Reimbursement Policy

Title: Wrong Surgical or Other Invasive Procedures
Policy Number: RP-PF-430X
Last Updated: 06/01/2020
Effective Date: 08/15/2010
Application: All products
Related Policies: Serious Reportable Events

Disclaimer: This reimbursement policy is intended to provide general guidance regarding Medica’s policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.

Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica’s monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.

All content included on the provider portion of medica.com is an extension of providers’ administrative requirements, which all Medica network providers are contractually obligated to follow.

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:

Wrong Surgical or Other Invasive Procedures
• 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:

<table>
<thead>
<tr>
<th>Modifiers:</th>
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<tbody>
<tr>
<td>PA: Surgical or other invasive procedure on wrong body part</td>
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<tr>
<td>PB: Surgical or other invasive procedure on wrong patient</td>
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<tr>
<td>PC: Wrong Surgery or other invasive procedure on patient</td>
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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:

<table>
<thead>
<tr>
<th>ICD-10-CM:</th>
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<tbody>
<tr>
<td>Y65.51 - Performance of wrong procedure (operation) on correct patient</td>
</tr>
<tr>
<td>Y65.52 - Performance of procedure (operation) on patient not scheduled for surgery</td>
</tr>
<tr>
<td>Y65.53 - Performance of correct procedure (operation) on wrong side/body part</td>
</tr>
</tbody>
</table>

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)
- 42 CFR §438.3(g)
- 42 CFR §447.26

**Effective Date:** 08/15/2010
## Revision Updates:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>06/01/2020</td>
<td>Updated “Related Policies” section</td>
</tr>
<tr>
<td>12/14/2019</td>
<td>Annual policy review</td>
</tr>
<tr>
<td>08/17/2017</td>
<td>Annual code review</td>
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<tr>
<td>07/21/2016</td>
<td>Annual policy review</td>
</tr>
<tr>
<td>07/23/2015</td>
<td>Annual code review</td>
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