



MEDICARE

Part A Intermediary
Part B Carrier

Signature Requirements: Acceptable Examples

Acceptable Electronic Signature Examples	Acceptable Written Signatures
<ul style="list-style-type: none"> ○ 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 ○ Digitized 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 ○ 'Signature Derived from Controlled Access Password' 	<ul style="list-style-type: none"> ○ Legible full signature ○ Legible first initial and last name ○ Illegible signature over a typed or printed name ○ Illegible signature where the letterhead, addressograph or other information on the page indicates the identity of the signatory. Example: An illegible signature appears on a prescription. The letterhead of the prescription lists 3 physicians' names. One of the names is circled. ○ 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 ○ Initials over a typed or printed name ○ Initials NOT over a typed/printed name but accompanied by: 1) a signature log, or 2) an attestation statement ○ Unsigned handwritten note where other entries on the same page in the same handwriting are signed
<p>Special Notes for Electronic Signatures:</p> <ul style="list-style-type: none"> ○ Electronic signatures usually contain date and timestamps and include printed statements, e.g., 'electronically signed by,' or 'verified/reviewed by,' followed by the practitioner's full name and preferably a professional designation. Note: The responsibility and authorship related to the signature should be clearly defined in the record. The system/process should be secure, allowing sole usage or password protection for each user. ○ Digital signatures are an electronic method of a written signature that is typically generated by special encrypted software that allows for sole usage <p>Note: Be aware that electronic and digital signatures are not the same as 'auto-authentication' or 'auto-signature' systems, some of which do not mandate or permit the provider to review an entry before signing. Indications that a document has been 'Signed but not read' are not acceptable.</p>	

Signature Requirements: Unacceptable Examples

Unacceptable Signatures*	Unacceptable Signature Examples*:
<ul style="list-style-type: none"> ○ Signature 'stamps' alone in medical records are not recognized as valid authentication for Medicare signature purposes and may result in payment denials by Medicare ○ Reports or any records that are dictated and/or transcribed, but do not include valid signatures 'finalizing and approving' the documents are not acceptable for reimbursement purposes. Corresponding claims for these services will be denied. ○ Illegible signature NOT over a typed/printed name, NOT on letterhead and the documentation is unaccompanied by: 1) a signature log, or 2) an attestation statement ○ Initials NOT over a typed/printed name unaccompanied by: 1) a signature log, or 2) an attestation statement ○ Unsigned typed note with provider's typed name ○ Unsigned typed note without provider's typed/printed name ○ Unsigned handwritten note, the only entry on the page 	<ul style="list-style-type: none"> ○ 'Signing physician' when provider's name is typed Example: Signing physician: _____ John Smith, M.D. ○ 'Confirmed by' when a provider's name is typed Example: Confirmed by: _____ John Smith, M.D. ○ 'Signed by' followed by provider's name typed and the signing line above, but done as part as the transcription. ○ 'This document has been electronically signed in the surgery department' with no provider name. ○ 'Dictated by' when provider's name is typed Example: Dictated by: _____ John Smith, M.D. ○ Signature stamp ○ 'Signature On File' ○ 'Filled By' ○ 'Electronically signed by agent of provider'
<p>*For the sections listed above, with an asterisk (*), Palmetto GBA will contact the person or organization that submitted the claim(s) and ask him/her to submit an attestation statement (for missing signatures) or a signature log (for illegible signatures). The contact may occur via phone or a written request. The attestation statement must be received within 20 calendar days of the call or the date the written request is received by the post office. In order to be considered valid for Medicare Medical Review purposes, your attestation statement must include the following elements:</p> <ul style="list-style-type: none"> • the legible, printed full name of the physician/practitioner • sufficient information to identify the beneficiary, • date of service, and • signature <u>and</u> date by the author of the medical record entry. 	