Indiana FADS Provider Education

Documentation Standards and Retention of Records

Medical Records Documentation Regulations

Medical and/or other records, should include, at a minimum, the following information and documentation:

1. Identity of individual to whom service was rendered.
   - Documented on each page of the record (name, MR #)
2. Identity of the provider rendering service including:
   - Credentials and/or title
   - Date and time
   - Signature and print
3. Identity of provider employee rendering service including:
   - Dated signature or initials
   - Position
4. Date on which the service was rendered.
5. Diagnosis of the medical condition of individual to whom service was rendered including:
   - Diagnosis
   - Signs/symptoms addressed during the visit
6. Detailed statement describing services rendered, including duration of services rendered. If documenting time, use start and stop times or total time for each service.
7. Location at which service was rendered. This is important to Telehealth.
8. Amount claimed through Medicaid for each specific service rendered.
9. Written evidence of physician involvement, including signature or initials, and personal patient evaluation is required to document acute medical need.
10. When required under Medicaid rules, physician progress notes as to the medical necessity and effectiveness of treatment and ongoing access to progress redefined goals.
11. X-rays, mammograms, electrocardiograms, ultrasounds, and other electronic imaging records.

Most Common Documentation Errors

The following is a list of commonly made documentation errors when keeping medical records that can be prevented:

- Missing documentation
  - Provider fails to submit medical records or other required documentation to support the services billed
- Illegible documentation
  - Handwritten notes, orders, or prescriptions cannot be read
- Insufficient documentation
  - Records that do not support the services billed, or key elements are missing, such as signatures, dates, or required documentation for the specific service
  - Missing patient demographic information on each page including, patient identification (patient name, MR #), date of service, and location of service
- Non-compliance with State or Federal regulations
  - Documentation that does not meet specific state Medicaid or Federal requirements, or specific policy
- No proof of delivery
  - For durable Medical Equipment (DME) providers, there is no proof of deliver to the beneficiary
- No prior authorization
  - Services requiring prior authorization, but documentation does not show authorization was obtained
- Incorrect coding
  - Services billed do not match the documentation, or uncoding/down coding issues
- Missing or incorrect date of service
  - Dates of service on the claim does not match the date in the medical record
- Incorrect number of units
  - Documentation does not support the number of units billed on the claim
- Lack of medical necessity
  - Documentation does not support the medical necessity of the service provided
- Duplicate Billing
  - Same service is billed more than once for the same beneficiary on the same date

Section 405 IAC 1-1.4-2 - Medical records, 405 Ind. Admin. Code 1-1.4-2 | Casetext Search + Citator
https://www.in.gov/medicaid/providers/files/Top-Ten-MRR-Findings-June2022-June2023.pdf