

Sepsis and Other Febrile Illness, Observation Care, Medical 346

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Coverage Policy Medical 346

Version 2

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Description & Definitions:

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

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

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:

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. Member specific benefits take precedence over medical policy.
- Application to products
 - Policy is applicable to Sentara Health Plan Virginia Medicaid Products
- Authorization requirements
 - Precertification required by Plan
- Special Notes:
 - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. 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.
 - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if

the services are judged to be medically necessary to correct or ameliorate the member's condition.

[EPSDT Supplement B \(updated 5.19.22\) Final.pdf](#)

- Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider within 60 days of the date of service requested.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Keywords:

SHP Sepsis, SHP Medical 346, sepsis, septicemia