North Dakota Department of Human Services
Medical Services Division
Media Formats Policy

- This policy is based on 42 Code of Federal Regulations (CFR) 482, the North Dakota Administrative Code 75-02-05-04(2), North Dakota Administrative Code 33-07-01.1-20 and the Centers for Medicare and Medicaid Services (CMS) Medical Record Retention and Media Formats for Medical Records-JA1022 document.
- North Dakota Medicaid providers must sign and agree to the requirements of the Medicaid Program Provider Agreement (SFN 615) to participate as a provider in the North Dakota Medicaid program. By signing this agreement, providers agree to abide by applicable rules, regulations and laws that govern the Medicaid program.
- The Centers for Medicare and Medicaid Services considers a document a permanent record as long as it is it complies with the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR 482 requirements. These requirements apply to electronic or paper records.
- The medical record must be in its original or legally reproduced form, which may be electronic, so that the medical records may be reviewed and audited by authorized entities.
- If providers are using electronic medical records, they must have a medical record system that ensures the record may be accessed and retrieved promptly.
- All medical records must be accurately written, promptly completed, accessible, legible, properly filed and retained.

Sterilization Consent form (SFN 989)

- North Dakota Medicaid requires a sterilization consent form (SFN 989) to be completed for all recipient sterilization procedures.
- It is preferred that the Department's Sterilization Consent Form (SFN 989) be used in order for the Medicaid program to approve payment for any sterilization services. However, an alternative form is acceptable **provided it contains the required language as included in the SFN 989**. Please note that if the alternative form does not contain all required language, sterilization claims associated with the alternative form will be denied. All data elements on the form must be legible. The SFN 989 can be found at: http://www.nd.gov/eforms/Doc/sfn00989.pdf
- Consent forms must be attached to a paper claim form corresponding to the sterilization procedure.
- Properly completed and executed sterilization consent forms (SFN 989) may be stored electronically per the above guidelines.

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