



**BlueCross BlueShield
of Texas**

Hospital Acquired Conditions and Never Events

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This section covers information related to Hospital Acquired Conditions and Never Events.

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Policy

Policy

It is BCBSTX intent not to pay the additional costs resulting from preventable hospital-based medical errors.

In coordination with the Texas Hospital Association (THA), BCBSTX will apply the following five principles or guidelines when a “serious hospital acquired condition” or never event occurs:

- The error or event must be preventable.
- The error or event must be within control of hospital.
- The error or event must be a result of a mistake by hospital.
- The error or event must result in significant harm.
- Identification of non-payable events will incorporate case-by-case review and determination by a Medical Director, except when self reported and without dispute.

These principles will be applied to hospital acquired conditions identified by the Centers for Medicare and Medicaid Services (CMS) as well as to nine National Quality Forum (NQF) never events to determine whether reimbursement to the hospital should be reduced for the additional costs related to the event.

Never Events

As defined by the National Quality Forum (NQF), never events are adverse events that are serious, but largely preventable, and of concern to both the public and health care providers for purposes of public accounting. Never events earned that name because these events should never happen in medical practice.

The nine NQF events are:

1. Surgery performed on the wrong body part.
 2. Surgery performed on the wrong patient.
 3. The wrong surgical procedure performed on a patient.
 4. Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a facility.
 5. An infant discharged to the wrong person.
 6. Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products.
 7. Death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia in neonates during the first 28 days of life.
 8. Artificial insemination with the wrong donor sperm or donor egg.
 9. Patient death or serious disability associated with a burn incurred from any source while being cared for in a facility.
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Hospital Acquired Conditions

Hospital Acquired Conditions

Hospital acquired conditions (HAC) are those conditions that are acquired by a patient while they are in the inpatient hospital setting and were not present upon admission to the hospital.

HAC selected by CMS must meet the following criteria:

- Conditions must be high cost, high volume or both.
- Conditions must be represented clearly by an ICD-9-CM diagnosis code.
- Conditions are designated as a Complicating Condition (CC) or Major Complicating Condition (MCC) and would result in the assignment of the case to a higher severity MS-DRG when reported as a secondary diagnosis.
- Conditions must be reasonably preventable through the application of evidence-based guidelines.

The 10 categories of HACs include:

1. Foreign Object Retained After Surgery
 2. Air Embolism
 3. Blood Incompatibility
 4. Stage III and IV Pressure Ulcers
 5. Falls and Trauma
 - Fractures
 - Dislocations
 - Intracranial Injuries
 - Crushing Injuries
 - Burns
 - Electric Shock
 6. Manifestations of Poor Glycemic Control
 - Diabetic Ketoacidosis
 - Nonketotic Hyperosmolar Coma
 - Hypoglycemic Coma
 - Secondary Diabetes with Ketoacidosis
 - Secondary Diabetes with Hyperosmolarity
 7. Catheter-Associated Urinary Tract Infection (UTI)
 8. Vascular Catheter-Associated Infection
 9. Surgical Site Infection Following:
 - Coronary Artery Bypass Graft (CABG) - Mediastinitis
 - Bariatric Surgery
 - Laparoscopic Gastric Bypass
 - Gastroenterostomy
 - Laparoscopic Gastric Restrictive Surgery
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- Orthopedic Procedures

- Spine
- Neck
- Shoulder
- Elbow

10. Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE)

- Total Knee Replacement
- Hip Replacement

Present on Admission Indicator

To facilitate the identification of hospital acquired conditions (HAC) not present on admission, new coding requirements were effective October 1, 2008. For every diagnosis code reported, one of the following Present on Admission (POA) indicators must also be reported:

Y - Present on admission

W - Based on data and clinical judgment it is not possible to document when the onset of the condition occurred

N - Not present on admission

U - Documentation is insufficient to determine if the condition was present at the time of admission.

1 - Exemption from POA reporting*

Regardless of your contract reimbursement, BCBSTX does require that you file the POAs on all inpatient hospital claims.

Effective July 1, 2011, if your hospital does not file a POA indicator, it will be defaulted to an “N” and could affect your reimbursement.

At this time, the following hospitals are **EXEMPT** from filing the POA Indicator:

1. Long-Term Acute Care Hospitals (LTCHs or LTACs),
2. Inpatient Rehab Facilities (IRFs),
3. Inpatient Psych Facilities (IPFs),
4. Cancer Hospitals
5. Children's Hospitals

However, these Hospitals are still subject to non payment as stated in the HAC and Never Event policies.

** For a complete list of codes on the POA exempt list, see page 110 of the Official Coding Guidelines for ICD-9-CM.*

<http://www.cdc.gov/nchs/data/icd9/icdguide10.pdf>
