Wrong Surgical or Other Invasive Procedures

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**Summary**

Medica will not provide reimbursement for surgical or other invasive procedures that are erroneously performed by a healthcare provider. This policy applies to both UB-04 and CMS-1500 claim forms.

**Policy Statement**

Erroneous procedures include:

- Surgical procedure performed on the wrong side or body part
- Surgical procedure performed on the wrong person
- The wrong surgical service or other invasive procedure rendered to a patient

In addition, Medica will not reimburse for services associated with the erroneous procedure. Associated services include:

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

Providers may not balance bill the member for costs associated with erroneous procedures.

The following services (if covered) will be reimbursed regardless of whether or not they are related to the erroneous procedure:

- Services provided following discharge
- Performance of the correct procedure

Medica follows CMS coding and billing guidelines:

**Hospital Inpatient Claims**

Hospitals are required to submit two UB-04 claims:

- A no-pay claim (Type of Bill 110) for all services associated with the erroneous procedure
- A separate claim for services unrelated to the erroneous procedure

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

Outpatient, ASC, and practitioner claims must have one of the following modifiers appended to the surgical procedure code:

- PA: Surgical or other invasive procedure on wrong body part
- PB: Surgical or other invasive procedure on wrong patient
- PC: Wrong Surgery or other invasive procedure on patient

Wrong Surgical or Other Invasive Procedures Policy
For claims billed on both the UB-04 and CMS-1500 form, one of the following diagnoses must be reported on the claim to identify the type of error that occurred:

ICD-10-CM on or after 10/1/2015:
- 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/body part

Note: For the UB-04 claim type, the ICD-10-CM diagnosis codes listed above must be reported in diagnosis position 2-9.

Resources
- Centers for Medicare and Medicaid Services (CMS)
- Healthcare Common Procedure Coding System (HCPCS)

Cross Reference
Adverse Health Care Events Policy (Applicable to Facility Services Only)

Effective Date
08/15/2010

Revision Updates
08/17/2017 Annual policy review
07/21/2016 Annual policy review
07/23/2015 Annual policy review
08/21/2014 Annual policy review

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