UnitedHealthcare Community Plan

Wrong Surgical or Other Invasive Procedures Policy, Professional and Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid and Medicare products.
This reimbursement policy applies to services reported using the UB-04 Form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or their electronic equivalents or their successor forms. This policy applies to all products, all network and non-network providers, including, but not limited to, non-network authorized and percent of charge contract hospitals, ambulatory surgical centers, physicians and other qualified health care professionals.

Policy

Overview

Consistent with the Centers for Medicare and Medicaid Services (CMS), UnitedHealthcare Community Plan will not reimburse for a Surgical or Other Invasive Procedure, or for services related to a particular Surgical or Other Invasive Procedure when any of the following are erroneously performed:

1) a different procedure altogether;
2) the correct procedure but on the wrong body part; or
3) the correct procedure but on the wrong patient.

Providers should report such services as described below, and are expected to waive all costs associated with the Wrong Surgical or Other Invasive Procedure Performed on a Patient. Participating providers may not bill or collect payment from UnitedHealthcare Community Plan members for any amounts not paid due to the application of this reimbursement policy.

Reimbursement Guidelines

Similar to any other patient population, UnitedHealthcare Community Plan members experience serious injury and/or death if wrong surgeries are performed and may require additional healthcare in order to correct adverse outcomes resulting from such errors.

This UnitedHealthcare Community Plan reimbursement policy is based on information stated by CMS in its National Coverage Decision (NCD) 140.6 for Wrong Surgical or Other Invasive Procedure Performed on a Patient and is in alignment with the Leapfrog Group and the National Quality Forum (NQF) position on Serious Reportable Events in Healthcare. For more information see the NQF and Leapfrog Group websites in the Resources section.

UnitedHealthcare Community Plan will not reimburse for a Wrong Surgical or Other Invasive Procedure Performed on a Patient when the physician or other healthcare professional erroneously performs: 1) a different procedure altogether; 2) the correct procedure but on the wrong body part; or 3) the correct procedure but on the wrong patient. UnitedHealthcare Community Plan will not reimburse for related services associated with these Wrong Surgical or Other Invasive Procedures Performed on a Patient.

Related services which will not be reimbursed include:

- All services provided in the operating room related to the error.
- All providers in the operating room when the error occurs, who could bill individually for their services.
- All related services provided during the same hospitalization in which the error occurred.

The rendering physician and all other providers performing services related to the erroneously performed procedure are expected to waive all costs associated with the Wrong Surgical or Other Invasive procedure. Participating providers may not bill or collect payment from UnitedHealthcare Community Plan members for any amounts not paid due to the application of this reimbursement policy.

Related services do not include:

- Services provided following hospital discharge, regardless of whether they are related to the surgical error.
- Performance of the correct procedure.

Submission of Claims

Consistent with CMS billing requirements, UnitedHealthcare Community Plan requires the reporting of these Wrong Surgery or Other Invasive Procedures Performed on a Patient in the manner described below.

Hospital Inpatient Claims

Hospitals are required to submit a no-pay claim (Type of Bill 110) to report all charges associated with the erroneous surgery. However, if there are also non-related services/procedures provided during the same stay as the erroneous surgery, hospitals are then required to submit two claims, one claim with services or procedures unrelated to the erroneous surgery and the other claim with the erroneous services/procedures as a no-pay claim.

The non-covered Type of Bill 110 must have one of the following ICD-10-CM diagnosis codes reported on the hospital claim to identify the type of erroneous surgery performed.

ICD-10-CM codes for a date of service 10/01/2015 and after:

- Y65.51 - Performance of wrong procedure (operation) on correct patient
- Y65.52 - Performance of procedure (operation) on patient not scheduled for surgery
- Y65.53 - Performance of correct procedure (operation) on wrong side of body parts

Hospital Outpatient, Ambulatory Surgery Center (ASC), and Professional/1500 Claims

Outpatient, ASCs and physicians or other health care professionals must report the applicable HCPCS modifier(s) with the associated charges on all lines related to the surgical error:

- PA: Surgery Wrong Body Part
- PB: Surgery Wrong Patient
- PC: Wrong Surgery on Patient

State Exceptions	
Kentucky	The state of Kentucky does not reimburse for Modifiers PA, PB and/or PC. KY is excluded from this policy.

Definitions

Surgical or Other Invasive Procedures	Surgical or Other Invasive Procedures are defined as operative procedures in which skin or mucous membranes and connective tissue are incised or an instrument is introduced through a natural body orifice. Invasive procedures include a range of procedures from minimally invasive dermatological procedures (biopsy, excision, and deep cryotherapy for malignant lesions) to extensive multi-organ transplantation. They include all procedures described by the codes in the surgery section of the Current Procedural Terminology (CPT) and other invasive procedures such as percutaneous transluminal angioplasty and cardiac catheterization. They include minimally invasive procedures involving biopsies or placement of probes or catheters requiring the entry into a body cavity through a needle or trocar. They do not include use of instruments such as otoscopes for examinations or very minor procedures such as drawing blood
Wrong Surgical or Other Invasive Procedure Performed on a Patient	A Surgical or Other Invasive Procedure performed that is not consistent with the correctly documented informed consent for that patient including wrong Surgical or Other Invasive Procedure on a patient; Surgical or Other Invasive Procedure performed on the wrong body part including surgery on the right body part, but on the wrong location on the body; for example, left versus right (appendages and/or organs), or at the wrong level (spine); and Surgical or Other Invasive Procedure performed on the wrong patient. **Excludes emergent situations that occur in the course of surgery and/or whose exigency precludes obtaining informed consent

Questions and Answers

1	**Q:** How should a claim be submitted to UnitedHealthcare Community Plan when a correct surgery and an erroneous surgery are performed together (ex: The surgeon was to remove the left hand thumb and fourth digit but instead removed the left hand thumb and fifth digit). **A:** Hospitals would be required to submit two claims. The correct surgery and all related services would be submitted on one claim form and the erroneous surgery and all related services would be billed on a second claim form (Type of bill 110) with one of the listed ICD-10-CM codes to identify the type of erroneous surgery performed. Hospital Outpatient, ASC and Physicians must report one of the listed applicable HCPCS modifier(s) with the associated charges on all lines related to the surgical error, on a 1500 Health Insurance Claim Form. The charges associated with the correct procedure should not be reported with the modifiers PA, PB, or PC.

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Disease Control and Prevention, *International Classification of Diseases, 10th Revision Clinical Modification*

Centers for Medicare and Medicaid Services (CMS) National Coverage Decision (NCD) 140.6 for Wrong Surgical or Other Invasive Procedure Performed on a Patient

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

The Leapfrog Group: http://www.leapfroggroup.org/home

National Quality Forum, *Serious Reportable Events:*
http://www.qualityforum.org/Publications/2008/10/Serious_Reportable_Events.aspx

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History

1/1/2024	Policy Version Change Logo Updated History Section: Entries prior to 1/1/2022 archived
8/15/2010	Policy implemented by UnitedHealthcare Community & State

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