Signature Guidelines for Medical Review Purposes – JA6698

Note: This Job Aid was revised to include a table on page 6 that was in Change Request (CR) 6698 that summarizes signature requirements.

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Key Words	MM6698, CR6698, R327PI, Signature, Review
Contractors Affected	• Medicare Carriers • Fiscal Intermediaries (FIs) • A/B Medicare Administrative Contractors (A/B MACs) • Regional Home Health Intermediaries (RHHIs) • Durable Medical Equipment MACs (DME MACs)
Provider Types Affected	Physicians, non-physician practitioners, and suppliers submitting claims to FIs, A/B MACs, Carriers, RHHIs and/or DME MACs for services provided to Medicare beneficiaries

- CR6698 clarifies how Medicare claims review contractors review claims and medical documentation submitted by providers. CR6698 outlines the new rules for signatures and adds language for Electronic prescribing (E-prescribing).
- These revised/new signature requirements are applicable for reviews conducted on or after the implementation date of April 16, 2010. All signature requirements in CR6698 are effective retroactively for Comprehensive Error Rate Testing (CERT) for the November 2010 report period.

Provider Needs to Know…

Exceptions

- For medical review purposes, Medicare requires that services provided/ordered be authenticated by the author. The method used must be a hand written or an electronic signature. Stamp signatures are not acceptable. The following are some exceptions:

  EXCEPTION 1: Facsimiles of original written or electronic signatures are acceptable for the certifications of terminal illness for hospice.

  EXCEPTION 2: There are some circumstances for which an order does not need to be signed. For example, orders for clinical diagnostic tests are not required to be signed. The rules in 42 Code of Federal regulations (CFR) 410 and the *Medicare Benefit Policy Manual* (Chapter 15, Section 80.6.1) state that if the order for the clinical diagnostic test is unsigned, there must be medical documentation by the treating physician (e.g., a progress note) that he/she intended the clinical diagnostic test be performed. This documentation, showing the intent that the test be performed, must be authenticated by the author via a handwritten or electronic signature.

  EXCEPTION 3: Other regulations and the Centers for Medicare & Medicaid Services (CMS) instructions regarding signatures (such as timeliness standards for particular benefits) take precedence. For medical review purposes, if the relevant regulation, National Coverage Determination (NCD), Local Coverage Determination (LCD), and CMS manuals are silent on whether the signature is legible or present and the signature is illegible/missing, the reviewer will follow the guidelines listed below to discern the identity and credentials (e.g., MD, RN) of the signator. In cases where the relevant regulation, NCD, LCD and CMS manuals have specific signature requirements, those signature requirements take precedence.

Signature Requirements

- The Affiliated Contractor (AC), MAC, and CERT reviewers will apply the following signature requirements.
  - If there are reasons for denial unrelated to signature requirements, the reviewer need not proceed to signature authentication.
  - If the criteria in the relevant Medicare policy cannot be met (but for a key piece of medical documentation which contains a missing or illegible signature), the reviewer will proceed to the signature assessment.
  - Providers should not add late signatures to the medical record, (beyond the short delay that occurs during the transcription process) but instead may make use of the signature authentication process.
  - Providers should keep in mind that a handwritten signature is a mark or sign by an individual on a document to signify knowledge, approval, acceptance, or obligation and note the following:
    - If the signature is illegible, ACs, MACs, PSCs, ZPICs, and CERT will consider evidence in a signature log or attestation statement to determine the identity of the author of a medical record entry.
    - If the signature is missing from an order, ACs, MACs, PSCs, ZPICs, and CERT will disregard the order during the review of the claim.

- If the signature is missing from any other medical documentation, ACs, MACs, PSCs, ZPICs, and CERT will accept a signature attestation from the author of the medical record entry.

- The following are the signature requirements that the claims reviewers will apply: (Other regulations and the Centers for Medicare & Medicaid Services (CMS) instructions, regarding signatures (such as timeliness standards for particular benefits), take precedence).
  - Definition of a handwritten signature: This is a mark or sign by an individual on a document to signify knowledge, approval, acceptance, or obligation.
  - For medical review purposes, if the relevant regulation, NCD, LCD, and other CMS manuals are silent on whether the signature must be dated, the reviewer will review to ensure that the documentation contains enough information for the reviewer to determine the date on which the service was performed/ ordered.

    EXAMPLE: The claim selected for review is for a hospital visit on October 4. The Additional Documentation Request response is one page from the hospital medical record containing three entries. The first entry is dated October 4 and is a physical therapy note. The second entry is a physician visit note that is undated. The third entry is a nursing note dated October 4. The reviewer may conclude that the physician visit was conducted on October 4.
  - Definition of a Signature Log: Providers will sometimes include, in the documentation they submit, a signature log that identifies the author associated with initials or an illegible signature. The signature log might be included on the actual page where the initials or illegible signature are used or might be a separate document. In order to be considered valid for Medicare medical review purposes, the log must be a part of the patient's medical record. Reviewers will consider all submitted signature logs, regardless of the date they were created.
  - Definition of an Attestation Statement: In order for an attestation statement to be considered valid for Medicare medical review purposes, the statement must be signed and dated by the author of the medical record entry and contain the appropriate beneficiary information.
  - Providers will sometimes include in the documentation they submit an attestation statement. In order to be considered valid for Medicare medical review purposes, an attestation statement must be signed and dated by the author of the medical record entry and must contain sufficient information to identify the beneficiary. Should a provider choose to submit an attestation statement, they may choose to use the following statement:

    "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 this sample statement is an acceptable format, at this time, CMS is neither requiring nor instructing providers to use a certain form or format. A general request for signature attestation will be considered a non-standardized follow-up question from the contractors to the providers so long as the contractors do not provide identical requirements or suggestions for the form or format of the attestation. The above format has not been approved by the Office of Management and Budget (OMB). Therefore, it is not mandatory. However, once OMB has assigned an OMB Paperwork Reduction Act number to this attestation process, a certain form/format will be mandatory.
- Claims reviewers will not consider attestation statements where there is no associated medical record entry or 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.
- If a signature is missing from an order, claims reviewers will disregard the order during the review of the claim.
- Reviewers will consider all attestations that meet the guidelines, regardless of the date the attestation was created, except in those cases where the regulations or policies indicate that a signature must be in place prior to a given event or a given date.

Key Manual Revisions

- The following are the signature guidelines in Section 3.4.1.1.B.c as shown in the manual revision attachment of CR6698:
  - In the situations where the guidelines indicate, "signature requirements met," the reviewer will consider the entry.
  - In situations where the guidelines indicate, "contact provider and ask a non-standard follow up question," the reviewer will contact the person or organization that billed the claim and ask them if they would like to submit an attestation statement or signature log within 20 calendar days.
  - The 20-day timeframe begins once the contractor makes an actual phone contact with the provider or on the date the request letter is received at the post office. Reviewers will not contact the provider if the claim should be denied for reasons unrelated to the signature requirement.
  - In the situations where the guidelines indicate "signature requirements NOT met," the reviewer will disregard the entry and make the claims review determination using only the other submitted documentation.

E-prescribing Language Added

- E-prescribing is the transmission of prescription or prescription-related information through electronic media. E-prescribing takes place between a prescriber, dispenser, pharmacy benefit manager, or health plan. It can take place directly or through an E-prescribing network. With E-prescribing, health care professionals can electronically transmit both new prescriptions and responses to renewal requests to a pharmacy

without having to write or fax the prescription. E-prescribing can save time, enhance office and pharmacy productivity, and improve patient safety and quality of care.

- Reviewers will accept as a valid order any Part B drugs, other than controlled substances, ordered through a qualified E-prescribing system.
    - For Medicare Part B medical review purposes, a qualified E-prescribing system is one that meets all 42 CFR 423.160 requirements.
    - When Part B drugs, other than controlled substances, have been ordered through a qualified E-prescribing system, the reviewer will NOT require the provider to produce hardcopy pen and ink signatures as evidence of a drug order.
    - At this time, the AC, MAC, CERT, PSC, and ZPIC reviewers will NOT accept as a valid order any controlled substance drugs that are ordered through any E-prescribing system, even one that is qualified under Medicare Part D. When reviewing claims for controlled substance drugs, the reviewer will only accept hardcopy pen and ink signatures as evidence of a drug order.
    - At this time, the AC, MAC, CERT, PSC and ZPIC reviewers will accept as a valid order any drugs incident to DME, other than controlled substances, ordered through a qualified E-prescribing system. For the purpose of conducting Medicare medical review of drugs incident to DME, a qualified E-prescribing system is one that meets all 42 CFR 423.160 requirements. When drugs incident to DME have been ordered through a qualified E-prescribing system, the reviewer will NOT require the provider to produced hardcopy pen and ink signatures as evidence of a drug order.
- CR6698 includes a helpful table that summarizes the situations where signature requirements are met and/or a Medicare contractor may contact the provider to determine if the provider wishes to submit an attestation statement or signature log. Key portions of that table are on the following page.

		Signature Requirement Met	Contact billing provider and ask a non-standardized follow up question
1	Legible full signature	X	
2	Legible first initial and last name	X	
3	Illegible signature over a typed or printed name	X	
4	Illegible signature where the letterhead, addressograph or other information on the page indicates the identity of the signator. Example: An illegible signature appears on a prescription. The letterhead of the prescription lists 3 physicians' names. One of the names is circled.	X	
5	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	X	
6	Illegible Signature NOT over a typed/printed name, NOT on letterhead and the documentation is UNaccompanied by: a) a signature log, or b) an attestation statement		X
7	Initials over a typed or printed name	X	
8	Initials NOT over a typed/printed name but accompanied by: a) a signature log, or b) an attestation statement	X	
9	Initials NOT over a typed/printed name UNaccompanied by: a) a signature log, or b) an attestation statement		X
10	Unsigned typed note with provider's typed name Example: John Whigg, MD		X
11	Unsigned typed note without providers typed/printed name		X
12	Unsigned handwritten note, the only entry on the page		X
13	Unsigned handwritten note where other entries on the same page in the same handwriting are signed.	X	
14	"signature on file"		X

Background	Contractors Who Review Medicare Claims
	• The following are the contractors who review Medicare claims:
	  • MACs;
	  • ACs;
	  • CERT Contractors;
	  • Recovery Audit Contractors;
	  • Program Safeguard Contractors; and
	  • Zone Program Integrity Contractors.
	• These contractors are tasked with measuring, detecting, and correcting improper payments as well as identifying potential fraud in the Fee for Service Medicare Program.
	• The previous language in the *Program Integrity Manual* required a "legible identifier" in the form of a handwritten or electronic signature for every service provided or ordered.
	• CR6698 updates these requirements and adds E-prescribing language.

Operational Impact	N/A
Reference Materials	The related MLN Matters® article can be found at *http://www.cms.gov/MLNMattersArticles/downloads/MM6698.pdf* on the CMS website. The official instruction (CR6698) regarding this change may be viewed at *http://www.cms.gov/Transmittals/downloads/R327PI.pdf* on the CMS website. The official standards for electronic prescribing, 42 CFR 423.160 Standards for E-prescribing, may be reviewed at *http://edocket.access.gpo.gov/cfr_2008/octqtr/pdf/42cfr423.160.pdf* on the Internet.