



# **Breaking Alert** **Official Answer on** **Beneficiary Signature** **Rules**

## **CMS Allows for “Verbal Consent” by COVID-19 Patients**

Several weeks ago, PWW and other industry groups asked CMS for relief from signature rules because of the impracticability of obtaining Assignment of Benefits (AOB) signatures from suspected or actual COVID-19 patients. Now, CMS has officially acknowledged that due to CDC Guidelines, it is improper to ask suspected or known COVID patients to handle styluses, pens and other devices or equipment used to obtain signatures due to the infection risk.

Today CMS announced that 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 has determined that this meets the “good cause” provision of the signature rules, found at 42 CFR Section 424.36(e), which states that if good cause is shown, CMS may honor signatures of persons other than the patient or authorized representatives. Thus, in this limited case, CMS will accept crew member signatures in place of a patient signature, if the patient gives verbal consent and the crew documents the verbal consent given by the patient.

Of course, in the event the patient is physically or mentally incapable of signing, or giving this consent, there are other alternatives to obtaining the patient’s actual signature, such as an authorized representative signing on behalf on the patient. But 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.

**Our Recommendation:** In cases of suspected or known COVID-19 patients, where a patient who 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 supports that conclusion);
2. That verbal consent of the patient to sign on their behalf was obtained by the crew;
3. Crew members should complete the PCR, along with the appropriate crew signatures, after proper removal of PPE and performing hand hygiene, per CDC guidelines.

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

Here's the ***CMS Question and Answer*** Posted Today (4/13/20) which can be found at [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.