



PROVIDER COMPLIANCE TIPS FOR ORDERING HOSPITAL OUTPATIENT SERVICES



PROVIDER TYPES AFFECTED

Physicians and other practitioners who order or bill for hospital outpatient services.

BACKGROUND

The Medicare Fee-For-Service (FFS) improper payment rate for hospital outpatient services was 3.2 percent, accounting for 5.2 percent of the overall Medicare FFS improper payment rate in 2017. The projected improper payment amount for outpatient services during the 2017 report period was \$1.91 billion.



TO PREVENT DENIALS

The following documentation is required for hospital outpatient services to be covered under the Medicare health benefit:

1. Documentation that supports medical necessity of the outpatient service (e.g. physician’s office visit note, or progress note, etc.)
2. A signed and dated physician’s order for the outpatient service
3. Documentation showing that the service was rendered



Physician/Non-Physician (NPP) Signature Requirements:

1. The ordering practitioner must authenticate the services that are provided or ordered
2. Signatures may be handwritten, electronic, or stamped, but stamped signatures are only permitted in the case of an author with a physical disability who can provide proof to a CMS contractor of an inability to sign due to a disability
3. If signatures are illegible, follow the instructions in Complying with Medicare Signature Requirements

RESOURCES

| FOR MORE INFORMATION ABOUT... | RESOURCE |
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| The 2017 Medicare Fee-for-Service Supplemental Improper Payment Data | https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/CERT-Reports-Items/2017-Medicare-FFS-Payment-Data.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending |
| Complying with Medicare Signature Requirements | https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf |

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