

Hospitals Face Claims Denials for Services: CMS Bans the Use of Signature Stamps

On March 28, 2008, The Centers for Medicare and Medicaid Services (CMS) issued Medicare Transmittal 248, which effectively bans the use of physician signature stamps on orders, progress notes and other relevant documentation.¹ CMS requires that all claims selected for pre- or post-payment medical reviews contain a legible identifier for all services provided or ordered. Medicare Transmittal 248 altered the identifier requirements such that the identifier must now be a hand written or electronic signature. In addition, the transmittal clarified that "stamp signatures are not acceptable." While this CMS policy change is within the context of a medical review, it effectively bans the use of signature stamps because there is no way to predict which claims CMS will audit or when those audits will occur and providers will face claim denials if auditors find orders or other documentation containing signature stamps.

The transmittal does contain one noted exception to the requirement of a hand written or electronic signature. This exception applies to certifications of terminal illness for hospice patients. In this context, Medicare contractors will permit the use of facsimile of the original written or electronic signatures. When a facsimile is used, CMS requires that both the facsimile and a hard copy of the physician's electronic signature are included in the patient's medical record.

For additional information on this or any other question regarding signature requirements, please consult Mary C. Malone of Hancock, Daniel, Johnson & Nagle, P.C. by telephone at (804) 967-9604 or email at .

¹ Medicare Transmittal 248 modified subsection 3.4.1.1, "Documentation Specification for Areas Selected for Prepayment or Postpayment Medical Review," of the Medicare Program Integrity Manual .



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