



Documentation Signature Requirements for Ambulance Services

Documentation Requirements

Medicare requires that services provided/ordered be authenticated by the author. The signature must be a legible identifier for the service. The method used must be a handwritten or electronic signature. Stamped signatures are not acceptable. These requirements not only impact run/trip sheets but also affect Physician Certification Statements (PCSs).

Run/Trip Records

Run sheets must have legible signatures (or be accompanied by a typed or printed name) including credentials from the medics who render the service.

PCSs

The signature of the medical professional completing the PCS must also be legible (or accompanied by a typed or printed name) and include credentials. Furthermore, signatures on the PCS must be dated at the time they are completed.

Signatures

- **Handwritten Signatures.** A handwritten signature is a mark or sign by an individual on a document to signify knowledge, approval, acceptance or obligation. If the signature is illegible, the contractor shall consider evidence in a signature log or attestation statement to determine the identity of the author of a medical record entry.
- **Signature Log.** Providers will sometimes include a signature log that lists the typed or printed name of the author associated with initials or an illegible signature. The signature log might be included on the actual page where the initials or illegible signature are used or might be a separate document.
- **Attestation Statement.** For an attestation statement to be considered valid for Medicare medical review purposes, the statement must be signed and dated by the author of the medical record entry and contain the sufficient information to identify the beneficiary:
 - Claims reviewers will not consider attestation statements when there is no associated medical record entry or from someone other than the author of the medical record entry in question. (Even in cases where two individuals are in the same group, one may not sign for the other in medical record entries or attestation statements.)
 - Reviewers will consider all attestations that meet the guidelines regardless of the date the attestation was created, except in those cases where the regulations or policy indicate that a signature must be in place prior to a given event or a given date.

- If a signature is missing from an order, claims reviewers will disregard the order during review of the claim.
- **Electronic Signatures.** Providers using electronic systems need to recognize that there is a potential for misuse or abuse with alternative signature methods. The individual whose name is on the alternative 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 concerning the use of alternative signature methods.

The following are examples of **acceptable electronic signatures**:

- Chart "Accepted By" with provider's name.
- "Electronically signed by" with provider's name.
- Verified by" with provider's name.
- "Reviewed by" with provider's name.
- "Released by" with provider's name.
- "Signed by" with provider's name.
- "Signed before import by" with provider's name.
- "Signed: John Smith, M.D." with provider's name.
- Digitalized signature: Handwritten and scanned into the computer.
- "This is an electronically verified report by John Smith, M.D."
- "Authenticated by John Smith, M.D."
- "Authorized by: John Smith, M.D."
- "Digital Signature: John Smith, M.D."
- "Confirmed by" with provider's name.
- "Closed by" with provider's name.
- "Finalized by" with provider's name.
- "Electronically approved by" with provider's name.

Below are examples of signature and medical review decision guidelines.

When the guidelines indicate **signature requirements are met**, the reviewer will consider the entry.



When the guidelines indicate to **contact provider and ask a non-standard follow-up question**, the contractor will contact the person or organization that billed the claim and ask if they would like to submit an attestation statement or signature log within 20 calendar days. The 20-day time frame begins once the contractor makes actual phone contact with the provider or on the date the request letter is received at the post office.

If the signature **requirements are not met**, the reviewer will conduct the review without considering the documentation with the missing or illegible signature. This could lead the

reviewer to determine that the medical necessity for the service billed has not been substantiated.

The following chart summarizes the situations where signature requirements are met and/or a Medicare contractor may contact the provider to determine if the provider wishes to submit an attestation statement or signature log.

The following chart depicts examples of acceptable and unacceptable legible signatures.

	Description	Signature Requirement Met	Contact Billing Provider and Ask a Non-Standardized Follow up Question
1	Legible full signature	X	
2	Legible first initial and last name	X	
3	Illegible signature over a typed or printed name Example :  John Whigg, MD	X	
4	Illegible signature where the letterhead, addressograph or other information on the page indicates the identity of the signator. Example: An illegible signature appears on a prescription. The letterhead of the prescription lists three physicians' names. One of the names is circled.	X	
5	Illegible signature not over a typed/printed name and not on letterhead, but the submitted documentation is accompanied by: 1) A signature log. Or, 2) An attestation statement.	X	
6	Illegible signature not over a typed/printed name, not on letterhead and the documentation is UNaccompanied by: a) A signature log. Or, b) An attestation statement. Example: 		X
7	Initials over a typed or printed name	X	

	Description	Signature Requirement Met	Contact Billing Provider and Ask a Non-Standardized Follow up Question
8	Initials not over a typed/printed name but accompanied by: a) A signature log. Or, b) An attestation statement.	X	
9	Initials not over a typed/printed name UNaccompanied by: a) A signature log. Or, b) An attestation statement.		X
10	Unsigned typed note with provider's typed name Example: John Whigg, MD		X
11	Unsigned typed note without provider's typed/printed name		X
12	Unsigned handwritten note – the only entry on the page		X
13	Unsigned handwritten note where other entries on the same page in the same handwriting are signed.	X	
14	"Signature on file"		X

Additional Guidance

Providers should not add late signatures to the medical record but make use of the signature authentication process. When medical records are requested, you may notice changes within the request letter. To meet the requirements for signatures, additional documentation (attestation statement or signature log) may need to be submitted with your medical records.

Resources

For CMS MLN Matters® article MM6698, "Signature Guidelines for Medical Review Purposes," visit <http://www.cms.gov/MLNMattersArticles/downloads/MM6698.pdf>.

For Medicare's signature requirements, refer to IOM, Pub. 100-03, *Medicare Program Integrity Manual*, Section 3.3.2.4, at <http://www.cms.gov/manuals/downloads/pim83c03.pdf>.