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**TITLE 405 OFFICE OF THE SECRETARY OF
FAMILY AND SOCIAL SERVICES**

LSA Document #04-219(F)

DIGEST

Amends 405 IAC 1-5-1 to increase the required time providers must retain medical records. Effective 30 days after filing with the secretary of state.

405 IAC 1-5-1

SECTION 1. 405 IAC 1-5-1 IS AMENDED TO READ AS FOLLOWS:

405 IAC 1-5-1 Medical records; contents and retention

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2

Affected: IC 12-13-7-3; IC 12-15

Sec. 1. (a) Medicaid records must be of sufficient quality to fully disclose and document the extent of services provided to individuals receiving assistance under the provisions of the Indiana Medicaid program.

(b) All providers participating in the Indiana Medicaid program shall maintain, for a period of ~~three (3)~~ **seven (7)** years from the date Medicaid services are provided, such medical ~~and/or~~ **or** other records, **or both**, including x-rays, as are necessary to fully disclose and document the extent of the services provided to individuals receiving assistance under the provisions of the Indiana Medicaid program. A copy of a claim form ~~which that~~ has been submitted by the provider for reimbursement is not sufficient documentation, in and of itself, to comply with this requirement. Providers must maintain records ~~which that~~ are independent of claims for reimbursement. Such medical ~~and/or~~ **or** other records, **or both**, shall include, at the minimum, the following information and documentation:

- (1) **The** identity of the individual to whom service was rendered.
- (2) **The** identity of the provider rendering the service.
- (3) **The** identity and position of ~~the~~ provider employee rendering the service, if applicable.
- (4) **The** date on which the service was rendered.
- (5) **The** diagnosis of ~~the~~ medical condition of the individual to whom service was rendered, relevant to physicians and dentists only.
- (6) **A** detailed statement describing services rendered.
- (7) **The** location at which services were rendered.
- (8) **The** amount claimed through the Indiana Medicaid program for each specific service rendered.
- (9) Written evidence of physician involvement and personal patient evaluation will be required to document the acute medical needs. A current plan of treatment and progress notes, as to the necessity and effectiveness of treatment, must be attached to the prior authorization request and available for audit purposes.
- (10) When a recipient is enrolled in therapy, and when required under Medicaid program rules, physician progress notes as to the necessity and effectiveness of therapy and ongoing evaluations to assess progress and redefine goals must be a part of the therapy program.

(Office of the Secretary of Family and Social Services; Title 5, Ch 1, Reg 5-110; filed Aug 16, 1979, 3:30 p.m.: 2 IR 1383; filed Sep 23, 1982, 9:55 a.m.: 5 IR 2351; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3298; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; filed Feb 14, 2005, 10:15 a.m.: 28 IR 2134) NOTE: Transferred from the Division of Family and Children (470 IAC 5-5-1) to the Office of the Secretary of Family and Social Services (405 IAC 1-5-1) by P.L.9-1991, SECTION 131, effective January 1, 1992.

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Notice of Intent Published: September 1, 2004; 27 IR 4046

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Approved by Attorney General: January 27, 2005

Approved by Governor: February 11, 2005

Filed with Secretary of State: February 14, 2005, 10:15 a.m.

IC 4-22-7-5(c) notice from Secretary of State regarding documents incorporated by reference: None received by Publisher