## Signature Guidelines for Home Health & Hospice Medical Review



The Centers for Medicare & Medicaid Services (CMS) issued <u>Change Request 6698</u> / <u>Medicare Learning Network</u> <u>Matters<sup>®</sup> article MM6698</u> to clarify for providers how Medicare contractors review claims and medical documentation. This tool provides an outline of the signature guidelines, effective, March 1, 2010.

## Signature Requirements

- Medicare services provided/ordered must be authenticated by the author by some form of signature
  - Includes orders and medical record documentation of all services provided
- The method used shall be a hand written (may be faxed), or an electronic signature
  - o Stamped signatures are never acceptable
- The signature must include the credentials of the individual and be dated
- A signature log may be used to authenticate the signer's name and credentials
- If the signature is missing from an order, the order **will be disregarded** during the review of the claim
- If the signature is missing from other medical documentation, or is not legible, the provider will be contacted by medical review and offered the opportunity to submit an attestation statement to authenticate the service.
- **Do not** add late signatures to the medical record, use the attestation process

## **Attestation Statements**

- The attestation statement must be signed and dated by the author of the medical record entry and must contain sufficient information to identify the beneficiary
- Attestation statements will not be accepted where there is no associated medical record entry
- Attestation statements from someone other than the author of the medical record entry in question are not acceptable
  - Two individuals in the same group may not sign for the other in medical record entries or attestation statements
- An attestation after the date of service is acceptable in most cases
  - Exception: when the relevant regulation, [national coverage determination (NCD), local coverage determination (LCD), and Centers for Medicare & Medicaid Services (CMS) manuals] has specific signature requirements, (e.g., signatures on plans of care must be signed prior to services being rendered), those signature requirements take precedence.



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## **Signature Requirements Guidelines**

		ACCETABLE	NOT ACCEPTABLE
1	Legible full signature	х	
2	Legible first initial and last name	х	
3	Illegible signature where the letterhead, addressograph, or other information on the page indicates the identity of the signator. <i>Example:</i> An illegible signature appears on a prescription. The letterhead of the prescription lists 3 physicians' names. One of the names is circled.	x	
4	Illegible signature over a typed or printed name	x	
5	Illegible signature NOT over a typed/printed name and <b>not</b> on letterhead, but the submitted documentation <b>is</b> <b>accompanied</b> by: 1. a signature log, or 2. an attestation statement	x	
6	<ul> <li>Illegible Signature NOT over a typed/printed name, NOT on letterhead and the documentation is NOT accompanied by:</li> <li>a signature log, or</li> <li>an attestation statement</li> </ul>		x
7	Initials over a typed or printed name	х	
8	<ul> <li>Initials not over a typed/printed name but accompanied by:</li> <li>1. a signature log, or</li> <li>2. an attestation statement</li> </ul>	x	
9	<ul> <li>Initials not over a typed/printed name not accompanied by:</li> <li>1. a signature log, or</li> <li>2. an attestation statement</li> </ul>		x
10	Unsigned typed note with provider's typed name		х
11	Unsigned typed note without providers typed/printed name		х
12	Unsigned handwritten note, the only entry on the page		х
13	"Signature on file"		х
14	Notation of electronic signature—The individual whose name is on the alternate signature method and the provider bears the responsibility for the authenticity of the information being attested to.		



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