

# Signature Guidelines

for Medical Review

The Centers for Medicare & Medicaid Services (CMS) provides several resources that clarify for providers how Medicare contractors review claims and medical documentation regarding signature requirements. This tool provides an outline of the signature guidelines.

- MM6698 – <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM6698.pdf>
- MM8219 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8219.pdf>
- "Complying with Medicare Signature Requirements" - [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Signature\\_Requirements\\_Fact\\_Sheet\\_ICN905364.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf)

## 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 hand written (may be faxed), or an electronic signature
  - If the handwritten signature is illegible, the evidence in a signature log, attestation statement, or other documentation will be considered to determine the identity of the author.
- Rubber stamped signatures are generally not acceptable, with one exception:
  - Rubber stamped signatures may be permitted when the author has a physical disability and can provide proof of his/her inability to sign their signature due to their disability.
- The signature must include the credentials of the individual and be dated
- A signature log or attestation statement may be used to authenticate the signer's name and credentials if not legible
- If the signature is missing from an order, the order **will be disregarded** during the review of the claim
- **Do not** add late signatures to the medical record, use the attestation process
- When a scribe is used by a provider in documenting medical record entries (e.g. progress notes), CMS does not require the scribe to sign/date the documentation. Items or services will not be denied because a scribe has not signed/dated a note.















## 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.**



# Signature Guidelines for Medical Review

For situations where the guidelines indicate "Contact Provider" in the following table, the claim will be re-ADR'd and moved to status/location S B6001, with reason code 5ADR2. Remarks on FISS Page 04 will identify the signature documentation requested. Documentation must be mailed to CGS within 15 days. Refer to the Medical Review Additional Development Request (ADR) Process Web page ([https://www.cgsmedicare.com/hhh/medreview/adr\\_process.html](https://www.cgsmedicare.com/hhh/medreview/adr_process.html)) for more information.

		ACCEPTABLE	CONTACT PROVIDER
1	Legible full signature		
2	Legible first initial and last name		
3	Illegible signature where the letterhead, addressograph, or other information on the page indicates the identity of the signator. <b>Example:</b> An illegible signature appears on a prescription. The letterhead of the prescription lists 3 physicians' names. One of the names is circled.		
4	Illegible signature over a typed or printed name		
5	Illegible signature <b>NOT</b> over a typed/printed name and not on letterhead, but the submitted documentation is <b>accompanied</b> by: 1. A signature log, or 2. An attestation statement		
6	Illegible Signature <b>NOT</b> over a typed/printed name, <b>NOT</b> on letterhead and the documentation is <b>NOT accompanied</b> by: 1. A signature log, or 2. An attestation statement		
7	Initials over a typed or printed name		
8	Initials <b>not</b> over a typed/printed name but <b>accompanied</b> by: 1. A signature log, or 2. An attestation statement		
9	Initials not over a typed/printed name <b>not accompanied</b> by: 1. A signature log, or 2. An attestation statement		
10	Unsigned typed note with provider's typed name		
11	Unsigned typed note without providers typed/printed name		
12	Unsigned handwritten note, the only entry on the page		
13	Unsigned handwritten note where other entries on the same page in the same handwriting are signed.		
14	"Signature on file"		

**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.

The *Medicare Integrity Manual*, CMS Pub. 100-08, Chapter 3, Section 3.3.2.4.E at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03pdf.pdf> states that providers need a system and software products that are protected against modification, etc., and should apply adequate administrative procedures that correspond to recognized standards and laws.