

## Diagnosis Code Y65.XX

### Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

### Policy Overview

#### **ICD-10-CM Code Y65:**

- Y65 falls under the category of complications of medical and surgical care,
- It encompasses various unexpected incidents or complications that occur during surgical or medical procedures.

#### **Specific Codes Under Y65:**

Here are some specific examples covered by Y65:

- Y65.0 (Mismatched blood in transfusion): When a patient receives blood that is not compatible with their blood type during a transfusion.
- Y65.1 (Wrong fluid used in infusion): If an incorrect fluid (such as the wrong medication or solution) is administered intravenously.
- Y65.2 (Failure in suture or ligature during surgical operation): Instances where sutures or ligatures fail to hold properly during surgery.
- Y65.3 (Endotracheal tube wrongly placed during anesthetic procedure): When an endotracheal tube is incorrectly positioned during anesthesia administration.

#### **Documentation and Specificity:**

- Y65 provides a broad category A 4th digit is required

#### **Effective Date:**

- The 2024 edition of ICD-10-CM introduced Y65.8 as a specific code for other specified misadventures during surgical and medical care.



## Reimbursement Guidelines

Molina Healthcare has the right to reject, examine, audit, and recover claims based on medical necessity as stated in the above policy. Molina Healthcare Inc does not pay for facility claims with diagnosis codes Y65.51 Y65.52 or Y65.53 or professional claims with Modifiers PA, PB, or PC which means a medical mistake happened during surgery or medical care.

## Supplemental Information

### Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

### State Exceptions

State	Exception

### Documentation History

Type	Date	Action
Initial Creation Date	04/26/2024	New Policy
Revised Date	05/30/2024	Removed FYI: missing Y65.4
Revised Date	08/04/2025	Updated Template

### References

References This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
Optum	<a href="https://encoderprofpayers.com">Optum EncoderProForPayers.com - Login (encoderprofp.com)</a>

**\*CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the



*American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.*