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**ELECTRONIC HEALTH RECORDS AND ADDENDA**
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Dear Physician,

Durable Medical Equipment Medicare Administrative Contractor (DME MAC) claim review experience has highlighted issues with electronic health records (EHR) and documentation of additional clinical information that is added following the date that the service was rendered. The Centers for Medicare & Medicaid Services (CMS) refer to this additional information as amendments; however, similar principles as discussed below apply to corrections and delayed entries.

Suppliers of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) often request your patients' medical records in support of their claims to Medicare. When providing records, particularly those that have been amended or corrected, it is critical that you provide both the original note and any subsequent amendments or corrections to the original note.

For reference, the Medicare Program Integrity Manual (CMS Pub. 100-08), Chapter 3, Section 3.3.2.5 provides the following guidance on amendments, corrections, and delayed entries:

> Regardless of whether a documentation submission originates from a paper record or an electronic health record, documents submitted to MACs, CERT, Recovery Auditors, SMRC and UPICs 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. Clearly identify all original content, without deletion.

The above record keeping principles apply to all medical records, whether electronic or handwritten; however, the Program Integrity Manual also specifically addresses amendments, corrections, and delayed entries in EHRs with the following instructions:

> Medical record keeping within an EHR deserves special considerations; however, the principles specified above remain fundamental and necessary for document submission to MACs, CERT, Recovery Auditors, SMRC and UPICs. 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.

The manner in which an EHR system notates amendments and corrections may differ by software vendor. Many EHR systems may be configured to deliver documentation which meets these requirements. If you are uncertain about the records which are generated by your EHR system, you are encouraged to consult with your organization's EHR project team to ensure that these records are being produced properly. In addition, you and your staff are encouraged to use caution when preparing your response to a record request. Often in reviewing claim documentation, the Medical Review staff receive only the amended record with no indication of what was amended or corrected, when the change occurred, or by whom the change was made.

Failure to provide a complete medical note, or a record with changes that are consistent with the CMS manual instructions, may result in a claim denial and the inability for your DMEPOS supplier to provide the necessary equipment to accomplish your treatment goals.

Sincerely,



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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