

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** MRP-006  
**Subject:** Wrong Surgery  
**Effective Date:** November 22, 2021      **End Date:** December 31, 2023  
**Issue Date:** January 1, 2024      **Revised Date:** January 2024  
**Date Reviewed:** November 2023  
**Source:** Reimbursement Policy

|   |           |                                     |             |                                     |           |                                     |           |                                     |
|---|-----------|-------------------------------------|-------------|-------------------------------------|-----------|-------------------------------------|-----------|-------------------------------------|
| <b>Applicable Commercial Market</b>         | <b>PA</b> | <input type="checkbox"/>            | <b>WV</b>   | <input type="checkbox"/>            | <b>DE</b> | <input type="checkbox"/>            | <b>NY</b> | <input type="checkbox"/>            |
| <b>Applicable Medicare Advantage Market</b> | <b>PA</b> | <input checked="" type="checkbox"/> | <b>WV</b>   | <input checked="" type="checkbox"/> | <b>DE</b> | <input checked="" type="checkbox"/> | <b>NY</b> | <input checked="" type="checkbox"/> |
| <b>Applicable Claim Type</b>                | <b>UB</b> | <input checked="" type="checkbox"/> | <b>1500</b> | <input checked="" type="checkbox"/> |           |                                     |           |                                     |

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

This policy addresses general guidelines on: (a) wrong surgical or other invasive procedure performed on a beneficiary, (b) surgical or other invasive procedure performed on the wrong body part, or (c) a surgical, or other invasive procedure, performed on the wrong member.

## REIMBURSEMENT GUIDELINES:

The National Quality Forum [NQF,2020], an organization that aims to improve the quality of healthcare, published a consensus report for “Serious Reportable Events in Healthcare”. Which listed events that were “serious, largely preventable and of concern to both the public and health care providers”.

A wrong surgical procedure performed on a patient is considered part of a “Never Event.” CMS does not cover surgical or other invasive procedures to treat a medical condition when a practitioner erroneously performs a different procedure on a beneficiary because that particular surgical or procedure error is not considered reasonable or necessary treatment for the beneficiaries’ medical condition. Similarly, Highmark does not cover Never Events including by not limited to wrong surgical procedures.

## Nationally Non-Covered Indications:

A surgical or other invasive procedure is considered the “wrong procedure” if it is not consistent with the correctly documented and signed informed consent for the patient.

A surgical or other invasive procedure is considered to have been performed on the “wrong body part” if it is not consistent with the correctly documented and signed informed consent for the patient. This includes surgery on the right body *part*, but wrong location of the body.

A surgical or other invasive procedure is considered to have been performed on the “wrong patient” if the procedure is not consistent with the correctly documented and signed informed consent for the patient.

**Note:** Surgical and other invasive procedures are defined as operative procedures in which the 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 to extensive multi-organ transplantation. They include all procedures described by the codes in the surgery section of the Current Procedural Terminology (CPT).

### **Hospital Outpatient, Ambulatory Surgical Centers (ASC), and Practitioner Claims:**

Providers are required to append one of the following applicable HCPCS modifiers to all lines when submitting a claim for the erroneous surgery(s):

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

### **RELATED POLICIES:**

Refer to the following Reimbursement Policies for additional information:

- RP-036: Preventable Serious Adverse Events

### **REFERENCES:**

- National Quality Forum (NQF), Serious Reportable Events (SRE) Effective October 23, 2020
- Medicare Internet Only Manual (IOM), Pub 100-03, National Coverage Determinations (NCD)
- Manual, Chapter 1, Part 2, Section 140.6. Effective 01/15/2009
- Medicare Internet Only Manual (IOM), Pub 100-03, National Coverage Determinations (NCD)
- Manual, Chapter 1, Part 2, Section 140.7. Effective 01/15/2009.
- Medicare Internet Only Manual (IOM), Pub 100-03, National Coverage Determinations (NCD)
- Manual, Chapter 1, Part 2, Section 140.8. Effective 01/15/2009
- Medicare Learning Network MLN Matters MM6405, Effective 1/15/2009

### **POLICY UPDATE HISTORY INFORMATION:**

|           |   |
|-----------|---|
| 11 / 2021 | Implementation  |
| 9 / 2022  | Added Delaware Med Advantage applicable to the policy direction |
| 1 / 2024  | End dated policy and migrated direction to RP-036               |

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** MRP- 006  
**Subject:** Wrong Surgery  
**Effective Date:** November 22, 2021      **End Date:**  
**Issue Date:** September 1, 2022      **Revised Date:** August 2022  
**Date Reviewed:** August 2022  
**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA  WV  DE  NY

**Applicable Medicare Advantage Market**

PA  WV  DE  NY

**Applicable Claim Type**

UB  1500

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

This policy addresses general guidelines on: (a) wrong surgical or other invasive procedure performed on a beneficiary, (b) surgical or other invasive procedure performed on the wrong body part, or (c) a surgical, or other invasive procedure, performed on the wrong member.

## REIMBURSEMENT GUIDELINES:

The National Quality Forum [NQF,2020], an organization that aims to improve the quality of healthcare, published a consensus report for "Serious Reportable Events in Healthcare". Which listed events that were "serious, largely preventable and of concern to both the public and health care providers".

A wrong surgical procedure performed on a patient is considered part of a "Never Event." CMS does not cover surgical or other invasive procedures to treat a medical condition when a practitioner erroneously performs a different procedure on a beneficiary because that particular surgical or procedure error is not considered reasonable or necessary treatment for the beneficiaries' medical condition. Similarly, Highmark does not cover Never Events including by not limited to wrong surgical procedures.

## Nationally Non-Covered Indications:

A surgical or other invasive procedure is considered the "wrong procedure" if it is not consistent with the correctly documented and signed informed consent for the patient.

A surgical or other invasive procedure is considered to have been performed on the “wrong body part” if it is not consistent with the correctly documented and signed informed consent for the patient. This includes surgery on the right body *part*, but wrong location of the body.

A surgical or other invasive procedure is considered to have been performed on the “wrong patient” if the procedure is not consistent with the correctly documented and signed informed consent for the patient.

**Note:** Surgical and other invasive procedures are defined as operative procedures in which the 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 to extensive multi-organ transplantation. They include all procedures described by the codes in the surgery section of the Current Procedural Terminology (CPT).

### **Hospital Outpatient, Ambulatory Surgical Centers (ASC), and Practitioner Claims:**

Providers are required to append one of the following applicable HCPCS modifiers to all lines when submitting a claim for the erroneous surgery(s):

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

### **RELATED HIGHMARK POLICIES:**

Refer to the following Reimbursement Policies for additional information:

- RP-036: Preventable Serious Adverse Events

### **REFERENCES:**

- National Quality Forum (NQF), Serious Reportable Events (SRE) Effective October 23, 2020
- Medicare Internet Only Manual (IOM), Pub 100-03, National Coverage Determinations (NCD)
- Manual, Chapter 1, Part 2, Section 140.6. Effective 01/15/2009
- Medicare Internet Only Manual (IOM), Pub 100-03, National Coverage Determinations (NCD)
- Manual, Chapter 1, Part 2, Section 140.7. Effective 01/15/2009.
- Medicare Internet Only Manual (IOM), Pub 100-03, National Coverage Determinations (NCD)
- Manual, Chapter 1, Part 2, Section 140.8. Effective 01/15/2009
- Medicare Learning Network MLN Matters MM6405, Effective 1/15/2009

**POLICY UPDATE HISTORY INFORMATION:**

|           |   |
|-----------|---|
| 11 / 2021 | Implementation  |
| 9 / 2022  | Added Delaware Med Advantage applicable to the policy direction |

HISTORY

# Highmark Reimbursement Policy Bulletin



**Bulletin Number:** MRP- 006  
**Subject:** Wrong Surgery  
**Effective Date:** November 22, 2021      **End Date:**  
**Issue Date:** March 14, 2022      **Revised Date:** March, 2022  
**Date Reviewed:** March, 2022  
**Source:** Reimbursement Policy

|   |    |                                     |      |                                     |    |                                     |    |                          |
|---|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|----|--------------------------|
| <b>Applicable Commercial Market</b>         | PA | <input type="checkbox"/>            | WV   | <input type="checkbox"/>            | DE | <input type="checkbox"/>            | NY | <input type="checkbox"/> |
| <b>Applicable Medicare Advantage Market</b> | PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input type="checkbox"/> |
| <b>Applicable Claim Type</b>                | UB | <input checked="" type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> |    |                                     |    |                          |

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

This policy addresses general guidelines on: (a) wrong surgical or other invasive procedure performed on a beneficiary, (b) surgical or other invasive procedure performed on the wrong body part, or (c) a surgical, or other invasive procedure, performed on the wrong member.

## REIMBURSEMENT GUIDELINES:

The National Quality Forum [NQF,2020], an organization that aims to improve the quality of healthcare, published a consensus report for “Serious Reportable Events in Healthcare”. Which listed events that were “serious, largely preventable and of concern to both the public and health care providers”.

A wrong surgical procedure performed on a patient is considered part of a “Never Event.” CMS does not cover surgical or other invasive procedures to treat a medical condition when a practitioner erroneously performs a different procedure on a beneficiary because that particular surgical or procedure error is not considered reasonable or necessary treatment for the beneficiaries’ medical condition. Similarly, Highmark does not cover Never Events including by not limited to wrong surgical procedures.

## Nationally Non-Covered Indications:

A surgical or other invasive procedure is considered the “wrong procedure” if it is not consistent with the correctly documented and signed informed consent for the patient.

A surgical or other invasive procedure is considered to have been performed on the “wrong body part” if it is not consistent with the correctly documented and signed informed consent for the patient. This includes surgery on the right body *part*, but wrong location of the body.

A surgical or other invasive procedure is considered to have been performed on the “wrong patient” if the procedure is not consistent with the correctly documented and signed informed consent for the patient.

**Note:** Surgical and other invasive procedures are defined as operative procedures in which the 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 to extensive multi-organ transplantation. They include all procedures described by the codes in the surgery section of the Current Procedural Terminology (CPT).

### **Hospital Outpatient, Ambulatory Surgical Centers (ASC), and Practitioner Claims:**

Providers are required to append one of the following applicable HCPCS modifiers to all lines when submitting a claim for the erroneous surgery(s):

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

### **RELATED HIGHMARK POLICIES:**

Refer to the following Reimbursement Policies for additional information:

- RP-036: Preventable Serious Adverse Events

### **REFERENCES:**

National Quality Forum (NQF), Serious Reportable Events (SRE) Effective October 23, 2020.

[https://www.qualityforum.org/Topics/SREs/List\\_of\\_SREs.aspx](https://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx)

Medicare Internet Only Manual (IOM), Pub 100-03, National Coverage Determinations (NCD)

Manual, Chapter 1, Part 2, Section 140.6. Effective 01/15/2009.

[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1\\_Part2.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part2.pdf)

Medicare Internet Only Manual (IOM), Pub 100-03, National Coverage Determinations (NCD)

Manual, Chapter 1, Part 2, Section 140.7. Effective 01/15/2009.

[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1\\_Part2.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part2.pdf)

Medicare Internet Only Manual (IOM), Pub 100-03, National Coverage Determinations (NCD)

Manual, Chapter 1, Part 2, Section 140.8. Effective 01/15/2009.

[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1\\_Part2.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part2.pdf)

Medicare Learning Network MLN Matters MM6405, Effective 1/15/2009.

<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM6405.pdf>

**POLICY UPDATE HISTORY INFORMATION:**

|                 |                       |
|-----------------|-----------------------|
| November / 2021 | Implementation        |
| March / 2022    | Changed Policy Header |

HISTORY