

Jurisdiction 1 Part B

Medicare Providers: What You Need to Know About Signatures & Documentation

From the desks of the Palmetto GBA Medical Directors

In the past year, Palmetto GBA has seen an escalating number of errors assessed by the Comprehensive Error Rate Testing (CERT) Review Contractor due to signature problems on practitioners' medical records, x-ray reports and laboratory/radiology orders. As Medicare providers, you may be asking yourself, "Why is this important to me?" The discovery of CERT errors may lead to increased scrutiny of future services billed to Medicare. Your support and understanding of this important issue are essential to ensuring the accuracy of Medicare claims.

The following information has been provided to many key members of the Medicare physician community, compliance officers, Provider Outreach & Education Advisory Groups, Carrier Advisory Committee members, hospital CEOs and others. We feel it is critical to share this information with you.

We are hopeful that a reduction in signature errors/problems can be accomplished through timely and thorough provider education. Over the next year, we plan to address this issue in e-mail bulletins, Medicare Advisory issues, and in provider education seminars. We want you to know what is needed to resolve these issues, and we are committed to providing you with 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) requires that services provided/ordered be authenticated by the author. 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

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. The lack of signed documents may allow some reports to be considered unverified and thus potentially affect the APC or DRG payments.

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. We would also support your work and discussion of these issues with complementary medical associations. Additional information about

the CERT program is available on our Web site under the CERT link.

Sincerely,

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