Medical Record Signature and Date Requirements

State(s):	LOB(s):
☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☒ *Other:*	☒ *Commercial* ☒ *Medicare* ☒ *Medicaid* ☐ *PSA*

Enterprise Policy

The purpose of practitioner signatures is to indicate that the services have been accurately and fully documented, reviewed, and authenticated. The individual who ordered and/or provided services must be clearly identified in the medical records to confirm that the provider acknowledges the medical necessity and reasonableness of the service(s) that were rendered.

Policy

All medical records, chart notes, procedures and orders submitted for review must be **signed (including credentials)** and **dated** by the rendering practitioner.

- Medical records must be signed, including credentials, and dated within 30 days of the date the service was rendered.
- Medical records must be signed prior to the submission of a claim for payment. This applies even if a service was rendered within the previous 30 days.
- A medical record that does not contain a valid signature may result in claim denials or recovery of overpayments.
- Signatures added to documentation following a claim denial will not be accepted.

This is modeled after requirements in the Centers for Medicare and Medicaid Services (CMS) *Medicare Program Integrity Manual* (MPIM). Specifically, Section 3.3.2.4 of the MPIM states:

> "For medical review purposes, Medicare requires that services provided/ordered be authenticated by the author. The method used shall be a handwritten or an electronic signature. Stamp signatures are not acceptable."

Section 3.3.2.4 of the MPIM also states:

> "Providers should not add late signatures to the medical record (beyond the short delay that occurs during the transcription process) but instead may make use of the signature authentication process."

PacificSource defines a “short delay” as no more than 30 calendar days from the date of service(s).

While CMS requirements do not govern commercial health plans, PacificSource has made the business decision to adopt the CMS signature requirements across all lines of business. This standard is

recognized as a best practice by professional associations such as the American Health Information Management Association (AHIMA) and the American Academy of Family Physicians (AAFP).

For an “incident to” scenario, both the rendering and supervising providers must authenticate medical records.

Acceptable Signatures

- Handwritten signatures must:
  - Appear on each entry (multiple page medical records require one signature at the end of the last page if it is clearly documented to be one encounter)
  - Be legible
  - Include the practitioner’s first initial and last name, at minimum
  - Requires the practitioner’s credentials (PA, DO, MD, etc.)

  PacificSource may request a signature log with any review of medical records to verify provider’s signature or initials.

- Digitized/Electronic signatures:
  - The responsibility for, and authorship of, the digitized or electronic signature should be clearly defined in the record.
  - A "digitized signature" is an electronic image of an individual's handwritten signature. It is typically generated by encrypted software that allows for sole usage by the practitioner.
  - An electronic or digitized signature requires a minimum of a date stamp (preferably includes both date and time notation) along with a printed statement such as, "Electronically signed by," or "Verified/reviewed by," followed by the practitioner's name and a professional designation. An example would be:
    - Electronically signed by: John Doe, MD 03/31/2023 08:42 am.

- In the event that a provider leaves the practice prior to signing chart notes it is acceptable for the chart notes to be signed on behalf of the provider. Example: “Signed on behalf of provider _(insert provider name)_, who is no longer with _(insert practice name)_ as of _(insert date)_.”

Unacceptable Signatures

- Signature "stamps"
- Missing signature on dictated and/or transcribed documentation
- "Signed but not read" notations
- Illegible lines or marks

Attestations

PacificSource will permit the use of an attestation form when a **signature** and **date** has been inadvertently omitted. However, patterns or consistent use of attestation in place of signed records may lead to further investigation of claims data, denial of claims, audits, overpayment recovery, or escalation

of claims for fraud review. This is consistent with the fraud referrals information from CMS Pub 100-08, Medicare Program Integrity.

Amended Medical Records

Late entries, addendums, or corrections to a medical record are legitimate occurrences in documentation of clinical services. A late entry, an addendum or a correction to the medical record, bears the current date of that entry and is signed by the person making the addition or change.

- Late Entry: A late entry supplies additional information that was omitted from the original entry. The new entry should be identified as a "late entry". The late entry bears the current date, is added as soon as possible, is written only if the person documenting has total recall of the omitted information, validates the source of additional information as much as possible (where did you get the information to write late entry), and signs or initials the late entry.

- Addendum: An addendum is used to provide information that was not available at the time of the original entry. The addendum should also be timely and bear the current date and reason for the addition or clarification of information being added to the medical record and be signed or initialed by the person making the addendum.

- Correction: When making a correction to the medical record, never write over, or otherwise obliterate the passage when an entry to a medical record is made in error. Draw a single line through the erroneous information, keeping the original entry legible. Sign and date the deletion, stating the reason for correction above or in the margin. Document the correct information on the next line or space with the current date and time, referring to the original entry.

    - Correction of electronic records should follow the same principles of tracking both the original entry and the correction with the current date, time, reason for the change and initials of person making the correction. When a hard copy is generated from an electronic record, both records must be corrected. Any corrected record submitted must make clear the specific change made, the date of the change, and the identity of the person making that entry.

Corrections to the medical record legally amended *prior* to claims submission and/or review will be considered in determining the validity of services billed. If changes appear in the record *following* payment determination based on prior review, only the original record will be reviewed in determining payment of services billed to PacificSource.

PacificSource shall NOT consider medical records where the original content has been altered. Services associated with altered medical records are no longer reimbursable, all related claim lines will be denied, and refunds requested.

Related Policies

- Attestation Statements – Policy and Procedure
- Documentation Requirements for Health Practitioners

Resources

- CMS Medicare Program Integrity Manual MPIM
- PacificSource Provider Manual
- Medicare Documentation Guidelines for Amended Records
- Noridian Signature Requirement Questions and Answers
- Noridian Documentation Requirements

Appendix

Policy Number: [Policy Number]

Effective: 7/5/2017 **Next review:** 7/5/2026

Policy type: Enterprise

Author(s): Marie Dearing

Depts: Claims

Applicable regulation(s): CMS Pub 100-08, Medicare Program Integrity

External entities affected: N/A

Approved by:

Modification History

Date	Modified By	Reviewed By	Modifications
6/3/2025	Marie Dearing	Commercial Claims Leaders	Annual review, no changes.
8/13/2024	Marie Dearing	Commercial Claims Leaders	Added to Acceptable Signatures section: • In the event that a provider leaves prior to signing chart notes it is acceptable for the chart notes to be signed on behalf of the provider. Example: “Signed on behalf of provider _(insert provider name)_, who is no longer with _(insert practice name)_ as of _(insert date)_.”
4/23/2024	Marie Dearing	Commercial Claims Leaders	Added to Amended Medical Records section: PacificSource shall NOT consider medical records where the original content has been altered. Services associated with altered medical records are no longer reimbursable, all related claim lines will be denied, and refunds requested.
3/19/2024	Marie Dearing	Commercial Claims Leaders	Updated to match Incident to Billing policy. For an “incident to” scenario, both the rendering and supervising providers must authenticate medical records.
7/11/2023	Marie Dearing	Danielle Nelson, Sheila Habblett, Holly Wood, Commercial Claims Leaders	Updated expectations for timely medical record and signature requirements to 30 days.
5/31/2023	Marie Dearing	Commercial Claims Leaders	Annual review, no changes.
5/17/2022	Marie Dearing	Claims Team Leaders	Annual review, no changes.
5/18/2021	Marie Dearing	Claims Team Leaders	Annual review, no changes.

8/11/2020	Marie Dearing	Claims Team Leaders	POLICY SECTION (Please add new 4th paragraph): When Incident To billing applies, the rendering provider as well as the supervising provider must authenticate the record. AMENDED MEDICAL RECORDS SECTION (new final paragraph): Corrections to the medical record legally amended prior to claims submission and/or review will be considered in determining the validity of services billed. If changes appear in the record following payment determination based on prior review, only the original record will be reviewed in determining payment of services billed to PacificSource.
5/20/2020	Marie Dearing	Claims Team Leaders	Unchecked PSA box.
7/23/2019		Medicaid Admin	Validated that it meets CCO 2.0 requirements
11.27.2018	Beverly S	Debbie Bolton	Added “validates the source of additional information as much as possible” in the Late entry bullet.
9/21/2018	Mischelle L	Kristen Awmiller	Removed the 72 hour signature, will use CMS logic. Late signature if after initial bill date.
05/10/2018	Beverly S	Christina Hill and Debbie Bolton	Added Washington check box
7/5/2017	Debbie Bolton & Sing Lee	Mari Willhite, Debbie Bolton, Sing Lee, Christina Hill	New Document