DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

News Flash –

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- "Medicare Claim Submission Guidelines," Fact Sheet, ICN 906764, Hard Copy only.

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Importance of Preparing/Maintaining Legible Medical Records

Provider Types Affected

This MLN Matters® Article Special Edition (SE) is intended for physicians and other providers who document treatment for Medicare beneficiaries and/or submit claims for Medicare Fee-For-Service (FFS) reimbursement.

Provider Action Needed

The Centers for Medicare & Medicaid Services (CMS) is publishing this article to highlight the importance of legible documentation in avoiding claim denials. This SE1237 article is informational only and does not alter existing Medicare policy, and does not introduce new policy.

Background

Many claim denials occur because the providers or suppliers do not submit sufficient documentation to support the service or supply billed. Frequently, this documentation is insufficient to demonstrate medical necessity. In accordance with Section 1862(a)(1)(A) of the Social Security Act, CMS must deny

an item or service if it is not reasonable and necessary.(See item 1 in the "References" section below.) When determining the medical necessity of the item or service billed, Medicare's review contractors must rely on the medical documentation submitted by the provider in support of a given claim. Therefore, legibility of clinical notes and other supporting documentation is critical to avoid Medicare FFS claim payment denials. (See item 2 in the "References" section below.)

Key Points

General Principles of Medical Record Documentation (See items 3,4,5 in the "References" section below.) —Be Aware

The general principles of medical record documentation to support a service or supply billed for Medicare payment includes the following (as applicable to the specific setting/encounter):

1. Medical records should be complete and legible; and
2. Medical records should include the legible identity of the provider and the date of service.

Amendments, Corrections and Delayed Entries in Medical Documentation (See item 6 in the "References" section below.)

Documents containing amendments, corrections, or delayed entries must employ the following widely accepted recordkeeping principles:

1. Clearly and permanently identify any amendments, corrections or addenda.
2. Clearly indicate the date and author of any amendments, corrections, or addenda.
3. Clearly identify all original content (do not delete).

Medicare Signature Requirements (See item 7 in the "References" section below.)

For medical review purposes, Medicare requires that services provided/ordered be authenticated by the author. The method used shall be a handwritten or electronic signature.

- If the signature is illegible or missing from the medical documentation (other than an order), the review contractor shall 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, the review contractor shall disregard the order during the review of the claim (i.e., the reviewer will proceed as if the order was not received). Signature attestations are not allowable for orders.

References

1. See the testimony of Thursday, July 15, 2010 to the United States Senate Committee on Homeland Security and Government Affairs, Subcommittee on Federal Financial Management, Government Information, Federal Services, and Internet. “Preventing and Recovering Medicare Payment Errors” at http://www.hhs.gov/asl/testify/2010/07/t20100715a.html on the CMS website.

2. See the CMS "Medicare Program Integrity Manual" Section 3.6.2.1 - Coverage Determinations at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf on the CMS website.
3. See the "Medicare Benefit Policy Manual" Chapter 2, Section 30, at http://www.cms.gov/Regulations-and-guidance/Guidance/Manuals/Downloads/bp102c02.pdf on the CMS website.
4. See Change Request (CR) 2520, Provider Education Article, at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/AB03037.pdf on the CMS website.
5. See the MLN Matters® Special Edition article, SE1027, entitles "Recovery Audit Contractor (RAC) Demonstration High-Risk Medical Necessity Vulnerabilities for Inpatient Hospitals" at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1027.pdf on the CMS website.
6. See the "Medicare Program Integrity Manual" Section 3.3.2.5 – Amendments, Corrections and Delayed Entries in Medical Documentation at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf on the CMS website.
7. See the "Medicare Program Integrity Manual" Section 3.3.2.4 - Signature Requirements http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf on the CMS website.

Additional Information

If you have any questions, please contact your carrier, FI, DME MAC or A/B MAC at their toll-free number, which may be found at http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html on the CMS website.

For additional information and educational materials related to provider compliance, visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html on the CMS website.

To review specific rules for signature guidelines for medical review purposes and language for E-Prescribing you may go to http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf on the CMS website.