Indiana Health Coverage Programs
Top Ten Medical Records Review Findings

Medical Records Review Findings June 2022 – June 2023	**References**
Medical record documentation not provided to support the level of service billed - Incorrect use of E/M procedure codes (i.e.: upcoding indicator for professional claims: office/clinic, inpatient, nursing facilities)	405 IAC 1-1.4 Program Integrity and Appeals
	405 IAC 1-1.4-2 Medical records
	405 IAC 1-1.4-4 Sanctions against providers; determination after investigation
	405 IAC 1-1.4-9 Provider audits; overpayments; recovery
	405 IAC 1-15-4 MDS supporting documentation requirements
	405 IAC 1-15-5 MDS review requirements
	405 IAC 1-16-2 Levels of care
	405 IAC 1-1-3 Filing of claims; filing date; waiver of limit; claim auditing; payment liability; third party payments
	405 IAC 5-9-1 Limitations • Authority: IC 12-15 • Affected: IC 12-13-7-3
	405 IAC 5-9-2 Restrictions • Authority: IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3 • Affected: IC 12-13-7-3; IC 12-15
	405 IAC 5-9-3 Office visits exceeding established parameters • Authority: IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3 • Affected: IC 12-13-7-3; IC 12-15
	Evaluation and Management Services provider reference module
	Provider and Member Utilization Review provider reference module
	Inpatient Hospital Services provider reference module
	Long-Term Care provider reference module
	Outpatient Facility Services provider reference module
	Steps Forward Documentation Coding Toolkit
	Evaluation and Management Services Guide
	Evaluation and Management Coding Changes
Incorrect use of Modifier 59 - PT and OT services using 99211 with modifier 59 along with therapy procedure codes	405 IAC 5-22-8
	405 IAC 5-22-6(b)(1) PT
	405 IAC 5-22-11
	405 IAC 5-22-6(b)(1)(B) OT
	844 IAC 6-1-2(g)
	99211 is a nurse visit code, 5 minute time requirement (Optum Encoder Pro) MLN1783722 March 2023 Fact sheet
	General Correct Coding Policies (Chapter 1)
	Medicare NCCI Policy Manual
	Therapy Services provider reference module
	Therapy Services Codes provider code tables

Medical Records Review Findings June 2022 – June 2023	References
Incorrect use of Modifier HO, HN, HP used inappropriately for Physician Assistants and other midlevel providers (i.e.: not using HE modifier for behavioral health services)	405 IAC 5-20-8 Outpatient mental health services • Authority: IC 12-15 • Affected: IC 12-13-7-3
	Behavioral Health Services provider reference module
	Mental Health Modifiers: The Definitive Guide
	Procedure Code Modifiers for Professional Claims provider code tables
	Behavioral Health Codes provider code tables
Incorrect use of E/M codes related to place of service care was rendered (i.e.: not using Nursing Facility E/M for Residential psychiatric treatment facilities)	Evaluation and Management Services provider reference module
	Provider and Member Utilization Review provider reference module
	Long-Term Care provider reference module
	Outpatient Facility Services provider reference module
	Claim Submission and Processing provider reference module
	Therapy Services provider reference module
	Behavioral Health Services provider reference module
	Place of Service Code Set
	Steps Forward Documentation Coding Toolkit
	Evaluation and Management Services Guide
	Evaluation and Management Coding Changes
Incorrect number of units billed based on MR documentation (i.e. Home health services, ABA services)	Provider and Member Utilization Review provider reference module
	Home Health Services provider reference module
	Therapy Services provider reference module
	HCBS Billing Guidelines provider reference module
	Understanding Medicaid Home and Community Services, A Primer
	Common Errors That Lead to Improper Payments for Home Health Services and Agency-Provided Supplies, Equipment, and Appliances
Plan of Care is signed by the Provider after the claim paid date	405 IAC 1-1.4-2: Medical records
	Home Health Services provider reference module
	IC 12-15-13.5-6: Recovery audits; development, review, and certification of plans of treatment
	Medical Record Entry Timeliness: What Is Reasonable?
Treatment plans not being completed timely, no patient or patient representative signatures	Home Health Services provider reference module
	405 IAC 1-1.4-2: Medical records
	IC 12-15-13.5-6: Recovery audits; development, review, and certification of plans of treatment
	Provider and Member Utilization Review provider reference module
	Medical Record Entry Timeliness: What Is Reasonable?
	Steps Forward Documentation Coding Toolkit

Medical Records Review Findings June 2022 – June 2023	References
Lack of provider credentials on signature lines	405 IAC 1-1.4-2: Medical records
	Provider and Member Utilization Review provider reference module
	Home Health Services provider reference module
	Therapy Services provider reference module
	HCBS Billing Guidelines provider reference module
	Complying with Medicare Signature Requirements
	Rendering Provider Agreement, Version 6.5, May 2019, page 2, # 14
	Standard Documentation Requirements for All Claims Submitted to DME MACs
Lack of dates on provider signatures (required per 405 IAC 1-1.4-2 to verify medical records are documented prior to associated claim submission)	405 IAC 1-1.4-2: Medical records
	Provider and Member Utilization Review provider reference module
	Home Health Services provider reference module
	Therapy Services provider reference module
	HCBS Billing Guidelines provider reference module
	Complying with Medicare Signature Requirements
	Rendering Provider Agreement, Version 6.5, May 2019, page 2, # 14
	Standard Documentation Requirements for All Claims Submitted to DME MACs
Lack of patient identification on each page of the medical records (patient name, Date of services, place of service, Date of birth and/or medical record number)	405 IAC 1-1.4-2: Medical records
	Provider and Member Utilization Review provider reference module
	Home Health Services provider reference module
	Therapy Services provider reference module
	HCBS Billing Guidelines provider reference module
	AHIMA Policy Statement on Patient Identification
	Complying with Medicare Signature Requirements
	Rendering Provider Agreement, Version 6.5, May 2019, page 2, # 14
	Standard Documentation Requirements for All Claims Submitted to DME MACs