

# Medicare Signature Guidelines

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## Objective

To assist the Medicare Part B provider community with understanding the Medicare signature guidelines.



## Agenda

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Test Your Knowledge

Signature Requirements

Exceptions

How to Determine Signature Requirements  
are Met

Amendments, Corrections and Delayed  
Entries in Medical Documentation

E-Prescribing

FAQs and Resources



Test Your Knowledge

# Test Your Knowledge

- Send your answers to the “Test Your Knowledge” questions in the question box

# Question One

- A Medicare provider can not make amendments to a medical record
  - True
  - False



# Question Two

- A signature log is not acceptable for Medicare
  - True
  - False

# Question Three

- A stamped signature is never acceptable for Medicare
  - True
  - False

# Question Four

- There are many acceptable electronic signatures allowed by Medicare
  - True
  - False

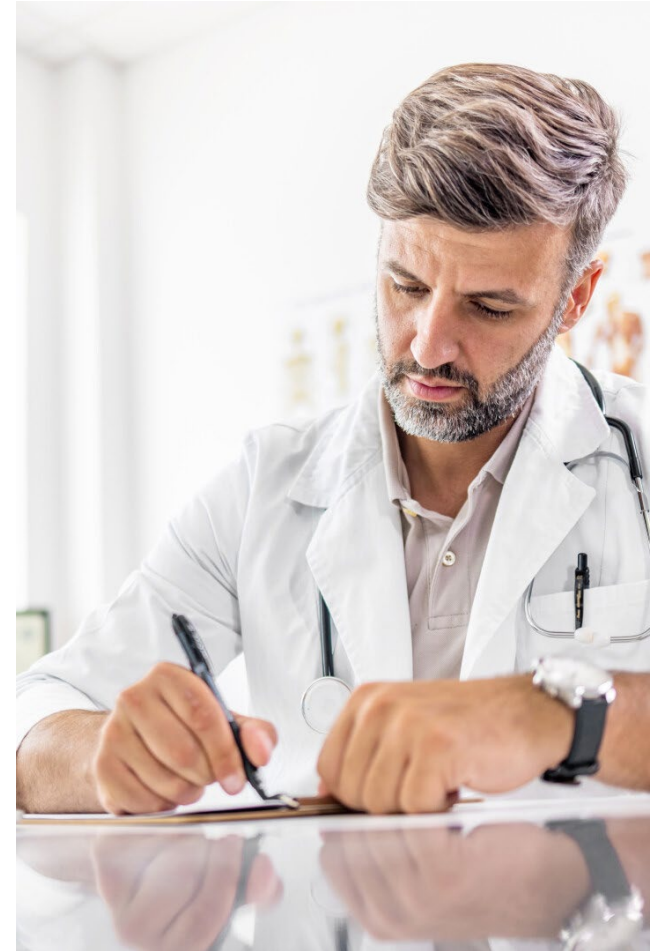
# Question Five

- Medicare will accept a valid order for any Part B medications, other than controlled substances, ordered through a qualified e-prescribing system
  - True
  - False

# Signature Requirements

# Handwritten Signature

- This is a mark or sign by an individual on a document to signify knowledge, approval, acceptance or obligation



# Signature Log

- Identifies the author associated with initials or an illegible signature
- Credentials encouraged
- Must be a part of the patient's medical record
- Claim reviewers will consider submitted signature logs, regardless of the date created

# Attestation 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.”



# Examples of Medical Records Requiring a Signature

- Dictated reports
- Outpatient visits
- Lab/diagnostic orders/requisitions
- Certificates of medical necessity
- Treatment plans/plan of care
- Treatment log notes
- Initial evaluations or current reevaluations
- Inpatient visits
- Office visits



# Exceptions

# Exception One

- Facsimiles of original written or electronic signatures are acceptable for the certifications of terminal illness for hospice

# Exception Two

- Orders for clinical diagnostic tests are not required to be signed
  - There must be medical documentation by the treating physician that they intended the clinical diagnostic test be performed
  - Must be authenticated by the author via a handwritten/electronic signature
- [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 80.6.1](#)

# Exception Three

- Other regulations and CMS instructions regarding signatures take precedence
  - For medical review purposes, if the relevant regulation, NCD, LCD and CMS manuals are silent on whether the signature is legible or present and the signature is illegible/missing, the reviewer will follow guidelines to discern the identity and credentials of the signator
  - In cases where the relevant regulation, NCD, LCD and CMS manuals have specific signature requirements, those signature requirements take precedence

# Exception Four

- CMS would permit use of a rubber stamp for signature in accordance with the Rehabilitation Act of 1973
  - Author with physical disability has to provide proof of their inability to sign due to their disability

# How to Determine if Signature Requirements are Met



# Determining Signature Requirements

Signature	Req. Met	Contact Provider
Legible full signature	X	
Legible first initial and last name	X	
Illegible signature over a typed/printed name	X	
Illegible signature where the letterhead, addressograph or other information on the page indicates the identity of the signatory (e.g., An illegible signature appears on a prescription. The letterhead of the prescription lists (3) physician's names. One of the names is circled.)	X	
Illegible signature NOT over a typed/printed name and NOT on letterhead, but the submitted documentation is accompanied by a signature log/attestation statement	X	
Illegible signature NOT over a typed/printed name, NOT on letterhead and the documentation is unaccompanied by a signature log/attestation statement		X
Initials over a typed or printed name	X	
Initials NOT over a typed/printed name but accompanied by a signature log/attestation statement	X	





# Determining Signature Requirements-cont.

Signature	Req. Met	Contact Provider
Initials <b>not</b> over a typed/printed name unaccompanied by a signature log/attestation statement		X
Unsigned typed note with provider's typed name		X
Unsigned typed note without providers typed/printed name		X
Unsigned handwritten note, the only entry on the page		X
Unsigned handwritten note where other entries on the same page in the same handwriting are signed.	X	
"Signature on File"		X

# Acceptable Electronic Signatures

- 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 before import by” with provider’s name
- Digitalized signature: Handwritten and scanned into the computer

# Acceptable Electronic Signatures-cont.

- “This is an electronically verified report by John Smith, MD”
- “Authenticated by John Smith, MD”
- “Authorized by: John Smith, MD”
- “Digital Signature: John Smith, MD”
- “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



# Amendments, Corrections and Delayed Entries in Medical Documentation

# Amendments

- Occasionally certain entries related to services provided are not properly documented
- Documentation will need to be amended, corrected, or entered after reviewing the service
  - The MAC will consider submitted entries that comply with the recordkeeping principles

# Recordkeeping Principles

- Documents submitted to MACs containing amendments, corrections or addenda must
  - Clearly and permanently identify any amendment, correction or delayed entry as such, and
  - Clearly indicate the date and author of any amendment, correction or delayed entry and original date of entry being corrected
  - Clearly identify all original content, without deletion
- Paper medical records
  - When correcting, these principles are generally accomplished by
    - ✓ A single line strike through so original content can still be read, and
    - ✓ Author of the alteration must sign and date revision
  - Must be clearly signed/dated upon entry

# Recordkeeping Principles-cont.

- Electronic health records
  - Principles specified previously remain necessary
  - EHRs containing amendments, corrections or delayed entries must
    - ✓ Distinctly identify amendment(s), correction(s) or delayed entry, and
    - ✓ Provide reliable means to clearly identify the original content, altered content, as well as date and authorship of each modification of the record

# Electronic Prescribing (E-Prescribing)



# E-Prescribing for Part B Medications (Other than Controlled Substances)

- MAC reviewers will accept as a valid order any Part B medications, other than controlled substances, ordered through a qualified e-prescribing system
  - For medical review purposes, e-prescribing system must meet all 42 CFR Section 423.160 requirements
  - [Standards for Electronic Prescribing, 42 CFR 423.160](#)

# E-Prescribing for Part B Controlled Substance Medications

- MAC reviewers will only accept hardcopy pen and ink signatures as evidence of a medication order
  - The DEA is in the process of establishing requirements for electronic prescriptions



FAQs

# FAQ One

- What is required for a valid signature?
  - The following criteria must be met
    - ✓ Services provided/ordered must be authenticated by the ordering practitioner
    - ✓ Signatures are handwritten, electronic, or stamped (stamped signatures are only permitted in the case of an author with a physical disability who can provide proof of an inability to sign due to a disability); and
    - ✓ Signatures are legible
  - [CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.4 - Signature Requirements](#)

# FAQ Two

- What should I do if I have not signed an order/medical record?
  - Retroactive signatures are not acceptable
  - Submit an attestation statement
  - If an order for tests is unsigned, you may submit progress notes showing intent to order the tests
  - Progress note must specify what tests were ordered
  - [CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.4 - Signature Requirements](#)

# FAQ Three

- What do I do if the signature is not legible?
  - Submit a signature log or attestation
  - If original record contains a printed signature below illegible signature, this is acceptable
  - [CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.4 - A Handwritten Signature](#)

# FAQ Four

- What if there is no signature log currently in place?
  - A signature log can be created at any time

# FAQ Five

- Can I attest to my signature?
  - Yes, you can attest that a signature is your own
  - [CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.4.C – Signature Attestation Statement](#)



# FAQ Six

- Can I automatically send a signature log/attestation with the medical documentation?
  - Yes. This will help avoid delays in the review process.

# FAQ Seven

- Do signatures need to be dated?
  - Documentation must contain enough information to determine the date the service was performed/ordered
  - [CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.4.H – Signature Dating Requirements](#)

# FAQ Eight

- What are the guidelines for electronic signatures?
  - Systems/software must include protections against modification
  - Apply administrative safeguards
  - Part B providers must use a qualified electronic prescribing system
  - [CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.4.E-F – Electronic Signatures and Electronic Prescribing](#)

# FAQ Nine

- Who needs to sign the medical record for incident to services?
  - The supervising physician does not need to sign
    - ✓ He/she must be present in the office
    - ✓ It has to be a follow-up visit to a care plan already in place

# FAQ Ten

- Can someone from the same medical practice sign a record in the absence of the ordering physician's signature?
  - No. Even in cases where two individuals are in the same group, one should not sign for the other in medical record entries or attestation statements.

# References

# References

- [CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 3](#)
- MLN<sup>®</sup> Fact Sheet: [Complying with Medicare Signature Requirements](#)
- MLN Matters<sup>®</sup> [MM6698 Revised: Signature Guidelines for Medical Review Purposes](#)
- [NGS YouTube Video: Medicare Signature Guidelines](#)
- [Change Request 8219: Use of a Rubber Stamp for Signature](#)

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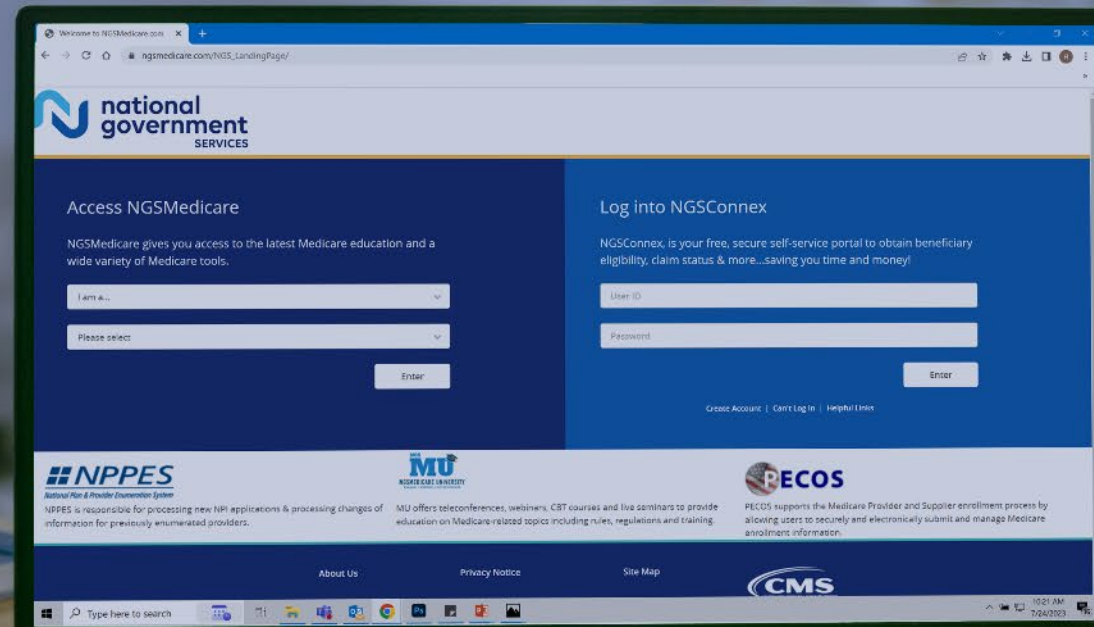
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