

Procedure 1239- Never Events

Lines of Business: All

Purpose: This Procedure outlines Network Health's reimbursement for "never events".

Definitions: Never Events, or also known as serious reportable events, are characterized as unambiguous, usually preventable, and serious harm to members or participants. These adverse events may be indicative of a problem in a health care facility's safety systems or important for public credibility or public accountability.

Procedure: Network Health follows the Centers for Medicare and Medicaid Services (CMS) and will not reimburse for "never events" or any costs associated with "never events". Health care facilities and providers may not also seek payment for these services from members or participants.

For health care facilities, Network Health requires that "never events" be reported, however they may not seek payment for these services. To report, two claims will be required: one to identify the "never event" and another for the covered service(s)/procedure(s) unrelated to the "never event". The claim with the non-covered service(s)/procedure(s) related to the "never event" should be on a no-pay claim.

For hospital outpatients, ambulatory surgical centers (ASCs), and practitioners, Network Health requires that the appropriate surgical error modifier be appended onto all claim lines that are related to the erroneous surgery.

To identify when the "never event" is related to a surgery or invasive procedure, an appropriate surgical error modifier should be appended to the procedure(s) indicating:

- Wrong surgery or other invasive procedure on patient
- Surgical or other invasive procedure on wrong body part
- Surgical or other invasive procedure on wrong patient

Surgical and other invasive procedures are defined as operative procedures in which 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 (biopsy, excision, and deep cryotherapy for malignant lesions) to extensive multi-organ transplantation. They include all procedures described by the codes in the surgery section of the Current Procedural Terminology (CPT) and other invasive procedures such as percutaneous transluminal angioplasty and cardiac catheterization. They include minimally invasive procedures involving biopsies or placement of probes or catheters requiring the entry into a body cavity through a needle or trocar. They do not include use of instruments such as otoscopes for examinations or very minor procedures such as drawing blood.

A surgical or other invasive procedure is considered to be the wrong procedure if it is not consistent with the correctly documented informed consent for that 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 informed consent for that patient including

surgery on the right body part, but on the wrong location on the body; for example, left versus right (appendages and/or organs), or at the wrong level of the spine.

Note: Emergent situations that occur in the course of surgery and/or whose exigency precludes obtaining informed consent are not considered erroneous. Also, the event is not intended to capture changes in the plan upon surgical entry into the patient due to the discovery of pathology in close proximity to the intended site with the risk of a second surgery outweighs the benefit of patient consultation, or the discovery of an unusual physical configuration (e.g., adhesions, spine level/extra vertebrae.)

The following is a list of events that Network Health considers as “never events”:

1. Surgery or other invasive procedure performed on the wrong site.
2. Surgery or other invasive procedure performed on the wrong patient.
3. Wrong surgical or other invasive procedure performed on a patient.
4. Unintended retention of a foreign object in a patient after surgery or other invasive procedure.
5. Intraoperative or immediately postoperative/postprocedure death in an ASA Class 1 patient.
6. Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting.
7. Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended.
8. Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting.
9. Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person.
10. Patient death or serious injury associated with patient elopement (disappearance).
11. Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting.
12. Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration).
13. Patient death or serious injury associated with unsafe administration of blood products.
14. Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting.
15. Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy.
16. Patient death or serious injury associated with a fall while being cared for in a healthcare setting.
17. Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting.
18. Artificial insemination with the wrong donor sperm or wrong egg.
19. Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen.
20. Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results.
21. Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting.
22. Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances.
23. Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting.
24. Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting.

25. Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area.
26. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider.
27. Abduction of a patient/resident of any age.
28. Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting.
29. Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting.

This guideline is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC/NHAS. NHP/NHIC/NHAS reserves the right to periodically review and update all claim guidelines, policies and procedures.

HMO plans underwritten by Network Health Plan. POS Plans underwritten by Network Health Insurance Corporation, or Network Health Insurance Corporation and Network Health Plan. Self-funded HMO and POS plans administered by Network Health Administrative Services, LLC.

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