Sentara Health Plans

Medicare

Sepsis and Other Febrile Illness, without Focal Infection, Medical 346

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Effective Date	1/1/2026
Next Review Date	9/2026
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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details*.

Description of Item or Service:

Sepsis is a life-threatening medical emergency that occurs when the body's immune system launches an extreme response to an infection. Let untreated, sepsis can lead to the body damaging its own organs, leading to shock, organ failure and death.

Other common names: Septicemia

Clinical Indications and Criteria:

- Admission is indicated for **1 or more** of the following:
  - Hemodynamic instability
  - Bacteremia (if blood cultures performed)
  - Hypoxemia
  - Altered mental status that is severe or persistent
  - New coagulopathy (eg, reduced platelet count or new prolonged prothrombin time)
  - Tachypnea that persists despite observation care
  - Dehydration that is severe or persistent
  - Inability to maintain oral hydration (eg, needs IV fluid support) that persists after observation care
  - Evidence of end organ dysfunction (eg, rising creatinine, myocardial ischemia, rising liver function tests) that is severe or persists despite observation care as evidenced by **1 or more** of the following
    - Serum glucose measurement > 200 mg/dl in the absence of a diagnosis of diabetes mellitus or specific notation of exacerbation of diabetic hyperglycemia related to infection
    - Hyperlactatemia as evidenced by acute elevation of serum lactate > 3.0 mmol/L (27.0mg/dl)
  - Core (rectal) temperature lower than 95 degrees F (35 degrees C) (eg, thought to be due to infection)
  - Parenteral antimicrobial regimen that must be implemented on inpatient basis (eg, infusion or monitoring needs beyond capabilities of outpatient parenteral therapy)
  - Isolation indicated that cannot be performed outside hospital setting
  - For Medicare patients if none of the standard Clinical Indications for Admission to Inpatient Care apply, inpatient admission may be indicated by **1 or more** of the following:
    - Admitting clinician expects patient to require hospital care for less than 2 midnights but, based on complex medical factors documented in medical record, judges that inpatient care is necessary (case-by-case exception). The medical record must contain sufficient documentation to make clear the rationale for the exception.

- Patient has need for intubation and mechanical ventilation that is new (ie, did not present to hospital already on mechanical ventilation).
- Treatment plan for hospital admission includes procedure designated by CMS as inpatient only (ie, on Inpatient Only List).
- Patient has already received medically necessary hospital care that meets 2-midnight benchmark (excluding activities such as triage/intake, delays in provision of care, or time added due to patient or family convenience). The medical record must contain sufficient documentation to make clear the medical necessity for hospital care across 2 or more midnights.

Admission for sepsis is considered Not Medically Necessary for any indication other than those listed in the clinical indications section.

Document History:

Revised Dates:

Reviewed Dates:

- 2025: September – Implementation date of January 1, 2026. No criteria changes. Updated to new format only.

Origination Date: September 2024

Coding Information:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
	None

The preceding codes for treatments and procedures applicable to this policy are included above for informational purposes only. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy.

Policy Approach and Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Individual specific benefits take precedence over medical policy.
- Application to products: Policy is applicable to Sentara Health Plan Medicare products.
- Authorization requirements:
  - Pre-certification by the Plan is required.
  - For observation level of care, see also Medical 346 OBS, Sepsis and Other Febrile Illness, Observation Care.
- Special Notes:
  - This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

- Medicare Search - MCD Search

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Congress.gov. Senate - Health, Education, Labor, and Pensions. Senate Bill introduced by Senator Charles Schumer 6.3.2025. Text: S.1929 — 119th Congress (2025-2026). 119th CONGRESS, 1st Session. S. 1929. To establish programs to reduce rates of sepsis. Retrieved 7.29.2025. https://www.congress.gov/bill/119th-congress/senate-bill/1929/text

Symplr. Formally Hayes. Evidence Analysis Research Brief . May 7, 2025. Combined Positron Emission Tomography-Computed Tomography for Diagnosis of Sepsis. Retrieved 7.29.2025. https://evidence.hayesinc.com/report/earb.combinedsepsis6113

Centers for Medicare and Medicaid Services. CMS.gov. National Coverage Determination (NCD). Granulocyte Transfusions. 110.5. No posted effective date. Retrieved 7.29.2025. https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=144

Commonwealth of Virginia. Department of Medical Assistance Services. Provider Manual search. Retrieved 7.29.2025. https://vamedicaid.dmas.virginia.gov/pdf_chapter/practitioner#gsc.tab=0&gsc.q=sepsis&gsc.sort=

National Comprehensive Cancer Network. NCCN.org. Retrieved 7.29.2025. https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=sepsis

Evans, Laura[1]; Rhodes, Andrew[2]; Alhazzani, Waleed[3]; Antonelli, Massimo[4]; Coopersmith, Craig M.[5]; French, Craig[6]; Machado, Flávia R.[7]; Mcintyre, Lauralyn[8]; Ostermann, Marlies[9]; Prescott, Hallie C.[10]; Schorr, Christa[11]; Simpson, Steven[12]; Wiersinga, W. Joost[13]; Alshamsi, Fayez[14]; Angus, Derek C.[15]; Arabi, Yaseen[16]; Azevedo, Luciano[17]; Beale, Richard[18]; Beilman, Gregory[19]; Belley-Cote, Emilie[20]; Burry, Lisa[21]; Cecconi, Maurizio[22]; Centofanti, John[23]; Coz Yataco, Angel[24]; De Waele, Jan[25]; Dellinger, R. Phillip[26]; Doi, Kent[27]; Du, Bin[28]; Estenssoro, Elisa[29]; Ferrer, Ricard[30]; Gomersall, Charles[31]; Hodgson, Carol[32]; Hylander Møller, Morten[33]; Iwashyna, Theodore[34]; Jacob, Shevin[35]; Kleinpell, Ruth[36]; Klompas, Michael[37]; Koh, Younsuck[38]; Kumar, Anand[39]; Kwizera, Arthur[40]; Lobo, Suzana[41]; Masur, Henry[42]; McGloughlin, Steven[43]; Mehta, Sangeeta[44]; Mehta, Yatin[45]; Mer, Mervyn[46]; Nunnally, Mark[47]; Oczkowski, Simon[48]; Osborn, Tiffany[49]; Papathanassoglou, Elizabeth[50]; Perner, Anders[51]; Puskarich, Michael[52]; Roberts, Jason[53]; Schweickert, William[54]; Seckel, Maureen[55]; Sevransky, Jonathan[56]; Sprung, Charles L.[57]; Welte, Tobias[58]; Zimmerman, Janice[59]; Levy, Mitchell[60]. Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2021. Critical Care Medicine 49(11):p e1063-e1143, November 2021. Retrieved 7.29.2025. https://journals.lww.com/ccmjournal/fulltext/2021/11000/surviving_sepsis_campaign__international.21.aspx

Centers for Disease Control and Prevention. Hospital Sepsis Program Core Elements. January 31, 2025. Retrieved 7.29.2025. https://www.cdc.gov/sepsis/hcp/core-elements/index.html

Carelon. Clinical Guidelines. Retrieved 7.29.2025. https://guidelines.carelonmedicalbenefitsmanagement.com/?s=sepsis&et_pb_searchform_submit=et_search_process&et_pb_search_cat=11%2C1%2C96%2C87&et_pb_include_posts=yes

PubMed. National Library of Medicine. National Institutes of Health. Society of Critical Care Medicine. Critical Care Explorations. Rodenerg H., Glasser T., Bartfield A., Katugaha S., Commentary. Sepsis-2.5: Resolving Conflicts Between Payers and Providers. 2023. Retrieved 7.29.2025. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10462079/

MCG Informed Care Strategies. Sepsis and Other Febrile Illness, without Focal Infection RRG.RRG: M-160-RRG (ISC). 29th Edition. 2025. Retrieved 7.29.2025. https://careweb.careguidelines.com/ed29/index.html

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SHP Sepsis, SHP Medical 346, sepsis, septicemia