

Retention Schedule #20329: Physician's billing records

For submission to the Records Management Committee, March 2021

Agency: **State Hospital** (within the Department of Human Services - Division of Substance Abuse and Mental Health)

Archives RIM specialist: Renée

What's changing

- Retention change from "4 years then destroy" to "10 years then destroy"
- Other minor wording updates

Retention explanation

This retention schedule was previously following a general retention schedule of 4 years ([GRS-106: Local government accounts payable and receivable records](#)). However, the Code of Federal Regulations states that a Medicare Advantage organization must maintain 10 years' worth of records ([42 CFR 422.504 \[d\]\[2\]\[iii\]](#)), so the State Hospital is updating this retention schedule to comply.

Program information

"The Utah State Hospital is accredited by the Joint Commission and Centers for Medicare and Medicaid Services, which affirms that the Hospital has achieved national standards in the delivery of mental health care services."

Utah State Hospital, *Utah State Hospital Doctoral Internship Program in Clinical Psychology*, 2020, p. 5. Accessed 16 March 2021:

<https://ush.utah.gov/wp-content/uploads/2020/09/Internship-Brochure-9-29-2020.pdf>

Applicable law & federal references

Code of Federal Regulations [42 CFR 422.504 \[d\]\[2\]\[iii\]](#)

States that a Medicare Advantage organization must maintain 10 years' worth of records.

- https://www.ecfr.gov/cgi-bin/text-idx?node=pt42.3.422&rgn=div5#se42.3.422_1504

MLN [Medicare Learning Network] Matters newsletter, Centers for Medicare & Medicaid Services

States that "CMS requires Medicare managed care program providers to retain records for 10 years" and provides citation (p.2).

- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1022.pdf>

Updated retention schedule

Retention and Classification Report

Agency: Department of Human Services. Division of Substance Abuse and Mental Health.
State Hospital
1300 East Center Street
P.O. Box 270
Provo, UT 84603-0270
801-344-4400

Records Officer: Tonya Smith

20329 Physician's billing records

Retention Schedule(s) for the record series listed above have been examined and approved for submission to the State Records Management Committee.

Dallas Earnshaw
Chief Administrative Officer (print)


Signature

Superintendent
Title

3-16-21
Date

Utah State Archives

AGENCY: Department of Human Services. Division of Substance Abuse and Mental Health. State Hospital

SERIES: 20329

TITLE: Physician's billing records

DATES: 1990-

ARRANGEMENT: Numerical by invoice number.

ANNUAL ACCUMULATION: 10.00 cubic feet.

DESCRIPTION:

These records document invoices for billing for services rendered by physicians employed at the Utah State Hospital. These records follow certain national standards required for Utah State Hospital's accreditation from the Joint Commission and Centers for Medicare and Medicaid Services (see 42 CFR 422.504 [d][2][iii]).

RETENTION:

Retain for 10 year(s)

DISPOSITION:

Destroy.

RETENTION AND DISPOSITION AUTHORIZATION:

Retention and disposition for this series is proposed and has not yet been approved.

FORMAT MANAGEMENT:

Paper: Retain in Office for 1 year after invoice is paid and then transfer to State Records Center. Retain in State Records Center for 9 years and then destroy.

Computer data files: For records beginning in 2018 and continuing to the present. Retain in Office for 10 years and then delete.

APPRAISAL:

These records have administrative, and/or fiscal value(s).

RETENTION JUSTIFICATION:

The 10-year retention is required by the Centers for Medicare & Medicaid Services (CMS), and may be found in 42 CFR 422.504 [d][2][iii]. The URL to the CMS newsletter stating the requirement is: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1022.pdf>. The URL to the federal code is: <https://www.ecfr.gov/cgi-bin/text-idx?node=pt42.3.422#se42.3.422> 1504

Utah State Archives

AGENCY: Department of Human Services. Division of Substance Abuse and Mental Health. State Hospital

SERIES: 20329

TITLE: Physician's billing records

(continued)

PRIMARY DESIGNATION:

Public

SECONDARY DESIGNATION(S):

Private. Utah Code 63G-2-302(1)(b) and (2)(d) (2020)

Controlled. Utah Code 63G-2-304 (2008)

Old retention schedule

Utah State Archives

AGENCY: Department of Human Services. Division of Substance Abuse and Mental Health. State Hospital

SERIES: 20329

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TITLE: Physician's billing records

DATES: 1990-

ARRANGEMENT: Numerical by invoice number

ANNUAL ACCUMULATION: 10.00 cubic feet.

DESCRIPTION:

These records document invoices for billing by physicians at the Utah State Hospital. They cover invoices for services rendered by the physicians employed at the State Hospital.

RETENTION:

Retain for 4 year(s)

DISPOSITION:

Destroy.

RETENTION AND DISPOSITION AUTHORIZATION:

Retention and disposition for this series is authorized by Archives general schedule Local government accounts payable and receivable records, GRS-106.

AUTHORIZED: 08-27-2018

FORMAT MANAGEMENT:

Paper: Retain in Office for 1 year after invoice is paid and then transfer to State Records Center. Retain in State Records Center for 3 years and then destroy.

APPRAISAL:

These records have administrative, and/or fiscal value(s). This disposition is based on the administrative needs expressed by the agency for the purpose of conducting audits.

PRIMARY DESIGNATION:

Public

MLN Matters® Number: SE1022

Related Change Request (CR) #: N/A

Related CR Release Date: N/A

Effective Date: N/A

Related CR Transmittal #: N/A

Implementation Date: N/A

Medical Record Retention and Media Formats for Medical Records

Note: This article was updated on August 21, 2012, to reflect current Web addresses. All other information remains the same.

Provider Types Affected

This is an informational article for physicians, non-physician practitioners, suppliers, and providers submitting claims to Medicare contractors (carriers, fiscal intermediaries (FIs), and Medicare Administrative Contractors (MAC)) for services provided to Medicare beneficiaries.

Provider Action Needed



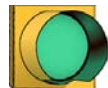
STOP – Impact to You

This Special Edition is informational in nature. There are no additions or changes to current policies and procedures.



CAUTION – What You Need to Know

This article provides guidance for physicians, suppliers, and providers on record retention timeframes.



GO – What You Need to Do

Review the information in this article and ensure that you are in compliance. Be sure to inform your staff.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Retention Periods

State laws generally govern how long medical records are to be retained. However, the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (HIPAA) administrative simplification rules require a covered entity, such as a physician billing Medicare, to retain required documentation for **six years from the date of its creation or the date when it last was in effect, whichever is later**. HIPAA requirements preempt State laws if they require shorter periods. **Your State may require a longer retention period**. The HIPAA requirements are available at 45 CFR 164.316(b)(2)

(<https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/administrative/securityrule/pprequirements.pdf>) on the Internet.

While the HIPAA Privacy Rule does not include medical record retention requirements, it does require that covered entities apply appropriate administrative, technical, and physical safeguards to protect the privacy of medical records and other protected health information (PHI) for whatever period such information is maintained by a covered entity, including through disposal. The Privacy Rule is available at 45 CFR 164.530(c) (<https://www.hhs.gov/hipaa/for-professionals/faq/575/what-does-hipaa-require-of-covered-entities-when-they-dispose-information/index.html>) on the Internet.

The Centers for Medicare & Medicaid Services (CMS) requires records of providers submitting cost reports to be retained in their original or legally reproduced form for a period of at least 5 years after the closure of the cost report. This requirement is available at 42 CFR 482.24[b][1] (http://www.access.gpo.gov/nara/cfr/waisidx_05/42cfr482_05.html) on the Internet.

CMS requires Medicare managed care program providers to retain records for 10 years. This requirement is available at 42 CFR 422.504 [d][2][iii] (<https://www.gpo.gov/fdsys/pkg/CFR-2006-title42-vol3/pdf/CFR-2006-title42-vol3-sec422-504.pdf>) on the Internet.

Providers/suppliers should maintain a medical record for each Medicare beneficiary that is their patient. Remember that medical records must be accurately written, promptly completed, accessible, properly filed and retained. Using a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries is a good practice.

The Medicare program does not have requirements for the media formats for medical records. However, the medical record needs to be in its original form or in a legally reproduced form, which may be electronic, so that medical records may be reviewed and audited by authorized entities. Providers must have a medical record system that ensures that the record may be accessed and retrieved promptly.

Providers may want to obtain legal advice concerning record retention after these time periods and medical document format.

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Additional Information

CMS is currently engaged in a multi-year project to offer incentives to eligible providers that meaningfully use certified electronic health records (EHRs). In close coordination with this incentive program, the Office of the National Coordinator for Health IT (ONC) has developed the initial set of standards and certification requirements for EHRs in order to promote health information exchange and interoperability. You may be eligible to receive incentive payments to assist in implementing certified EHR technology systems.

Use of “certified EHR technology” is a core requirement for physicians and other providers who seek to qualify to receive incentive payments under the Medicare and Medicaid Electronic Health Record Incentive Programs provisions authorized in the Health Information Technology for Economic and Clinical Health (HITECH) Act. HITECH was enacted as part of the American Recovery and Reinvestment Act (ARRA) of 2009.

Additional information about this initiative may be found at <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html> on the CMS website.

If you have any questions, please contact your carrier, FI or A/B MAC, at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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