

Sepsis In-patient Payment Policy
Medicare Advantage Plans
January 16, 2023

The purpose of this payment policy is to communicate Prominence Health Plan's Payment policy regarding the payment of in-patient claims received with a diagnosis of Sepsis.

Based on the recommendation from JAMA®, The Third International Consensus Definitions for Sepsis and Septic Shock Sepsis-3, sepsis should be defined as a life-threatening organ dysfunction caused by a dysregulated host response to infection. Patients are likely to have a prolonged hospital or ICU stay.

As such, April 16, 2023, inpatient admissions with a diagnosis of sepsis and billed with the following DRG's with a length of stay less than three (3) days and a discharge status of "home" will be denied. It is likely these cases are instead a rule out sepsis and more likely dehydration, urinary tract infection or other diagnosis that should be more accurately submitted. We will accept a sepsis diagnosis with an appropriate discharge status code for patients who expire or are transferred to other facilities or hospice with a diagnosis of sepsis resulting in an inpatient stay of three nights or less.

- DRG 870 – Septicemia or severe Sepsis with Mechanical Ventilation > 96 hours
- DRG 871 – Septicemia or Severe Sepsis without Mechanical Ventilation (MV) > 96 hours with Major Complication/Comorbid Condition (MCC)
- DRG 872 Septicemia or Severe Sepsis without Mechanical Ventilation (MV) > 96 hours without Major Complication/Comorbid Condition (MCC)