

COVID-19 FAQ

2. Have Medicare's patient signature rules been relaxed during the COVID-19 crisis?

Date Added: 03/24/20

Revised Date: 04/13/20

Answer: The Medicare patient signature rules remain basically the same, with an additional option for suspected or actual COVID-19 patients.

- CMS will allow for "Verbal Consent" from suspected or actual COVID-19 Patients

CMS stated in its [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#) that for suspected or actual COVID-19 patients, the ambulance crew can obtain "verbal consent" from the patient to sign on the patient's behalf, and then an ambulance service crew member may sign in place of the patient. The crew should document that the patient gave this verbal consent to sign. CMS determined that this meets the "good cause" provision of the signature rules, found at 42 CFR Section 424.36(e). That regulation states that if good cause is shown, CMS may honor signatures of persons other than the patient or authorized representatives. So, for limited cases where an ambulance crew encounters a suspected or actual COVID-19 patient, CMS will accept a crew member's signature in place of a patient signature, if the patient gives verbal consent and the crew documents the verbal consent given by the patient. In this unique circumstance, CMS is allowing the crew's signature following verbal consent by an otherwise physically and mentally capable patient to serve as an acceptable signature. We believe that this guidance applies to both electronic and paper patient signature capture, and to both ground and air ambulance services. **For non-COVID-19 suspected or confirmed patients, this new "verbal consent" option is not available.**

Recommendations for Obtaining Verbal Consent

In cases of suspected or actual COVID-19 patients, where a patient is otherwise physically and mentally capable of signing, crew members should document in the narrative of the PCR:

- 1) That the patient was a suspected or known COVID-19 patient (and the clinical documentation that supports that conclusion – e.g., fever, cough, chest pain, etc.); and
- 2) That verbal consent of the patient to sign on their behalf was obtained by the crew;

Example: "Patient was a suspected (or known) COVID-19 patient and gave us verbal consent to sign on the patient's behalf."

Crew members should complete the PCR, after proper removal of PPE and performing hand hygiene, per CDC guidelines. In so doing, the crew should sign the signature area in the

appropriate area (i.e., in the patient signature area where the patient gave consent, or in the representative area if a patient representative gave consent).

For example, if the patient gives the crew verbal consent to sign on the patient's behalf, we recommend that the crew write "[the patient's name] by [the crew member's name] per Verbal Consent" in the "Patient Signature" area of the EPCR or paper form. Similarly, if the patient was physically or mentally incapable of signing, a patient representative could also give verbal consent on behalf of the patient. Where that occurs, the crewmember would document the mental or physical inability that prevented the patient from signing, and would write "[the representative's name] by [the crewmember's name] per verbal consent" in the "Representative signature" area of the EPCR or paper form.

See the additional PWW signature guidance for [EMS Practitioners](#) and [EMS Billing Personnel](#).

Below is the CMS Question and Answer Posted on 4/13/20, which can also be found [here](#).

14. Question: Our ambulance uses an electronic patient care reporting device to record beneficiary signatures that authorize submission of claims to Medicare. We are concerned that a known or suspected COVID-19 patient using a touch screen to sign or holding an electronic pen or stylus could contaminate these devices for future patients and for ambulance personnel. Are we permitted to sign on behalf of a patient with known or suspected COVID-19?

Answer: Yes, but only under specific, limited circumstances. CMS will accept the signature of the ambulance provider's or supplier's transport staff if that beneficiary or an authorized representative gives verbal consent. CMS has determined that there is good cause to accept transport staff signatures under these circumstances. See 42 CFR 424.36(e). CMS recommends that ambulance providers and suppliers follow the Centers for Disease Control's Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States, which can be found [here](#). This guidance includes general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a patient with known or suspected COVID-19. However, in cases where it would not be possible or practical (such as a difficult to clean surface) to disinfect the electronic device after being touched by a beneficiary with known or suspected COVID-19, documentation should note the verbal consent.

- If the Patient is Incapable of Signing, and No Representatives Are Available or Willing to Sign the (b)(6) Exception Still Applies

This section of the regulations, 42 CFR 424.36(b)(6), only applies if it is documented that the patient is incapable of signing and there are no representatives available or willing to sign on the patient's behalf. This exception requires that an ambulance crew member who is present during the transport and at the time the *service is provided* signs a statement verifying that: 1) the patient was physically or mentally incapable of signing; and 2) that none of the representatives were available or willing to sign.

In addition, there must be additional documentation with the date and time the patient was transported and the name and location of the facility that received the patient. This requirement can be met by getting a hospital or facility representative to sign a separate statement noting these points, OR by having a receiving facility representative sign the PCR, obtaining a copy of the facility registration or face sheet, facility log, or other internal facility or hospital records that verify that the patient was transported to that destination.