DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

Medicare Learning Network ®

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Complying with Medicare Signature Requirements

This fact sheet describes common Comprehensive Error Rate Testing (CERT) Program errors related to signature requirements and provides information on the documentation needed to support a claim submitted to Medicare for medical services and supplies.

<table>
<tr><td>Please Note:
The information in this publication applies only to the Fee-For-Service Program (also known as Original Medicare).</td></tr>
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The Centers for Medicare & Medicaid Services (CMS) developed the CERT Program to produce a national Medicare Fee-For-Service (FFS) improper payment rate, as required by the Improper Payments Information Act of 2002, as amended by the Improper Payments Elimination and Recovery Improvement Act of 2012. CERT randomly selects a statistically-valid, stratified random sample of Medicare FFS claims and reviews those claims and related medical records for compliance with Medicare coverage, payment, coding, and billing rules.

To accurately measure the performance of the Medicare claims processing contractors and to gain insight into the causes of errors, CMS calculates a national Medicare FFS paid claims improper payment rate and improper payment rates by claim type. The results of these reviews are reported annually.

CMS strives to eliminate improper payments in the Medicare Program to maintain the Medicare Trust Fund while protecting patients from medically unnecessary services or supplies. Table 1 provides answers to questions about Medicare signature requirements.

Table 1. Medicare Signature Requirements Questions & Answers

Question	Answer
What is required for a valid signature?	For a signature to be valid, the following criteria must be met: • Services that are provided or ordered must be authenticated by the ordering practitioner; • Signatures are handwritten, electronic, or stamped (stamped signatures are only permitted in the case of an author with a physical disability who can provide proof to a CMS contractor of an inability to sign due to a disability); and • Signatures are legible. Reference: CMS "Medicare Program Integrity Manual" (Publication [Pub.] 100-08), Chapter 3, Section 3.3.2.4 at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf on the CMS website.
What should I do if I have not signed an order or medical record?	You may not add late signatures to medical records (beyond the short delay that occurs during the transcription process). Medicare does not accept retroactive orders. If the practitioner's signature is missing from the medical record, submit an attestation statement from the author of the medical record. Your contractor may offer specific guidance regarding addenda to medical records. If an order for tests is unsigned, you may submit progress notes showing intent to order the tests. The progress notes must specify what tests you ordered. A note stating "Ordering Lab" is not sufficient. If the orders and the progress notes are unsigned, your facility or practice will be assessed an error, which may involve recoupment of an overpayment. Reference: CMS "Medicare Program Integrity Manual" (Pub. 100-08), Chapter 3, Section 3.3.2.4.
What if the physician signs the order or progress note, but the signature is not legible?	You may submit a signature log or attestation statement to support the identity of the illegible signature. If the original record contains a printed signature below the illegible signature, this may be accepted. Reference: CMS "Medicare Program Integrity Manual" (Pub. 100-08), Chapter 3, Section 3.3.2.4.A.
What is a signature log?	A signature log is a typed listing of the provider(s) identifying their name with a corresponding handwritten signature. This may be an individual log or a group log. A signature log may be used to establish signature identity as needed throughout the medical record documentation. Reference: CMS "Medicare Program Integrity Manual" (Pub. 100-08), Chapter 3, Section 3.3.2.4.B.

Table 1. Medicare Signature Requirements Questions & Answers (cont.)

Question	Answer
What if my provider does not have a signature log currently in place?	On behalf of a health care provider, you may create a signature log at any time, and Medicare Contractors will accept all submitted signature logs regardless of the date on which they were created.
Am I able to attest to my signature?	Yes, you may attest that a signature is yours. A signature attestation is a statement that must be signed and dated by the author of the medical record entry and must contain sufficient information to identify the beneficiary. Reference: CMS "Medicare Program Integrity Manual" (Pub. 100-08), Chapter 3, Section 3.3.2.4.C.
Can I avoid delays in the completion of claims review by sending a signature log or signature attestation with my documentation?	CMS encourages you to submit a complete medical record with appropriate signature documentation initially to avoid delays in the completion of the review. This would include a signature log or attestation if needed.
Do my signatures need to be dated?	Documentation must contain enough information to determine the date on which the service was performed or ordered. If the entry immediately above or below the entry is dated, medical review may reasonably assume the date of the entry in question. Reference: CMS "Medicare Program Integrity Manual" (Pub. 100-08), Chapter 3, Section 3.3.2.4.H.
What are the guidelines for using an electronic signature?	The guidelines for using an electronic signature are: • Systems and software products must include protections against modification, and you should apply administrative safeguards that correspond to standards and laws; • The individual whose name is on the alternate signature method and the provider bear the responsibility for the authenticity of the information being attested to; • Physicians are encouraged to check with their attorneys and malpractice insurers in regard to the use of alternative signature methods; • Part B providers must use a qualified electronic prescribing (e-prescribing) system; and • Prescriptions for drugs incident to Durable Medical Equipment (DME) must be made via a qualified e-prescribing system. Reference: CMS "Medicare Program Integrity Manual" (Pub. 100-08), Chapter 3, Sections 3.3.2.4.E – F.

For more information on Medicare signature requirements, refer to the resources listed in Table 2.

Table 2. Resources

Resource	Website and Description
CMS "Medicare Program Integrity Manual"	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf The "Medicare Program Integrity Manual," Chapter 3, explains Medicare's signature requirements.
Medicare Learning Network® (MLN) Matters® Article MM6698, "Signature Guidelines for Medical Review Purposes"	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM6698.pdf
MLN Matters® Article MM8219, "Use of a Rubber Stamp for Signature"	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8219.pdf
MLN Guided Pathways to Medicare Resources	The MLN Educational Web Guides' "MLN Guided Pathways to Medicare Resources" help providers gain knowledge on resources and products related to Medicare and the CMS website. For more information about protecting the Medicare Trust Fund, refer to the "Protecting the Medicare Trust Fund" section in the "MLN Guided Pathways to Medicare Resources – Basic Curriculum for Health Care Professionals, Suppliers, and Providers" booklet at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Basic_Booklet.pdf on the CMS website. For all other "Guided Pathways" resources, visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html on the CMS website.
MLN Products	The MLN Products web page provides a complete listing of all national educational products related to provider compliance, including CERT. These products are available at http://go.cms.gov/MLNProducts on the CMS website.
Provider Compliance	For more information about provider compliance, visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html on the CMS website, or scan the Quick Response (QR) code on the right with your mobile device.

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