

## **RB.019.A Health Care Acquired Conditions (HCAC) and Preventable Serious Adverse Events (PSAE)**

**Original Implementation Date :** 01/01/2021

**Version [A] Date :** 01/01/2021

**Last Reviewed Date:** 04/08/2025

### **PRODUCT VARIATIONS**

This policy applies to all Jefferson Health Plans/Health Partners Plans lines of business unless noted below.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

### **POLICY STATEMENT**

The plan is committed to ensuring payment is made to hospitals for delivery of medically necessary services to the plan members, in compliance with the Medical Assistance Program regulations. The plan is not responsible for the payment of services that are harmful to the plan members, are of inferior quality or medically unnecessary as may be the case with a Preventable Serious Adverse Event (PSAE), Health Care Acquired Conditions (HCAC), Provider-Preventable Condition (PPC), or Other Provider Preventable Conditions (OPPC). In accordance with state and federal guidelines, the plan will deny or recover payment for the care made necessary by the above stated events if not present on admission and if it is confirmed and identified through the plan quality-of-care review process.

#### **HEALTH CARE ACQUIRED CONDITIONS (HCAC)**

The plan does not reimburse facilities or professional providers for Health Care Acquired Conditions (HCAC) that should never occur in a facility environment. Providers are those who are involved in surgical procedures including, but not limited to: operating surgeon, surgical assistants, and anesthesiologist. Members are held harmless in the case of a HCAC; therefore, providers are not permitted to seek reimbursement from the member in any form (including copayments, deductibles, or coinsurance).

#### **PREVENTABLE SERIOUS ADVERSE EVENTS (PSAE)**

The plan does not reimburse facilities for the increased incremental costs of inpatient care that result when an individual is harmed by one of the Preventable Adverse Events listed below.

The plan does not reimburse professional providers for services directly related to any of the

Preventable Serious Adverse Events (PSAE) listed below when all the criteria for a (PSAE) are met as defined in this policy.

**Health care acquired conditions (HCAC) (for any Health Partners Plans Medicaid inpatient hospital setting):**

- Air embolism.
- Blood incompatibility.
- Catheter-associated urinary tract infection.
- Deep vein thrombosis/pulmonary embolism following total knee replacement or hip replacement with pediatric and obstetric exceptions.
- Falls and trauma including fractures, dislocations, intracranial injuries, crushing injuries, burns, electric shock.
- Foreign object retained after surgery.
- Iatrogenic pneumothorax with venous catheterization.
- Manifestations of poor glycemic control including diabetic ketoacidosis, nonketotic hyperosmolar coma, hypoglycemic coma, secondary diabetes with ketoacidosis, and secondary diabetes with hyperosmolarity.
- Stage III and IV pressure ulcers.
- Surgical site infection following:
  - Coronary artery bypass graft – mediastinitis.
  - Bariatric surgery including laparoscopic gastric bypass, gastroenterostomy, laparoscopic gastric restrictive surgery.
  - Orthopedic procedures including spine, neck, shoulder, elbow.
  - A cardiac implantable electronic device.
- Vascular catheter-associated infection.

**Other provider preventable conditions for Health Partners Plans Medicaid inpatient and outpatient health care settings:**

- Surgical or other invasive procedure performed on the wrong body part.
- Surgical or other invasive procedure performed on the wrong patient.
- Wrong surgical or other invasive procedure performed on a patient.
- Other provider preventable conditions identified in the state's plan and according to the requirements of the final regulation.

**For Medicare members only:**

The plan will not reimburse facilities or professional providers for the increased incremental costs of inpatient care services that result when a member is harmed by one of the following hospital-acquired conditions (U.S. Centers for Medicare & Medicaid Services, 2008, 2015):

- Air embolism.
- Blood incompatibility.
- Certain falls and trauma that occur in the facility and result in:
  - Burn.
  - Crushing injury.
  - Electric shock, excluding events involving planned treatments such as electric countershock or elective cardioversion.
  - Fracture
  - Head injury.
  - Joint dislocation.
- Catheter-associated urinary tract infection.
- Deep vein thrombosis/pulmonary embolism following certain orthopedic procedures including the following:
  - Hip replacement.
  - Total knee replacement.
- Foreign object (e.g., sponge, needle) retention after surgery.
- Manifestations of poor glycemic control, including the following:
  - Diabetic ketoacidosis
  - Hypoglycemic coma.
  - Nonketotic hyperosmolar coma.
  - Secondary diabetes with hyperosmolarity.
  - Secondary diabetes with ketoacidosis.
- Vascular catheter-associated infection.
- Stage III or Stage IV pressure ulcers.
- Surgical site infection following coronary artery bypass graft including mediastinitis.
- Surgical site infection following certain orthopedic procedures including the following:
  - Elbow.
  - Neck.
  - Shoulder.
  - Spine.
- Surgical site infection following cardiac implantable electronic device procedures.
- Surgical site infection following bariatric surgery for obesity including the following:
  - Gastroenterostomy.
  - Laparoscopic gastric restrictive surgery.
  - Laparoscopic gastroenterostomy.
- Iatrogenic pneumothorax with venous catheterization.

The plan will not reimburse facilities or professional providers for the increased incremental costs of inpatient care services that result when a member is harmed by one of the following:

- Surgical or other invasive procedure performed on the wrong body part.
- Surgical or other invasive procedure performed on the wrong patient.
- Wrong surgical or other invasive procedure performed on a patient.

## POLICY GUIDELINES

All facilities are required to report any inpatient adverse event to the state.

Once a potential event has been identified, an extensive review is conducted. Once it has been determined if an HAC/PSAE has been discovered, payment may be reduced, denial, or retraction.

## CODING

*Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.*

*CPT® is a registered trademark of the American Medical Association.*

CPT Code	Description
N/A	
HCPCS Code	Description
N/A	
ICD-10 Codes	Description
N/A	

## BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

## DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

## POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
2025 review. Product variation statement change. References updated accordingly.	A	04/08/2025
2023 review. References updated accordingly.	A	01/01/2021
New Policy	A	01/01/2021

## REFERENCES

- Centers for Medicare & Medicaid Services (CMS). Hospital acquired conditions. [CMS Web site]. 2024 Available at: <https://www.cms.gov/medicare/quality/value-based-programs/hospital-acquired-conditions>
- Centers for Medicare and Medicaid Services (CMS). *National Coverage Determination (NCD)*. 140.7: Surgical or other invasive procedure performed on the wrong body part. [CMS Web site].

Available at: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=328&ncdver=1&DocID=140.7&bc=gAAAABAAAA&>.

3. Centers for Medicare & Medicaid Services (CMS). *National Coverage Determination (NCD)*. 140.8: Surgical or other invasive procedure performed on the wrong patient. [CMS Web site]. Available at: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=329&ncdver=1&DocID=140.8&bc=gAAAABAAAA&>.
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6. Pennsylvania Bulletin. Commonwealth of Pennsylvania. Final Guidance for Acute Healthcare Facility Determinations of Reporting Requirements under the Medical Care Availability and Reduction of Error (MCARE) Act. <http://www.pacodeandbulletin.gov/Display/pabull?file=/secure/pabulletin/data/vol44/44-39/2041.html>
7. General Assembly of Pennsylvania. Pennsylvania House Bill No. 84. Preventable Serious Adverse Events Act. [PA State Legislature Web site]. Available at: <http://www.legis.state.pa.us/CFDOCS/Legis/PN/Public/btCheck.cfm?txtType=PDF&sessYr=2009&sessInd=0&billBody=H&billTyp=B&billNbr=0084&pn=1955>.
8. National Quality Forum (NQF). Fact Sheet: Serious reportable events transparency & accountability are critical to reducing medical errors. [NQF Web Site]. Available at: <http://www.qualityforum.org/projects/completed/sre/fact-sheet.asp>.