## CUI (when filled in)

CASE A		1. DATE OF REPORT (YYYYMMDD)		2. CLAIMANT LAST NAME		
MALPRA	ACTICE CLAIMS					
3. TYPE OF REPORT (X one)		4. DATES OF ACT(	S) OR ON	ISSION(S) (YYYYMMDD)		
a. INITIAL	b. CORRECTION OR ADD	ITION	a. BEGINNING DAT	-	b. ENDING DATE	
C. REVISION TO ACTION	d. VOID PREVIOUS REPO	RT				
	JUDGMENT OR 7. MEDICAL TR	REATMENT F	ACILITY			
(YYYYMMDD) SETTLEI	MENT (YYYYMMDD) a. NAME				b. DMIS CODE	
8. PRACTITIONER INFORMATION						
a. NAME (Last, First, Middle Initial)		b. SSN		c. DATE	OF BIRTH (YYYYMMDD)	
d. NAME OF PROFESSIONAL SCHOO	DL A ITENDED	e. DATE GRADUATED f. SPECIALTY CODE				
		(YYYYMMDD)				
g. STATUS <i>(X one)</i> (1) Army (3) Air Force	(5) Civilian GS		nership External		┐ (9) Non-Personal	
(1) Army (3) Air Force (2) Navy (4) PHS	(6) Partnership Internal		onal Services Contrac	nt 🗌	(9) Non-Personal     Services Contract	
h. SOURCE OF ACCESSION (X all that						
(1) Military		(2) Civilian				
(a) Volunteer	(d) National Guard	(a) Civil	Service (	d) Foreiar	n National (Local Hire)	
(b) Armed Forces Health Pro-	(e) Reserve	(b) Cont		e) Other (	. ,	
fessional Scholarship Program	(f) Other <i>(Specify)</i>	(c) Cons		, - (		
(c) Uniformed Services Univer-sity						
of Health Sciences						
i. LICENSING INFORMATION		-				
(1) State of License	(2) License Number	(1) St	ate of License		(2) License Number	
9. TYPE OF PRACTITIONER AND SPE						
a. PHYSICIAN DEGREE	M.D. (010)	D.O. (02	20)			
(1) Highest Level of Specialization		<b>—</b> ( ) · · =	(a) = (a			
(a) Board Certified	(b) Residency Completed	(c) In Residency (015/025) (d) No Residency				
	(h) Internal Medicine (Cont.)	(I) Otorhinolaryngology (t) Surgery, General (Cont.)				
(a) In Training (b) General Practice (GMO)	(h.c) Infectious Disease (h.d) Nephrology		nopedics		(t.d) Oncology	
(c) Anesthesiology	(h.e) Pulmonary	(n) Pathology     (t.e) Pediatric       (o) Pediatrics     (t.f) Peripheral Vascular				
(d) Aviation Medicine	(h.f) Rheumatology		sical Medicine		(t.g) Plastic	
(e) Dermatology	(h.g) Tropical Medicine	(q) Preventive Medicine (u) Underseas Medicine				
(f) Emergency Medicine	(h.h) Allergy/Immunology	(r) Psychiatry (v) Urology				
(g) Family Practice	(h.i) Cardiology	(s) Radiology (w) Intensivist				
(h) Internal Medicine (h.a) Gastroenterology	(i) Neurology	(t) Surgery, General (x) Neonatologist				
	(i) Neurology (j) Obstetrics/Gynecology	(t.a) Cardio-Thoracic (y) Other <i>(Specify)</i> (t.b) Colon-Rectal				
	(k) Ophthalmology	(t.c) Neurosurgery				
(3) Board Certification(s)						
b. DENTIST	DENTIST (030)					
(1) Highest Level of Specialization		(2) Primary	Specialty			
(a) Board Certified	(c) In Residency (035)		eral Dental Officer	(c) O	ther (Specify)	
(b) Residency Completed	(d) No Residency	(b) Oral	Surgeon			
(3) Board Certification(s)						
c. OTHER PRACTITIONERS						
Audiologist (400)	Nurse Anesthetist (110)		trist (636)	Regis	stered Nurse (100)	
Clinical Dietician (200)	Nurse Midwife (120)		I Therapist (430)		gency Medical	
Clinical Pharmacist (050)	Nurse Practitioner (130)		an Assistant (642)	_	echnician	
Clinical Psychologist (370) Occupational Therapist			st (350)	Other	r (Specify)	
Clinical Social Worker (300)	L (410)	Speech	Pathologist (450)			
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## CUI (when filled in)

10. PATIENT DEMOGRAPHICS							
a. NAME (Last, First, Middle Initial)		b. SE>	(X one)			c. AGE	
		(1)	Male	(2) Female	(3) Unknown		
d. STATUS (X and complete as applicable)			L			e. SSN	OF SPONSOR
(1) Dependent of Active Duty	$\Box$	3) Retired Memb	er [	(5) Active Duty			
(2) Dependent of Retired Member	Ľ `	4) Civilian Emerg		(6) Other (Speci	ifv)		
11. DIAGNOSES		ICD9-CM C		12. PROCEDURES			9-CM CODE
a. (Primary)			a	a. (Primary)			
b.			lt	D.			
С.				2.			
13. PATIENT ALLEGATION(S) OF NEGLIC	GENT (	CARE					
a. DESCRIPTION OF THE ACTS OR OMISSIONS AND INJURIES UPON WHICH THE ACTION OR CLAIM WAS BASED (Limit to 300 characters.)							
b. ACT OR OMISSION CODE(S) (Refer to t						c. CLINICAL S	SERVICE CODE
(1) Primary Act or Omissio			. ,	) Additional Act or C			(1) Primary
(3) Additional Act or Omiss				(4) Additional Act or Omission Code			(2) Secondary
(5) Additional Act or Omission Co d. DESCRIPTION OF FINDINGS ON WHICH THE			. ,	) Additional Act or C	Omission Code		(3) Tertiary
14. MALPRACTICE CLAIM MANAGEMENT         a. AMOUNT CLAIMED       b. ADJUDICATIVE BODY CASE NUMBER         c. ADJUDICATIVE       d. DATE OF PAYMENT							
a. AMOUNT CLAIMED b. ADJUDICA	UIVE E	BODY CASE NU	MBER		c. ADJUDICATIV BODY NAME		OF PAYMENT <i>YMMDD)</i>
e. OUTCOME (X one)		3) Denied: Statu	te of Limitat	tions (	6) Litigated: Decisi	on for Plaintiff	
(1) Administratively Settled (Service)		4) Denied: FERE	ES		7) Litigated: Decisi	on for U.S.	
(2) Denied: Dismissed by Plaintiff or by Agreement		5) Denied: Not a Non-Meritorio		,	8) Litigated: Out or 9) Other <i>(Specify)</i>	Court Settleme	ent (DOJ)
f. AMOUNT PAID g. NUMBER (	DF CL	AIMS FOR THIS	INCIDENT	h. NUMBER OF PAYMENT W	PRACTITIONERS ( AS MADE	ON WHOSE BE	HALF

CUI	(when	filled	in)
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15. PROFESSIONAL REVIEW ASSESSMENT BY MEDICAL TREATMENT FACILITY							
a. ATTRIBUTION OF C	AUSE (X all that apply)			b. EVALUATION OF (	CARE (X one)		
(1) Facility or Equipmer	nt (2) Physician	(3) Personi	nel other	(1) Met	(2) Not Met		
(4) Management	(5) System		hysician	(3) Indeterminate			
c. IDENTIFY LOCATION O			-				
(1) Ambulatory	2) Inpatient	(3) Dental		(4) Emergency	(5) Other (S	pecifv)	
Clinic	Clinic	Service	Э				
d. INJURY SEVERITY (X o	ne)	e. INJURY DU	RATION (X on	e)			
	Some (3) Death	(1) Tempor		(2) Permanent	(3) Cannot Predict/U	ndetermined	
16. ASSESSMENT				()	(-,		
a. AFIP REQUIRED?	YES NO (Evaluation of C	Care. X one)	(1) Met	(2) Not Met	(3) Indeterm	inate	
b. OTHER ASSESSMENTS		L					
(1) UCA or Name		[	(1) Met	(2) Not Met	(3) Indeterm	inate	
(1) UCA or Name		[	(1) Met	(2) Not Met	(3) Indeterm	inate	
(1) UCA or Name		[	(1) Met	(2) Not Met	(3) Indeterm	inate	
(1) UCA or Name		[	(1) Met	(2) Not Met	(3) Indeterm	inate	
c. FINAL OTSG DETERMINATION ACT OR OMISSION CODE(S) (Refer to table on Page 4) d. CLINICAL SERVICE CODE							
	y Act or Omission Code			Act or Omission Code		(1) Primary	
	nal Act or Omission Code			Act or Omission Code		(2) Secondary	
. ,	nal Act or Omission Code		· /	Act or Omission Code		(3) Tertiary	
	(OTSG DETERMINATION)	MET	18. NPDB RE				
(X one)	(OTSG DETERMINATION)		IO. NEDD KE	FORIED			
19. REMARKS							

20. ACT	OR OMISSION CODES		NOC = Not Otherwise Classifie
DIAG	NOSIS RELATED	OBST	ETRICS RELATED
010	Failure to diagnose (i.e., concluding that patient has no	505	Failure to manage pregnancy
000	disease or condition)	510	Improper choice of delivery method
020	Wrong diagnosis (misdiagnosis, i.e., original diagnosis is incorrect)	520 525	Improperly performed vaginal delivery Improperly performed C-section
030	Improper performance of test	525	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)
		570	Retained foreign body/vaginal/uterine
ANE	STHESIA RELATED	580 590	Abandonment Wrongful life/birth
110	Failure to complete patient assessment	590	Obstetrics related (NOC)*
120	Failure to monitor		
130	Failure to test equipment		
140	Improper choice of anesthesia agent or equipment		
150	Improper technique/induction	TREA	TMENT RELATED
160	Improper equipment use		
170	Improper intubation Improper positioning	610	Failure to treat
180 185	Failure to obtain consent/lack of informed consent	620	Wrong treatment/procedure performed (also improper
190	Anesthesia related (NOC)*	000	choice)
		630 640	Failure to instruct patient on self care Improper performance of a treatment/procedure
		650	Improper management of course of treatment
<u>SUR</u>	GERY RELATED	660	Unnecessary treatment
040		665	Delay in treatment
210 220	Failure to perform surgery Improper positioning	670	Premature end of treatment (also abandonment)
230	Retained foreign body	675	Failure to supervise treatment/procedure
240	Wrong body part	680	Failure to obtain consent for treatment/lack of
250	Improper performance of surgery	685	informed consent Failure to refer/seek consultation
260	Unnecessary surgery	690	Treatment related (NOC)*
270	Delay in surgery		
280	Improper management of surgical patient		
285	Failure to obtain consent for surgery/lack of informed consent		
290	Surgery related (NOC)*		
		MONI	TORING
MED	ICATION RELATED		
		710	Failure to monitor
305	Failure to order appropriate medication	720	Failure to respond to patient
310	Wrong medication ordered	730	Failure to report on patient condition
315 320	Wrong dosage ordered of correct medication Failure to instruct on medication	190	Monitoring related (NOC)
320	Improper management of medication program		
330	Failure to obtain consent for medication/lack of	BIOM	EDICAL EQUIPMENT/PRODUCT RELATED
	informed consent	810	Failure to inspect/monitor
340	Medication error (NOC)*	820	Improper maintenance
350	Failure to medicate	830	Improper use
355	Wrong medication administered	840	Failure to respond to warning
360	Wrong dosage administered	850	Failure to instruct patient on use of equipment/product
365 370	Wrong patient Wrong route	860	Malfunction/failure
380	Improper technique	890	Biomedical equipment/product related (NOC)*
390	Medication administration related (NOC)*		
		MISC	ELLANEOUS
INTR	AVENOUS AND BLOOD PRODUCTS RELATED	101150	
	AVENUES AND DECOD I NODOUTS NELATED	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
460 470	Wrong type Improper administration	950 960	Failure to follow institutional policy or procedure Other (Provide detailed written description)
470	Failure to obtain consent/lack of informed consent	990	Failure to review provider performance
400	Blood product related (NOC)*		
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20. ACT OR OMISSION CODES