

## 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.)

**Please submit this form and all requested documentation simultaneously via fax at 801-536-0974 or by uploading them to the Documentation Management Portal in PRISM, which can be found under External Links.**

Please note that Medicaid requires UB-04 inpatient and outpatient claims to be submitted electronically as institutional claims (837P) through the PRISM portal. Medicaid does not accept paper claims; any UB-04 claims submitted on paper will be returned with a request to resubmit them electronically.