If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of Oklahoma may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

## Sepsis Policy

**Policy Number: CPCP041**

**Version 1.0**

**Enterprise Clinical Payment and Coding Policy Committee Approval Date:** Jan. 26, 2026

**Plan Effective Date:** April 30, 2026

## Description

This policy is intended to provide billing and coding information for sepsis related services and treatment claims. Claims must contain coding that accurately describes the services rendered. The information in this policy is not intended to be all inclusive.

Claims will be reviewed using documentation in the member's medical records and the most recent criteria identified for sepsis as outlined in this policy as a basis. Claims are reviewed on a case-by-case basis for evidence of infection, evidence of end-organ dysfunction triggered by a dysregulated host response to the infection, and a treatment course consistent with the type of infection present.

The Plan reserves the right to request supporting documentation. Documentation submitted must support the diagnosis billed. Failure to adhere to billing and coding polices may impact claims processing and reimbursement.

The Plan uses the following definitions and terms in accordance with guidance from *The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3)*[1] in conjunction with guidance from *CMS ICD-10-CM Official Guidelines for Coding and Reporting, Section C Chapter- Specific Coding Guidelines*, *1) Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1, U09.9, (d) Sepsis, Severe Sepsis, and Septic Shock Infections resistant to antibiotics, 1) through 6)*[2].

## Definitions/Terms

**MAP**- Mean arterial pressure.

**Sepsis**- Life-threatening organ dysfunction caused by a dysregulated host response to infection. In lay terms, sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs.

**Septic Shock**- Subset of sepsis in which underlying circulatory and cellular/metabolic abnormalities are profound enough to cause vasodilatory or distributive shock. These patients fulfill the definition for sepsis who, despite adequate fluid resuscitation, require vasopressors to maintain a mean MAP $\geq$ 65 mmHg. Septic shock substantially increases mortality.

**SIRS**- Systemic inflammatory response syndrome. SIRS may be appropriate for screening but not adequate for coding of sepsis.

## Reimbursement Information

### Billing and Coding Information

Codes referenced in this policy are for informational purposes only. The inclusion or the exclusion of a code below does not guarantee reimbursement.

The following additions to the *CMS ICD-10-CM Official Guidelines for Coding and Reporting* were added by the Plan:

| Additional Information | |
|---|---|
| **Coding of sepsis and severe sepsis** | 1. *Negative or inconclusive blood cultures and sepsis*- The evidence of infection must be noted in the provider statement for conditions such as viremia or fungemia.<br>2. *Sepsis or organ dysfunction*- Organ dysfunction is a component of the sepsis definition. Organ dysfunction should not be coded separately from sepsis. |
| **Coding of Septic shock** | 1. *Septic shock* generally refers to circulatory failure associated with severe sepsis, and therefore, it represents a type of organ dysfunction as evidenced by hypoperfusion and/or persistent hypotension requiring vasopressors to maintain MAP ≥65 mm Hg and having a serum lactate level > 2 mmol/L (18 mg/dL) despite adequate volume resuscitation.<br>2. In cases of *septic shock*, the code for the systemic infection should be sequenced first, then followed by code R65.21 or code T81.12. Any other additional code(s) for the other acute organ dysfunctions should additionally be assigned. A code from subcategory R65.2 can never be assigned as a principal. diagnosis. |

**DRG Codes**

Diagnosis-related group- DRG codes related to sepsis may trigger a validation review of the diagnoses submitted (principal and secondary) affecting the DRG.

## Additional Resources

**Clinical Payment and Coding Policy**
CPCP029 Medical Record Documentation

## References

[1]JAMA Network. Special Communication. Caring for the Critically Ill Patient. February 23, 2016. The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). Accessed 09/10/2025.

[2]ICD-10-CM Official Guidelines for Coding and Reporting FY 2025 -- UPDATED October 1, 2024. Accessed 09/10/2025.
ICD-10 International Classification of Diseases, 10th Revision, Clinical Modification ICD-10-CM for diagnoses

ICD-10-CM/PCS MS-DRG v42.0 Definitions Manual. Accessed 09/10/2025.

JAMA Network. Development and Validation of the Phoenix Criteria for Pediatric Sepsis and Septic Shock. Accessed 09/10/2025.

## Policy Update History

| Approval Date | Description |
|---|---|
| 01/26/2026 | New policy |