

SIGNATURE REQUIREMENTS



This is a joint publication between CGS and Noridian to assist suppliers in identifying typical signature requirements on documentation submitted to the DME MACs. These are common situations and do not reflect all possible signature requirements. Refer to the CMS Medicare Program Integrity Manual Publication 100-08, Chapter 3, Section 3.3.2.4 for all requirements.

Medicare requires the persons responsible for the care of the beneficiary authenticate the services provided/ordered/certified in accordance with Medicare's policies. Authentication should be handwritten or via an electronic signature. Stamped signatures are not generally acceptable (see note for exceptions). Medicare utilizes signatures to determine the identity and credentials (such as MD, RN, etc.) of the signatory. For this reason, when physicians or other practitioners involved in the patient care produce records, they must sign and date the records. Additionally, notes that have been transcribed must be reviewed and signed by the author of those notes.

"Signature on file" is not acceptable in medical records and does not constitute a valid electronic signature.

Handwritten, Electronic, & Digitized 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.
- 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.
- **Digitized signatures** are electronic images of a person's handwritten signature reproduced in its identical form using a pen tablet. It is an actual, real-time signature done electronically. This method is typically generated by special encrypted software that allow for sole usage.
- **Rubber Signature Stamps** are not usually acceptable. CMS would permit the use of a rubber stamp for signature in accordance with the Rehabilitation Act of 1973.

References:

- CMS Program Integrity Manual (PIM) 100-08 Chapter 3, section 3.3.2.4 (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf>)
- Signature Guidelines for Medical Review Purposes - MM6698 (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf>)

Signature on Orders

Standard Written Orders (SWOs): A Standard Written Order (SWO) must be communicated to the supplier before a claim is submitted. The signature of the treating practitioner must be present on the SWO for the order to be considered valid.

Written Orders Prior to Delivery (WOPD): A WOPD is a completed SWO that is communicated to the DMEPOS supplier before delivery of item(s). The prescribing practitioner's signature, personally entered by that individual, must be present on the order prior to delivery to be considered valid.

Pursuant to Final Rule 1713 (84 Fed. Reg Vol 217) and 42 CFR §410.38, CMS may select DMEPOS items appearing on the Master List of DMEPOS Items potentially subject to a Face-to-Face (F2F) Encounter and WOPD requirement and include them on a Required List. Items appearing on the Required List are subject to the F2F encounter and WOPD requirements.

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References:

- Local Coverage Article for Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426) (<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55426>)
- 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 (<https://www.cms.gov/files/document/se20007.pdf>)

Certificates of Medical Necessity (CMNs) – Practitioners are required to personally input their signatures and signature dates in section D of applicable CMNs. By signing and dating the CMN, the practitioner is indicating agreement with all entered information. **CMNs are not required for dates of service on or after January 1, 2023.**

DME MAC Information Forms (DIFs) – DME suppliers are required to sign DIF forms when applicable. DIFs are completed entirely by the supplier and do not require a physician's signature. **DIFs are not required for dates of service on or after January 1, 2023.**

Proof of Delivery

When a supplier delivers items directly to Medicare beneficiaries, beneficiaries or their designees are required to review and sign proof of delivery documents. 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: PIM 100-08 Chapter 4, section 4.7.3.1.1 (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c04.pdf>)

Advance Beneficiary Notices (ABN)

When a supplier issues an ABN, the beneficiary or representative must sign and date it prior to delivery.

References:

- Medicare Claims Processing Manual 100-04 Chapter 20, Section 120 (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c20.pdf>)
- Medicare Claims Processing Manual 100-04 Chapter 30, Section 50 (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c30.pdf>)