|  |                               | DATE OF REPORT (YYYYMMDD)                      |   | 2. CLAIMANT LAST NAME                    |             | REPORT CONTROL SYMBOL<br>DD-HA(AR)1782 |  |  |
|--|-------------------------------|--|---|--|-------------|--|--|--|
| 3. TYPE OF REPORT (X one)  |                               |  |   | 4. DATES OF ACT(S)                       |             | SSION(S) (YYYYMMDD)                    |  |  |
| a. INITIAL   | b. CORREC                     | TION OR ADDIT                                  | ION   | a. BEGINNING DATE                        | ENDING DATE |  |  |  |
| c. REVISION TO ACTION  |                               | EVIOUS REPORT                                  | Г   |  |             |  |  |  |
|  | JUDGMENT OR                   | 7. MEDICAL                                     | TREATMEN  | IT FACILITY                              |             |  |  |  |
| (YYYYMMDD) SETTLEN   | MENT (YYYYMMDD,               | ) a. NAME                                      |   |  |             | b. DMIS CODE                           |  |  |
|  |                               |  |   |  |             |  |  |  |
| 8. PRACTITIONER INFORMATION  |                               |  | h CCN   |  |             |  |  |  |
| a. NAME (Last, First, Middle Initial)  |                               | b. SSN C. DATE OF BIRTH (YYYYMMD)              |   |  |             |  |  |  |
| d. NAME OF PROFESSIONAL SCHOOL ATTENDED  |                               |  | e. DATE GRADUATED f. SPECIALTY CODE<br>(YYYYMMDD) |  |             |  |  |  |
| g. STATUS (X one)  |                               |  |   |  |             |  |  |  |
| (1) Army (3) Air Force   | (5) Civilian GS               |  | (7)   | Partnership External                     |             | (9) Non-Personal                       |  |  |
| (2) Navy (4) PHS   | (6) Partners                  | hip Internal                                   | (8)   | Personal Services Cont                   | ract        | Services Contract                      |  |  |
| h. SOURCE OF ACCESSION (X all th   | at apply)                     |  |   |  |             |  |  |  |
| (1) Military   |                               |  | (2) Civilia                                       |  |             |  |  |  |
| (a) Volunteer  | (d) National                  | Guard  |   | Civil Service                            |             | gn National (Local Hire)               |  |  |
| (b) Armed Forces Health Pro-<br>fessional Scholarship Program                                  | (e) Reserve                   |  | . ,   | Contracted                               | (e) Other   | (Specify)                              |  |  |
|  | (f) Other <i>(S)</i>          | becify)  | (C) (   | Consultant                               |             |  |  |  |
| (c) Uniformed Services Univer-<br>sity of Health Sciences                                      |                               |  |   |  |             |  |  |  |
| i. LICENSING INFORMATION   |                               |  |   |  |             |  |  |  |
| (1) State of License   | (2) License Number            |  | (1)   | State of License                         |             | (2) License Number                     |  |  |
|  |                               |  |   |  |             |  |  |  |
|  |                               |  |   |  |             |  |  |  |
| 9. TYPE OF PRACTITIONER AND SPECIALTY (FIELD OF LICENSURE) (<br>a. PHYSICIAN DEGREE M.D. (010) |                               |  | D.O. (020)  |  |             |  |  |  |
| a. Physicial begree     IVI.D. (010)     D.0. (020)       (1) Highest Level of Specialization  |                               |  |   |  |             |  |  |  |
| (a) Board Certified  | (b) Residend                  | cy Completed                                   | (c) I   | n Residency (015/025)                    |             | (d) No Residency                       |  |  |
| (2) Primary Specialty  | (h) Internal Medicine (Cont.) |  |   | torhinolaryngology                       |             | (t) Surgery, General (Cont.)           |  |  |
| (a) In Training  | (h.c) Infecti                 | ous Disease                                    | (m)   | Orthopedics                              |             | (t.d) Oncology                         |  |  |
| (b) General Practice (GMO)   | (h.d) Nephro                  | ology  | (n) l   | Pathology                                |             | (t.e) Pediatric                        |  |  |
| (c) Anesthesiology   | (h.e) Pulmoi                  | nary   | (o) I   | Pediatrics                               |             | (t.f) Peripheral Vascular              |  |  |
| (d) Aviation Medicine  | (h.f) Rheum                   | 05   | (p) I   | Physical Medicine                        |             | (t.g) Plastic                          |  |  |
| (e) Dermatology  | (h.g) Tropical Medicine       |  |   | Preventive Medicine                      |             | Underseas Medicine                     |  |  |
| (f) Emergency Medicine   | (h.h) Allergy/Immunology      |  |   | sychiatry                                |             | (v) Urology                            |  |  |
| (g) Family Practice  | (h.i) Cardiology              |  |   | Radiology                                | . ,         | (w) Intensivist                        |  |  |
| (h) Internal Medicine  | (h.j) Endocrinology           |  | (t) S   | Surgery, General                         |             | (x) Neonatologist                      |  |  |
| (h.a) Gastroenterology   | (i) Neurology                 |  |   | (t.a) Cardio-Thoracic                    | (y) (       | Other (Specify)                        |  |  |
| (h.b) Hematology -   | (j) Obstetrics/Gynecology     |  |   | (t.b) Colon-Rectal                       |             |  |  |  |
| Oncology (k) Ophthalmology (3) Board Certification(s)  |                               |  |   | (t.c) Neurosurgery                       |             |  |  |  |
| (3) Board Certification(s)   |                               |  |   |  |             |  |  |  |
| b. DENTIST   | DENTIST (0                    | 30)  |   |  |             |  |  |  |
| (1) Highest Level of Specialization (2) Primary Specialty                                      |                               |  |   |  |             |  |  |  |
| (a) Board Certified (c) In Residency (035)   |                               | (a) General Dental Officer (c) Other (Specify) |   |  |             |  |  |  |
| (b) Residency Completed  |                               |  | (b) Oral Surgeon                                  |  |             |  |  |  |
| (3) Board Certification(s)   |                               |  |   |  |             |  |  |  |
| c. OTHER PRACTITIONERS OTHER PRACTITIONERS   |                               |  |   |  |             |  |  |  |
| Audiologist (400)  |                               |  | Optor   | Optometrist (636) Registered Nurse (100) |             |  |  |  |
| Clinical Dietician (200)   | Nurse Midw                    | -  |   | cal Therapist (430)                      | Eme         | ergency Medical                        |  |  |
| Clinical Pharmacist (050)  | Nurse Pract                   | itioner (130)                                  | Physi   | nysician Assistant (642)                 |             | Technician                             |  |  |
| Clinical Psychologist (370)  | Occupationa                   | al Therapist                                   | Podia   | trist (350)                              | Othe        | er <i>(Specify)</i>                    |  |  |
| Clinical Social Worker (300) (410)   |                               |  | Speech Pathologist (450)                          |  |             |  |  |  |

| 10. PATIENT DEMOGRAPHICS  |  |  |  |  |   |
|---|--|--|--|--|---|
| a. NAME (Last, First, Middle Initial)   |  | b. SEX (X a  | one)   |  | c. AGE  |
|   |  | (1) Mal  |  | e (3) Unknown  |   |
| d. STATUS (X and complete as applic   | cable)   | ł _ ł  | 1  | 1  | e. SSN OF SPONSOR   |
| (1) Dependent of Active Duty  |  | Retired Member   | (5) Active   | Duty   |   |
| (2) Dependent of Retired Member   |  | Civilian Emergency   |  |  |   |
| 11. DIAGNOSES   |  | ICD9-CM CODE   | 12. PROCEDUR   |  | ICD9-CM CODE  |
|   |  |  |  |  |   |
| a. <i>(Primary)</i>   |  |  | a. (Principal)   |  |   |
|   |  |  |  |  |   |
| b.  |  |  | b.   |  |   |
|   |  |  |  |  |   |
| С.  |  |  | С.   |  |   |
| 13. PATIENT ALLEGATION(S) OF NEG  |  | <br>)E   |  |  |   |
| a. DESCRIPTION OF THE ACTS OR O   | LIGENT CAN   |  |  |  | PASED // imit to 200  |
| a. DESCRIPTION OF THE ACTS OR C<br>characters.)   | INII22IOIN2 F  | AND INJURIES OFC   | IN WHICH THE ACT   | IUN OK CLAIIVI WAS I   | BASED (LIIIIII IO 300   |
| Characters.)  |  |  |  |  |   |
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|   |  |  |  |  |   |
|   | or to table or   | Page 1)  |  |  | c. CLINICAL SERVICE CODE  |
| h ACT OD OMISSION CODE(S) (Poto   | ו נט נמטוב טו  | 11 aye 4)  |  |  | C. CLINICAL SERVICE CODE  |
| b. ACT OR OMISSION CODE(S) (Refe  |  |  | (2) Additional Ac  | t or Omission Code   | (1) Drimony   |
| (1) Primary Act or Omi  | ission Code  |  |  | t or Omission Code   | (1) Primary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O   | ission Code<br>mission Code  |  | (4) Additional Ac  | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action |  |   |
| (1) Primary Act or Omi<br>(3) Additional Act or O   | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O  | ission Code<br>mission Code<br>mission Code  | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O<br>d. DESCRIPTION OF FINDINGS ON W   | ission Code<br>Imission Code<br>Imission Code<br>IHICH THE A   | e  | (4) Additional Actional Action | t or Omission Code   | (2) Secondary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O<br>d. DESCRIPTION OF FINDINGS ON W<br>14. MALPRACTICE CLAIM MANAGEM  | ission Code<br>Imission Code<br>Imission Code<br>IHICH THE A   | ACTION OR CLAIM  | (4) Additional Ac<br>(6) Additional Ac<br>WAS PAID   | t or Omission Code   | (2) Secondary<br>(3) Tertiary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O<br>d. DESCRIPTION OF FINDINGS ON W<br>14. MALPRACTICE CLAIM MANAGEM  | ission Code<br>Imission Code<br>Imission Code<br>IHICH THE A   | e  | (4) Additional Ac<br>(6) Additional Ac<br>WAS PAID   | t or Omission Code   | (2) Secondary<br>(3) Tertiary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O<br>d. DESCRIPTION OF FINDINGS ON W<br>14. MALPRACTICE CLAIM MANAGEM  | ission Code<br>Imission Code<br>Imission Code<br>IHICH THE A   | ACTION OR CLAIM  | (4) Additional Ac<br>(6) Additional Ac<br>WAS PAID   | t or Omission Code   | (2) Secondary<br>(3) Tertiary   |
| (1) Primary Act or Omi<br>(3) Additional Act or O<br>(5) Additional Act or O<br>d. DESCRIPTION OF FINDINGS ON W<br>14. MALPRACTICE CLAIM MANAGEM  | ission Code<br>Imission Code<br>Imission Code<br>IHICH THE A   | ACTION OR CLAIM  | (4) Additional Ac<br>(6) Additional Ac<br>WAS PAID   | t or Omission Code   | (2) Secondary<br>(3) Tertiary   |
| (1) Primary Act or Omi         (3) Additional Act or O         (5) Additional Act or O         d. DESCRIPTION OF FINDINGS ON W         4. DESCRIPTION OF FINDINGS ON W         14. MALPRACTICE CLAIM MANAGEM         a. AMOUNT CLAIMED       b. ADJUE   | Ission Code<br>Imission Code<br>Imission Code<br>IHICH THE A<br>IHICH THE A<br>INICH THE A<br>INICH THE A  | DDY CASE NUMBE   | (4) Additional Ac<br>(6) Additional Ac<br>WAS PAID   | t or Omission Code<br>t or Omission Code<br>c. ADJUDICATIN<br>BODY NAME  | (2) Secondary<br>(3) Tertiary<br>(3) Tertiary   |
| (1) Primary Act or Omi         (3) Additional Act or O         (5) Additional Act or O         d. DESCRIPTION OF FINDINGS ON W         4. DESCRIPTION OF FINDINGS ON W         14. MALPRACTICE CLAIM MANAGEM         a. AMOUNT CLAIMED       b. ADJUE         e. OUTCOME (X one)  | ISSION Code<br>Imission Code<br>Imission Code<br>/HICH THE A<br>/HICH THE A<br>/HICH THE A<br>/HICH THE A<br>/HICH THE A<br>/HICH THE A  | ACTION OR CLAIM  | (4) Additional Ac<br>(6) Additional Ac<br>WAS PAID   | t or Omission Code<br>t or Omission Code<br>c. ADJUDICATIV<br>BODY NAME<br>(6) Litigated: De   | (2) Secondary<br>(3) Tertiary<br>(3) Tertiary<br>(3) Tertiary<br>(3) Tertiary<br>(3) Tertiary<br>(3) Tertiary   |
| (1) Primary Act or Omi         (3) Additional Act or O         (5) Additional Act or O         d. DESCRIPTION OF FINDINGS ON W         14. MALPRACTICE CLAIM MANAGEM         a. AMOUNT CLAIMED       b. ADJUE         e. OUTCOME (X one)         (1) Administratively Settled (Servin)  | ISSION Code<br>Imission Code<br>Imission Code<br>/HICH THE A<br>/HICH THE A<br>/H | DDY CASE NUMBE<br>3) Denied: Statute<br>4) Denied: FERES   | (4) Additional Ac<br>(6) Additional Ac<br>WAS PAID   | t or Omission Code<br>t or Omission Code<br>c. ADJUDICATIV<br>BODY NAME<br>(6) Litigated: De<br>(7) Litigated: De  | (2) Secondary         (3) Tertiary  |
| (1) Primary Act or Omi         (3) Additional Act or O         (5) Additional Act or O         d. DESCRIPTION OF FINDINGS ON W         4. DESCRIPTION OF FINDINGS ON W         6. OUTCOME (X one)         (1) Administratively Settled (Serving)         (2) Denied: Dismissed by Plaintiff | ISSION Code<br>Imission Code<br>Imission Code<br>/HICH THE A<br>/HICH THE A<br>/H | DDY CASE NUMBE<br>3) Denied: Statute<br>4) Denied: FERES<br>5) Denied: Not a Lu  | (4) Additional Ac<br>(6) Additional Ac<br>WAS PAID   | t or Omission Code<br>t or Omission Code<br>c. ADJUDICATIV<br>BODY NAME<br>(6) Litigated: De<br>(7) Litigated: De<br>(8) Litigated: Ou                       | (2) Secondary         (3) Tertiary         (3) Tertiary         VE       d. DATE OF PAYMENT         (YYYYMMDD)         Incision for Plaintiff         Incision for U.S.         Int or Court Settlement (DOJ)             |
| (1) Primary Act or Omi         (3) Additional Act or O         (5) Additional Act or O         d. DESCRIPTION OF FINDINGS ON W         4         14. MALPRACTICE CLAIM MANAGEM         a. AMOUNT CLAIMED         b. ADJUI         e. OUTCOME (X one)         (1) Administratively Settled (Servii)         (2) Denied: Dismissed by Plaintiff         by Agreement  | ISSION Code<br>Imission Code<br>Imission Code<br>IHICH THE A<br>ILICH THE A<br>IL | ACTION OR CLAIM<br>ACTION OR CLAIM<br>DDY CASE NUMBE<br>3) Denied: Statute<br>4) Denied: FERES<br>5) Denied: Not a Lo<br>Non-Meritorious | (4) Additional Ac<br>(6) Additional Ac<br>WAS PAID   | t or Omission Code<br>t or Omission Code<br>c. ADJUDICATIV<br>BODY NAME<br>(6) Litigated: De<br>(7) Litigated: De<br>(8) Litigated: Ou<br>(9) Other (Specify | (2) Secondary         (3) Tertiary         (3) Tertiary         VE       d. DATE OF PAYMENT         (YYYYMMDD)         Incision for Plaintiff         Incision for U.S.         It or Court Settlement (DOJ)         (yy) |
| (1) Primary Act or Omi         (3) Additional Act or O         (5) Additional Act or O         d. DESCRIPTION OF FINDINGS ON W         4         14. MALPRACTICE CLAIM MANAGEM         a. AMOUNT CLAIMED         b. ADJUI         e. OUTCOME (X one)         (1) Administratively Settled (Servii)         (2) Denied: Dismissed by Plaintiff         by Agreement  | ISSION Code<br>Imission Code<br>Imission Code<br>IHICH THE A<br>ILICH THE A<br>IL | DDY CASE NUMBE<br>3) Denied: Statute<br>4) Denied: FERES<br>5) Denied: Not a Lu  | (4) Additional Ac<br>(6) Additional Ac<br>WAS PAID   | t or Omission Code<br>t or Omission Code<br>c. ADJUDICATIV<br>BODY NAME<br>(6) Litigated: De<br>(7) Litigated: De<br>(8) Litigated: Ou                       | (2) Secondary         (3) Tertiary         (3) Tertiary         VE       d. DATE OF PAYMENT         (YYYYMMDD)         Incision for Plaintiff         Incision for U.S.         It or Court Settlement (DOJ)         (yy) |

| 15. PROFESSIONAL REVIEW ASSESSMENT BY MEDICAL  | TREATMENT              | FACILITY       |        |                  |                   |                        |
|--|------------------------|----------------|--------|------------------|-------------------|------------------------|
| a. ATTRIBUTION OF CAUSE (X all that apply)     |                        |                | b. EV  | ALUATION OF CA   | RE <i>(X one)</i> |                        |
| (1) Facility or Equipment (2) Physician        | (3) Persor             | nnel other     |        | 1) Met           |                   | lot Met                |
| (4) Management (5) System                      |                        | hysician       |        | 3) Indeterminate |                   |                        |
| c. IDENTIFY LOCATION OF CARE (X one)           |                        |                |        | ,                |                   |                        |
| (1) Ambulatory (2) Inpatient                   | (3) Denta              | I              | (4     | 4) Emergency     | (5) (             | )ther <i>(Specify)</i> |
| Clinic   | Servio                 |                | ( )    | i) Lineigeney    | (0) 0             |                        |
| d. INJURY SEVERITY (X one)                     | e. INJURY DL           |                |        |                  |                   |                        |
| (1) None (2) Some (3) Death                    | (1) Temp               |                |        | rmanent (3       | ) Cannot P        | redict/Undetermined    |
|  | (I) Temp               | Jiaiy          | (z) re | ()               | ) Carinot F       | redict/ondetermined    |
| 16. ASSESSMENT                                 |                        | (1) 14-1       |        | (0) NI -+ M -+   |                   | (2) he determe in et e |
| a. AFIP REQUIRED? YES NO (Evaluation of Ca     | are. X one)            | (1) Met        | t      | (2) Not Met      |                   | (3) Indeterminate      |
| b. OTHER ASSESSMENTS                           |                        | 1              |        |                  |                   |                        |
| (1) UCA or Name                                |                        | (1) Met        | t      | (2) Not Met      |                   | (3) Indeterminate      |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
|  |                        | (1) Mot        | •      | (2) Not Mot      |                   | (3) Indeterminate      |
| (1) UCA or Name                                |                        | (1) Met        | L      | (2) Not Met      |                   | (3) Indeterminate      |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
| (1) UCA or Name                                |                        | (1) Met        | t      | (2) Not Met      |                   | (3) Indeterminate      |
|  |                        |                | -      |                  |                   | (-)                    |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
| (1) UCA or Name                                |                        | (1) Met        | t      | (2) Not Met      |                   | (3) Indeterminate      |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
| c. FINAL OTSG DETERMINATION ACT OR OMISSION CO | DDE(S) <i>(Refer i</i> | o table on Pag | ge 4)  |                  | d. CLINIC         | AL SERVICE CODE        |
| (1) Primary Act or Omission Code               |                        | (2) Additional | Act or | Omission Code    |                   | (1) Primary            |
| (3) Additional Act or Omission Code            |                        | (4) Additional | Act or | Omission Code    |                   | (2) Secondary          |
| (5) Additional Act or Omission Code            |                        | (6) Additional | Act or | Omission Code    |                   | (3) Tertiary           |
| 17. STANDARD OF CARE (OTSG DETERMINATION)      |                        | 18. NPDB RE    |        |                  |                   | YES                    |
| (X one)  | NOT MET                | TO: NI DD RE   |        | D                |                   | NO                     |
| 19. REMARKS                                    | NOT MET                |                |        |                  |                   | NO                     |
| 17. REIVIARKS                                  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
|  |                        |                |        |                  |                   |                        |
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## 20. ACT OR OMISSION CODES

| DIAGNOSIS RELATED   | OBSTETRICS RELATED   |
|---|--|
| 010 Failure to diagnose (i.e., concluding that patient has no                                 | 505 Failure to manage pregnancy  |
| disease or condition)   | 510 Improper choice of delivery method   |
| 020 Wrong diagnosis (misdiagnosis, i.e., original diagnosis is                                | 520 Improperly performed vaginal delivery  |
| incorrect)  | 525 Improperly performed C-section   |
| 030 Improper performance of test  | 530 Delay in delivery (induction or surgery)   |
| 040 Unnecessary diagnostic test   | 540 Failure to obtain consent/lack of informed consent                                 |
| 050 Delay in diagnosis  | 550 Improperly managed labor (NOC)*  |
| 060 Failure to obtain consent/lack of informed consent  | 555 Failure to identify/treat fetal distress   |
| 090 Diagnosis related (NOC)*  | 560 Delay in treatment of fetal distress (i.e., identified but                         |
|   | treated in untimely manner)  |
| ANESTHESIA RELATED  | 570 Retained foreign body/vaginal/uterine  |
| 110 Failure to complete patient assessment  | 580 Abandonment  |
| 120 Failure to monitor  | 590 Wrongful life/birth  |
| 130 Failure to test equipment   | 590 Obstetrics related (NOC)*  |
| 140 Improper choice of anesthesia agent or equipment  |  |
| 150 Improper technique/induction  | TREATMENT RELATED  |
| 160 Improper equipment use<br>170 Improper intubation   |  |
| 170 Improper intubation<br>180 Improper positioning   | 610 Failure to treat   |
| 185 Failure to obtain consent/lack of informed consent  | 620 Wrong treatment/procedure performed (also improper                                 |
| 190 Anesthesia related (NOC)*   | choice)  |
|   | 630 Failure to instruct patient on self care   |
| SURGERY RELATED   | 640 Improper performance of a treatment/procedure                                      |
|   | 650 Improper management of course of treatment   |
| 210 Failure to perform surgery  | 660 Unnecessary treatment  |
| 220 Improper positioning  | 665 Delay in treatment   |
| 230 Retained foreign body<br>240 Wrong body part  | 670 Premature end of treatment (also abandonment)                                      |
| 250 Improper performance of surgery   | 675 Failure to supervise treatment/procedure   |
| 260 Unnecessary surgery   | 680 Failure to obtain consent for treatment/lack of                                    |
| 270 Delay in surgery  | informed consent   |
| 280 Improper management of surgical patient   | 685 Failure to refer/seek consultation   |
| 285 Failure to obtain consent for surgery/lack of informed                                    | 690 Treatment related (NOC)*   |
| consent<br>290 Surgery related (NOC)*   |  |
|   | MONITORING   |
| MEDICATION RELATED  |  |
| 305 Failure to order appropriate medication   | <ul><li>710 Failure to monitor</li><li>720 Failure to respond to patient</li></ul>     |
| 310 Wrong medication ordered  | 730 Failure to report on patient condition   |
| 315 Wrong dosage ordered of correct medication  | 790 Monitoring related (NOC)*  |
| 320 Failure to instruct on medication   |  |
| 325 Improper management of medication program   | BIOMEDICAL EQUIPMENT/PRODUCT RELATED   |
| 330 Failure to obtain consent for medication/lack of  |  |
| informed consent<br>340 Medication error (NOC)*   | 810 Failure to inspect/monitor   |
| 350 Failure to medicate   | 820 Improper maintenance   |
| 355 Wrong medication administered   | 830 Improper use   |
| 360 Wrong dosage administered   | 840 Failure to respond to warning  |
| 365 Wrong patient   | 850 Failure to instruct patient on use of equipment/product<br>860 Malfunction/failure |
| 370 Wrong route   | 890 Biomedical equipment/product related (NOC)*  |
| <ul><li>380 Improper technique</li><li>390 Medication administration related (NOC)*</li></ul> | 890 Biomedical equipment/product related (NOC)   |
| 370 Wedication administration related (NOC)   | MISCELLANEOUS  |
| INTRAVENOUS AND BLOOD PRODUCTS RELATED  | 910 Inappropriate behavior of clinician (i.e., sexual                                  |
| 410 Failure to monitor  | misconduct allegation, assault)  |
| 420 Wrong solution  | 920 Failure to protect third parties (i.e., failure to warn/                           |
| 430 Improper performance  | protect from violent patient behavior)   |
| 440 IV related (NOC)*   | 930 Breach of confidentiality/privacy  |
| 450 Failure to insure contamination free  | 940 Failure to maintain appropriate infection control                                  |
| 460 Wrong type  | 950 Failure to follow institutional policy or procedure                                |
| 470 Improper administration<br>480 Failure to obtain consent/lack of informed consent         | 960 Other (Provide detailed written description)                                       |
| 480 Failure to obtain consent/ack of informed consent<br>490 Blood product related (NOC)*     | 990 Failure to review provider performance   |
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