

Sepsis Clinical Guidelines

Frequently Asked Questions

Key Points

- Starting Jan. 1, 2019, UnitedHealthcare is adopting the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3) and the Surviving Sepsis Campaign International Guidelines for Management of Sepsis and Septic Shock: 2016.
- Sepsis-3 and the Surviving Sepsis Campaign International Guidelines for Management of Sepsis and Septic Shock: 2016 will be part of UnitedHealthcare's Sepsis Clinical Guidelines effective Jan. 1, 2019.
- UnitedHealthcare's Sepsis Clinical Guidelines will be used in post-payment Diagnosis-Related Group (DRG) claim reviews to clinically validate a sepsis diagnosis using the member's medical record.
- We may adjust hospital DRG payments if it is determined that sepsis was not present.

Overview

Sepsis-3 is the most recent evidence-based definition of sepsis, defined as a life-threatening organ dysfunction caused by a dysregulated host response to infection. UnitedHealthcare is using Sepsis-3 as part of our Sepsis Clinical Guidelines that will go into effect on Jan. 1, 2019. The guidelines will be used in post-payment Diagnosis-Related Group (DRG) claim reviews to clinically validate a sepsis diagnosis using the member's medical record. We will also use the Surviving Sepsis Campaign International Guidelines for Management of Sepsis and Septic Shock (2016) to promote good health outcomes for our members.

Frequently Asked Questions and Answers

Q1. What changes is UnitedHealthcare making?

A1. Effective Jan. 1, 2019, UnitedHealthcare will implement clinical guidelines that utilize Sepsis-3. The guidelines will be used as part of UnitedHealthcare's claim reviews to clinically validate that sepsis was present. Hospital DRG payments will be adjusted if UnitedHealthcare determines, after reviewing the member's medical record and Sepsis-3, that sepsis was not present. We will also use the Surviving Sepsis Campaign International Guidelines for Management of Sepsis and Septic Shock (2016) to promote good health outcomes for our members.

UnitedHealthcare is already using Sepsis-2 in its claim reviews. The only change is UnitedHealthcare's adoption of Sepsis-3 and the Surviving Sepsis Campaign International Guidelines for Management of Sepsis and Septic Shock (2016) on Jan. 1, 2019.

Q2. Why is UnitedHealthcare adopting Sepsis Clinical Guidelines?

A2. Sepsis diagnoses are on the rise, in part attributed to the use of outdated definitions. By adopting **Sepsis-3**, we can help promote accurate diagnosis of sepsis.

We are also adopting the Surviving Sepsis Campaign International Guidelines for Management of Sepsis and Septic Shock guidelines to help promote good health outcomes for our members.

Q3. What UnitedHealthcare plans are subject to the Sepsis Clinical Guidelines?

A3. The Sepsis Clinical Guidelines will apply to all UnitedHealthcare benefit plan types including our commercial, Medicare Advantage and Medicaid plans.

The guidelines are intended to support all care providers who treat UnitedHealthcare members.

Q4. What are sepsis and Sepsis-3?

A4. Sepsis is a syndrome of physiologic, pathologic and biochemical abnormalities caused by infection. A leading cause of mortality and critical illness worldwide, sepsis is the most expensive condition treated in U.S. hospitals, costing an estimated \$24 billion dollars annually in medical spend.¹

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Q5. Why was Sepsis-3 developed?

A5. An international consensus committee developed Sepsis-3 because definitions for sepsis and septic shock were last revised many years ago. Since then, there have been considerable advances in pathobiology. The management and epidemiology of sepsis have advanced as well. Sepsis-3 is based on the most recent evidence-based medicine.

The Sepsis-3 International Consensus Committee was led by the Society of Critical Care Medicine and the European Society of Intensive Care Medicine. The committee consisted of 19 governing medical societies with expertise in sepsis pathophysiology, clinical trials and epidemiology. An expert consensus process, based on a current understanding of sepsis-induced changes in organ function, morphology, cell biology, biochemistry, immunology, and circulation, developed updated definitions and clinical criteria. These were peer reviewed and endorsed by 31 international professional societies.

The consensus committee ultimately determined that previous definitions of sepsis overly focused on signs and symptoms of inflammation, which lack specificity and sensitivity in delineating sepsis. The task force concluded the term “severe sepsis” is redundant, since true sepsis (by Sepsis-3 definition) is severe sepsis. The term sepsis alone would now distinguish sepsis from infections, some of which may be severe, but without sepsis.

¹ Healthcare Cost and Utilization Project (HCUP) and the Agency for Healthcare Research and Quality (2016)

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Q6. How are sepsis and septic shock defined in Sepsis-3?

- A6. Sepsis-3 defines sepsis as life-threatening organ dysfunction caused by a dysregulated host response to infection. Through the use of this most recent definition, sepsis can be characterized by a Sequential Organ Failure Assessment (SOFA) tool score of two points or more above baseline, which is associated with an in-hospital mortality rise of 10 percent.

According to the *Journal of the American Medical Association*: “Septic shock should be defined as a subset of sepsis in which particularly profound circulatory, cellular, and metabolic abnormalities are associated with a greater risk of mortality than with sepsis alone. Patients with septic shock can be clinically identified by a vasopressor requirement to maintain a mean arterial pressure of 65 mm Hg or greater and serum lactate level greater than 2 mmol/L (18<) mg/dL) in the absence of hypovolemia. This combination is associated with hospital mortality rates greater than 40%.”²

Q7. What is the Surviving Sepsis Campaign?

- A7. The Surviving Sepsis Campaign is a multinational effort to reduce deaths due to sepsis. It is organized by the Society for Critical Care Medicine and the European Society for Critical Care Medicine.

The Surviving Sepsis Campaign International Guidelines for Management of Sepsis and Septic Shock: 2016 were developed in 2016 by a consensus committee of 55 international experts representing 25 international organizations. Experts searched for the best available evidence and then followed the principles of the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system to assess the evidence quality and formulate recommendations as best practice statements.

The Surviving Sepsis Campaign International Guidelines for Management of Sepsis and Septic Shock: 2016 have been adopted by UnitedHealthcare as part of its Sepsis Clinical Guideline.

Q8. Will UnitedHealthcare still use Systemic Inflammatory Response Syndrome (SIRS) criteria?

- A8. No. Evidence shows that Sepsis-1 and Sepsis-2 lack sensitivity and specificity in defining sepsis. Sepsis-1 and Sepsis-2 are based on Systemic Inflammatory Response (SIRS) criteria. SIRS does not necessarily indicate a dysregulated, life-threatening response. SIRS criteria are present in many hospitalized patients, including those who never develop infection and never incur adverse outcomes.

² Source: Journal of the American Medical Association. 2016 Feb 23; 315(8): 801–810. doi: 10.1001/jama.2016.0287

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Q9. Does the prior authorization process change once UnitedHealthcare’s Sepsis Clinical Guidelines take effect?

A9. No. UnitedHealthcare’s Sepsis Clinical Guidelines do not change any existing prior authorization requirements or processes. You’ll still follow your normal prior authorization process when treating UnitedHealthcare’s members.

Q10. Do MCG care guidelines or InterQual criteria help identify whether sepsis is present?

A10. MCG care guidelines and InterQual criteria are utilization management tools that can help you make decisions about the need for hospitalization. Using these tools may help you identify members with signs and symptoms that may indicate the presence of sepsis.

Q11. Will the Sepsis Clinical Guidelines affect reimbursement?

A11. The Sepsis Clinical Guidelines are intended to promote good health outcomes for our members. Sepsis-3 is used to determine if a life-threatening host response to infection was present or whether the infection was less severe. A less severe infection will use fewer hospital resources and receive a lower reimbursement than a life-threatening infection case. To that point, hospital DRG payments may be adjusted if UnitedHealthcare determines, after reviewing the member’s medical record and Sepsis-3, that sepsis was not present.

Q12. Why is UnitedHealthcare using Sepsis-3 when Centers for Medicare & Medicaid Services (CMS) uses Sepsis-2 in their sepsis care bundle?

A12. The CMS Sepsis Care bundle measures your ability to achieve early recognition and treatment of members who present with signs and symptoms of infection that may evolve into sepsis. Sepsis-1 and Sepsis-2 criteria are broad and represent our prior understanding of how to identify and treat this life-threatening condition.

Sepsis-3 criteria are based on the reality that only some members with severe infections will go on to develop a life-threatening response to their disease. These members require the highest level of care and resource use.

Q13. Do I need to document SOFA in the patient’s medical record?

A13. No. SOFA score criteria are common physiologic and laboratory elements that are used when caring for individuals with a life-threatening host response to infection. These elements are abstracted from the medical record during post-service reviews. You do not need to document SOFA or change your documentation of your care for patients with sepsis.

Q14. Are pediatric claims subject to claim reviews using the Sepsis Clinical Guidelines?

A14. No. Pediatric claims are not subject to claim reviews using the Sepsis Clinical Guidelines.

Q15. What steps can I take if I disagree with a determination that sepsis is not present for a particular UnitedHealthcare member?

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A15. If you disagree with a determination for a sepsis case, you may use options available to you, including the right to appeal, under your Participation Agreement with UnitedHealthcare.

Sepsis Resources

Q16. Where can I find out more about Sepsis resources?

A16. You can learn more by reviewing the following resources.

- **The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3)**, JAMA. 2016 February 23; 315 (8): 801-810:
ncbi.nlm.nih.gov/pmc/articles/PMC4968574
- **Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2016**, Intensive Care Med. 2017 Mar;43(3):304-377. doi: 10.1007/s00134-017-4683-6. Epub 2017 Jan 18:
ncbi.nlm.nih.gov/pubmed/28101605
- **Medicare's Hospital Compare site:** medicare.gov/hospitalcompare/search.html

Q17. Who can I contact if I have questions?

A17. Please contact your Provider Advocate or call Provider Services at 877-842-3210 with questions.

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