

Providers and facilities must follow the requirements outlined in this section.

Medical recordkeeping requirements

We follow CMS standards for medical record documentation and signature authentication. For reference, please visit the following Medicare Learning Network (MLN) fact sheets:

- *Medical Record Maintenance & Access Requirements* (MLN4840534): [cms.gov/files/document/mln4840534-medical-record-maintenance-and-access-requirements.pdf](https://www.cms.gov/files/document/mln4840534-medical-record-maintenance-and-access-requirements.pdf)
- *Complying with Medical Record Documentation Requirements* (MLN909160): [cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/certmedrecdoc-factsheet-icn909160.pdf](https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/certmedrecdoc-factsheet-icn909160.pdf)
- *Complying with Medicare Signature Requirements* (MLN905364): [cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf)

Providers and facilities must have the following:

- Policies regarding medical record confidentiality and release of information
- Procedures for assessing and improving content, legibility, organization and completeness of medical records

Providers must maintain a medical record-keeping system that:

- Permits encounter claim review
- Conforms to professional medical standards
- Permits an internal and external medical audit
- Facilitates an adequate system for follow-up treatment

All medical records must be maintained for at least 10 years after the date of medical services.

Medical records must contain all the necessary documentation to support the services rendered and billed, as well as the medical necessity of those services. Valid CPT® codes, ICD codes and Diagnostic and Statistical Manual of Mental Disorders (DSM) codes must be supported by the patient's medical record. If the appropriate documentation is not included, we may be unable to confirm that payment was made appropriately, which can result in requests for refunds from providers. **Note:** For retrospective medical record reviews, claims may be subject to recoupment if we determine that CMS authentication or documentation requirements are not met.

Providers must include, at a minimum, the following in medical records:

- Specific and clear treatment plans
- Information on advance directives
- Complete, accurate and legible documentation
- Complete history, examination and medical decisions
- Identification of all providers participating in the patient's care
- Diagnostic testing, laboratory tests and radiology reports and results
- Prescribed medications, including dosages and dates of initial or refill prescriptions
- Complete descriptions of the patient's concerns and reason for seeking medical care
- A problem list, including significant illnesses and medical and psychological conditions
- Evaluation and assessment of the provider's findings and a complete list of all diagnoses
- Information on allergies and adverse reactions or a notation that the patient has no allergies or history of adverse reactions

Requirements for each page or entry in the medical record:

Entry	Page
<p>Progress notes, including:</p> <ul style="list-style-type: none"> • Any improvement in the patient's condition • Changes in the treatment plan • Updates to the diagnosis 	<ul style="list-style-type: none"> • Patient's name • Date of birth • Date of service <p>This provides verification of who the patient is and what date services were provided.</p>
<p>Rendering provider's signature:</p> <ul style="list-style-type: none"> • Must be at the end of the chart note, medical records, operative report or any other document in a patient's file • If an entry spans multiple pages, the signature is required at the end of the entry, but patient identifiers need to be included on each page 	

Signature requirements

- Updates to your electronic medical record (EMR) system can override your signature settings. You should re-verify your settings during or after each update.
- You must ensure that your patient's medical records are properly authenticated to satisfy CMS documentation requirements, including, but not limited to, ensuring the records contain the proper provider signature, credentials and signature date. Signature date and time stamp are required for electronic signatures.
- A provider may amend the record to properly authenticate the record (including by recording a valid signature) within 180 days of the date of service.