



TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses, Certified Nurse Midwives, Optometrists, Podiatrists, Ambulatory Surgery Center Providers
RE: Other Provider Preventable Conditions (OPPCs) Reporting Requirements

The Department of Social Services (DSS) is implementing section 2702 of the Patient Protection and Affordable Care Act (PPACA) that prohibits states from paying for any medical care directly related to provider-preventable conditions (PPCs). Under the Act, PPC related services are not covered services and state Medicaid agencies cannot make payments for these services. PPCs are defined as medical conditions, occurring in any healthcare setting, which could have reasonably been prevented through the application of evidence-based guidelines.

The purpose of this bulletin is to inform providers specifically about Other Provider Preventable Condition (OPPC) claim submission requirements and editing going into effect to comply with PPACA. Providers must utilize the billing system and use appropriate modifiers to self report OPPC errors that occurred during the course of treatment.

The OPPC editing will go into effect for dates of service May 1, 2012 and forward. There are three OPPCs that must be reported on the claims through the use of the following modifiers:

Modifier	Medicare National Coverage Determinations
PA	Surgery on the wrong body part
PB	Surgery on the wrong patient
PC	Wrong surgery on a patient

If a service is submitted with one of the above modifiers, it will deny with Explanation of Benefit (EOB) code 720: Modifier Not Covered - Other Provider Preventable Conditions.

