

# CGS ADMINISTRATORS, LLC (CGS) & NORIDIAN HEALTHCARE SOLUTIONS (NORIDIAN) SIGNATURE REQUIREMENTS

This publication is a collaboration between CGS and Noridian Provider Outreach and Education. It assists suppliers in identifying typical signature requirements needed on documentation submitted to the DME MACs. These are common situations and do not reflect all possible signature requirements. The CMS Medicare Program Integrity Manual Publication 100-08, Chapter 3, Section 3.3.2.4 is the reference for these requirements.

Medicare requires that the person(s) responsible for the care of the beneficiary, including providing/ordering/certifying items/services for the beneficiary, be identifiable as such in accordance with Medicare billing and coverage policies, such as the Social Security Act §1815(a) and §1833(e). Medicare contractors shall consider the totality of the medical record when reviewing for compliance with the above. The method used should be a handwritten or electronic signature. Stamped signatures are typically not acceptable (see note for exceptions). When signatures are missing from medical records and orders, Medicare reviewers shall accept signature attestations from the authors and prescribers of the documents.

When a scribe is used by a provider in documenting medical record entries (e.g., progress notes), CMS does not require the scribe to sign/date the documentation. The treating physician/non-physician practitioner's (NPP's) signature on a note indicates that the physician/NPP affirms the note adequately documents the care provided.

## Handwritten, Electronic & Rubber Stamp Signatures

A **handwritten signature** (i.e., pen and ink signature) is a mark or sign by an individual on a document signifying knowledge, approval, acceptance, or obligation. Signature logs and signature attestation statements may be used to identify authors of records when signatures are illegible.

An **electronic signature** is a mark or sign by an individual on a document signifying knowledge, approval, acceptance, or obligation that has been generated through computerization. This type of signature should contain the date, time stamp, an indication the document is being signed electronically, the practitioner's name, and preferably a professional designation.

**Rubber Signature Stamps** are not typically acceptable. CMS permits use of a rubber stamp for signature in accordance with the Rehabilitation Act of 1973 in the case of an author with a physical disability that can provide proof to a CMS contractor of his/her inability to sign their signature due to their disability. By affixing the rubber stamp, the provider is certifying that they have reviewed the document.



## Signature on Orders

**Standard Written Order (SWO):** A Standard Written Order (SWO) must be communicated to the supplier before a claim is submitted. The signature of the prescribing practitioner, personally entered by that individual, is a required SWO element.

**Written Order Prior to Delivery (WOPD):** A WOPD is a completed SWO that is communicated to the supplier before delivery of item(s). The prescribing practitioner signature, personally entered by that individual, is a required element of the WOPD prior to delivery.

Pursuant to Final Rule 1713 (84 Fed. Reg Vol 217), CMS may select DMEPOS items appearing on the Master List of DMEPOS Items potentially subject to a face-to-face encounter and WOPD requirement and include them on a Required List. Items appearing on the Required List are subject to the face-to-face encounter and WOPD requirements.

### References

- Standard Documentation Requirements for All Claims Submitted to DME MACs Policy Article (A55426)
- Standard Elements for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Order, and Master list of DMEPOS Items Potentially Subject to a Face-to-Face Encounter and Written Orders Prior to Delivery and, or Prior Authorization Requirements-SE20007

## Proof of Delivery

When items are delivered directly to Medicare beneficiaries by a supplier, beneficiaries or their designees are required to review proof of delivery documents and provide a signature. The signature on the proof of delivery represents knowledge, approval, and acceptance of the delivery. Proof of delivery documentation must include the date of delivery. This date may be entered by the beneficiary, their designee, or the DME supplier.

### Reference

Program Integrity Manual 100-08 Chapter 4, section 4.7.3.1

## Advance Beneficiary Notice (ABN)

The ABN issued by the supplier must be signed and dated by the beneficiary or representative prior to delivery.

### References

- Medicare Claims Processing Manual 100-04 Chapter 20, section 120
- Medicare Claims Processing Manual 100-04 Chapter 30, Section 50