

Electronic Health Record Documentation FAQs

These FAQs provide guidance under relevant federal laws for the Medicare program¹. Additional state or local requirements may apply.

Q: Under Medicare payment rules, can non-physician staff, such as a registered nurse (RN), licensed practical nurse (LPN) or medical assistant (MA), enter elements of an evaluation and management (E/M) visit without the physician present?

A: Yes, certain elements, like the Review of Systems (ROS) and Past, Family, and/or Social History (PFSH), may be recorded in the EHR by non-physician staff.

Medicare guidance specifically allows ancillary staff to enter information derived from the patient for the ROS and/or PFSH. However, the physician must provide a notation in the medical record supplementing or confirming the information recorded by others to document that the physician reviewed the information.

For other elements of a visit, like the History of Present Illness (HPI) or Chief Complaint (CC), Medicare rules do not explicitly indicate who may enter documentation. However, several Medicare Administrative Contractors (MACs) currently interpret Center for Medicare & Medicaid Services (CMS) regulations to prohibit the physician (or non-physician practitioner (NPP), if billing for the service) from delegating these elements of the service. Practitioners should check with their respective MACs before allowing individuals other than the treating physician to document an HPI or CC.

If the non-physician is entering information about an HPI or CC on behalf of the physician while the physician is present in the room with the patient, some MAC guidance suggests that this practice is allowable as long as the physician actually performed the E/M service billed, the scribe simply served to transcribe the service provided by the physician, and the scribe's entry is authenticated by the physician. Other MACs, however, restrict this practice. Providers should consult with their MAC before using a scribe to complete entry of an HPI or CC.

Q: Can an RN document a patient's medication list in the EHR as part of medication reconciliation (MR) during E/M visit?

A: Yes, where MR is part of the ROS or PFSH for the E/M service, under Medicare payment rules, the medication list may be recorded by any ancillary staff, and then signed by the physician.

MR is an optional objective for Stage 1 of meaningful use and a core objective of Stages 2 and 3. The final meaningful use rules for Stage 3 do not explicitly limit who may conduct or document MR, but do indicate that non-medical staff may conduct reconciliation under the direction of a provider so long as the

provider or other credentialed medical staff is responsible and accountable for review of the information and for the assessment of and action on any relevant clinical decision support.

Q: Can licensed staff enter electronic orders, such as laboratory or x-ray requests?

A: Yes, certain credentialed individuals may enter orders for diagnostic tests in an office (non-facility) setting.

Medicare generally requires that services provided/ordered be authenticated by the author. A physician's failure to properly authenticate an order could lead to denial of payment by a MAC. However, there are circumstances where Medicare does not require a physician signature, such as for diagnostic tests (e.g., clinical diagnostic laboratory tests and diagnostic x-rays), when ordered in an office setting. While these orders need not be signed by the physician, he or she must clearly document in the medical record his or her intent that the test be performed.

Even where a physician's signature is not required on the order, when the entry is being made into the EHR, the identity of the individual entering the order will matter for meaningful use purposes. Use of computerized provider order entry (CPOE) is a core objective for physicians seeking to demonstrate meaningful use of EHRs. For physicians who must meet Stage 1 of meaningful use, only CPOE of medication orders is required, but to comply with Stage 2 and 3 standards, providers must also enter at least some laboratory and imaging orders.

Meaningful use rules also allow for "licensed healthcare professionals" to enter orders into an EHR in lieu of a physician, provided that they are authorized to do so under state, local, and professional guidelines. These rules are intended to ensure that individuals entering orders into an EHR have some minimal level of clinical training that would enable them to understand and act on, if necessary, clinical decision support tools that may be triggered by the entry. CMS has offered some specific examples of which types of non-physician professionals are considered licensed healthcare professionals:

- *Credentialed Medical Assistant:* A credentialed medical assistant (CMA), or someone who is credentialed to and performs the duties equivalent to a CMA, may enter orders for the purposes of meaningful use. CMS requires that such medical staff have sufficient medical training so as to execute the related clinical decision support involved in CPOE. CMS does not specify the credentialing process for CMAs, instead allowing providers to determine the proper credentialing, training, and duties as long as they fit within the guidelines outlined by CMS. Specifically, CMAs must be credentialed to perform the medical assistant services by an organization other than the employing organization.
- *Interns:* CMS has specifically indicated that interns who have completed their medical training and are working toward appropriate licensure would fit within the definition of a licensed health care professional for purposes of meaningful use.

- *Nurses*: CMS has indicated that nurses who are licensed and can enter orders into the medical record per state, local and professional guidelines may conduct CPOE.
- *Scribes*: CMS has stated that scribes MAY NOT enter orders for purposes of the CPOE objective.

[1] Source: Legal Memorandum Guidelines for Entering Patient Data into an Electronic Health Record.
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