

Healthfirst Policy for Medical Record Documentation Standards

Policy Overview

Effective **February 1, 2021**, consistent with Centers for Medicare & Medicaid Services (CMS) guidelines and the Healthfirst Provider Manual, Healthfirst will require the following from providers:

- Signed orders and medical records within 30 days of the date of service. Orders and medical records signed after 30 days will require an attestation statement.
- That amendments and/or corrections made to medical records be clearly documented and dated.
- That at least two (2) patient identifiers be included on each page of the medical records. Identifiers include:
 - patient's full name (required) and date of birth (DOB), or
 - other unique identifier specific to the patient (i.e., Healthfirst Member ID number, or patient's age)
- A physician's order that indicates the diagnosis and the reason for performing ancillary services. The order is expected to be supplied upon request for medical records for any services that require such an order.

Rationale

According to CMS:

- Providers may not add late signatures to orders or medical records (beyond the short delay that occurs during the transcription process). If your signature is missing from the medical record (other than an order), you may submit an attestation statement.
- When amendments and/or corrections are made to records, providers must:
 - clearly and permanently identify any amendment, correction, or delayed entry as such;
 - clearly indicate the date and author of any amendment, correction, or delayed entry; and
 - clearly identify all original content, without deletion.

According to the Healthfirst Provider Manual:

Appendix V – Medical Records Standards and in Section 14.2, providers must include the following:

- The patient's identification on each page of the medical record and date of service
- The signature of the person(s) doing the treatment, reason for the visit, care rendered, conclusion and diagnosis, and follow-up care plan in all medical records
- At least two (2) patient identifiers on each page (see Policy Overview for examples)

Section 3.1 – Description of the Network (subsection of Ancillary Services). Ancillary services require an order from the physician:

- Members can access ancillary services via a written prescription/order from the primary care provider (PCP) or specialist provider. Please refer to Section 10 for a detailed description of all Ancillary Services policies and procedures.

Ancillary services that require a physician order include:

- Adult and Social Day Care
- Ambulatory Surgery Center
- Audiology and Hearing
- Cardiac Monitoring
- Community Care Management (AIDS Institute–defined)
- Chiropractic (Medicare and Commercial)
- Dental Care
- Diagnostic Imaging
- Dialysis
- Durable Medical Equipment (DME)
- Home Healthcare and Home Infusion Therapy
- Hospice
- Laboratory
- Mental Health
- Orthotics and Prosthetics
- Outpatient Rehabilitation
- Personal Care
- Physical/Occupational/Speech Therapy
- Routine Vision Care
- Nursing Home and Custodial Care
- Substance Use Disorders
- Transportation

Resources

- [CMS – Complying With Medicare Signature Requirements](#)
- [CMS – Amending or Correcting Entries in Medical Records](#)
- [Healthfirst Provider Manual](#)

Should you have any questions, you may contact your network representative, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

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