

RB.019.A

Health Care Acquired Conditions (HCAC) and Preventable Serious Adverse Events (PSAE)



Title: Health Care Acquired Conditions (HCAC) and Preventable Serious Adverse Events (PSAE)

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PRODUCT VARIATIONS

This policy applies to all Health Partners Plans (HPP) product lines unless noted below.

POLICY STATEMENT

HPP is committed to ensuring payment is made to hospitals for delivery of medically necessary services to our members, in compliance with the Medical Assistance Program regulations. HPP is not responsible for the payment of services that are harmful to our 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, HPP 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 our quality of care review process.

HEALTH CARE ACQUIRED CONDITIONS (HCAC)

HPP 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)

HPP 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.

HPP 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 Medicaid inpatient hospital setting):

- Foreign object retained after surgery
- Air embolism
- Blood incompatibility
- Stage III and IV pressure ulcers
- Falls and trauma including fractures, dislocations, intracranial injuries, crushing injuries, burns, electric shock
- Catheter-associated urinary tract infection
- Vascular catheter-associated infection
- Manifestations of poor glycemic control including: diabetic ketoacidosis, nonketotic hyperosmolar coma, hypoglycemic coma, secondary diabetes with ketoacidosis, and secondary diabetes with hyperosmolarity
- 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.
- Deep vein thrombosis/pulmonary embolism following total knee replacement or hip replacement with pediatric and obstetric exceptions
- Iatrogenic pneumothorax with venous catheterization

Other provider preventable conditions (for Medicaid inpatient and outpatient health care settings):

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

For Medicare members only:

HPP 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):

- Foreign object (e.g., sponge, needle) retention after surgery
- Air embolism

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

HPP 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:

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

POLICY GUIDELINES

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

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

CODING

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 are 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 Code	Description
N/A	

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

HCPCS Code	Description
N/A	

ICD 10 Code	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 HISTORY

Summary	Version	Version Effective Date
This is a new policy.	A	1/1/2021

REFERENCES

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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>.