



Ohio Administrative Code

Rule 4123-6-45.1 Records to be retained by provider.

Effective: February 1, 2022

(A) A health care provider shall create, maintain, and retain sufficient records, papers, books, and documents in such form to fully substantiate the delivery, value, necessity, and appropriateness of goods and services provided to injured workers under the HPP or of significant business transactions. The provider shall retain such records for a minimum period of five years from the date of payment for said goods or services, or five years from the date of referral to a certified or non-certified provider, or until any initiated audit or investigation is completed, whichever is longer. The provider shall create and maintain the records at the time the goods or services are delivered or within seven days from the date the service was rendered.

(B) The provider shall retain records documenting the following minimum information concerning the goods or services provided to injured workers:

- (1) Date the service was provided;
- (2) Description of service, treatment or product provided;
- (3) Record of patient appointments, if appropriate;
- (4) Dates where injured worker canceled or failed to appear for a scheduled examination, treatment, or procedure;
- (5) Treatment plans;
- (6) Subjective and objective complaints, if the provider is the practitioner or physician of record;
- (7) Injured worker's progress, if the provider is the practitioner or physician of record;
- (8) Wholesale purchase records, if goods, products, or prescriptions are delivered;



(9) Delivery records, if goods, products, or prescriptions are delivered by way of a third party;

(10) The identity and qualifications of any individual involved in the delivery of health care or billing for services to injured workers on behalf of the provider billing for the services.

(C) A provider's failure to create, maintain, and retain such records shall be sufficient cause for the bureau to deny payment for goods or services, to declare overpaid previous payments made to the provider, or to decertify the provider.