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MEMORANDUM

To: All Providers

From: Kathleen McCarthy, Provider Services Director

Date: 07/09/2013

Subject: Report Provider Preventable Conditions

The Department of Health Care Services (DHCS) received approval from the Centers for Medicare and Medicaid Services (CMS) to require providers to report Provider Preventable Conditions (PPCs). PPCs are divided into two categories: Other Provider Preventable Conditions (OPPCs) in all health care settings, and Health Care Acquired Conditions (HCACs) in inpatient acute care hospital settings only.

OPPCs are further defined as:

- Wrong surgical or other invasive procedure performed on a patient;
- Surgical or other invasive procedure performed on the wrong body part; and,
- Surgical or other invasive procedure performed on the wrong patient.

Providers must report the occurrence of a PPC for any Central California Alliance for Health (the Alliance) member where the PPC did not exist prior to the provider beginning treatment. The Alliance is prohibited from paying for the treatment of PPCs, and reimbursements will be adjusted to avoid such payments.

You are required to report OPPCs for any Alliance member. To do so, complete the Medi-Cal Provider-Preventable Conditions (PPC) Reporting Form, found in the Forms section of the Provider page of the Alliance website. A separate form must be completed and submitted for each OPPC within five (5) days of discovering the event and confirming that the patient is an Alliance member.

Any claims submitted for the treatment of an OPPC should also make note of the OPPC using the appropriate modifier.

Modifier	OPPC
PC	Wrong surgical or other invasive procedure performed on a patient.
PA	Surgical or other invasive procedure performed on the wrong body part
PB	Surgical or other invasive procedure performed on the wrong patient.

Please see additional documentation in the What's New section of the Provider Page for further details. Should you have any questions regarding this mandatory reporting, please contact your Provider Services Representative at (800) 700-5504.

Hospital Acquired Conditions (HAC)

HAC	CC/MCC (ICD-9-CM Codes)
Foreign Object Retained After Surgery	998.4 (CC) 998.7 (CC)
Air Embolism	999.1 (MCC)
Blood Incompatibility	999.60 (CC) 999.61(CC) 999.62 (CC) 999.63 (CC) 999.69 (CC)
Pressure Ulcer Stages III & IV	707.23 (MCC) 707.24 (MCC)
Falls and Trauma: - Fracture - Dislocation - Intracranial Injury - Crushing Injury - Burn - Other Injuries	Codes within these ranges on the CC/MCC list: 800-829 830-839 850-854 925-929 940-949 991-994
Catheter-Associated Urinary Tract Infection (UTI)	996.64 (CC) Also excludes the following from acting as a CC/MCC: 112.2 (CC) 590.10 (CC) 590.11 (MCC) 590.2 (MCC) 590.3 (CC) 590.80 (CC) 590.81 (CC) 595.0 (CC) 597.0 (CC) 599.0 (CC)
Vascular Catheter-Associated Infection	999.31 (CC) 999.32 (CC) 999.33 (CC)

Hospital Acquired Conditions (HAC)

HAC	CC/MCC (ICD-9-CM Codes)
Manifestations of Poor Glycemic Control	249.10-249.11 (MCC) 249.20-249.21 (MCC) 250.10-250.13 (MCC) 250.20-250.23 (MCC) 251.0 (CC)
Surgical Site Infection, Mediastinitis, Following Coronary Artery Bypass Graft (CABG)	519.2 (MCC) And one of the following procedure codes: 36.10–36.19
Surgical Site Infection Following Certain Orthopedic Procedures	996.67 (CC) 998.59 (CC) And one of the following procedure codes: 81.01-81.08, 81.23, 81.24, 81.31-81.38, 81.83, 81.85
Surgical Site Infection Following Bariatric Surgery for Obesity	<i>Principal Diagnosis</i> – 278.01 539.01 (CC) 539.81 (CC) 998.59 (CC) And one of the following procedure codes: 44.38, 44.39, or 44.95
Surgical Site Infection Following Cardiac Implantable Electronic Device (CIED)	996.61 (CC) 998.59 (CC) And one of the following procedure codes: 00.50,00.51,00.52,00.53,00.54, 37.80,37.81,37.82, 37.83,37.85, 37.86, 37.87, 37.94, 37.96,37.98, 37.74, 37.75, 37.76, 37.77, 37.79, 37.89
Deep Vein Thrombosis and Pulmonary Embolism Following Certain Orthopedic Procedures	415.11 (MCC) 415.13 (MCC) 415.19 (MCC) 453.40-453.42 (CC) And one of the following procedure codes: 00.85-00.87, 81.51-81.52, or 81.54
Iatrogenic Pneumothorax with Venous Catheterization	512.1 (CC) And the following procedure code 38.93

Medi-Cal Provider-Preventable Conditions Reporting Form



CONFIDENTIAL

By law, providers must identify Provider-Preventable Conditions (PPCs) that are associated with claims for Medi-Cal payment, or with courses of treatment furnished to Medi-Cal patients for which Medi-Cal payments would otherwise be available. Providers must complete and send one Medi-Cal PPC Reporting Form (form) for each PPC. Please see attached instructions for completing this form.

Facility Information:	
1. Name of Facility:	2. National Provider Identifier (NPI):
3. Type of Facility: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	
4. Address:	
City: _____	State: ____ Zip code: _____
PPC — Other Provider-Preventable Condition (OPPC) in any health care setting:	
5. Date of OPPC:	
6. <input type="checkbox"/> Wrong surgery/invasive procedure	
7. <input type="checkbox"/> Surgery/invasive procedure on the wrong body part	
8. <input type="checkbox"/> Surgery/invasive procedure on the wrong patient	
PPC — Health Care-Acquired Conditions (HCAC) in an acute inpatient setting:	
9. Date of HCAC:	
10. <input type="checkbox"/> Air embolism	11. <input type="checkbox"/> Blood incompatibility
12. <input type="checkbox"/> Catheter-associated urinary tract infection	13. <input type="checkbox"/> Deep vein thrombosis/pulmonary embolism
14. <input type="checkbox"/> Fall/Trauma	15. <input type="checkbox"/> Foreign object retained after surgery
16. <input type="checkbox"/> Iatrogenic pneumothorax with venous catheterization	
17. <input type="checkbox"/> Manifestations of poor glycemic control	18. <input type="checkbox"/> Stage III or IV pressure ulcers
19. <input type="checkbox"/> Surgical site infection	20. <input type="checkbox"/> Vascular catheter-associated infection
Patient Information:	
21. Patient under 21 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Patient's Name:	
23. Client Index Number (CIN):	
24. Patient's address:	
City: _____	State: ____ Zip code: _____
Reporting Form Information:	
25. Name of person completing reporting form:	
26. Title:	
27. Phone: _____	Email: _____ Fax: _____

Signature: _____

Date: ____/____/____

INSTRUCTIONS

GENERAL INSTRUCTIONS:

Please note that reporting PPCs to the Alliance does not preclude the reporting of adverse events and healthcare associated infections (HAIs), pursuant to the Health and Safety Code, to the California Department of Public Health for the same member. Providers must report any PPC to the Alliance that did not exist prior to the provider initiating treatment for a member, even if the provider does not intend to bill for Medi-Cal reimbursement.

For Central California Alliance for Health (Alliance) Medi-Cal members, providers are required to send this form to the Alliance Quality Improvement Department, with appropriate markings for confidentiality purposes, via one of the methods below, within **five (5) business days** from the identification of the event/PPC. The provider must confirm that the patient is an Alliance Medi-Cal member.

Via Secure Fax:

Central California Alliance for Health
Quality Improvement Department - Confidential
(831) 430-5893

Via U.S. Post Office, UPS, FedEx:

Central California Alliance for Health
Quality Improvement Department - Confidential
1600 Green Hills Road, Suite 101
Scotts Valley, CA 95066-4981

For questions regarding PPCs, please contact the Quality Improvement Department at (831) 430-2620 or Toll Free at (800) 700-3874 ext. 2620.

Information contained in the completed form(s) is Protected Health Information (PHI) and Personally Identifiable Information (PII), under federal laws [The Health Insurance Portability and Accountability Act of 1996 (HIPAA)] and California privacy laws. Providers are responsible for ensuring the confidentiality of this information.

FORM INSTRUCTIONS:

Facility Information (boxes 1-4)

1. Enter name of facility where the PPC occurred.
2. Enter the facility's National Provider Identifier (NPI).
3. Check the appropriate box if the PPC occurred in an inpatient or outpatient facility.
4. Enter the street address, city, state, and zip code of the facility where the patient was being treated when the PPC occurred.

PPC – Other Provider-Preventable Condition (boxes 5-8)

5. If reporting an OPPC (inpatient or outpatient), enter the date (mm/dd/yyyy) that the OPPC occurred.
6. Check the box if the provider performed the wrong surgical or other invasive procedure on a patient.
7. Check the box if the provider performed a surgical or other invasive procedure on the wrong body part.
8. Check the box if the provider performed a surgical or other invasive procedure on the wrong patient.

PPC – Health Care-Acquired Condition (HCACs) (boxes 9-20)

HCACs are the same conditions as hospital-acquired conditions (HACs) that are reportable for Medicare, with the exception of reporting deep vein thrombosis/pulmonary embolism for pregnant women and children under 21 years of age as noted below.

9. If reporting an HCAC (inpatient only), enter the date (mm/dd/yyyy) that a provider detected the HCAC.
10. Check the box if the patient experienced a clinically significant air embolism.
11. Check the box for an incidence of blood incompatibility.
12. Check the box if the patient experienced a catheter-associated urinary tract infection (UTI).
13. Check the box if the patient experienced deep vein thrombosis (DVT)/pulmonary embolism (PE) following total knee replacement or hip replacement in an inpatient setting. Do not check the box if the patient was under 21 or pregnant at time of PPC.

14. Check the box if the patient experienced a significant fall or trauma that resulted in:
- Fracture
 - Dislocation
 - Intracranial injury
 - Crushing injury
 - Burn
 - Electric shock
15. Check the box for any unintended foreign object retained by the patient after surgery.
16. Check the box if the patient experienced iatrogenic pneumothorax with venous catheterization.
17. Check the box if the patient experienced any of the following manifestations of poor glycemic control:
- Diabetic ketoacidosis
 - Nonketotic hyperosmolar coma
 - Hypoglycemic coma
 - Secondary diabetes with ketoacidosis
 - Secondary diabetes with hyperosmolarity
18. Check the box if the patient developed a stage III or stage IV pressure ulcer.
19. Check the box if the patient experienced:
- Mediastinitis following coronary artery bypass graft (CABG).
 - A surgical site infection following:
 - Bariatric surgery
 - Laparoscopic gastric bypass
 - Gastroenterostomy
 - Laparoscopic gastric restrictive surgery
 - Orthopedic procedures
 - Spine
 - Neck
 - Shoulder
 - Elbow
 - Cardiac implantable electronic device (CIED) procedures
20. Check the box if the patient experienced a vascular catheter-associated infection.

Patient Information (*boxes 21-24*)

21. Check “yes” if the patient was under 21 years old or “no” if the patient was age 21 or older when the PPC occurred.
22. Enter beneficiary’s name (last, first, middle) as listed on the Alliance Member ID Card.
23. Enter beneficiary’s Client Index Number (CIN) from the Alliance Member ID Card (Alliance ID#).
24. Enter beneficiary’s home street address, including city, state, zip code, and apartment number, if applicable.

Provider Contact Information (*boxes 25-27*)

25. Enter the name of the person completing this report.
26. Enter the title of the person completing this report.
27. Enter a work phone number, email address, and fax number at which the Alliance may contact the person completing this report.