



May 6, 2010

Re: Medicare Signature Requirements for Medical Records

Dear Medicare Providers, Compliance Officers and Key Medicare Partners:

In February 2010, I contacted you regarding signature problems identified in practitioners' medical records, x-ray reports and orders for laboratory and radiology tests. These are ongoing problems and merit our continued attention. We respectfully request your continued support to ensure that healthcare practitioners are cognizant of the following guidance regarding signatures. This information is not targeted to any particular facility, practice or organization; because signature problems are widespread, we are sharing this information with all of our key partners to ensure that each of you is aware of this important guidance.

The Centers for Medicare & Medicaid Services (CMS) has since clarified Medicare guidelines regarding signatures in medical records for medical review purposes. While CMS guidelines mandate the presence of signatures specifically for all 'medical review' purposes, modifiers, etc., records pertaining to any procedures billed to Medicare are potentially subject to review by not only Palmetto GBA, but other CMS contractors. Because of this, we are alerting you to the importance of these signature requirements and if changes are needed, we suggest you take immediate action. **These guidelines are applicable to every Medicare claim processed by or medical record submitted to Palmetto GBA for Medical Review purposes on or after April 16, 2010.**

Signature's Purpose

Medicare requires that services provided/ordered be authenticated by the author. The signature for each entry must be legible and should include the practitioner's first and last name. For clarification purposes, we recommend you include your applicable credentials, e.g., P.A., D.O., or M.D.

The purpose of a rendering/treating/ordering practitioner's signature in patients' medical records, operative reports, orders, test findings, etc., is to demonstrate that services submitted to Medicare have been accurately and fully documented, reviewed and authenticated. Furthermore, it confirms the provider has certified the medical necessity and reasonableness for the service(s) submitted to the Medicare program for payment consideration.

Medicare Requirements for Valid Signatures

Acceptable methods of signing records/test orders and findings include:

- Handwritten
- Electronic:
 - **Electronic signatures** usually contain date and timestamps and include printed statements, e.g., 'electronically signed by,' or 'verified/reviewed by,' followed by the practitioner's name and preferably a professional designation. Note: The responsibility and authorship related to the signature should be clearly defined in the record.
 - **Digital signatures** are an electronic method of a written signature that is typically generated by special encrypted software that allows for sole usage

Palmetto GBA

P.O. BOX 182935 • COLUMBUS, OHIO 43218-2935

A CMS Contracted Intermediary and Carrier

Note: Be aware that electronic and digital signatures are not the same as 'auto-authentication' or 'auto-signature' systems, some of which do not mandate or permit the provider to review an entry before signing. Indications that a document has been 'Signed but not read' are not acceptable.

Examples, Attestation Statements, and Signature Logs

The attached "job aid" includes examples of both acceptable and unacceptable signatures. For some instances of "unacceptable signatures" (marked with an asterisk in the job aid), Palmetto GBA will contact the person or organization that submitted the claim(s) and ask him/her to submit an attestation statement (for missing signatures) or a signature log (for illegible signatures). The contact may occur via phone or a written request. The attestation statement must be received within 20 calendar days of the call or the date the written request is received by the post office. In order to be considered valid for Medicare Medical Review purposes, your attestation statement must include the following elements:

- the printed full name of the physician/practitioner
- sufficient information to identify the beneficiary,
- date of service, and
- signature and date by the **author** of the medical record entry.

Should a provider choose to submit an attestation statement, the following statement may be used:

"I, _____ [print full name of the physician/practitioner], hereby attest that the medical record entry for _____ [date of service] accurately reflects signatures/notations that I made in my capacity as _____ [insert provider credentials, e.g., M.D.] when I treated/diagnosed the above listed Medicare beneficiary. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability."

While the above statement is an acceptable attestation format, at this time, Palmetto GBA is neither requiring nor instructing providers to use a certain form or format.

Note: Palmetto GBA will NOT contact the submitter if the claim is or will be denied for reasons unrelated to the signature requirement. If the signature is missing from an order, we will disregard the order during the review of the claims and the submitter will not be contacted.

If the handwritten or electronic signature cannot be obtained because the provider is deceased or has left the practice, the services are not billable to Medicare. Palmetto GBA will NOT consider attestation statements from someone other than the author of the medical record entry in question (even in cases where two individuals are in the same group, one may not sign for the other in medical record entries or attestation statements).

Unique Signature Situations:

- Incident to:
 - Incident to a physician's professional services means that the services or supplies are furnished as an integral, although incidental, part of the physician's personal professional services in the course of diagnosis or treatment of an injury or illness. Only the Past, Family, and Social History (PFSH) and Review of Systems (ROS) may be documented by ancillary personnel incident to and incorporated into the E/M documentation, which must be reviewed and signed by the billing provider.

- Services of non-physician practitioners (NPPs) ordinarily performed by the physician, such as minor surgery, setting casts or simple fractures, reading x-rays, and other activities that involve evaluation or treatment of a patient's condition, are also covered as services incident to a physician's professional services. If the NPP performs an entire service incident to the physician (office/clinic/home settings only), the medical record may be signed by the NPP or the physician.
- Split/shared services:
 - Office setting: When an E/M service in an office setting is a shared/split encounter between a physician and a non-physician practitioner (NP, PA, CNS or CNM), the service is considered to have been performed 'incident to' if the requirements for 'incident to' are met and the patient is an established patient. The service is reported using the physician's National Provider Identifier (NPI) number. The physician must sign. If 'incident to' requirements are not met for the shared/split E/M service, the service must be submitted under the NPP's NPI number. The billing NPP provider must sign.
 - Hospital-based setting: When a hospital inpatient/hospital outpatient or emergency department E/M is shared between a physician and an NPP from the same group practice and the physician provides any face-to-face portion of the E/M encounter with the patient, the service may be submitted under either the physician's or the NPP's number. However, if there was no face-to-face encounter between the patient and the physician (e.g., even if the physician participated in the service by only reviewing the patient's medical record), then the service may only be submitted under the NPP's number. The billing provider (physician or NPP) as determined above must sign.
- Assistant at surgery: Surgical assistants are not required to sign the operative report in addition to the responsible surgeon, when reference is made in the operative note that identifies the assistant, and provided that the report contains an acceptable signature by the responsible surgeon.
- Co-Surgeons: The co-surgeon must follow the signature requirements and each co-surgeon must sign his/her operative report.
- Scribes: The signature of the scribe is not required. The scribe's name must be listed in the medical record and identified as a scribe. The signature requirements for the billing provider still apply.

Electronic Medical Records: Recommendations

The electronic system you select should include a process that verifies the individual signing his/her name has reviewed the contents of the entry and determined it contains what he/she intended.

Safeguards must be in place to protect against unauthorized access and inappropriate use of your electronic signatures, by whatever method, by anyone other than the designated individual to whom it is assigned. It is to be unique to the individual, and not reassigned nor reused by someone else. Furthermore, measures should be in place to protect the 'links' between electronic health information and signatures which prevent unapproved alteration through removal, copying or transfer.

To avoid unnecessary payment denials, rejections or overpayment situations, we strongly urge providers to check with their technical staff or software vendors to verify their current record-keeping and signature processes are in compliance with CMS instructions. Software/hardware should meet or exceed industry standards to avoid compromising the integrity of documentation and signatures.

Resources

For additional information please refer to the following documents:

- CMS Medicare Program Integrity Manual (Pub. 100-08):
<http://www.cms.gov/manuals/downloads/pim83c03.pdf>
- CMS Change Request 6698, "Signature Guidelines for Medical Review Purposes":
<http://www.cms.gov/transmittals/downloads/R327PI.pdf>
- MLN Matters article MM6698, "Signature Guidelines for Medical Review Purposes":
<http://www.cms.gov/MLNMattersArticles/downloads/MM6698.pdf>

We encourage you to share this information in support of our efforts to assure that claims and supporting documentation are properly indicated on claims submissions or redetermination requests. If you care to discuss the material presented in this letter, please contact me. I hope this information will be helpful to you and/or your practice.

Sincerely,

Robert Kamps, M.D., Medical Director
Palmetto GBA
Medicare Part B – Ohio/West Virginia
robert.kamps@palmettogba.com
4249 Easton Way
Mail Drop: AG-300
Columbus, Ohio 43219



Palmetto GBA
Member of UnitedHealthcare

MEDICARE

Part A Intermediary
Part B Carrier

Signature Requirements: Acceptable Examples

Acceptable Electronic Signature Examples	Acceptable Written Signatures
<ul style="list-style-type: none"> ○ Chart 'Accepted By' with provider's name ○ 'Electronically signed by' with provider's name ○ 'Verified by' with provider's name ○ 'Reviewed by' with provider's name ○ 'Released by' with provider's name ○ 'Signed by' with provider's name ○ 'Signed before import by' with provider's name ○ 'Signed: John Smith, M.D.' with provider's name ○ Digitized signature: Handwritten and scanned into the computer ○ 'This is an electronically verified report by John Smith, M.D.' ○ 'Authenticated by John Smith, M.D' ○ 'Authorized by: John Smith, M.D' ○ 'Digital Signature: John Smith, M.D' ○ 'Confirmed by' with provider's name ○ 'Closed by' with provider's name ○ 'Finalized by' with provider's name ○ 'Electronically approved by' with provider's name ○ 'Signature Derived from Controlled Access Password' 	<ul style="list-style-type: none"> ○ Legible full signature ○ Legible first initial and last name ○ Illegible signature over a typed or printed name ○ Illegible signature where the letterhead, addressograph or other information on the page indicates the identity of the signatory. Example: An illegible signature appears on a prescription. The letterhead of the prescription lists 3 physicians' names. One of the names is circled. ○ Illegible signature NOT over a typed/printed name and NOT on letterhead, but the submitted documentation is accompanied by: 1) a signature log, or 2) an attestation statement ○ Initials over a typed or printed name ○ Initials NOT over a typed/printed name but accompanied by: 1) a signature log, or 2) an attestation statement ○ Unsigned handwritten note where other entries on the same page in the same handwriting are signed
<p>Special Notes for Electronic Signatures:</p> <ul style="list-style-type: none"> ○ Electronic signatures usually contain date and timestamps and include printed statements, e.g., 'electronically signed by,' or 'verified/reviewed by,' followed by the practitioner's name and preferably a professional designation. Note: The responsibility and authorship related to the signature should be clearly defined in the record. ○ Digital signatures are an electronic method of a written signature that is typically generated by special encrypted software that allows for sole usage <p>Note: Be aware that electronic and digital signatures are not the same as 'auto-authentication' or 'auto-signature' systems, some of which do not mandate or permit the provider to review an entry before signing. Indications that a document has been 'Signed but not read' are not acceptable.</p>	

Palmetto GBA

Post Office Box 182934 • Columbus, Ohio 43218-2934

A CMS Contracted Intermediary and Carrier

April 14, 2010

Signature Requirements: Unacceptable Examples

Unacceptable Signatures*	Unacceptable Signature Examples*:
<ul style="list-style-type: none"> ○ Signature 'stamps' alone in medical records are not recognized as valid authentication for Medicare signature purposes and may result in payment denials by Medicare ○ Reports or any records that are dictated and/or transcribed, but do not include valid signatures 'finalizing and approving' the documents are not acceptable for reimbursement purposes. Corresponding claims for these services will be denied. ○ Illegible signature NOT over a typed/printed name, NOT on letterhead and the documentation is unaccompanied by: 1) a signature log, or 2) an attestation statement ○ Initials NOT over a typed/printed name unaccompanied by: 1) a signature log, or 2) an attestation statement ○ Unsigned typed note with provider's typed name ○ Unsigned typed note without provider's typed/printed name ○ Unsigned handwritten note, the only entry on the page 	<ul style="list-style-type: none"> ○ 'Signing physician' when provider's name is typed Example: Signing physician: _____ John Smith, M.D. ○ 'Confirmed by' when a provider's name is typed Example: Confirmed by: _____ John Smith, M.D. ○ 'Signed by' followed by provider's name typed and the signing line above, but done as part as the transcription. ○ 'This document has been electronically signed in the surgery department' with no provider name. ○ 'Dictated by' when provider's name is typed Example: Dictated by: _____ John Smith, M.D. ○ Signature stamp ○ 'Signature On File' ○ 'Filled By' ○ 'Electronically signed by agent of provider'

For the sections listed above, with an asterisk (), Palmetto GBA will contact the person or organization that submitted the claim(s) and ask him/her to submit an attestation statement (for missing signatures) or a signature log (for illegible signatures). The contact may occur via phone or a written request. The attestation statement must be received within 20 calendar days of the call or the date the written request is received by the post office. In order to be considered valid for Medicare Medical Review purposes, your attestation statement must include the following elements:

- the printed full name of the physician/practitioner
- sufficient information to identify the beneficiary,
- date of service, and
- signature and date by the **author** of the medical record entry.

Palmetto GBA

Post Office Box 182934 • Columbus, Ohio 43218-2934

A CMS Contracted Intermediary and Carrier

April 14, 2010