



DOCUMENT TITLE: Billing Provider Signature Requirements	SYSTEM POLICY AND PROCEDURE MANUAL
POLICY #: 800.20	CATEGORY: Compliance & Ethics
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Prepared by: Office of Corporate Compliance	Notations:

GENERAL STATEMENT of PURPOSE

The purpose of this document is to ensure that authentication of documents with a billing provider's signature at Northwell Health is in compliance with Federal, State, Joint Commission and Northwell Health requirements.

POLICY

It is the policy of Northwell Health that all entries by billing providers in the patient's medical record must be dated, timed, and signed.

SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell or the Hofstra Northwell School of Nursing and Physician Assistant Studies conducting research on behalf of the Zucker School of Medicine on or at any Northwell Health facility; and any other Affected Individual.

DEFINITIONS

Affected Individuals: "Affected Individuals" is defined as all persons who are affected by Northwell Health's risk areas including, but not limited to, Northwell Health's employees, the chief executive and other senior administrators, managers, medical staff members, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers.

Handwritten Signatures: defined by CMS as a mark or sign the ordering or prescribing physician or Non-Physician Practitioner (NPP) makes on a document signifies knowledge, approval, or obligation.

Signature Log: a typed listing of physicians and NPPS showing their names with a corresponding handwritten signature. This shows signature identity throughout the medical record.

Valid Signatures: must be for services provided or ordered, handwritten or electronic, legible or can be confirmed by comparing it to a signature log or attestation statement.

PROCEDURE

SIGNATURE DOCUMENTATION REQUIREMENTS

1. Rubber/Signature Stamps

Rubber stamps shall not be utilized solely to authenticate documentation, as they are not accepted per the Medicare signature requirements. The use of a rubber stamp is permitted if the provider has a physical disability and can prove to a CMS contractor they are unable to sign due to that disability. By affixing the rubber stamp, the provider is certifying that they have reviewed the document.

2. Electronic Signatures

Electronic signatures are permissible through a system and/or software product which protects against modification of signatures and applies administrative safeguards (appropriate log-on and password requirements) which are adequate and meet all standards and laws. The Physician bears the responsibility for the authenticity of the information being attested to.

Use of a qualified e-prescribing system is permitted when ordering Part B medications and medications incident to Durable Medical Equipment (DME).

3. Signature Requirements

Signatures shall be legible and consist of at least the first initial and full last name of the recording person. If illegible, the printed name must appear underneath the signature. Use of a signature logo or attestation statement to support the identity of any illegible signatures is also permitted.

If the provider relies on a medical student's documentation, the provider does not need to re-document the Evaluation & Management (E/M) service, but the provider must review and verify (sign and date) the student's medical record entry.

4. Global-Authentication

Global-authentication of the medical record, whereby a billing provider signs one document to "authenticate" all missing signatures, is not acceptable.

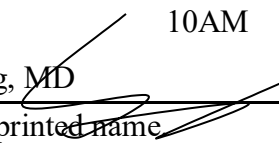

5. Late Signatures

Providers shall not add late signatures to the medical record, but instead write a signed and dated attestation statement that declares the provider as the author of the medical record and contains sufficient information to identify the patient. The following attestation statement template is suggested by CMS.

“I, [print full name of the physician/practitioner], hereby attest that the medical record entry for the [date of service] accurately reflects signatures/notations that I made in my capacity as [insert provider credentials, e.g., M.D.] when I treated/diagnosed the above listed patient. 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.”


6. Acceptable/Unacceptable Legibility Examples

Below are examples of acceptable signatures.

	Signature Example	Signature Meets Requirements
1	Legible full signature	Y
2	Legible first initial and last name	Y
3	Illegible signature over a typed or printed last name. Example: <div style="text-align: right;">1/1/16 10AM</div> <div style="text-align: center;">John Whigg, MD</div> 	Y
4	Initials over a typed or printed name 	Y

Below are examples of UNACCEPTABLE signatures.

	Signature Example	Signature Meets Requirements
5	Initials NOT over a typed or printed name and unaccompanied by a signature log or attestation.	N

6	Unsigned typed note with provider's typed name. Example: John Whigg, MD	N
7	Unsigned typed note without provider's typed/printed name.	N
8	Unsigned handwritten note without provider's typed/printed name.	N
9	Unsigned handwritten note, the only entry on the page	N
10	"Signature on file"	N
11	Illegible signature NOT over a typed or printed name, NOT on letterhead or unaccompanied by a signature log or attestation. Example: 	N

7. Scribes

Scribes are not providers of items or services. If a scribe dictates the entry on the provider's behalf, the provider must sign the entry to effectively authenticate the documents and the care provided or ordered. 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's/non-physician practitioner's (NPP's) signature on a note indicates that the physician/NPP affirms the note adequately documents the care provided. Reviewers are only required to look for the signature (and date) of the treating physician/non-physician practitioner on the note. Reviewers shall not deny claims for items or services because a scribe has not signed/dated a note.

In documenting any patient encounter, the scribe neither acts independently nor functions as a clinician, but simply records the provider's dictated notes during the visit. The provider who receives the payment for the service is expected to deliver the service and is responsible for the medical record; the scribe may simply enter information on the provider's behalf, all of which must be corroborated (i.e. approved) by the provider.

Physician using the services of a "scribe" must adhere to the following:

- The treating provider (physician or NPP) must sign and date the note to indicate that it is an accurate record of his/her words and actions during the visit.
- Documentation must support the medical necessity of the level of service billed and the level of medical decision making associated with the presenting problem.

- c. The physician must verify the accuracy of the documentation and add any additional information as necessary.
- d. The physician must sign, date, and time stamp the medical record. The scribe cannot enter the date and time for the physician.

REPORTING AND ENFORCEMENT

- All violations of this policy shall be reported to the appropriate manager/supervisor/director or to the Office of Corporate Compliance (516-465-8097) for appropriate resolution of the matter. The HelpLine is available 24 hours a day, seven days a week at (800) 894-3226 or online at www.northwell.ethicspoint.com, is accessible to all Affected Individuals and allows for questions regarding compliance issues to be asked and for compliance issues to be reported. Reports of potential fraud, waste and abuse and compliance issues also may be made directly to the Chief Corporate Compliance Officer or designee in person, in writing, via email, mobile device via a QR code, or by telephone. All reports received by the Office of Corporate Compliance are investigated and resolved to the fullest extent possible. The confidentiality of persons reporting compliance issues shall be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by Medicaid Fraud Control Unit, , U.S. Department of Health and Human Services (HHS) Office for Civil Rights, HHS Office of Inspector General, Office of Medicaid Inspector General or law enforcement, or disclosure is required during a legal proceeding, and such persons shall be protected under Northwell Health's policy for non-intimidation and non-retaliation. Violations of this policy will be subject to disciplinary action as outlined in the Human Resources Policy and Procedure Manual and *Northwell Health Policy #800.73 – Compliance Program Disciplinary Standards for Non-Employees*.



REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

- Northwell Health Policy #800.73 – Compliance Program Disciplinary Standards for Non-Employees
- Northwell Health Human Resources Policy and Procedure Manual, Part 5-3 – Workforce Conduct – Progressive Discipline
- CMS Manual System; Pub. 100-08 Medicare Program Integrity, Transmittal 327; Change Request 6698; Dated March 16, 2010.
<http://wayback.archive-it.org/2744/20110903163808/http://www.cms.gov/Transmittals/2010Trans/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=2&sortOrder=descending&itemID=CMS1233959&intNumPerPage=10>

- CMS Memorandum Summary; Subject: Hospitals – Publication of the Hospital Condition of Participation: Requirements for History and Physical Examinations; *Authentication of Verbal Orders*; Securing Medications; and Post-anesthesia Evaluations Final Rule; Dated January 26, 2007.
<https://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter07-13.pdf>
- CMS Medical Learning Network; Complying with Medical Signature Requirements; MLN905364; Dated April 2022.
https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/signature_requirements_fact_sheet_icn905364.pdf
- CMS Manual; Medicare Program Integrity Manual; Chapter 3 – Verifying Potential Errors and Taking Corrective Actions, Rev. 11529; Issued 7-28-22; 3.3.2.4 – Signature Requirements, Rev. 11032, Issued 09-30-21, Effective 10-12-21, Implementation 11-10-21;
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf#page=44>
- OMIG Compliance Program Guidance, Title 18 NYCRR, Part 521 Fraud, Waste and Abuse Prevention (March 28, 2023)
- National Government Services; Education, Medicare Topics, Documentation.
- <https://www.ngsmedicare.com/web/ngs/documentation?lob=96664&state=97133&rgion=93623&selectedArticleId=1535660>

CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES

N/A

ATTACHMENTS

N/A

FORMS

N/A

<u>CURRENT REVIEW/APPROVALS:</u>	
Service Line/Department Review	07/03/2025
Northwell Health Policy Committee	07/22/2025❖
System PICG/Clinical Operations Committee	07/22/2025❖

Standardized Versioning History:

Approvals: * =Northwell Health Policy Committee; ** = PICG/Clinical Operations Committee; ☒ = Provisional; ❖ = Expedited

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