

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 442	Date: December 7, 2012
	Change Request 8105

SUBJECT: Update for Amendments, Corrections and Delayed Entries in Medical Documentation

I. SUMMARY OF CHANGES: The purpose of this CR is to provide instructions to contractors regarding amended, corrected, and delayed entries in medical records.

EFFECTIVE DATE: January 8, 2013

IMPLEMENTATION DATE: January 8, 2013

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	3/Table of Contents
R	3.3.2.5/Amendments, Corrections and Delayed Entries in Medical Documentation

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; contractor's activities are to be carried out with their operating budgets.

For Medicare Administrative Contractors (MACs):

The Medicare Administrative contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: Providers are encouraged to enter all relevant documents and entries into the medical record at the time they are rendering the service. Occasionally, upon review a provider may discover that certain entries, related to actions that were actually performed at the time of service but not properly documented, need to be amended, corrected, or entered after rendering the service.

B. Policy: Providers are encouraged to enter all relevant documents and entries into the medical record at the time they are rendering the service. Occasionally, upon review a provider may discover that certain entries, related to actions that were actually performed at the time of service but not properly documented, need to be amended, corrected, or entered after rendering the service.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility											
		A/B MAC		D M E	F I	C A R I E R	R H I	Shared- System Maintainers				Other	
		P a r t A	P a r t B					M A C	F I S S	M C S	V M S		C W F
8105.1	MACs, CERT, Recovery Auditors, and ZPICs shall consider all submitted entries that comply with the widely accepted Recordkeeping Principles when making review determinations.	X	X	X	X	X	X						MACs, CERT, Recovery Auditors and ZPICs
8105.2	The MACs, CERT, Recovery Auditors, and ZPICs shall NOT consider any entries that do not comply with the recordkeeping principles, even if such exclusion would lead to a claim denial.	X	X	X	X	X	X						MACs, CERT, Recovery Auditors and ZPICs
8105.3	If the MACs, CERT or Recovery Auditors identify medical documentation with potentially fraudulent entries, the reviewers shall refer the cases to the ZPIC and may consider referring to the RO and State Agency.	X	X	X	X	X	X						MACs, CERT, Recovery Auditors and ZPICs

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC	D M E	F I	C A R R I E R	R H H I	Other	
		P a r t A	P a r t B	M A C				
	None							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Margery Glover, 410-786-1053 or Margery.Glover@cms.hhs.gov , Michael Handrigan, 410-786-8843 or Michael.Handrigan@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; contractor's activities are to be carried out with their operating budgets.

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Medicare Program Integrity Manual

Chapter 3 - Verifying Potential Errors and Taking Corrective Actions

Table of Contents
(Rev.442, Issued: 12-07-12)

Transmittals for Chapter 3

3.3.2.5 – Amendments, Corrections and Delayed Entries in Medical Documentation

3.3.2.5 – Amendments, Corrections and Delayed Entries in Medical Documentation *(Rev. 442, Issued: 12-07-12, Effective: 01-08-13, Implementation: 01-08-13)*

This section applies to MACs, CERT, Recovery Auditors, and ZPICs, as indicated.

A. Amendments, Corrections and Delayed Entries in Medical Documentation

Providers are encouraged to *enter all relevant documents and entries into the medical record at the time they are rendering the service. Occasionally, upon review a provider may discover that certain entries, related to actions that were actually performed at the time of service but not properly documented, need to be amended, corrected, or entered after rendering the service. When making review determinations the MACs, CERT, Recovery Auditors, and ZPICs shall consider all submitted entries that comply with the widely accepted Recordkeeping Principles described in section B below. The MACs, CERT, Recovery Auditors, and ZPICs shall NOT consider any entries that do not comply with the principles listed in section B below, even if such exclusion would lead to a claim denial. For example, they shall not consider undated or unsigned entries handwritten in the margin of a document. Instead, they shall exclude these entries from consideration.*

B. Recordkeeping Principles

Regardless of whether a documentation submission originates from a paper record or an electronic health record, documents submitted to MACs, CERT, Recovery Auditors, and ZPICs containing amendments, corrections or addenda must:

- 1. Clearly and permanently identify any amendment, correction or delayed entry as such, and*
- 2. Clearly indicate the date and author of any amendment, correction or delayed entry, and*
- 3. Not delete but instead clearly identify all original content*

Paper Medical Records: When correcting a paper medical record, these principles are generally accomplished by using a single line strike through so that the original content is still readable. Further, the author of the alteration must sign and date the revision. Similarly, amendments or delayed entries to paper records must be clearly signed and dated upon entry into the record.

Electronic Health Records (EHR): Medical record keeping within an EHR deserves special considerations; however, the principles wed above remain fundamental and necessary for document submission to MACs, CERT, Recovery Auditors, and ZPICs. Records sourced from electronic systems containing amendments, corrections or delayed entries must:

- a. Distinctly identify any amendment, correction or delayed entry, and*
- b. Provide a reliable means to clearly identify the original content, the modified content, and the date and authorship of each modification of the record.*

C. If the MACs, CERT or Recovery Auditors *identify medical documentation with potentially fraudulent entries*, the reviewers shall refer the cases to *the* ZPIC and may consider referring to the RO and State Agency.