



Complying with Medicare Signature Requirements



What's Changed?

We added information about:

- Stamped signatures (page 2)
- Artificial intelligence (page 2)
- Attestations and signature logs (page 3)

Substantive content changes are in dark red.

To meet Medicare's billing and coverage policies' signature requirements, Medicare claims reviewers look for signed and dated medical documentation from those responsible for providing care to the patient. If the entries don't meet the signature requirements, we may deny the associated claims.

Common Questions

How do we define a handwritten signature?

It's a mark or sign the ordering or prescribing physician or non-physician practitioner (NPP) makes on a document signifying knowledge, approval, acceptance, or obligation.

We don't usually accept stamped signatures. However, according to the [Rehabilitation Act of 1973](#), we allow a rubber stamp for a signature if the author has a physical disability and provides proof of their inability to sign due to their disability. By using the rubber stamp, the provider certifies they've reviewed the document.

When are signatures required for medical review?

We require signatures for 2 distinct purposes:

- To satisfy specific signature requirements in statute, regulation, national coverage determination, or local coverage determination
- To resolve authenticity concerns related to legitimacy or falsity of the documentation

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

If you use a scribe, **including artificial intelligence technology**, sign the entry to authenticate the documents and the care you provided or ordered. You don't need to document who or what transcribed the entry.

Note: We don't require the scribe to sign or date the documentation.

What should I do if I didn't sign an order or medical record?

If your required signature is missing from a medical record (other than an order), file an attestation statement. We accept a signature attestation for all medical documentation except orders when required. The attestation must be associated with a medical record and created by the record's author. We may consider attestations, regardless of their creation date, unless the regulation or policy indicates that the signature must be in place before a given event or date. However, an attestation can't be used to backdate the plan of care.

Your [Medicare Administrative Contractor](#) (MAC) may offer specific guidance on signature attestation statements, including whether current laws or regulations allow attestation for missing signatures in certain situations.

Do I need to redocument a medical student's documentation of an Evaluation & Management (E/M) visit before I sign the record?

If you rely on the medical student's documentation, you don't need to redocument the E/M service, but you must review and verify (sign and date) the student's medical record entry.

What if I signed the order or progress note but my signature isn't legible?

You or your organization may file a signature log or attestation statement that identifies illegible signatures. We accept a printed signature on the actual page of the illegible signature in the original record or as a separate document.

What's a signature log?

A signature log is a typed listing of physicians and NPPs showing their names with a corresponding handwritten signature. This is an individual or group log that provides signature identity throughout the medical record. We encourage but don't require physicians and NPPs to list their credentials in the log. Reviewers won't deny a claim for missing credentials.

What if I don't have a signature log in place?

You or your organization may create a signature log at any time. MACs accept all signature logs regardless of the date you created them.

Can I avoid delays in claim reviews by submitting a signature attestation or signature log with my documentation?

We encourage you to submit a complete medical record with proper signature documentation to avoid medical review delays.

Your MAC or a review contractor may request a signature attestation or log. Review contractors include:

- Unified Program Integrity Contractors (UPICs)
- Supplemental Medical Review Contractors (SMRCs)
- Comprehensive Error Rate Testing (CERT)
- Recovery Audit Contractors (RACs)

When your contractor needs a signature attestation or log (to fulfill a requirement or for authenticity purposes), they'll ask if the billing entity would like to submit an attestation statement or signature log within 20 calendar days. The 20-calendar-day period starts either the day:

- The contractor makes phone contact with you
- You get the request letter

If you submit a signature attestation or log that resolves the signature issue, your contractor will consider the contents of the medical record entry. In cases where a contractor has requested a signature attestation or log, we extend the review period by 15 calendar days. This extension starts when the contractor gets the signature attestation or log.

Note: These timeframes don't apply to CERT review contractors.

Do my signatures need a date?

Documentation must have enough information to show the date you ordered or performed the services. If you dated the entries immediately above and below an undated entry, medical reviewers may reasonably assume the entry date in question.

What are the medical review guidelines for using electronic signatures?

Systems and software products must include protections against modification, and you should apply administrative safeguards that meet all standards and laws.

You and the person's name on the alternative signature method accept responsibility for the authenticity of attested information.

Check with your attorneys and malpractice insurers before using alternative signature methods.

Resource

[Medicare Program Integrity Manual, Chapter 3](#), section 3.3.2.4

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