Reminder: Maintenance of Accurate Medical Documentation

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Reminder: Providers are required to maintain accurate records of the total number of units of drugs purchased, administered and wasted for each client. Providers are also required to maintain a record for each patient that includes patient identification information, progress notes, and laboratory, referral, and consultation fees.

General Medical Records Requirements

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandate the use of national coding and transaction standards. HIPAA requires providers to use the Current Procedural Terminology (CPT) system to report professional services, including physician services.

The level of service that is provided and documented must be medically necessary based on the clinical situation and needs of the client.

The Texas Health and Human Services Commission (HHSC) and TMHP routinely perform retrospective reviews for all providers. HHSC has the ultimate responsibility to review for Texas Medicaid utilization. This review includes a comparison of the services billed to the client's clinical record.

In general, the record for each patient must include patient identification information, progress notes, and laboratory, referral, and consultation notes. All entries must be legible to individuals other than the author, dated (month, day, and year), and signed by the performing provider. Each page of the medical record must include the client's name and Texas Medicaid number.

Accurate Drug Records

Texas Medicaid reimburses providers for waste only if a partial vial is wasted and not if the partial vial is used for another patient. To bill for waste, providers must include the number of units wasted in the total number of units billed. For example, if 180 units of a drug are administered to a client and 20 units are wasted, the provider should bill a quantity of 200 units.

To calculate the number of units to bill for most drugs, providers should refer to the Healthcare Common Procedure Coding System (HCPCS) procedure code description for the unit amount. For procedure code 90378, providers must bill per milligram.

How to Report Waste, Abuse, and Fraud

Individuals with knowledge about suspected Medicaid waste, abuse, or fraud must report the information to the HHSC Office of Inspector General (OIG). To make a report, call the toll free OIG hotline at 1-800-436-6184. Providers may also access the website at www.hhsc.state.tx.us and select the link for “Reporting Waste, Abuse, and Fraud.”

All information provided in a report to OIG is confidential by law and protected from disclosure by Section 531.102(g) of the Government Code and other applicable law. This means that the information provided will remain confidential, including informant identifying information.
Providers are also strongly encouraged to monitor themselves and investigate possible waste, abuse, fraud, or inappropriate payments of Medicaid funds. Providers are expected to make a self-report to HHSC/OIG whenever they discover waste, abuse, fraud, or receipt of overpayments. HHSC/OIG endeavors to work collaboratively with providers who self-report.

For additional information including how to make a self-report, visit www.oig.hhsc.state.tx.us/ProviderSelfReporting/Self_Reporting.aspx.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program at 1-800-568-2413.