MEDICARE
Ohio Part B Carrier

February 12, 2010

Re: Medicare - Signatures & Documentation
What You Need to Know

Dear Medicare Providers, Compliance Officers and Key Medicare Partners:

In recent months, Palmetto GBA has seen an escalating number of errors assessed by the Comprehensive Error Rate Testing (CERT) Review Contractor due to signature problems with practitioners' medical records, x-ray reports and laboratory/radiology orders. As compliance officers, Advisory and CAC members/physicians, you may be asking yourself, why is this important to me? In the Medicare environment, an understanding of the signature issues at your level will lead to a greater understanding of the importance and relevance of signature requirements. The discovery of CERT errors may lead to increased scrutiny of future services billed to Medicare by the individual provider and/or the specialty practice that incurs the errors. Your support of our education efforts and the communication of these issues to the physicians within your practice or memberships rosters represent the impetus needed to gain overall support to resolve these issues. We are hopeful that you will support this important effort.

To reduce the signature problems, we plan to provide you with pertinent information regarding actions to address these issues. Over the next year, we will provide quarterly updates containing information on unacceptable documentation/signature issues, what is needed to resolve these issues, and suggestions on ways you can network with your colleagues to share this information and improve claims submission/documentation requirements.

We begin by sharing with you some very basic information. The Centers for Medicare & Medicaid Services (CMS) has long-standing published requirements that a legible, valid signature (identifier) must be present on all substantiating documentation for claims billed to Medicare. Palmetto GBA examined numerous examples of CERT signature denials and found in almost every instance, the basic documentation was acceptable. However, services that were denied due to one of four "not acceptable" signature reasons included:

- Illegible, unrecognizable handwritten signatures or initials
- Unsigned "typewritten" progress notes with a typed name only
- Unverified or unauthorized electronic signatures
- No indication of the rendering physician/practitioner

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We value your time and respect the many challenges physicians and health care providers face as they provide needed medical services to our aged and disabled population. We know this current challenge is fixable and once achieved will prevent the delay in payments caused from claims being denied because documentation is not present to support payment. Important elements to remember:

- Be sure a handwritten signature is a mark or sign by an individual on a document to signify knowledge, approval acceptance or obligation.
- Records should clearly indicate they have been "electronically signed by" and include a date/time. We strongly suggest adding verbiage to this effect for clarification and establishing a protocol to ensure valid signatures, are affixed to every order, record, or report within a reasonable time frame, i.e., customarily 48-72 hours after the encounter-but certainly before the claim is submitted to Medicare for payment consideration.

We encourage you to share this information in support of our efforts to assure that claims and supporting documentation are properly indicated on claims submissions or redetermination requests. If you care to discuss the material presented in this letter, please contact me. I hope this information will be helpful to you and/or your practice.

Sincerely,

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