

PROFESSIONAL NETWORK REIMBURSEMENT POLICY

POLICY TITLE	Surgical or Other Invasive Procedure Misadventures
POLICY NUMBER	NR-30.016

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[DESCRIPTION/BACKGROUND
EXCLUSIONS](#)

[DEFINITIONS
VARIATIONS](#) - No

[POLICY
REFERENCES](#)

I. DESCRIPTION/BACKGROUND

[TOP](#)

This policy describes the reimbursement methodology and reporting requirements for surgical or other invasive procedure misadventures.

II. DEFINITIONS

[TOP](#)

American Medical Association (AMA) – An organization whose mission is to promote the science and art of medicine and the betterment of public health. The AMA speaks out on issues important to patients and the nation’s health and exercises a strong advocacy agenda on behalf of patients and provider. The AMA is also committed to providing timely information on matters important to the health of America and includes the development and promotion of standards in medical practice, research, and education.

Current Procedural Terminology (CPT) - The American Medical Association’s (AMA) guidelines for coding and procedure reporting.

HCPCS – Health Care Common Procedure Coding System; The Centers for Medicare and Medicaid Services’ (CMS) guidelines for coding and procedure reporting.

Modifier – A two-digit numeric, alphanumeric or alphabetic code appended to a CPT or HCPCS code, which indicates that a service or procedure has been altered by some specific circumstances but not changed in its definition or code. This information is important because it provides payors with additional information to process a claim. There are three levels of modifiers: Level I (CPT) modifiers are developed by the AMA; Level II (HCPCS) modifiers are developed by CMS; Level III modifiers are unique to each Medicare Part B carrier (local codes) and begin with an alpha prefix of S, W, X, Y or Z.

Surgical or Other Invasive Procedure Misadventures – Error(s) in medical care that are clearly identifiable, preventable, and serious in their consequences for patients.

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III. POLICY

[TOP](#)

When a surgical or other invasive procedure misadventure occurs, in addition to the CPT or HCPCS code for the surgery/procedure performed, Providers must append the appropriate HCPCS Modifier to identify the misadventure:

- PA** – Surgical or other invasive procedure on wrong body part
- PB** – Surgical or other invasive procedure on wrong patient
- PC** – Wrong surgery or other invasive procedure on patient

Surgical or Other Invasive Procedure Misadventures are not eligible for reimbursement and members shall be held financially harmless for cost share amounts attributable to the surgical or other invasive procedure misadventure. In the event the provider fails to append one of the above modifiers to a procedure code and it is later identified as a misadventure, Capital BlueCross reserves the right to deny payment or seek recovery of payments retrospectively, in part or in whole for professional services directly related to Surgical or other Invasive Procedure Misadventures.

In addition to the criteria and conditions contained in this policy, the service, procedure or item must be deemed medically necessary, must be a covered member benefit and is subject to member cost sharing provisions.

IV. EXCLUSIONS

[TOP](#)

N/A

V. VARIATIONS

[TOP](#)

This policy is applicable to all programs and products administered by Capital BlueCross unless otherwise indicated below.

VI. REFERENCES

[TOP](#)

*EncoderPro for Payers
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*HCPCS Level II Expert
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