



COMPLYING WITH MEDICARE SIGNATURE REQUIREMENTS



Target Audience: Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

INTRODUCTION

This fact sheet describes common Medicare Comprehensive Error Rate Testing (CERT) Program errors related to signature requirements. It helps providers and their clinical and office staff understand the documentation needed to support a claim submitted to Medicare for medical services and supplies.

The Medicare Learning Network® (MLN), along with the CERT Part A and Part B (A/B) and Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Outreach & Education Task Forces, developed this fact sheet to provide nationally consistent education on topics of interest to health care professionals. Visit the [Centers for Medicare & Medicaid Services \(CMS\) CERT](#) webpage to learn about the CERT Program and review CERT Improper Payments Reports.

CMS implemented the CERT Program to measure improper payments in the Medicare Fee-For-Service (FFS) Program. Under the CERT Program, a random sample of all Medicare FFS claims are reviewed to determine if they were paid properly under Medicare coverage, coding, and billing rules. Two contractors manage the CERT Program, the CERT Statistical Contractor (CERT SC) and the CERT Review Contractor (CERT RC). The CERT SC determines Medicare claims sampling and calculates the improper payment.

When we use “you” in this document, we are referring to the ordering or prescribing provider or non-physician practitioner (NPP) who must sign their medical documentation.

MEDICARE SIGNATURE REQUIREMENTS

Documentation must meet Medicare’s signature requirements. If Medicare claims reviewers cannot validate the signatures, MACs deny the claim, assess an error, and begin recouping overpayments.

FREQUENTLY ASKED QUESTIONS

How does CMS define a handwritten signature?

A mark or sign by the ordering or prescribing physician or NPP on a document signifying knowledge, approval, acceptance, or obligation.

What if I use a scribe when documenting medical record entries?

Regardless of who writes a medical record entry, you must sign the entry to authenticate it adequately documents the care you provided or ordered. It is unnecessary to document who transcribed the entry.

What is required for a valid signature?

A valid signature must be:

- For services you provided or ordered
- Handwritten or electronic
 - CMS permits stamped signatures if you have a physical disability and can prove to a CMS contractor you are not able to sign due to that disability
- Legible or can be validated by comparing to a signature log or attestation statement

How are orders treated differently than other medical documentation?

“Orders” are your authorizations for tests, plans of care, and procedures, and are considered part of the overall medical record. You must validate orders with a timely signature. In some cases, laws or regulations say you **must sign the order before starting the service**. Generally, unsigned orders in those situations are not subject to signature attestation, and the reviewer will disregard them. However, exceptions are made for certain clinical diagnostic tests if you signed a progress note in the medical record showing your intent to order the tests (see [Medicare Benefit Policy Manual, Chapter 15, §80.6.1](#)).

You cannot create missing orders after the fact to backdate a plan of care or other service. If the medical record has no order for a service, Medicare will deny payment for the service.

“Medical documentation” consists of, among other things, notes, lab results, and clinical observations as well as orders. Missing signatures on medical documentation other than orders are subject to signature attestation.

What should I do if I did not sign an order or medical record?

You may not add late signatures to orders or medical records (beyond the short delay that occurs during the transcription process). Medicare does not accept retroactive orders.

If your signature is missing from the medical record (other than an order), you may submit an attestation statement. Your contractor may offer specific guidance regarding signature attestation statements, including whether current laws or regulations allow attestation for missing signatures in certain situations.

For certain unsigned test orders, submit progress notes showing intent to order the tests. The progress notes must be authenticated by your valid signature. If the orders and the progress notes are unsigned, a claims reviewer will disregard the order, and your facility or practice will be assessed an error, which may involve recouping an overpayment.

What if I signed the order or progress note but my signature is not legible?

You or your organization may submit a signature log or attestation statement to support the identity of any illegible signatures. A printed signature below the illegible signature in the original record may be accepted.

What is a signature log?

A signature log is a typed listing of physicians and NPPs identifying their names 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. CMS encourages but does not require physicians and NPPs to list their credentials in the log.

What if I do not have a signature log in place?

You or your organization may create a signature log at any time on your and your colleagues' behalf. CMS contractors accept all submitted signature logs regardless of the date when they were created.

Am I able to attest to my signature?

You may attest that a signature is yours through a signature attestation statement. A signature attestation statement must be signed and dated by the author of the medical record entry (that is, by you, the ordering physician or NPP) and must contain sufficient information to identify the patient.

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 medical review delays. 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 when the service was performed or ordered. If the entries immediately above and below an undated entry are dated, medical review may reasonably assume the date of the entry in question.

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 attested information
- Part B medications, other than controlled substances, may be ordered through a qualified e-prescribing system
- Medications incident to DME, other than controlled substances, may be ordered through a qualified e-prescribing system

You should check with your attorneys and malpractice insurers before using alternative signature methods.

RESOURCES

For more information about Program compliance, visit the CMS [Provider Compliance](#) webpage.

Table 1. Resources

Resource	Website
CMS Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.4 (policies for Medicare signature requirements)	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf
MLN Matters® Article, Medicare Signature Requirements: Educational Resources for Health Care Professionals	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1419.pdf
MLN Matters Article, Signature Guidelines for Medical Review Purposes	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM6698.pdf
MLN Matters Article, Use of a Rubber Stamp for Signature	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8219.pdf
MLN Publications & Multimedia	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts

Table 2. Hyperlink Table

Embedded Hyperlink	Complete URL
Centers for Medicare & Medicaid Services (CMS) CERT	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT
Medicare Benefit Policy Manual, Chapter 15	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
Provider Compliance	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html

The Comprehensive Error Rate Testing (CERT) Part A and Part B (A/B) and Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Outreach & Education Task Forces are independent from the Centers for Medicare & Medicaid Services (CMS) CERT team and CERT contractors, which are responsible for calculation of the Medicare Fee-For-Service improper payment rate.

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