

Recovery Audit Contract (RAC) Quarterly Stakeholder Meeting

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Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



What We Do

The Department of Health Care Policy & Financing administers Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus* (CHP+) and other health care programs for Coloradans who qualify.

Today's Agenda

- Update on progress in RAC program changes
- Relaunching audits sometime this fall
- Sepsis APR-DRG/DRG's Why is the Water Muddy?
- Q&A time
- Poll Questions - Help Us Learn!

Progress on RAC Changes

- Well into implementation of the new RAC legislation requirements, SB 25-314
 - Updating letters and timelines for each new process step
 - Implementing new audit scenario development and approval process
 - Ensuring required audit limits are in place
 - Creating new required reports and information, website updates
 - Building an audit plan - show what audits HCPF plans to launch when each year

Audits Will Restart Soon!

- HCPF expects to restart RAC audits sometime this fall
 - Initial relaunch will be automated audits
 - Working to relaunch complex audits a bit later, starting with DRG and Hospice
 - Place of Service complex audits likely will not start until late 2025 or early 2026
- There will be communications broadly and with specific provider groups about each audit prior to its launch

Sepsis DRG/APR-DRG

Can We Turn Muddy Water Into Murky Water?

Presented by: Jeffrey Chapman M.D. MMM
Colorado Department of Health Care Policy and
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Medical Director, RAC



HCPF RAC Audit Process

- Major Process Overhaul
 - Acknowledge Past Issues
- Want to Carry Out Our Mission
- Want to Satisfy the Interests of All Stakeholders
 - Requires Listening and 2 Way Communication

Topics

- Sepsis APR-DRG/DRG's Why is the Water Muddy?
- Brief History of Sepsis Definition
- Recommendation for Sepsis Coding Guidelines

APR-DRG

- HCPF utilizes Solventum
- Solventum Software Assigns APR-DRG
- ICD-10 Codes
- Severity of Illness
- Solventum Uses Term Septicemia and Disseminated Infections

Sepsis DRG/APR-DRG=Muddy Water

- APR-DRG relies on accurate coding to assign appropriate DRG

ICD-10 Coding Guidelines

Sepsis, Severe Sepsis, and Septic Shock Infections resistant to antibiotics

1. Coding of Sepsis and Severe Sepsis

a) Sepsis

For a diagnosis of sepsis, assign the appropriate code for the underlying systemic infection. If the type of infection or causal organism is not further specified, assign code A41.9, Sepsis, unspecified organism.

A code from subcategory R65.2, Severe sepsis, should not be assigned unless severe sepsis or an associated acute organ dysfunction is documented.

<https://www.cms.gov/files/document/fy-2024-icd-10-cm-coding-guidelines-updated-02/01/2024.pdf>

ICD-10 Coding Guidelines cont.

- i. Negative or inconclusive blood cultures and sepsis
Negative or inconclusive blood cultures do not preclude a diagnosis of sepsis in patients with clinical evidence of the condition; however, the provider should be queried.
- ii. Urosepsis
- iii. Sepsis with organ dysfunction
If a patient has sepsis and associated acute organ dysfunction or multiple organ dysfunction (MOD), follow the instructions for coding severe sepsis.

ICD-10 Coding Guidelines cont.

- iv. Acute organ dysfunction that is not clearly associated with the sepsis

If a patient has sepsis and an acute organ dysfunction, but the medical record documentation indicates that the acute organ dysfunction is related to a medical condition other than the sepsis, do not assign a code from subcategory R65.2, Severe sepsis. An acute organ dysfunction must be associated with the sepsis in order to assign the severe sepsis code.

Septicemia vs. Sepsis

- Septicemia = Bacteria, Virus or Fungus in Blood
- Sepsis = The body's severe and potentially life-threatening inflammatory response to an infection that may result in end organ dysfunction

CMS Definition

- Clear guidelines from CMS defining septicemia and severe sepsis are lacking.
- CMS's definition of sepsis found in Appendix D of the Hospital Inpatient Quality Reporting (IQR) Manual Version 5.18:
Sepsis - The presence of pathogenic organisms or their toxins in the blood and tissues or poisoned condition resulting from the presence of pathogens or their toxins as in septicemia.

<https://qualitynet.cms.gov/inpatient/specifications-manuals>

CMS Definition of Sepsis



Centers for Medicare & Medicaid Services

ICD-10-CM/PCS MS-DRG v37.2 Definitions Manual

MDC 18 Infectious & Parasitic Diseases, Systemic or Unspecified Sites
Septicemia or Severe Sepsis

<i>MV >96 Hours</i>	<i>MCC</i>	<i>DRG</i>
Yes	No	870
No	Yes	871
No	No	872

DRG 870 SEPTICEMIA OR SEVERE SEPSIS WITH MV >96 HOURS
DRG 871 SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC
DRG 872 SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC

https://www.cms.gov/icd10m/version372-fullcode-cms/fullcode_cms/P0327.html



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The Water is Very Muddy!!



Sepsis Definition History

1992: First consensus definition of sepsis. American College of Chest Physicians (ACCP), Society for Critical Care Medicine (SCCM)

2001: International Sepsis Definitions Conference (Sepsis-2). ACCP, SCCM, European Society of Intensive Care Medicine (ESICM), American Thoracic Society (ATS), Surgical Infection Society (SIS)

2016: The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). SCCM, ESICM convened a task force of 19 relevant specialty organizations



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Sepsis II / SIRS

SIRS Criteria

Temperature $>38^{\circ}\text{C}$ (100.4°F) or $<36^{\circ}\text{C}$ (96.8°F)

Heart rate > 90

Respiratory rate >20 or $\text{PaCO}_2 <32\text{ mm Hg}$

WBC $>12,000/\text{mm}^3$ or $<4,000/\text{mm}^3$ or $>10\%$ bands

<https://www.tamingthesru.com/blog/air-care/sepsis-update>



Sepsis requires rapid action

- Sepsis is a medical emergency that requires a high level of suspicion and rapid action
- Patients with suspected sepsis should receive rapid evaluation and treatment consistent with SSC guidelines/bundles and CMS Sep-1 protocols
- The rapid activation of sepsis protocols invariably result in some patients being treated with this aggressive regimen who turn out not to have sepsis (analogous to patients in emergency cardiac or stroke protocols who end up with diagnoses other than myocardial infarction or cerebrovascular accident/cerebral hemorrhage).
- Rapid evaluation and treatment does not mean that the final diagnosis for billing purposes should be sepsis if diagnostic definitions are not met
- ICD-10-CM Official Guidelines for Coding and Reporting, does not allow for coding of conditions that have been ruled out at the time of discharge from an inpatient admission

Sepsis-3 Definition

Sepsis is defined as life-threatening organ dysfunction caused by a dysregulated host response to infection.

Organ dysfunction can be identified as an acute change in total SOFA score of 2 points consequent to the infection.



SOFA Score

Table 1. Sequential [Sepsis-Related] Organ Failure Assessment Score ^a					
System	Score				
	0	1	2	3	4
Respiration					
PaO ₂ /FIO ₂ , mm Hg (kPa)	≥400 (53.3)	<400 (53.3)	<300 (40)	<200 (26.7) with respiratory support	<100 (13.3) with respiratory support
Coagulation					
Platelets, ×10 ³ /μL	≥150	<150	<100	<50	<20
Liver					
Bilirubin, mg/dL (μmol/L)	<1.2 (20)	1.2-1.9 (20-32)	2.0-5.9 (33-101)	6.0-11.9 (102-204)	>12.0 (204)
Cardiovascular	MAP ≥70 mm Hg	MAP <70 mm Hg	Dopamine <5 or dobutamine (any dose) ^b	Dopamine 5.1-15 or epinephrine ≤0.1 or norepinephrine ≤0.1 ^b	Dopamine >15 or epinephrine >0.1 or norepinephrine >0.1 ^b
Central nervous system					
Glasgow Coma Scale score ^c	15	13-14	10-12	6-9	<6
Renal					
Creatinine, mg/dL (μmol/L)	<1.2 (110)	1.2-1.9 (110-170)	2.0-3.4 (171-299)	3.5-4.9 (300-440)	>5.0 (440)
Urine output, mL/d				<500	<200
Abbreviations: FIO ₂ , fraction of inspired oxygen; MAP, mean arterial pressure; PaO ₂ , partial pressure of oxygen.			^b Catecholamine doses are given as μg/kg/min for at least 1 hour.		
^a Adapted from Vincent et al. ²⁷			^c Glasgow Coma Scale scores range from 3-15; higher score indicates better neurological function.		

<https://www.timeofcare.com/wp-content/uploads/2016/03/SOFA-Criteria.png>



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Why Sepsis-3?

“Definitions of sepsis and septic shock were last revised in 2001. Considerable advances have since been made into the pathobiology (changes in organ function, morphology, cell biology, biochemistry, immunology, and circulation), management, and epidemiology of sepsis, suggesting the need for reexamination.”

“The current use of 2 or more SIRS criteria to identify sepsis was unanimously considered by the task force to be unhelpful.”

“The SIRS criteria do 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 (poor discriminant validity).”

“These updated definitions and clinical criteria (Sepsis-3) should replace previous definitions, offer greater consistency for epidemiologic studies and clinical trials, and facilitate earlier recognition and more timely management of patients with sepsis or at risk of developing sepsis.”

Sepsis-3 consensus statement

**Sepsis-3 is the best
available definition
of sepsis and is
widely recognized
and endorsed within
the medical
community**



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Sepsis diagnosis coding and billing reminder

To help ensure compliance with the coding and billing of Sepsis, Anthem Blue Cross and Blue Shield reviews 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 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](https://jamanetwork.com/journals/jama/fullarticle/2492881). 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 Sepsis. The claim may be subject to an adjustment in reimbursement when Sepsis is not supported based on the Sepsis-3 definition and criteria.

<https://jamanetwork.com/journals/jama/fullarticle/2492881>

Sepsis

Description

This guideline details the third international consensus definition for sepsis and septic shock, and the early management and resuscitation of patients with sepsis or septic shock. UnitedHealthcare uses evidence-based clinical guidelines from nationally recognized sources during review of our quality and health management programs. Recommendations contained in clinical practice guidelines are not a guarantee of coverage. Members should consult their member-specific benefit plan document for information regarding covered benefits.

To Review Guidelines

Guideline Title	Source/Location
The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3)	The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis 3): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4968574
Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2021	Surviving Sepsis Campaign/Society of Critical Care Medicine: https://journals.lww.com/ccmjournal/Fulltext/2021/11000/Surviving_Sepsis_Campaign_International.21.aspx

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/clinical-guidelines/sepsis.pdf>

CIGNA ADOPTS SEPSIS-3

As part of our effort to promote the accurate diagnosis and treatment of sepsis, and use the appropriate billing and coding, we have adopted the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3), effective immediately.

We will use Sepsis-3 as part of our clinical claim reviews to validate that sepsis was present, and that sepsis treatment services were appropriately submitted as part of an adult customer's claim.

What this means to you

If after reviewing a patient's medical record and the Sepsis-3 criteria a Cigna Medical Director determines that sepsis was not present, a diagnosis-related group (DRG) claim assignment may be adjusted because sepsis treatment services should not have been included as part of the claim. In these cases, covered claims will be processed with the appropriate revised DRG supported in the medical record.

About Sepsis-3*

Sepsis-3 defines sepsis as life-threatening organ dysfunction caused by a dysregulated host response to infection, and is the most recent evidence-based definition available. It was developed because definitions for sepsis and septic shock were last revised in 2001. Since then, considerable advances have been made into the pathobiology (changes in organ function, morphology, cell biology, biochemistry, immunology, and circulation), management, and epidemiology of sepsis, which led to their need for reexamination.

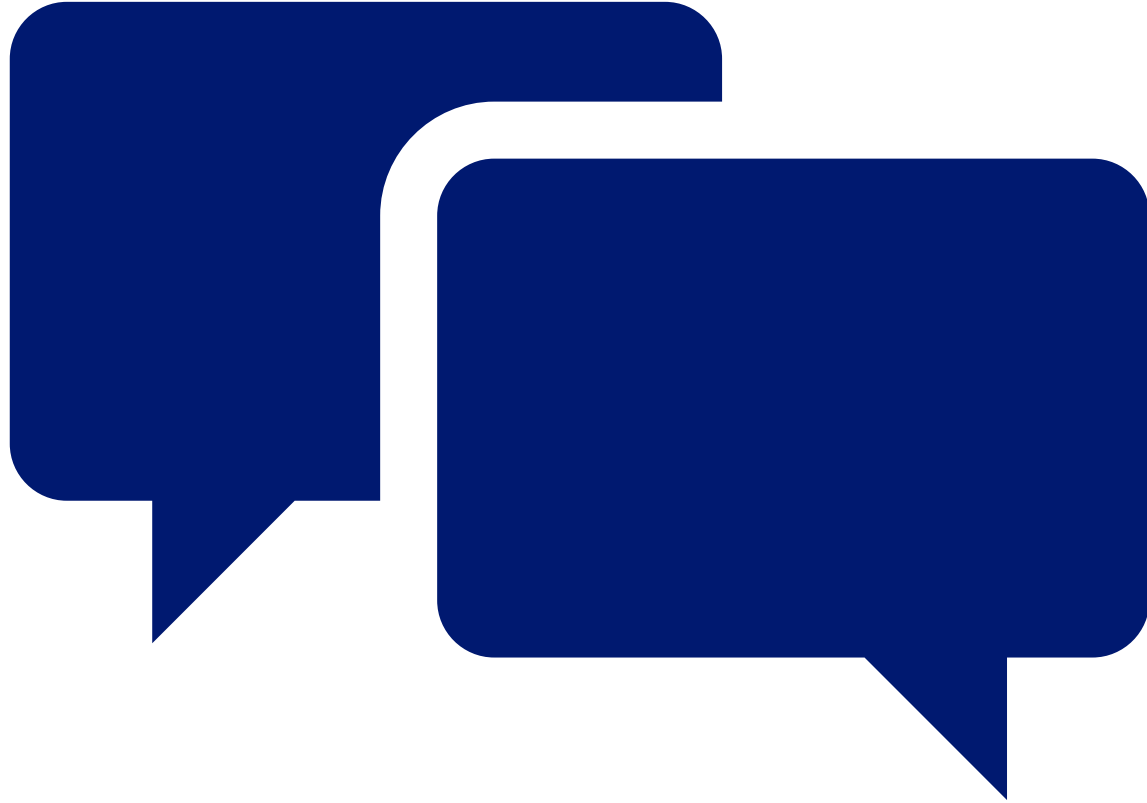
As a result, Sepsis-3:

- › Is based on updated evidence-based medicine.
- › Supports the Surviving Sepsis Campaign International Guidelines.
- › Is endorsed by 31 medical societies.
- › Provides the most clinically relevant definition of sepsis with a SOFA score of 2 or more (which is associated with an in-hospital mortality >10 percent) as an adjunct in clinical diagnosis of sepsis.

* Mervyn Singer, MD, FRCP; Clifford S. Deutschman, MD, MS; Christopher Warren Seymour, MD, MSc; et al. "The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3)." February 2016. JAMA Network. Retrieved from <https://jamanetwork.com/journals/jama/fullarticle/2497881>

Where Do We Go From Here?

- Must Reach Agreement!
- Main Issue is “Appropriate ICD-10 Code Utilization”
- For RAC Purpose if Primary Diagnosis Driving APR- DRG is One of the Sepsis DX Codes, Sepsis 3 Will Be Utilized as Criteria to Validate Appropriate Use of Code
- Documentation



**Please enter your
thoughts/questions in
chat**



Poll Questions

Tell us what you think.....

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Thank you!