



Authentic Signatures

Follow these tips to prevent physician signatures from being questioned or invalidated by Medicare

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THE RESULTS OF PREPAYMENT reviews conducted by the durable medical equipment Medicare administer contractors (DME MACs) routinely show that one of the most common denial reasons has to do with documentation: Documentation is either missing or is considered incomplete. However, there is another reason why the documentation provided during a review could be rejected and cause a denial: The documentation is not “authenticated by the author.”

When the documentation is not “authenticated,” that means it is not signed, or the signature is illegible—either by the ordering/referring physician or by the provider who created the documentation. For example, recent results of a prepayment review for the L1940 showed that 7 percent of the denied claims included medical records that were not authenticated by the author.

It is well established that the ordering/referring physician must sign the prescriptions and documents, such as the certifying statement, but Medicare requires that anyone ordering or documenting the medical necessity or need for items/services received by Medicare beneficiaries must be identifiable; each provider also must sign each and every entry in the patient’s medical record.

This month’s *Compliance Corner* examines what constitutes a valid signature and what can be done if the validity of a signature is being questioned during a review or audit.

Valid Signatures

Three types of valid signatures may be used by the ordering/referring physician. These signature types will be considered valid in the eyes of Medicare and its contractors if certain criteria are met. O&P professionals should understand the steps that must be taken to ensure the veracity of each signature.

The first type of signature, which is very rarely used, is a stamped signature. In most cases, Medicare does not accept the use of rubber stamps on any type of document, including the entries in a medical record or a prescription. However, under very rare circumstances,

it will accept a stamped signature: To be compliant with the Rehabilitation Act of 1973, Medicare and its contractors will allow for the use of a rubber stamped signature if the individual using the stamp has a disability that does not allow him or her to handwrite a signature.

The second type of signature, and one that is becoming increasingly common, is an electronic signature. Medicare has not officially released guidelines on what constitutes a valid electronic signature. However, the DME MACs have issued some guidance of their own, and have stated that in order for an electronic signature

to be considered valid, the signature should be accompanied by a statement that shows the signature was applied electronically. The DME MACs also provided some examples of what these statements or notations would include. Some examples include the following:

- Electronically signed by
- Authenticated by
- Approved by
- Completed by
- Signed by

An electronic signature will typically be applied to a document or medical entry in one of three ways. It can be applied by entering a unique identification number, which automatically places a “typed” signature to the document. Alternatively, an individual may manually type the signature in. Such a signature would appear as “Mike Odell, MD” or something similar. These types of signatures would need to include one of the above-mentioned notations.

The signature also may be physically applied using a pad and electronic

stylus, just like when you sign for a package or sign for a credit card; it typically looks something like this:



This type of signature is more in line with traditional handwritten signatures, and could be subject to some of the rules that govern valid handwritten signatures.

The third type of signature is a handwritten signature, which Medicare defines as any mark or sign by an individual to signify knowledge, approval, acceptance, or obligation. When talking about Medicare-approved or valid handwritten signatures, the key term to keep in mind is “legible.” If a signature (full name, a first initial and last name, or initials) is legible, then it is automatically considered valid. But we all know that most handwritten signatures are illegible, at best.

Several precautions can help you combat the possibility that Medicare will declare a handwritten signature

illegible and invalid. First, make sure the physician prints his or her name directly under his or her signature, or make sure that beneath the signature line the physician’s name is typed. In essence, the following would be considered a valid signature, even if the signature itself were illegible:



Mike Odell, MD

Also, an illegible signature may be considered valid in situations where the letterhead, addressograph, or other information on the document being signed clearly indicates the identity of the person signing the document or medical record entry. An example of this, as explained in the Medicare Program Integrity Manual (PIM), would be if a doctor within a group practice provides an illegible signature on an order, but the letterhead on the order lists the names of all of the doctors in the practice and the doctor signing the order circles his or her name.

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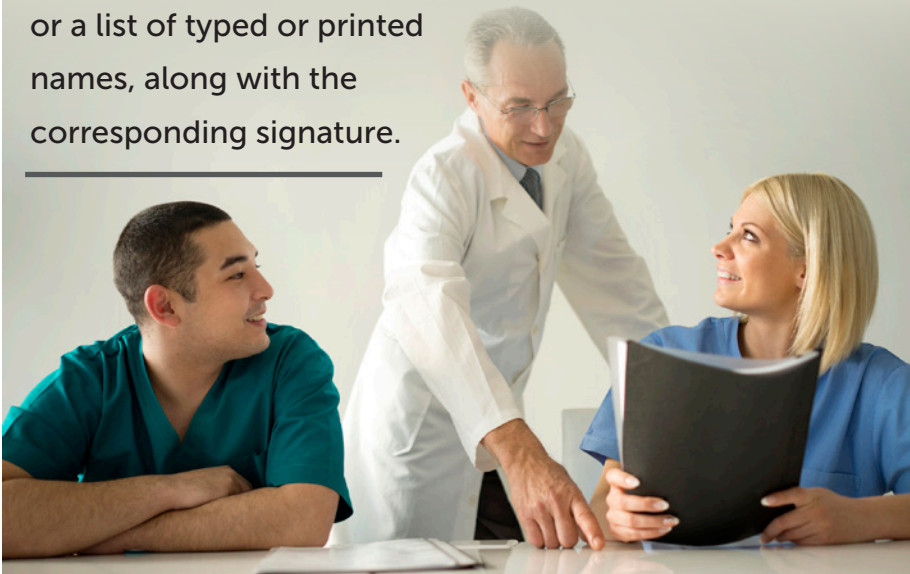
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A signature log is simply a key or a list of typed or printed names, along with the corresponding signature.



So, if a referring doctor is using prescription pads or other forms that have his or her name and the names of his/her partners on the letterhead, be sure the physician circles his or her name. If the doctor is in solo practice, be sure his or her name appears somewhere on the form's masthead, or on the page where the signature is located.


Authenticating Invalid or Missing Signatures

As stated earlier, authorship of a medical record entry or any other document (e.g., prescription or order) can be generally verified by using handwritten, electronic, and, in rare instances, stamped signatures. But there may be times when the author of a record is missing or unclear, such as when the signature is illegible or cannot be verified by other means (such as a printed name or any other identifying information), and the document and/or signature must be authenticated. When a document is missing a signature or the signature has been deemed illegible and invalid, there are two common and acceptable ways you may authenticate the signature and/or the medical record entry.

The first method for authenticating a signature is a signature log. A signature log is simply a key or a list of typed or printed names, along with the corresponding signature. The log allows the

reviewer or auditor of your claim to examine and compare the signature in the log to the signature in question and verify that it belongs to the author of the document or medical record entry. The construction of a signature log is simple: It should include the printed name of the physician or provider and the full signature and/or the initials as they would appear on a signed document. It is not necessary to include the physician's or provider's credentials with your signature log, but the DME MACs and Medicare do encourage this practice so you may want to include them.

The following is an example of a signature log:

PRINTED NAME	INITIALS	CREDENTIALS	SIGNATURE
Dr. Mike Odell	MO	MD	

The log may be created at any time and does not need to be done prior to the signature being added to the document. It may be sent in with your original documentation, on the actual page where the initials or illegible signature are located, if you believe Medicare will question a signature. Alternatively, you may submit the log after a claim has been denied for an invalid signature.

To be prepared to address an invalid/illegible signature, you may

compile a signature log for all of your primary referral sources, and submit a copy of the log along with your claims if they are audited.

The second method for authenticating a signature is an attestation statement—a statement that allows for the signatory to attest to the authenticity of his or her signature and/or the entry made in the medical record. The attestation statement is useful when the doctor forgets to sign one of his or her entries in the patient's medical record. This attestation statement could be submitted with your original documentation, if you believe Medicare will question a signature or the absence of a signature, or you may submit it after a claim has been denied for an invalid signature.

Medicare and the DME MACs don't have a specific or mandatory attestation form that you must use, but they have certain criteria that must be included in any attestation statement for it to be considered valid. The statement must be signed and dated by the person who originally made the medical record entry or who originally signed the document in question, and it must contain enough information to clearly identify the patient. In the PIM, Medicare has created a sample attestation statement:

"I, _____ [print full name of the physician/practitioner] _____, hereby attest that the medical record entry for _____ [date of service] _____ accurately reflects signatures/notations that I made in my capacity as _____ [insert

provider credentials, e.g., MD]_____ when I treated/diagnosed the above listed Medicare beneficiary. I do hereby attest that this information is true, accurate, and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability."

As a side note, the attestation statement cannot be used to add new information to the medical record.

There are different rules for amending a medical record, and it can only be used to establish the validity of a current medical entry or illegible signature. In other words, the statement must be associated with a specific medical record entry. The statement may not be used to back-date a signature or medical entry, even if the attestation statement may be created at any time (even after the entry or document has been signed).


That takes care of handwritten signatures, but what happens when the validity of an electronic signature is called into question? This scenario is less common, especially if the signature contains or uses one of the labels discussed previously. However, CMS and its contractors are concerned that there is the potential for misuse with electronic signatures, and as such they suggest that a system be in place that protects the documents and signatures against modification. For example, a physician must enter his or her own identification number to access a record or to add his or her signature.

If the validity of an electronic signature is questioned, you may ask the physician's office to provide you with a statement indicating that it has established procedures that allow only the physician to attach a signature or make changes to a document.

Finally, since stamped signatures are only acceptable if the signor has a disability that prevents him or her from physically signing, the only way to authenticate a stamp signature is to obtain a statement from the physician indicating that he or she has a disability and the stamp signature is in compliance with the Rehabilitation Act of 1974.

This month's *Compliance Corner* was framed to discuss physicians' signatures and what constitutes a Medicare-compliant signature in regard to physician documentation. It is important to note that the rules apply to all signatures, including your own. After all, Medicare requires that all information—not just the provider's—used in documenting

medical necessity be identifiable, meaning each entry in the medical record needs to be signed and dated.

For more information about signatures, review Chapter 3, Section 3.3.2.4—Signature Requirements in the PIM, or review the *MLN Matters* article SE1419: "Medicare Signature Requirements—Educational Resources for Health Care Professionals." 



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