

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-08 Medicare Program Integrity</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 732</b>	<b>Date: July 21, 2017</b>
	<b>Change Request 10120</b>

**SUBJECT: Clarifying the Instructions for Amending or Correcting Entries in Medical Records**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to clarify the requirements for a practitioner to authenticate an alteration or revision in the medical records.

**EFFECTIVE DATE: August 22, 2017**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: August 22, 2017**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	3/3.3/3.3.2.5/Amendments, Corrections and Delayed Entries in Medical Documentation

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

Pub. 100-08	Transmittal: 732	July 21, 2017	Change Request: 10120
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**I. GENERAL INFORMATION**

**A. Background:** This CR updates chapter 3 of Pub. 100-08, specifically the language in section 3.3.2.5 that outlines amendments, corrections and delayed entries in medical documentation. The contractor shall also accept initials in instances when the author of the alteration must sign and date a revision made.

**B. Policy:** There are no regulatory, legislative, or statutory requirements related to this CR.

**II. BUSINESS REQUIREMENTS TABLE**

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10120.1	Contractors shall comply with the signature requirements in accordance with Chapter 3, Section 3.3.2.5. of Pub. 100-08.	X	X	X	X					CERT, RACs, SMRC, ZPICs
10120.1.1	Contractors shall accept initials from a practitioner as a form of documentation authentication when revising medical records.	X	X	X	X					CERT, RACs, SMRC, ZPICs

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

#### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information: N/A**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Olufemi Shodeke, 410-786-1649 or olufemi.shodeke@cms.hhs.gov , Jennifer Phillips, 410-786-1023 or jennifer.phillips@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

#### VI. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

### **3.3.2.5 - Amendments, Corrections and Delayed Entries in Medical Documentation** *(Rev. 732; Issued: 07-21-17; Effective: 08-22-17; Implementation: 08-22-17)*

This section applies to MACs, CERT, Recovery Auditors, *SMRC* and ZPICs, as indicated.

#### **A. Amendments, Corrections and Delayed Entries in Medical Documentation**

All services provided to beneficiaries are expected to be documented in the medical record at the time they are rendered. Occasionally, certain entries related to services provided are not properly documented. In this event, the documentation will need to be amended, corrected, or entered after rendering the service. When making review determinations the MACs, CERT, Recovery Auditors, *SMRC* and ZPICs shall consider all submitted entries that comply with the widely accepted Recordkeeping Principles described in section B below. The MACs, CERT, Recovery Auditors, *SMRC* and ZPICs shall NOT consider any entries that do not comply with the principles listed in section B below, even if such exclusion would lead to a claim denial. For example, they shall not consider undated or unsigned entries handwritten in the margin of a document. Instead, they shall exclude these entries from consideration.

#### **B. Recordkeeping Principles**

Regardless of whether a documentation submission originates from a paper record or an electronic health record, documents submitted to MACs, CERT, Recovery Auditors, *SMRC* and ZPICs containing amendments, corrections or addenda must:

1. Clearly and permanently identify any amendment, correction or delayed entry as such, and
2. Clearly indicate the date and author of any amendment, correction or delayed entry, and
3. Clearly identify all original content, without deletion.

Paper Medical Records: When correcting a paper medical record, these principles are generally accomplished by:

1. Using a single line strike through so the original content is still readable, and
2. The author of the alteration must sign and date the revision.

Amendments or delayed entries to paper records must be clearly signed and dated upon entry into the record. Amendments or delayed entries to paper records may be initialed and dated if the medical record contains evidence associating the provider's initials with their name. *For example, if the initials match the first and last name of the practitioner documented elsewhere in the medical records including typed or written identifying information, the reviewer shall accept the entry.*

Electronic Health Records (EHR): Medical record keeping within an EHR deserves special considerations; however, the principles specified above remain fundamental and necessary for document submission to MACs, CERT, Recovery Auditors, *SMRC* and ZPICs. Records sourced from electronic systems containing amendments, corrections or delayed entries must:

- a. Distinctly identify any amendment, correction or delayed entry, and
- b. Provide a reliable means to clearly identify the original content, the modified content, and the date and authorship of each modification of the record.

**C.** If the MACs, CERT, *SMRC* or Recovery Auditors identify medical documentation with potentially fraudulent entries, the reviewers shall refer the cases to the ZPIC and may consider referring to the RO and State Agency.