

Part B Insider (Multispecialty) Coding Alert

Physician Notes: Late Signature Issues Are on the Rise

Tip: Submit attestation instead of adding signature after the fact.

One Medicare Administrative Contractor (MAC) warns that late signatures may lead reviewers to the wrong conclusions about your claims.

Now: Part B MAC CGS Medicare is seeing a significant amount of documentation with late signatures. The MAC reminds providers that they should avoid doing this per Medicare guidelines.

"Providers should NOT add late signatures to the medical record, (beyond the short delay that occurs during the transcription process) but instead should make use of the signature authentication process," advises the Medicare Program Integrity Manual, chapter 3, section 3.3.2.4.

Review Medicare guidance at www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf.

Instead: Providers should send an attestation rather than sign documentation late, CGS suggests. And they should submit one attestation for each date of service.

Here's why: If your claims are pulled for review, one of the first things reviewers will look at is authorization by signature. "If the signature requirements are not met, the reviewer will conduct the review without considering the documentation with the missing (late) or illegible signature," CGS says. "This could lead the reviewer to determine that the medical necessity for the service billed has not been substantiated." This could possibly lead to the claim being denied.

See the CGS alert at www.cgsmedicare.com/articles/cope33012.html.