INSTRUCTIONS FOR COMPLETING THE

OPPC SELF-REPORTING FORM

Please complete the OPPC Self-Reporting Form any time that an Other Provider-Preventable Condition occurs.

NOTE: A separate form must be completed for each procedure.

ACN - Enter the Attachment Control Number (ACN) if this is an attachment for an electronically submitted institutional claim.

Provider PROMISe Number - Enter the facility's 9-digit provider number.

Service Location Number - Enter the facility's 4-digit service location number.

Recipient Name - Enter the recipient's full name.

Recipient ID - Enter the recipient's 10-digit identification number.

Date of Birth - Enter the recipient's date of birth (MMDDCCYY).

Admission Date - Enter the date of admission (MMDDCCYY).

Discharge Date - Enter the date of discharge (MMDDCCYY).

Was this an operation/invasive procedure - Enter an X for yes or no for line a), b), and c).

ICD-PCS Procedure Code, Description and Date - Enter the ICD-PCS procedure code, description and date.

NOTE: A separate form must be completed for each procedure.

Were any of the following involved - Enter an X for each provider type.

Name, Position, Title and License/Certification/NPI Number - Enter the name, position, title and License/ Certification/ NPI Number as applicable for each provider type. If more space is needed, see Attachments described below.

Details - Enter the specifics pertaining to this procedure. If more space is needed, see Attachments described below.

Charges Related to the OPPC - Use this section to identify any charges that are being reported for non-payment.

Attachments - If more space is needed, attach an 8 ½" x 11" sheet of paper. Include all of the following at the top of each page: the ACN, Provider PROMISe Number, Service Location, Recipient Name, Recipient ID, Admission Date and Discharge Date.

OPPC Self-Reporting Form

ACN: _____

Provider PROMISe Number: _____ Service Location Number: _____

Provider Name: _____

Recipient Name: _____ Recipient ID: _____ DOB: _____

Admission Date: _____ Discharge Date: _____

Was this:

a) the wrong operation/invasive procedure on correct patient (Y65.51)?	☐ Yes	☐ No
b) operation/invasive procedure on patient not scheduled (Y65.52)?	☐ Yes	☐ No
c) the correct operation/invasive procedure on wrong side/body part (Y65.53)?	☐ Yes	☐ No

ICD-PCS Procedure Code: _____ Description: _____ Date: _____

Were any of the following involved:

☐ Anesthesiologist   ☐ Nurse (RN or LPN)   ☐ Certified Registered Nurse Anesthetist (CRNA)

☐ Assistant surgeon   ☐ OR Technician   ☐ Physician Assistant (PA)

☐ Physician/surgeon   ☐ Radiologist   ☐ Certified Registered Nurse Practitioner (CRNP)

☐ Dentist   ☐ Podiatrist   ☐ Other (Specify) _____

Name	Position	Title	License/Cert./NPI Number

Details:
_____
_____
_____
_____
_____
_____
_____
_____

Charges Related to the OPPC:

Revenue Code	Description	Service Date(s)	Service Units	Charges