

Outlier PPC Medical Record Documentation Submission Form

This form serves to facilitate timely claim review and adjudication and should be completed for all outlier PPC claims.

Recipient Name: _____

Recipient ID Number: _____

Dates of Service: _____

Date of PPC Occurrence: _____

PPC Diagnosis:

- Foreign Object Retained After Surgery
- Air Embolism
- Blood Incompatibility
- Pressure Ulcer, Stages III & IV
- Falls and Trauma
- Catheter-Associated Urinary Tract Infection
- Vascular Catheter-Associated Infection
- Manifestations of Poor Glycemic Control
- Surgical Site Infection, Mediastinitis, after Coronary Artery Bypass Graft
- Surgical Site Infection after Certain Orthopedic Procedure
- Surgical Site Infection after Bariatric Surgery
- Surgical Site Infection after Cardiac Implantable Electron Device
- Iatrogenic Pneumothorax with Venous Catheterization
- Deep Vein Thrombosis and Pulmonary Embolism after Certain Orthopedic Procedures
- Other, specify: _____

Submit the following documentation:

- Complete medical records from the associated hospital stay
- An itemized bill (tab-delimited text file or Excel spreadsheet) which summarizes to the Total Charges on the submitted claim (detailing Total Charges and Non-covered Charges)
- An Itemized list of PPC-related charges (tab delimited file or Excel spreadsheet) (A column with this detail should be added to the itemized bill required above.)

This form and all requested documentation should be submitted simultaneously via fax: 801-536-0974.

If document files are large, a CD/DVD that contains this form and all requested documentation may be submitted via mailing address: Bureau of Medicaid Operations, ATTN: PPC, PO Box 143106, Salt Lake City, UT 84114-3106.