



MEDICARE HOME CONTACT US E-MAIL UPDATES



Palmetto GBA Home / Railroad Medicare / Articles / E/M Help Center / CMS Guidelines on the Use of Scribes...



Railroad Medicare

CMS GUIDELINES ON THE USE OF SCRIBES WITH EVALUATION & MANAGEMENT SERVICES



Railroad Medicare Home

What's New

Articles

EDI

Learning & Education

Online Provider Services

Resources

TOP LINKS

- [Appeals](#)
- [Forms](#)
- [Quick Reference Guide](#)
- [New to Medicare?](#)
- [Provider Enrollment](#)

Many providers of Medicare services utilize scribes to assist with everyday documentation. There are various reasons why a provider may benefit from using a scribe, such as efficiency, legibility and the additional time to focus on patient care.

The Centers for Medicare & Medicaid Services (CMS) offered the following guidance to contractors when reviewing evaluation and management services when documented by scribes in the medical record.

1. If ancillary staff is present while the provider is gathering further information related to the patient's visit (e.g., the three key components), he/she may document (scribe) what is dictated and performed by the physician or NPP
2. The provider needs to review the information as it is written, documented, recorded or scribed. The provider also needs to write a notation that they reviewed the documentation for accuracy, add to it if supplemental information is needed and sign his/her name.
3. The name of the scribe must be identified in the medical records. Note that although not required, the date of the signature should be noted.
4. Ancillary staff does not need to be employed by the physician (e.g., hospital employee) in order to fill the 'scribe' role

Resource:

- [CMS 1995 & 1997 E/M Guidelines](#)

last updated on 03/01/2011

5010 DEADLINE



Compliance Enforcement Deadline
06/30/2012 11:59pm

52 days | 12h | 52m | 20s



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