

WRONG SURGICAL OR OTHER INVASIVE PROCEDURES POLICY

Policy Number: ADMINISTRATIVE 225.11 T0

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Related Policies
None

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

APPLICATION

This reimbursement policy applies to services reported using the UB-04 claim 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 network and non-network providers, including hospitals, ambulatory surgical centers, physicians and other qualified health care professionals including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

OVERVIEW

Consistent with the Centers for Medicare and Medicaid Services (CMS), Oxford will not reimburse for a Surgical or Other Invasive Procedures when any of the following are erroneously performed:

- A different procedure altogether;
- The correct procedure but on the wrong body part; or
- 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 Oxford members for any amounts not paid due to the application of this reimbursement policy.

REIMBURSEMENT GUIDELINES

Similar to any other patient population, Oxford 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 Oxford 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 [References](#) section below.

Oxford 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. Oxford 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 Oxford 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, Oxford 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. These codes shall not be reported in the External Cause of Injury (E-code) field.

- 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

DEFINITIONS

Surgical and Other Invasive Procedures: Surgical and 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 on a patient that is not consistent with the correctly documented informed consent for that 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.

Note: 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 Oxford when a correct surgery and an erroneous surgery are performed together. Example: 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.

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2017R0117A]

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.

National Quality Forum, Serious Reportable Events:

http://www.qualityforum.org/Publications/2008/10/Serious_Reportable_Events.aspx.

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

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
03/01/2018	<ul style="list-style-type: none"> Routine review; no content changes Archived previous policy version ADMINISTRATIVE 225.10 TO