

	<b>POLICY AND PROCEDURES</b>		
	POLICY NUMBER:		CHLAMG-CI-1020
	ORIGINAL DATE: Feb 12, 2015	REVISED: May 9, 2018; Sep 10, 2019	EFFECTIVE: Sep 10, 2019
DEPARTMENT: Compliance	APPROVED BY: Carl Grushkin, MD and Chief Compliance Officer		
<b>POLICY TITLE: Use of Scribes and Documentation Requirements</b>			

**I. PURPOSE:**

- A. To ensure proper documentation of clinical services when the billing provider has elected to use the services of a scribe. For the purposes of this policy, a scribe is defined as an individual who is present during the physician's or other billing non-physician practitioner's performance of a clinical service and records the service in the electronic health record (EHR).
- B. An individual serving as a scribe does not act independently or function in a clinical capacity and must not interject his or her own observations and impressions during the performance of scribe duties.

**II. DEFINITIONS:**

- A. **Scribe:** An individual who holds the qualifications described in a medical scribe job description or a non-physician practitioner without billing privileges. *Excluded* from the term "Scribe" are residents, interns, fellows, medical students in their learning capacities and CHLAMG non-physician practitioners eligible to bill.

**III. SCOPE:**

- A. CHLAMG physicians and other billing Non-Physician Practitioners [Physician Assistants (PAs) and Nurse Practitioners (NPs) who bill under a Supervising Physician].

**IV. POLICY:**

- A. Potential quality and safety issues that can arise when using unqualified staff to perform documentation assistance include:
  - Unclear roles and responsibilities;
  - Inappropriate use of another person's log-in credentials; and,
  - Failure of the physician or an eligible non-physician practitioner to verify orders or other documentation entered during the clinical encounter.
- B. CHLAMG supports the use of Scribes by its physicians and billing non-physician practitioners when such use complies with this policy. The physician or billing non-physician practitioner is ultimately responsible for all documentation and must verify that the scribed note accurately reflects the service provided.
- C. Individuals serving as a Scribe must sign the CHLAMG Scribe Agreement prior to scribing.
- D. Scribed documentation must clearly identify the name of the Scribe, the role of the individual documenting the service, i.e., Scribe, and the provider of the clinical service. Scribes cannot take verbal orders, translate for patients, act independently without clinical oversight, or perform other duties while acting as a Scribe.

- E. Residents, interns, fellows, and billing non-physician practitioners may not serve as Scribes. Medical students may only serve as Scribes if not acting in their trainee role.

**V. PROCEDURE:**

- A. Scribing is permitted when the following conditions are met:

1. The physician and/or billing PA/NP personally performs the entire service for which charges are submitted.
2. The individual acting as a Scribe accompanies the physician and/or billing PA/NP during the service provided to the patient.
3. A Scribe may not provide any portion of the service for which the provider bills.
4. A scribed note must accurately reflect the service provided on a specific date of service. The billing provider is ultimately responsible for the content of a scribed note.
5. A scribed note must contain the following:

- a. Scribe Documentation Requirements. A note from the Scribe indicating he/she was acting as a Scribe on behalf of a teaching/attending physician or billing PA/NP:

*"I, [Scribe's Name], am scribing on behalf of Dr./PA/NP [insert First and Last Name]" with authenticated date and time.*

If only scribing a portion of a visit, the Scribe should clarify which portion of the notes entered, *"The Chief Complaint, history, and exam portions of this note were entered by [Scribe's Name] acting as a Scribe for Dr./PA/NP [Insert First and Last Name]" with authenticated date and time.*

- b. Physician/Billing PA/NP Requirements. The physician and/or billing PA/NP is ultimately responsible for verifying the accuracy of any scribed documentation. A signed attestation by the physician must indicate the documentation is complete and accurate, if reflects the provider's personal service, and that it was scribed on their behalf.

*"I personally performed the above scribe service and the documentation accurately describes that service." Signed [Name], MD/PA/NP with authenticated date and time.*

*"I personally performed the services documented here and agree the documentation accurately represents the services and medical decisions I made. I have reviewed the documentation and made changes or additions as needed." Signed [Name], MD/PA/NP with authenticated date and time.*

6. The charges submitted by the physician and/or billing PA/NP must be for services personally performed.

**PROCEDURE:**

## A. Scribing is permitted when the following conditions are met:

1. The teaching/attending physician and/or billing NP/PA personally performs the entire service for which charges are submitted.
2. The individual acting as a scribe accompanies the teaching/attending physician and/or billing NP/PA during the service provided to the patient.
3. A scribe may not provide any portion of the service for which the provider bills.
4. A scribed note must accurately reflect the service provided on a specific date of service. The billing provider is ultimately responsible for the content of a scribed note.
5. A scribed note must include the following:

- a. Scribe Documentation Requirements. A note from the scribe indicating he/she was acting as a scribe on behalf of an attending physician or billing NP/PA:

*"I, [Scribe's Name], am scribing on behalf of Dr./PA/NP [Insert First and Last Name]" with authenticated date and time.*

If only scribing a portion of a visit, the scribe should clarify which portion of the notes they entered, *"The chief complaint, history, and exam portions of this note were entered by [Scribe's Name] acting as a scribe for Dr./PA/NP [Insert First and Last Name]" with authenticated date and time*

- b. Attending Physician/Billing NP/PA Requirements. The physician and/or billing NP/PA is ultimately responsible for verifying the accuracy of any scribed documentation. A signed attestation by the attending physician and/or billing NP/PA must indicate the documentation is complete and accurate, it reflects the provider's personal service, and that it was scribed on their behalf:

*"I personally performed the above scribed service and the documentation accurately describes that service. Signed [Name], MD/PA/PA" with authenticated date and time.*

*"I personally performed the services documented here and agree the documentation accurately represents the services and medical decisions I made. I have reviewed the documentation and made changes or additions as needed. Signed [Name], MD/PA/NP" with authenticated date and time.*

6. The charges submitted by the attending physician and/or billing NP/PA must be for services personally performed by the attending physician and/or billing NP/PA.

B. Any individual desiring to serve as a scribe must review the CHLAMG policy on *Use of Scribes and Documentation Requirements* and sign an agreement which states the scribe will adhere to the policy.

1. The clinical division will maintain a copy of the signed document and send a copy to the CHLAMG Compliance Department.

## C. Individuals can only create a scribed note in the EHR or dictate a scribed note if they have their own unique

password and access to the EHR or transcription service. Documents scribed or dictated must clearly identify the Scribe's identity and authorship of the document in both the document and in the audit trail. Scribes may never create a note under anyone's user name or password other than their own.

- D. CHLAMG physicians and billing non-physician practitioners are required to document in compliance with all federal, state and payor requirements, and CHLAMG policy.
- E. Scribes must comply with all relevant information security policies, HIPAA and HITECH requirements, and adhere to confidentiality and patient rights standards.
- F. Compliance. All CHLAMG members and contracted staff performing services on behalf of CHLAMG members are expected to comply with this policy. Violations of this policy will be reported to the CHLAMG Compliance Department and to the Division Administrator. CHLAMG Compliance will investigate alleged violations of this policy and report such violations to the Executive Compliance Committee for appropriate action.

**REFERENCES:**

AHIMA, [\*Use of Medical Scribes in a Physician Practice\*](#)

The Joint Commission, [\*FAQ on Documentation Assistance Provided by Scribes\*](#)

CHLAMG Scribe Agreement

**POLICY OWNER:** CHLAMG Compliance Director



Compliance Department

SCRIBE AGREEMENT (CHLAMG-CI-1020)

**SCRIBE AGREEMENT**

I hereby certify that I have reviewed CHLAMG’s policy on *Use of Scribes and Documentation Requirements*. I understand that as a Scribe:

- I am required to be present during the physician’s or billing NP/PA’s performance of a clinical service and will document, on behalf of the provider, everything said during the course of the service.
- I may not act independently of the provider, function in a clinical capacity, or interject my own observations and impressions while performing my scribing duties.

I agree that documentation of my scribe service must include a personal and dated note that:

- Identifies me as the scriber of the service
- Attests that the notes were written/recorded in the presence of the physician or billing NP/PA performing the service
- Identifies the physician/NP/PA
- Includes the date and signature of me as the Scribe
- Includes the date and signature of the physician/NP/PA.

An example of compliant documentation is, *“I, (Scribe name), am scribing on behalf of Dr./PA.NP (insert First and Last name).”*

I further agree that to serve as a scribe means that I will have to have an assigned, unique password to the EHR, and that I agree to use this login when I document services in the EHR. I acknowledge that using another individual’s login credentials is prohibited by CHLAMG’s and CHLA’s Management of Information Services (MIS) policies.

I agree to comply with HIPAA privacy policies which protect against the unauthorized use or disclosure of a patient’s protected health information.

**PLEASE PRINT**

Name:	
Division:	Department:
Date:	

One copy should be retained by the Division Administrator and placed in the division’s files. A copy of the completed form should also be sent to CHLAMG Compliance at [CHLAMGCompliance@chla.usc.edu](mailto:CHLAMGCompliance@chla.usc.edu).