



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Touching Lives Every Day"

COMPLIANCE ALERT 10-30

Reminder: Signature Requirements for Medicare Claims

Provider signatures are required for all "medical review" purposes pertaining to any procedures billed to Medicare. These signatures are subject to review by Medicare contractors. CMS has revised signature requirements applicable to Medicare claims with dates of service on or after March 1, 2010, processed by or medical record submitted to Palmetto GBA for Medical Review purposes on or after April 16, 2010.

The purpose of the signature is to demonstrate that the services submitted have been fully documented, reviewed and authenticated. The signature must be: 1) authenticated by the author; 2) legible for each entry; 3) included the practitioner's first and last name; 4) include applicable credentials (MD, DO, PA, etc.).

HHSC facilities should review these requirements and work with their HIM staff, Utilization Review managers, and medical directors to ensure that all physicians understand and are following these requirements.

The following are the Medicare Requirements for Valid Signatures (from Palmetto GBA--

<http://www.palmettogba.com/palmetto/providers.nsf/vMasterDID/84HT746343>):

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

- Handwritten
- Electronic:
 - **Electronic signatures (including EMR)** 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

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.

Acceptable Electronic Signature Examples:

- 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'

Acceptable Written Signatures:

- 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

Unacceptable Signatures*:

- 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

Unacceptable Signature Examples*:

- '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'

***ATTESTATIONS REQUIRED:** 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.