Questions and Answers

April 14, 2015

Question: Radiation oncology requires a clinical treatment plan prior to care being delivered, which is billed with CPT 77261. Does the prescription or treatment plan designed by the radiation oncologist require a signature before the first treatment?

Answer: Yes, the prescription or treatment plan should be signed prior to the first treatment. If for some reason it isn’t signed or can’t be signed, you can find information on corrections to medical records for Part A: http://www.cgsmedicare.com/parta/pubs/news/2012/1212/cope20874.html and Part B: http://www.cgsmedicare.com/partb/pubs/news/2012/1212/cope20874.html.

Question: We are submitting electronically signed and dated medical records to the CERT review contractor. Sometimes, the signature will be accepted and sometimes they ask for attestations. We are to the point of obtaining an attestation from the rendering provider for every CERT request, which will require extra work. Is there a contact at CGS who can assist when we feel CERT is asking for an attestation statement on a valid electronic signature?

Answer: Yes, Julene Mull can help when a record has been electronically signed and CERT is asking for an attestation. She can be contacted at Julene.Mull@cgsadmin.com.

Question: What is the difference between a late signature and an altered medical record?

Answer: Beyond the short delay that occurs during the transcription process, you may not add late signatures to medical records. Adding a late signature would be considered an altered record. If the practitioner’s signature is missing from the medical record, submit an attestation statement from the author of the medical record.

Reference: CMS Medicare Program Integrity Manual (Pub. 100-08), Chapter 3, Section 3.3.2.4.

Question: Does a provider need to have their signature on every page of the medical record?

Answer: No, not each page. For multiple page records, one signature for the entire record is sufficient. It must be evident that the record is for the same patient for the same date of service and the provider will sign and date the final page of the record.

Question: How would we determine what phone number and address you have on file for a provider?

Answer: You can access your current provider profile at https://nppes.cms.hhs.gov/NPPES/.

Question: If a surgeon orders a surgery for a patient, and then personally performs that surgery, is a written, authenticated order, from that surgeon required in the medical records?

Answer: We would need to see the provider’s documentation that supports the medical necessity for the surgery.
Question: CGS has an Evaluation and Management Services (E&M) article dated May 10, 2012 that states:

Per the CPT E&M parenthetical guidelines: “The first three components (under the service descriptors-defining the seven components used to determine level of E&M)-history, examination, and medical decision making; should be considered the key components in selecting the level of E&M services.” Also in this section CPT states: for the categories and subcategories of established E&M codes “two of the three key components (history, exam, and medical decision making) must meet or exceed the stated requirements to qualify for a particular level of E/M services; established...”

In the above citations, the requirements are “two of three requirements must meet or exceed”; meaning the components must all be present but one may be below the requirement described in the level description. CGS does not interpret this to mean one may be absent-on the contrary-in reviewing documentation and meeting medical necessity requirements it would be hard to establish medical decision making without an exam of some type. Medical decision making (at any level) refers to the complexity of establishing a diagnosis and/or selecting a management option. Without an exam, it would be difficult to establish the need for medical decision making above and beyond a 99211.

Is this article still valid and true?

Answer: We have recently archived this 2012 article. An updated article can be found at: https://www.cgsmedicare.com/partb/pubs/news/2012/0512/cope18822.html

Question: What does CGS consider a timely signature?

Answer: It depends on the type & location of the service.

1. We realize that subsequent services provided in a hospital may take up to two weeks to sign as the provider may not be there on a daily or weekly basis.

2. 2MN requires signatures for an inpatient admission order be present and authenticated prior to discharge. That only applies to the inpatient admission order

3. Check with hospital facility - JCAHO (Joint Commission: Accreditation, Health Care, Certification) may require a signature within 24 hours

4. For services provided in an office setting, we would expect a signature within 48 hours.

Please remember that if a signature is late, the attestation statement can be used in these situations.