

Medical Record Signatures: What's Acceptable?



While everyone is moving to electronic health records (EHR) to meet the regulatory and insurance requirements of Meaningful Use, what do the Centers for Medicare & Medicaid Services consider an acceptable signature?

The signature is of the utmost importance for every document placed in a medical chart. The validity and authenticity of the report can be determined by a simple signature. Signatures are a way for the provider or author to validate everything written about the patient in the record. The appropriate signature depends on whether the report is generated by an EHR or is handwritten.

Electronic signatures

An electronic signature is commonly generated by encryption software for use solely by the author of the report or record.

The Medicare Integrity Manual (Ch. 3, 3.3.2.4) states: "Providers using electronic systems need to recognize that there is a potential for misuse or abuse with alternate signature methods. For example, providers need a system and software products which are protected against modification, etc., and should apply administrative procedures which are adequate and correspond to recognized standards and laws. The individual whose name is on the alternate signature method and the provider are responsible for the authenticity of the information for which an attestation has been provided."

If electronic signatures are used as a form of authentication, EHR systems must authenticate the signature at the end of each office visit note. This is paired with an attestation statement showing that the physician attests to everything he or she has written within the report.

An electronic signature must contain the following key elements: the practitioner's name, credentials, date and a printed attestation statement.

Some examples of an acceptable attestation statement may include:

- Accepted by
- Acknowledged by
- Approved by
- Authenticated by
- Closed by
- Digitally signed by
- Electronically authored by
- Finalized by
- Generated by
- Released by
- Reviewed by
- Signed by
- Validated by
- Performed by (when the exam and related documentation are performed by the same provider)

Not all electronic signatures are acceptable. Some "auto-authentication" or "auto-signature" systems do not mandate that the provider review an entry prior to signing, as it is automatically done. These types of signatures are not acceptable.

Examples of unacceptable statements from the systems described above include:

- Signature on file
- Electronically signed by agent of provider
- Signed but not read
- Electronically signed, but not authenticated
- Electronically signed, but not validated/verified

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Reports with these types of signatures are considered NOT authenticated because the content has not been reviewed by the provider.

Example of an acceptable and unacceptable electronic signature:

- Acceptable provider signatures:
 - Electronically signed by:
Eli Carson, M.D. 08/01/2016
 - Closed by:
Peter Wilsby, NP 09/16/2016
- Unacceptable signatures:
 - Electronically signed, but not authenticated George Hudson, M.D.
 - Peter Cunningham, M.D. 06/13/2014
 - Signed Jessica Kastle (No credentials)

Handwritten signatures

Handwritten signatures may only be used on handwritten, transcribed or dictated reports. Handwritten signatures are NOT valid on reports generated from an EHR system.

The CMS Medicare Program Integrity Manual (Ch.3) states that a provider's handwritten signature is acceptable if it is:

- A fully legible signature, including credential.
- A legible first initial, last name and credential when letterhead, addressograph or other information on the page indicates the identity of the signer.
- An illegible signature, or initials when over a typed or printed name and credential.

Example: 
John Whigg, MD

- An illegible signature when the letterhead, addressograph or other information on the page indicates the identity and credential of the signer.

It's very important for provider signatures to meet this criterion. As stated by the CMS Medicare Program Integrity Manual, "Medicare requires that services provided/ordered be authenticated by the author." This means that without a proper signature on the medical record entry, the record can be deemed invalid, thus hindering patient care. If using an EHR, you can consult with technical staff and software vendors as a way to ensure the integrity of your documentation and signatures.

For further guidance please refer to the Medicare Program Integrity Manual at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf>.

ICD-10-CM diagnosis codes are ICD-10-CM Official Guidelines for Coding and Reporting are subject to change. It's the responsibility of the provider to ensure that current ICD-10-CM diagnosis codes and the current ICD-10-CM Official Coding Guidelines for Coding and Reporting are reviewed prior to the submission of claims.

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