

To: All Providers  
From: CareFirst, INC., Medicare Part A  
Date: November 10, 2003  
Subject: Signature Requirements

The Centers for Medicare and Medicaid Services (CMS) has recently provided clarification for "Signature Requirements." The following is located in the Program Integrity Manual, Chapter 3, 4.1.1 B:

Medicare requires a legible identity for services provided/ordered. The method used (e.g. hand written, electronic, or signature stamp) to sign an order or other medical record documentation for medical review purposes in determining coverage is not a relevant factor. Rather, an indication of a signature in some form needs to be present. Do not deny a claim on the sole basis of type of signature submitted.

Providers using alternative signature methods (e.g. a signature stamp) should recognize that there is a potential for misuse or abuse with a signature stamp or other alternate signature methods. For example, a rubber-stamped signature is much less secure than other modes of signature identification. The individual whose name is on the alternate signature method bears the responsibility for the authenticity of the information being attested to. Physicians should check with their attorneys and malpractice insurers in regard to the use of alternative signature methods.

All State licensure and State practice regulations continue to apply. Where State law is more restrictive than Medicare, the contractor needs to apply the State law standard. The signature requirements described here do not assure compliance with Medicare conditions of participation.

Note that this instruction does not supersede the prohibition for Certificates of Medical Necessity (CMN). CMNs are a term of art specifically describing particular Durable Medical Equipment forms. As stated on CMN forms, **"Signature and date stamps are not acceptable" for use on CMNs**. No other forms or documents are subject to this exclusion.

#### DMERC Providers

Written orders are acceptable for all transactions involving DMEPOS. Written orders may take the form of a photocopy, facsimile image, electronically maintained, or original "pen-and-ink" document (*See note above from Chapter 3, Section 4.1.1 B.*)

Reference: Pub. 100-08, Transmittal 59, Change Request 2937, November 28, 2003  
Program Integrity Manual, Chapter 3, Section 4.1.1 B

Program Integrity Manual, Chapter 5, Section 1.1.2

Should you have any questions, contact Provider Relations as 1-866-488-0545.

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