



# Elements for ordering DI Studies

**Standardization Guide**

Version 1, Last Update: August 2023

## Elements for Ordering DI Studies

Northwestern Medical Center (NMC) will require a physician's order prior to scheduling of diagnostic imaging services. NMC also requires insurance and prior authorization information to be provided with the order prior to scheduling. Orders should be faxed to Diagnostic Imaging at 802-524-1289. If the order is for a requested STAT study, please follow up with a phone call to 802-524-1058 to alert the STAT request and obtain an appointment date and time.

In Appendix A is a copy of our Diagnostic Imaging Physician Order Form, our Breast Imaging Physician Order Form, and our CT (Computed Tomography) Lung Screening Physician Order Form, among others for your use. When ordering Breast Imaging and or Lung Screening exams, those specific order forms are required to ensure patients are appropriately scheduled. Please work with your IT (Information Technology) team to implement these electronically if you can do so.

Should NMC receive a faxed order missing required elements, NMC will not schedule the exam, and will call or fax a query for additional information back to the ordering provider's office. The office of the ordering provider must provide the required information to NMC for the patient to be scheduled.

Thank you for your understanding of the need for an order to be placed before a patient is scheduled. It remains NMC's intention longer term to return to the availability of walk-in testing for certain modalities/exams for patients who have a provider order in place.

Data Element	Definition
First Name	The patient's given name.
Middle Name	The patient's middle name or further given names.
Last Name	The patient's surname.
Date of Birth	The patient's date of birth
Test or Service Requested	Modality and specific exam. Including laterality and
Reason for ordering the Test or Service	(Please indicate more than a rule out, preferably an ICD-10 Diagnosis Code)
Provider Name	
Provider Signature	

### Acceptable Orders for Imaging Procedures

CMS recently published a transmittal which provides specific requirements associated with authenticating orders for tests. To encourage and implement best practice for our orders, we will be utilizing these guidelines for all payors. Questions you may have:

**QUESTION:** Are stamped signatures acceptable in test orders?

**ANSWER:** No, they are not. CMS has confirmed that services provided and ordered must be authenticated by the author. The method used shall be a hand written or an electronic signature. Stamped signatures are not acceptable.

**QUESTION:** May staff sign orders for or as the ordering provider verifying that they have taken a verbal order from that provider?

**ANSWER:** No, they may not. Your staff may create the order, but services ordered must be authenticated by a hand written or electronic signature of the provider.

**QUESTION:** Will my patients be turned away if they do not have a validly signed order?

**ANSWER:** Your patients will not be turned away, but their service will be delayed until a validly signed order is received. We will contact you as quickly as possible to get a validly signed order to minimize any delays for your patients.

**QUESTION:** How will you handle studies scheduled to occur after normal business hours when our office is closed and unavailable for confirmation of the order and my patient presents without a validly signed order?

**ANSWER:** If the order is otherwise straight-forward, but missing a valid signature, we will perform your patient's study when outside of normal operating hours. However, we will contact you as quickly as possible the next business day to get a validly signed order.

**QUESTION:** How do these clarified requirements apply to me as I care for my own patients?

**ANSWER:** These updates clarify long-standing signature requirements and how they will be interpreted by government program auditors. The requirements apply to all services provided to government program beneficiaries and are not unique to diagnostic tests, so they are applicable to your practice if you see Medicare patients. You may want to review these guidelines as they apply to your own practice.

Please see the following references for more information on signature requirements:

- <http://www.cignagovernmentservices.com/partb/claims/cert/SignatureTips.pdf>
- <http://www.cms.gov/transmittals/downloads/R327PI.pdf>
- <http://www.cms.hhs.gov/manuals/downloads/pim83c03.pdf>

### When it comes to proper signatures, here's a few quick things to remember:

- Always sign your orders —submitted records with just a typed signature/signature line with no handwritten or electronic signature is not acceptable.
- You may print your name along with your written signature for clarification.
- Initials **must also** have a printed name for clarification—when a note is from an inpatient setting, a full signature is preferred along with a printed name.
- Notes that have been transcribed should always be reviewed and signed—either electronically or with a hand-written signature—by the author of the note.
- Signatures should be legible

### Acceptable forms of signatures

- **Legible handwritten signatures or initials**  
**Note:** Handwritten signatures should be legible and the reviewer must be able to determine whose signature is used. Stamped signatures are not acceptable.
- **Electronic signatures**  
Electronic signatures should contain date and timestamps and include printed statements, e.g., "electronically signed by," or "verified/reviewed by" followed by the practitioner's name and preferably a professional designation.  
**Note:** The responsibility and authorship related to the signature should be clearly defined in the record.
- **Digitized signature**  
An electronic image is an individual's handwritten signature reproduced in its identical form using a pen tablet.  
**Note:** This is an actual real-time signature done electronically, like the digital sign-out with a credit card transaction.

**UNACCEPTABLE SIGNATURES**

(According to CR 6698):

- Signature 'stamps' alone in medical records are not recognized as valid authentication for Medicare signature purposes.
- Reports or any records that are dictated and/or transcribed, but do not include valid signatures 'finalizing and approving' the documents are not acceptable.
- Illegible signature NOT over a typed/printed name, NOT on letterhead and the documentation is unaccompanied by:
  - 1) a signature log, or 2) an attestation statement
- Initials NOT over a typed/printed name unaccompanied by:
  - 1) a signature log, or 2) an attestation statement
- Unsigned typed note with provider's typed name
- Unsigned typed note without provider's typed/printed name
- Unsigned handwritten note, the only entry on the page

**UNACCEPTABLE ELECTRONIC SIGNATURES**

(According to Cigna Government Services):

- 'Signing physician' when provider's name is typed  
*Example:* Signing physician: \_\_\_\_\_ John Smith, M.D.
- 'Confirmed by' when a provider's name is typed  
*Example:* Confirmed by: \_\_\_\_\_ John Smith, M.D.
- 'Signed by' followed by provider's name typed and the signing line above but done as part of the transcription.
- 'This document has been electronically signed in the \_\_\_\_\_ department' with no provider name.
- 'Dictated by' when provider's name is typed  
*Example:* Dictated by: \_\_\_\_\_ John Smith, M.D.
- 'Signature On File'
- 'Filled By'
- 'Electronically signed by agent of provider'

**ACCEPTABLE HANDWRITTEN SIGNATURES**

(According to CR 6698):

- Legible full signature
- Legible first initial and last name
- Initials over a typed or printed name
- Illegible signature over a typed or printed name
- Illegible signature where the letterhead, Addressograph or other information on the page indicates the identity of the signatory  
*Example:* An illegible signature appears on a prescription. The letterhead of the prescription lists 3 physicians' names. One of the names is circled.
- Illegible signature NOT over a typed/printed name and NOT on letterhead but accompanied by:
  - 1) a signature log, or 2) an attestation statement
- Initials NOT over a typed/printed name and NOT on letterhead but accompanied by:
  - 1) a signature log, or 2) an attestation statement
- Unsigned handwritten note where other dated entries on the same page in the same handwriting are signed

**ACCEPTABLE ELECTRONIC SIGNATURES**

(According to Cigna Government Services):

- 'Electronically signed by' with provider's typed name
- 'Electronically verified by' with provider's typed name
- 'Reviewed by' with provider's typed name
- 'Authenticated by' with provider's typed name

**Acceptable Signature Examples**

Legible full signature	
Legible first initial and last name	
Illegible signature over a typed name	 John Whigg MD
Illegible signature where the letterhead, Addressograph or other information on the page indicates the identity of the signer.	 John Whigg MD   James Davis MD   Peter Jacobs MD
Illegible signature NOT over a typed/printed name and NOT on letterhead, but the submitted documentation is accompanied by: 1) a signature log, or 2) an attestation statement	
Initials over a typed or printed name	 John Whigg MD

Initials NOT over a typed/printed name but accompanied by: 1) a signature log, or 2) an attestation statement	John Whigg MD
Unsigned handwritten note where other entries on the same page in the same handwriting are signed.	Not applicable to imaging orders

**Example Signature Attestation Statement**

Providers will sometimes include in the documentation they submit an attestation statement. In order to be considered valid for Medicare medical review purposes, an attestation statement must be signed and dated by the author of the medical record entry and must contain sufficient information to identify the beneficiary.

Should a provider choose to submit an attestation statement, they may choose to use the following statement:

"I, \_\_\_\_\_ [print full name of the physician/practitioner] \_\_\_\_\_, hereby attest that the medical record entry for \_\_\_\_\_ [date of service] \_\_\_\_\_ accurately reflects signatures/notations that I made in my capacity as \_\_\_\_\_ [insert provider credentials, e.g., M.D.] \_\_\_\_\_ when I treated/diagnosed the above listed Medicare beneficiary. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability."