

Professional Billing Compliance Frequently Asked Questions

Documentation

1. [What is the correct way to handle corrections or additions to a medical record made after the time of service?](#)
2. [How can we get our doctors to follow documentation guidelines?](#)

1. What is the correct way to handle corrections or additions to a medical record made after the time of service?

Medicare expects the documentation to be generated during the time of service or shortly thereafter. Delayed entries made within a reasonable time frame (24-48 hours) are acceptable for purposes of clarification, error correction, the addition of information not initially available and if certain unusual circumstances prevented the generation of the note at the time of service.

The medical record cannot be altered. Errors must be legibly corrected so that the carrier reviewer can draw an inference as to their origin. These corrections or additions must be dated, preferably timed, and legibly signed or initialed.

Delayed written explanations may be considered by Medicare for purposes of clarification only. Some carriers state they cannot be used to add and authenticate services billed and not documented at the time of service or to retrospectively substantiate medical necessity. Medicare expects the medical record to stand on its own with the original entry corroborating that the service was rendered and was medically necessary. (Refer to hospital policy and/or medical staff policy for additional information and possibly more stringent requirements.)

[HIM: Medical Record Completion](#)

2. How can we get our doctors to follow documentation guidelines?

Education, feedback and more education. You must be persistent and follow through to show your commitment.

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