

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:

Precise definitions and codes for hospital-acquired conditions that qualify as PPCs are available on the Utah Medicaid website (<https://medicaid.utah.gov/>). Click on the "Health Care Provider" tab in the top menu bar and select: "Administrative Information" → "Manuals" → "Utah Medicaid Provider Manual" → "Medicaid Provider Manuals" → "Hospitals" → "Attachments" → "PPC-DiagnosisList[M-YY]".

- 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

PPC-Associated Treatments and Procedures (please include dates): _____

In addition to the above information, submit the following documentation:

- Complete medical records from the associated hospital stay
- An itemized bill
- Notation of any charges claimed as "non-covered" due to being related to PPC occurrence or treatment

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.