Title: Record of Care, Treatment, and Services - Use of Scribes in Clinical Documentation Policy - Policy

I. Policy Statement
   a. To establish guidelines in which a scribe may be utilized by the physician to properly document the physician’s dictation and/or activities during a patient visit.

II. Definitions
   a. “Scribe” instances are those in which the physician utilizes the services of his/ her staff to document work performed by that physician in either an office or facility setting. The physician who receives the payment for the services is expected to be the person delivering the services and creating the record which is “scribed” by another person.

III. Process/Content
   a. Physicians using the services of a scribe must adhere to the following:
      i. Only allow a person(s) to scribe who has the appropriate qualifications including but not limited to
         1. A working understanding of medical terminology,
         2. Has completed training and passed testing,
         3. Has received approval from the Office of Corporate Compliance,
         4. Has been issued a “scribe card” verifying these requirements have been met.
      ii. The scribe does not act independently but simply documents verbatim the physician’s dictations and/or activities during the visit.
      iii. Follow Evaluation and Management (E/M) guidelines for the place of service of that visit according to Centers for Medicare and Medicaid Services (CMS) Manual, Publication 100-04, Chapter 12, Section 30.6.1.
      iv. Documentation supports the medical necessity of the level of service billed and key components required of the service.
      v. Record entry notes the name of the person “acting as a scribe for the provider, the date of service, and signature of the scribe.”
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vi. Physician reviews the documentation and co-signs the note indicating the note is “an accurate record of both his/her words and actions during that visit.”

vii. E/M services documented by a Non Physician Practitioner (NPP) for work that is independently performed by that NPP is **not** an example of a scribe situation.

b. Scribe situations are appropriate and can be a part of the physician’s billing of services to Medicare/Medicaid as long as these services are used and documented appropriately, and that the documentation is present in the medical record to support that the physician actually performed the E/M service at the level billed.

c. For additional information or questions, please contact the Office of Corporate Compliance at 884-0632.

IV. Attachments

a. [Record of Care, Treatment, and Services - Use of Scribes in Clinical Documentation_Attachment A_Scribe Acknowledgement Card - Blank]

V. References, Regulatory References, Related Documents, or Links

a. CMS Manual, Publication 100-04, Chapter 12, Section 30.6.1.