

**Healthcare Billing Compliance
Procedures
Chapter 7
Policy Number S12.06**

Last Revised: 12/28/2007

SCRIBE POLICY AND PROCEDURE		
PURPOSE	For the purpose of standardization this policy is to define the use of scribes in clinical settings by attending physicians	
POLICY STATEMENT	It is the policy of The University of Texas- Health Science Center Houston (UT-HSC) to assure that the medical record is documented appropriately and with clarity, including the provider of service and author of said documentation.	
SCOPE	This policy applies to all health care providers responsible for patient care or ancillary services who are permitted to document in the medical record via handwritten, dictated or electronically created entries.	
PROCEDURE	1.	All health care providers are responsible for documentation of service performed in a clear and appropriate manner, as related to authorship and service provision.
	2.	All entries must be legible and complete, and must be authenticated and dated promptly by the person (identified by name and discipline) who is responsible for ordering, providing, or evaluating the service furnished. The author of each entry must be identified and must authenticate his or her entry as "scribe for the provider (name)." Authentication may include signatures, written initials or computer entry.
RESIDENTS		Resident are prohibited from performing scribe services as a matter of Best Practice at UTHSC-H.
Physician Assistants		Only non-billing physician's assistants are eligible to scribe services for providing MD's as a matter of Best Practice at UTHSC-H. A non-billable physician's assistant is defined as "any physician's assistant who is not providing billable services with a provider ID number through UTHSC-H or UTP.
Documentation Standard		Scribed notes must contain the following: 1. Documentation must begin with "(Name) scribing the following service on behalf of Dr. XXX..."
Scribe Attestation by Physician		The physician performing the service must append a note which contains one of the following: 1. The above service was scribed by (Name) on my behalf and I attest to the accuracy of the note... Signature MD 2. I performed the above scribed service and the documentation accurately describes the services I performed. Signed MD

REFERENCE:

Centers for Medicare & Medicaid Services, directive by Dr. Debra Patterson, Medical Director 11/06