephrine >0.1
CNS Glasgow Coma Score	15	13–14	10–12	6–9	<6
Renal Creatinine (mg/dL) or urine output (mL/d)	<1.2	1.2–1.9	2.0–3.4	3.5–4.9 or <500	>5.0 or <200