Subject: Never Events*

Effective Date: September 9, 2008

Department(s): Utilization Management

Policy: Aspects of care for Never Events, as defined by the National Quality Forum and the Centers for Medicare and Medicaid Services, are **not** reimbursable under Plans administered by QualCare, Inc., as detailed in this Policy. Determinations of the existence of a Never Event will be made by the Peer Review Committee.

Objective: To provide proper and consistent reimbursement and to exclude from coverage costs related to specified catastrophic and preventable therapeutic misadventures.

Procedure:

A. Never Events addressed by this policy include:

1. Foreign object left in a patient after surgery *(ICD-9 998.4, 998.7)*
2. Death/disability associated with intravascular air embolism occurring in a facility *(999.1)*
3. Death/disability associated with incompatible blood occurring in a facility *(999.6)*
4. Death/disability associated with hypoglycemia occurring in a facility *(251.0)*
5. Stage 3 or 4 decubitus ulcers acquired in a facility *(707.0 – 707.09)*
6. Death/disability associated with the following environment events occurring in a facility:
   a. Electric shock (994.8)
   b. Burn (940, 941, 942, 947, 948, 949)
   c. Fall (800-829, 830-839, 850-854, 925-929)
7. Surgery on wrong body part (E876.5)
8. Surgery on wrong patient (E876.5)
9. Wrong surgery on a patient (E876.5)

B. When a Never Event is suspected to have occurred, the UM Adverse Event Standard Operating Procedure will be followed.

C. Aspects of care excluded from reimbursement include, but are not limited to, the following:

1. Facility charges for the day of the Never Event
2. Additional facility charges necessitated by the Never Event or its consequences
   a. This shall apply only to the facility at which the Never Event occurred and, if inpatient, to the admission during which the Never Event occurred.
3. For items A.7, A.8, and A.9 above, when an admission or same-day surgery is planned only for the Never Event procedure, none of the facility’s charges, including but not limited to pre-admission testing, will be reimbursed.
4. When payment is based on a Case Rate, a record audit will be used to determine how payment should be modified.
5. The determination of which Provider fees associated with a Never Event will not be reimbursed shall be made by the Peer Review Committee.
References


-----Hospitals will have to pay for their mistakes. Consumer Reports September 2008

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-----Hospital associations put nix on billing for ‘never events’. Healthcare Benchmarks Qual Improv 2008;15(2):13-16 (Feb)


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Drafted By/Date: B. Fisher, MD, M. Bueno, RN, PhD  08/09/08
Approved By/Date: QM Committee 09/09/08
Revised By/Date: BFisher, MD  02/09/09
Approved By/Date: QM Committee 03/24/09
Reviewed w/ revision By/Date: M McNeil MD  05/31/11
Approved By/Date: QMC, 06/14/2011

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.