

## Sepsis diagnosis coding and billing reminder

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To help ensure compliance with the coding and billing of services submitted with a diagnosis of sepsis, we review clinical information in the medical records submitted with the claim, including lab results, treatment and medical management. In order to conduct the review accurately and consistently, our review process for sepsis diagnoses applies ICD-10-CM coding and documentation guidelines, in addition to the updated and most recent sepsis-3 clinical criteria published in the [Journal of the American Medical Association, February 2016](#). At discharge, clinicians and facilities should apply the sepsis-3 criteria when determining if their patient's clinical course supports the coding and billing of a sepsis diagnosis. The claim may be subject to an adjustment in reimbursement when sepsis is not supported based on the sepsis-3 definition and criteria.

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