



Complying with Medicare Signature Requirements



What's Changed?

- Added electronic signature information (page 3)

You'll find substantive content updates in dark red font.

CMS's Comprehensive Error Rate Testing (CERT) Program measures Medicare Fee-for-Service (FFS) Program improper payments. Under CERT, we review a random sample of all FFS claims to determine if we paid them properly under Medicare coverage, coding, and billing rules.

Two contractors manage the CERT Program:

- CERT Statistical Contractor (CERT SC)
- CERT Review Contractor (CERT RC)

The CERT SC determines Medicare claims sampling and calculates improper payments. [CMS CERT](#) has CERT Improper Payments Reports.

The Medicare Claims Review Contractor reviews documentation to ensure it meets Medicare's signature requirements, like signed and dated medical records. If your entries aren't signed and dated, they may deny associated claims.

The Medicare Learning Network® (MLN), with the CERT Part A and Part B (A/B) and Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Outreach & Education Task Forces, developed this fact sheet to describe common CERT Program signature requirement errors. It helps providers and their clinical and office staff understand documentation supporting a Medicare medical service or supplies claim.

[Information for Providers](#) lists names and addresses of where to send CERT medical record documentation.

[Section 3.3.2.4 of Medicare Program Integrity Manual, Chapter 3](#) has more signature requirements information.

Signature Requirements

The ordering or prescribing physician or Non-Physician Practitioner (NPP) must make a mark or sign on a document indicating their knowledge, approval, acceptance, or obligation to services provided or certified.

Electronic Signatures

Electronic signatures include an electronic sound, symbol, or process attached to, or logically associated with, an electronic medical record. Your electronic signature:

- Must be authenticated, safeguarded against misuse and modification, and easily identifiable as electronic instead of a typed signature.
- Represents the provider who signed it. That individual bears responsibility for its authenticity. We strongly encourage physicians and NPPs to check with their attorneys and malpractice insurers when using electronic signatures as an alternate signature method.

Together we can advance health equity and help eliminate health disparities for all minority and underserved groups. Find resources and more from the [CMS Office of Minority Health](#):

- [Health Equity Technical Assistance Program](#)
- [Disparities Impact Statement](#)



Handwritten Signatures

We consider a signature valid if it's handwritten and legible. If your signature isn't legible, the reviewer must confirm it by comparing your signature to a log or attestation statement.

- We don't accept stamped signatures unless you have a physical disability and can prove to a CMS contractor you're unable to sign due to that disability. In this case, we allow rubber stamped signatures.
- We don't accept scribe signatures, even if a scribe dictates the entry on your behalf. You must sign and date the entry to authenticate the documents and care you provided, ordered, or certified. It's unnecessary to document who transcribed the entry.

Signature Logs & Attestations

You or your organization may send a signature log or attestation statement identifying illegible signatures. We also accept a printed signature below the illegible signature in the original record.

A "signature log" is a typed listing of physician and NPP names and a handwritten signature. This is an individual log or a group log. The log shows signature identity throughout the medical record. We encourage, but don't require, physicians and NPPs to list their credentials in the log.

If you or your organization don't have a signature log, you may create 1 at any time. CMS contractors accept all signature logs no matter when you create them. If requested, we encourage you to send a complete medical record with proper signature documentation to avoid medical review delays. This includes a signature log or attestation if needed.

Medical Documentation

Medical documentation includes notes, lab results, clinical observations, and orders. Orders communicate a patient's need to get a test, procedure, or equipment. Sign your orders promptly and, in some cases, **before starting the service**. Unsigned orders in those situations aren't subject to signature attestation, and the reviewer will disregard them.

Your documentation must have enough information to show the date you ordered or performed services. If there isn't an order in the submitted medical record, we'll deny payment.

You can't create missing orders after the fact to backdate a plan of care or other service, and you can't add late signatures to orders or medical records (beyond the short delay that happens during the transcription process). We don't accept retroactive orders. There are some exceptions: for example, we may accept an unsigned clinical diagnostic order if there's a signed progress note in the record indicating the practitioner's intent to order the test.

If you dated the entries immediately above and below an undated entry, medical review may reasonably assume the entry date in question.

[Section 80.6.1 of Medicare Benefit Policy Manual, Chapter 15](#) has more information on orders.

Unsigned Medical Records

If the medical record (other than an order) is missing your signature, send an attestation statement. If a claim reviewer requests an attestation statement or a signature log to authenticate a medical record, submit your documentation within 20 calendar days. We accept a medical record signature attestation for medical documentation, except orders. We'll consider the attestation if it's associated with a medical record and created by the author. We consider attestations no matter what date you create it, unless the regulation or policy indicates you must sign before an event or date.

Your MAC may offer specific guidance on signature attestation statements, including whether current laws or regulations allow attestation for missing signatures in certain situations.

Re-documenting Medical Students' Notes

If you rely on medical students' documentation, it's unnecessary to re-document the Evaluation and Management (E/M) service, but you **must** review and verify (sign and date) their medical record entries.

Electronic Medical Review Guidelines

These are the electronic medical review guidelines:

- Systems and software products must include protections against modification, and you should apply administrative safeguards that meet all standards and laws.
- Person's name on the alternate signature method and the provider accept responsibility for the authenticity of attested information.
- Ordering Part B medications, other than controlled substances, through a qualified e-prescribing (eRx) system: if you submit a non-controlled substance order through a qualified eRx system, you aren't required to produce a signed hardcopy as evidence.
- Ordering Part B controlled substance medications through a qualified eRx system: the Drug Enforcement Agency (DEA) **doesn't allow** controlled substance prescriptions through eRx systems. Pharmacies will only accept a signed (pen and ink) hardcopy prescription as evidence for controlled substance orders.
- Order medications incident to DME, other than controlled substances, through a qualified eRx system. Reviewers shouldn't require the provider to produce hardcopy pen and ink signatures as evidence of a medication order.

Check with your attorneys and malpractice insurers before using alternative signature methods.

[42 CFR 423.160](#) has electronic prescribing standards.

Resources

- [CERT C3HUB](#)

The Comprehensive Error Rate Testing (CERT) Part A and Part B (A/B) and Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Outreach & Education Task Forces are independent from the Centers for Medicare & Medicaid Services (CMS) CERT team and CERT contractors, which are responsible for calculation of the Medicare Fee-for-Service improper payment rate.

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