

# Serious Reportable Events and Provider Preventable Conditions

## Policy

Harvard Pilgrim Stride does not reimburse for services associated with Serious Reportable Events (SRE), and Provider Preventable Conditions (PPC). Providers are not permitted to bill members for SREs and PPCs.

## Definitions

**Provider Preventable Condition (PPC):** A PPC is a condition that meets the definition of a “Health Care Acquired Condition (HCAC)”, or an “Other Provider Preventable Condition (OPPC)” as defined by the Centers for Medicare and Medicaid Services (CMS) in federal regulations at 42 CFR 447.26(b).

**Health Care Acquired Condition (HCAC):** any condition occurring in any inpatient hospital setting identified in the CMS full list of hospital-acquired conditions (HACs) pursuant to Section 1886(d)(4)(D)(iv) of the Social Security Act (SSA).

**Other Provider-Preventable Condition (OPPC):** a condition occurring in any health care setting as defined in CMS federal regulations at 42 CFR 447.26(b):

- The three Medicare National Coverage Determinations (NCD) are:
  - 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

**Serious Reportable Event (SRE):** An SRE is defined by the National Quality Forum (NQF). See NQF Updated SRE Release June 13, 2011. These are events that are clearly identifiable and measurable, usually preventable, and which are serious in their consequences (such as resulting in death or loss of a body part, injury more than transient loss of a body function). These events are also characterized as adverse in nature, represent a clear indication of a health care provider’s lack of safety systems and/or, are events that are important measures for public credibility or public accountability.

## Harvard Pilgrim Reimburses<sup>1</sup>

Harvard Pilgrim Stride does not reimburse services associated with SREs and PPCs.

Providers cannot bill Harvard Pilgrim Stride, the member, the member’s next of kin, authorized representative, or any other payer for care directly related to an SRE, or PPC; correction or remediation of an SRE or PPC or subsequent complications arising from an SRE or PPC. Such nonpayment will not prevent member access to health care services.

Providers may not charge copayments and deductibles for admissions during which an SRE or PPC occurred. Harvard Pilgrim Stride does not compensate for readmission or follow-up care at the same facility within 30 days of discovery of the event when the same provider, or a provider owned by the same parent organization, provides care related to an SRE or PPC, correction or remediation of an SRE or PPC, or subsequent complications arising from an SRE or PPC.

Harvard Pilgrim Stride will reimburse providers who provide follow-up care necessitated by the occurrence of an SRE or PPC when they were not responsible for the SRE or PPC.

<sup>1</sup>This policy applies to the Stride Medicare Advantage products of Harvard Pilgrim Health Care (HPHC) and its affiliate Harvard Pilgrim Health Care of New England or services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. HPHC reserves the right to amend a payment policy at its discretion.

## Provider Billing and Reporting Requirements

### Reporting

Providers are required to notify Harvard Pilgrim Stride of SREs and PPCs that occur when providing services to Harvard Pilgrim Stride members.

Providers should submit notifications of SREs and PPCs, including all appropriate diagnosis and procedure codes, to the Point32Health Quality Management Department via fax at 617.673.0973 or via email to [adverse\\_events\\_submission@point32health.org](mailto:adverse_events_submission@point32health.org). Providers should also include an indication of all event types being reported. Notifications must be submitted within 30 calendar days of the date the SRE and/or PPC event occurred.

### Billing

Providers should include the appropriate diagnosis code and present on admission (POA) indicator, where applicable, on claims submitted to Harvard Pilgrim Stride.

Providers should report PPCs to Harvard Pilgrim Stride by billing for services or procedures rendered as follows:

- Inpatient hospitals:
  - Services not directly related to the PPC: submit a reimbursable claim
  - Services directly related to the PPC: submit a no-pay claim on bill type 110, including appropriate modifiers, reason code 11, and Present on Admission (POA) indicator for reporting purposes only
- Outpatient hospitals and freestanding ambulatory surgery centers:
  - Services not directly related to the PPC: submit a reimbursable claim
  - Services directly related to the PPC: submit a no-pay claim on bill type 130, including appropriate modifiers and reason code 11 for reporting purposes only
- All other providers:
  - Services not directly related to a National Coverage Determination (NCD): submit a reimbursable claim
  - Services directly related to an NCD: submit a no-pay claim for reporting purposes only

Since HCACs and OPPCs are applicable only to hospitals and freestanding ambulatory surgery centers, all other providers should submit no-pay claims only for services directly related to NCDs.

Compensation will be adjusted according to Present on Admission (POA) indicator guidelines as well as federal CMS requirements. Adjustments will be made based on provider health services payment contracts. To determine whether an event may meet one of the definitions above and therefore would be subject to nonpayment, licensed health care providers should check federal web sites for a comprehensive listing.

When provider payments are denied or retracted, in accordance with SREs and PPCs, an explanatory notification will be included on the claim Explanation of Payment (EOP).

### Present on Admission Indicators

POA Indicator	Service Description
Y	Yes (present at the time of inpatient admission)
N	No (not present at the time of inpatient admission)
U	Unknown (documentation is insufficient to determine if condition was present on admission)
W	clinically undetermined (provider is unable to determine whether condition was present on admission)
1 or Blank	1 (on electronic claims) or blank (for paper claims) = exempt from POA indicator

## Modifiers

Modifier	Description
PA	Surgery on wrong body part
PB	Surgery on wrong patient
PC	Wrong surgery on patient

## Crosswalk of PPC HCACs, PPC OPPCs and SREs

Please note this list may not be a comprehensive inventory of SREs and PPCs. The plan recommends providers review federal regulations for a complete listing.

Condition or Event	PPC HCAC	PPC OPPC (NCD)	SRE
Surgery or other invasive procedure performed on the wrong site		X	X
Surgery or other invasive procedure performed on the wrong patient		X	X
Wrong surgical or other invasive procedure performed on a patient		X	X
Unintended retention of a foreign object in a patient after surgery or other invasive procedure	X		X
Intraoperative or immediately postoperative/post procedure death in an ASA Class I patient			X
Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting	X		X
Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting			X
Patient death or serious injury associated with the use or function of a device in patient care in which the device is used for functions other than as intended			X
Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area			X
Patient death or serious injury associated with unsafe administration of blood products			X
Patient death or serious injury associated with a fall while being cared for in a healthcare setting			X
Artificial insemination with the wrong donor sperm or wrong egg			X

Condition or Event	PPC HCAC	PPC OPPC (NCD)	SRE
Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen			X
Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting			X
Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy			X
Pressure ulcers — stage III or IV	X		X
Unstageable pressure ulcers acquired after admission/presentation to a healthcare setting			X
Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results			X
Blood Incompatibility	X		
Manifestations of Poor Glycemic Control including the following: <ul style="list-style-type: none"> <li>• Diabetic ketoacidosis</li> <li>• Nonketotic hyperosmolar coma</li> <li>• Hypoglycemic coma</li> <li>• Secondary diabetes with ketoacidosis</li> <li>• Secondary diabetes with hyperosmolarity</li> </ul>	X		
Iatrogenic pneumothorax with venous catheterization	X		
Catheter-associated urinary tract infection (UTI)	X		
Vascular catheter-associated infection	X		
Deep vein thrombosis following a total knee replacement or hip replacement. <i>Not applicable to pediatric (under 21 years of age) or obstetric patients.</i>	X		
Falls and trauma, including those related to fractures, dislocations, intracranial injuries, crushing injuries or burns	X		
Surgical site infection, mediastinitis, following coronary artery bypass graft (CABG)	X		
Surgical site infection following certain orthopedic procedures: <ul style="list-style-type: none"> <li>• Spine</li> <li>• Neck</li> <li>• Shoulder</li> <li>• Elbow</li> </ul>	X		

Condition or Event	PPC HCAC	PPC OPPC (NCD)	SRE
Surgical site infection following bariatric surgery for obesity: <ul style="list-style-type: none"> <li>• Laparoscopic gastric bypass</li> <li>• Gastroenterostomy</li> <li>• Laparoscopic gastric restrictive surgery</li> </ul>	X		
Surgical Site infection following Cardiac Implantable Electronic Device (CIED) procedures	X		
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)			X
Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting			X
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			X
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			X
Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting			X
Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider			X
Abduction of a patient/resident of any age			X
Sexual abuse/assault on a patient or staff within or on the grounds of a healthcare setting			X
Death or serious injury of a patient or staff resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting			X
Patient suicide, attempted suicide, or self-harm that results in serious injury while being cared for in a healthcare setting			X
Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person			X
Patient death or serious injury associated with patient elopement (disappearance)			X

## References

CMS Hospital Acquired Condition (HAC) ICD-10 Code List

Federal Regulation: 42 CFR 434.6(a)(12)

Federal Regulation: 42 CFR 438.3(g)

Federal Regulation: 42 CFR 447.26

National Quality Forum (NQF) SRE List

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### PUBLICATION HISTORY

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