AmeriHealth Caritas Ohio

Sepsis

Reimbursement Policy ID: RPC.0125.7700

Recent review date: 07/2026

Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy supports compliance with medical record documentation to support the coding and billing of a claim submitted with the diagnosis of sepsis to ensure accurate hospital APR DRG reimbursement.

Exceptions

N/A

Reimbursement Guidelines

The health plan applies the sepsis guidelines issued by the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3) for clinical validation that sepsis was present and sepsis treatment services were appropriately rendered.

SIRS, SEP-1 criteria, or qSOFA scores alone are not acceptable as definitive evidence of a sepsis diagnosis. Providers must ensure that the medical record includes clear, clinically supported documentation consistent with sepsis as defined by applicable regulatory and clinical guidelines to support accurate coding and billing.

The following APR-DRG's are used when billing for sepsis and may subject to denial with a length of stay less than 3 days.

- **APR-DRG 720:** Septicemia & Disseminated Infections
- **APR-DRG 721:** Septicemia & Disseminated Infections
- **APR-DRG 722:** Septicemia & Disseminated Infections
- **APR-DRG 723:** Septicemia & Disseminated Infections

The following is a list of sepsis diagnosis codes included in the Sepsis APR DRG's.

A021	Salmonella sepsis
A207	Septicemic plague
A227	Anthrax sepsis
A267	Erysipelothrix sepsis
A327	Listerial sepsis
A391	Waterhouse-Friderichsen syndrome
A392	Acute meningococcemia
A393	Chronic meningococcemia
A394	Meningococcemia, unspecified
A3989	Other meningococcal infections
A399	Meningococcal infection, unspecified
A400	Sepsis due to streptococcus, group A
A401	Sepsis due to streptococcus, group B
A403	Sepsis due to Streptococcus pneumoniae
A408	Other streptococcal sepsis
A409	Streptococcal sepsis, unspecified
A4101	Sepsis due to Methicillin susceptible Staphylococcus aureus
A4102	Sepsis due to Methicillin resistant Staphylococcus aureus
A411	Sepsis due to other specified staphylococcus
A412	Sepsis due to unspecified staphylococcus
A413	Sepsis due to Hemophilus influenzae
A414	Sepsis due to anaerobes
A4150	Gram-negative sepsis, unspecified
A4151	Sepsis due to Escherichia coli [E. coli]
A4152	Sepsis due to Pseudomonas
A4153	Sepsis due to Serratia
A4159	Other Gram-negative sepsis
A4181	Sepsis due to Enterococcus
A4189	Other specified sepsis
A419	Sepsis, unspecified organism

A427	Actinomycotic sepsis
A5486	Gonococcal sepsis
B007	Disseminated herpes viral disease
B377	Candidal sepsis
R571	Hypovolemic shock
R578	Other shock
R6520	Severe sepsis without septic shock
R6521	Severe sepsis with septic shock
R7881	Bacteria

Inpatient services with a diagnosis of sepsis with a length of stay of less than 3 days will not be reimbursed.

Definitions

qSOFA
The qSOFA (Quick SOFA) score is a bedside tool designed to quickly identify patients with suspected infection outside the ICU who are at higher risk for poor outcomes, including in-hospital mortality.

SEP-1 criteria
"SEP-1" is shorthand for "The Severe Sepsis and Septic Shock Early Management Bundle." It lays out a process for healthcare professionals in hospitals to follow. The process includes key steps and milestones in early sepsis care that are to be completed in a specific time frame.

Sepsis-3 (The Third International Consensus Definitions for Sepsis and Septic Shock) defines sepsis as life-threatening organ dysfunction caused by a dysregulated host response to infection. It focuses on acute, significant organ failure—defined by an increase greater than or equal to 2 in the Sequential Organ Failure Assessment (SOFA) score.

Systemic Inflammatory Response Syndrome (SIRS) criteria
A set of physiological and laboratory parameters used to identify a generalized, systemic response to infection or other severe insults.

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI).
VI. https://www.cms.gov/icd10m/version372-fullcode-cms/fullcode_cms/P0327.html
VII. https://www.ebmedicine.net/media_library/files/Sepsis-Emergency-Medicine-2025.pdf
VIII. https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/About%20Us/PoliciesGuidelines/HHTL/HHTL_10-1-2024-FINAL.pdf
IX. Applicable Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

09/2026	• Removed the next review date • Replaced the plan name with “the health plan”
07/2026	Reimbursement Policy Committee Approval