

Serious Preventable Conditions & Never Events

Policy

Harvard Pilgrim does not reimburse services associated with serious preventable conditions and/or “never events.” Providers are not permitted to bill members for serious preventable conditions and/or never events.

Policy Definition

Serious Preventable Conditions are conditions which could reasonably have been prevented through application of evidence-based guidelines. These conditions are not present at the time of treatment or when patients are admitted but occur during the course of treatment or stay.

“**Never events**” are wrong procedures, or procedures performed on the wrong side, wrong body part, or wrong person. Never events are considered not medically necessary as they are not required to diagnose or treat an illness, injury, disease or its symptoms and are not consistent with generally accepted standards of medical practice.

Follow-up Treatment

Harvard Pilgrim Health Care will reimburse physicians who provide follow-up care necessitated by the occurrence of a serious preventable condition and/or never event when they were not responsible for the serious preventable condition and/or never event.

Harvard Pilgrim Reimburses¹

Harvard Pilgrim Health Care does not reimburse services associated with serious preventable conditions and/or never events. Harvard Pilgrim’s policy is not limited to the hospital-acquired serious preventable conditions and never events listed below. This policy applies to services across all settings (e.g., inpatient acute care hospital, acute rehabilitation, skilled nursing facility, same day surgery centers, office and outpatient location).

Harvard Pilgrim Health Care reimburses physicians who treat/repair a member for a serious preventable condition and/or never event caused by another doctor.

- Serious preventable event — foreign object retained after surgery
- Serious preventable event — air embolism
- Serious preventable event — blood incompatibility
- Catheter-associated urinary tract infections
- Deep vein thrombosis/pulmonary embolism
- Pressure ulcers (decubitus ulcers)
- Mediastinitis following coronary artery bypass graft surgery
- Manifestations of poor glycemic control
- Surgical site infection following bariatric surgery for obesity or certain orthopedic procedures
- Falls and trauma — fractures, dislocations, intracranial injury, crushing injury, burns and other unspecified effect of external causes
- Vascular catheter — associated infection
- Surgical site infection following Cardiac Implantable Electronic Device (CIED)
- Iatrogenic Pneumothorax with venous catheterization
- Never event — wrong surgery, wrong patient, wrong site

Provider Billing Requirement and Documentation for Acute Inpatient Hospitals

In order to identify and monitor never events and avoidable hospital conditions, the inclusion of the appropriate diagnosis code and present on admission (POA) indicator, where applicable, are required on claims submitted to Harvard Pilgrim.

- Harvard Pilgrim will reject claims submitted without the POA indicator for the appropriate diagnosis. (see POA values below).

- The POA indicator is submitted in field 67 of the UB-04 and in segment HI in the 2300 loop, data element HI01-9 for the 837I electronic claim submission.

The values for these fields are as follows:

- Y = Present at the time of inpatient admission.
- N = Not present at the time of inpatient admission.
- U = Documentation is insufficient to determine if condition is present on admission.
- W = Provider is unable to clinically determine whether condition was present on admission or not.
- Blank = Exempt from POA reporting. POA is Unreported/Not used. For electronic claims submissions, the POA field is left blank for diagnosis codes exempt from POA reporting.

PUBLICATION HISTORY

09/15/08	original documentation
01/01/09	added physician reimbursement information for treatment of follow-up care necessitated by a serious preventable condition and/or never event
01/31/09	added physician reimbursement information for treatment of a serious preventable condition and/or never event caused by another doctor
01/01/12	removed First Seniority Freedom information from header
01/15/13	annual review; updated to align with 5010 requirements
12/15/13	annual review; minor edits for clarity
11/15/14	annual review; administrative edits
11/15/15	annual review; administrative edit
11/15/16	annual review; no changes
12/15/17	annual review; no changes
12/03/18	annual review; no changes
12/02/19	annual review; no changes
12/01/20	annual review; removed reference to version 5010; administrative edits
12/01/21	annual review; no changes

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.