	<b>Regulatory Compliance Policy</b>	<b>No.</b>	<b>COMP-RCC 5.01</b>
	<b>Title:</b>	<b>Page:</b>	<b>1 of 6</b>
		<b>Effective Date:</b>	<b>07-30-19</b>
		<b>Previous Versions Dated:</b>	<b>11-19-15; 06-18-15; 09-27-11; 06-01-11</b>
		<b>Corporate Review Dated:</b>	<b>07-19-19</b>
<b>ORDERS FOR OUTPATIENT TESTS AND SERVICES</b>			

## I. SCOPE:



This policy applies to (1) Tenet Healthcare Corporation and its wholly-owned subsidiaries and affiliates (each, an “Affiliate”); (2) any other entity or organization in which Tenet Healthcare Corporation or an Affiliate owns a direct or indirect equity interest greater than 50%; and (3) any hospital and or healthcare facility in which an Affiliate either manages or controls the day-to-day operations of the entity (each, a “Tenet Entity”) (collectively, “Tenet”).

## II. PURPOSE:

The purpose of this policy is to describe the documentation required to support complete outpatient test and service orders, excluding those tests and services provided to registered Emergency Department patients.

## III. DEFINITIONS:

- A. **“Licensed Independent Practitioner”** means, in the context of this policy, a medical doctor or any practitioner who is authorized by state law to order tests or services and/or is legally accountable for establishing the patient’s diagnosis.
- B. **“Outpatient Tests and Services”** mean hospital or other health care organization services other than room and board and professional services. Examples of outpatient tests and services include diagnostic imaging, pharmacy, laboratory and therapy services.
- C. **“Authentication”** means an author’s validation of his or her own entry in a document. Methods may include written signatures, faxed signatures or computer “signatures” depending on state law and Medical Staff bylaws.
- D. **“Protocol”** means a treatment regime or standardized specifications for care of any patient having a specifically-defined care need (*e.g.*, an order for transfusion of blood or blood products will precipitate multiple laboratory tests to determine blood compatibility). A Protocol directs patient care in the absence of a Licensed Independent Practitioner order; the protocol is a suggested guideline of services which might be performed for patients with a given condition. Protocols must be valid and approved in accordance with Medical Staff bylaws, rules and regulations, state and federal regulations and standards of accrediting organizations. An appropriate Protocol allows patient care staff to initiate orders or care in absence of the Licensed Independent Practitioner but does not imply there can be an automatic, linked or exploding condition in the information system to automatically order a test.

 	<b>Regulatory Compliance Policy</b>	<b>No.</b>	<b>COMP-RCC 5.01</b>
	<b>Title:</b>	<b>Page:</b>	<b>2 of 6</b>
		<b>Effective Date:</b>	<b>07-30-19</b>
		<b>Previous Versions Dated:</b>	<b>11-19-15; 06-18-15; 09-27-11; 06-01-11</b>
		<b>Corporate Review Dated:</b>	<b>07-19-19</b>
<b>ORDERS FOR OUTPATIENT TESTS AND SERVICES</b>			

- E. **“Protocol Orders”** mean orders for chargeable tests or services within a valid, approved facility Protocol. (See [Regulatory Compliance policy COMP-RCC 5.07 Protocol Orders.](#))
- F. **“Qualified Individuals”** mean those persons qualified by specific state laws, rules and regulations and Medical Staff bylaws to accept verbal orders for outpatient tests or services.
- G. **“Outpatient Laboratory Requisition”** means a written document listing tests that are available for Licensed Independent Practitioners to order. It can serve as evidence of the services the Licensed Independent Practitioner intended to order if it is also adequately documented in the medical record. For computerized systems, there may not be a written requisition; however, the order entered in the computer can serve as evidence of the Licensed Independent Practitioner’s intent if all of the required elements are present.
- H. **“Routine Orders”** describe tests that always are performed on each and every patient without documentation of a Licensed Independent Practitioner’s order and that are not specific to the patient (*e.g.*, Comprehensive Metabolic Profile on all pre-op patients).
- I. **“Standing Orders”** mean those orders used for patients with specific conditions who require regular and repeated testing or services. (See [Regulatory Compliance policy COMP-RCC 5.05 Standing Orders.](#))
- J. **“Verbal Orders”** mean orders for medication, treatment, intervention or other patient care that are transmitted as oral, spoken communications between senders and receivers, delivered either face-to-face or via telephone.<sup>1</sup>



#### IV. POLICY:

Orders for outpatient tests and services are valid provided they are documented and include the data elements as defined in this policy. Absent specific exceptions and consistent with federal and state law, tests and services must be provided based on the order of Licensed Independent Practitioners acting within the scope of any license, certificate, or other legal credential authorizing practice in the state in which the Tenet Entity is located.

The following are examples of outpatient tests and services that do not require an order to provide the following services:

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<sup>1</sup>[Centers for Medicare and Medicaid Services, State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals, Interpretive Guidelines §482.24\(c\) \(2\)](#)

 	<b>Regulatory Compliance Policy</b>	<b>No.</b>	<b>COMP–RCC 5.01</b>
	<b>Title:</b>	<b>Page:</b>	<b>3 of 6</b>
		<b>Effective Date:</b>	<b>07-30-19</b>
		<b>Previous Versions Dated:</b>	<b>11-19-15; 06-18-15; 09-27-11; 06-01-11</b>
		<b>Corporate Review Dated:</b>	<b>07-19-19</b>
<b>ORDERS FOR OUTPATIENT TESTS AND SERVICES</b>			

- Screening mammography;
- Influenza virus vaccine and its administration;
- Pneumococcal pneumonia vaccine (PPV) and its administration; and
- Individual tests allowed by state self-referral laws. (Please note, many payers, including Medicare, may not pay for such tests without a valid physician order.)

**V. PROCEDURE:**



**A. Required Elements**

Registration and Outpatient Tests and Services department personnel must review outpatient orders to verify required data elements exist as outlined below. In addition, protocol orders may be considered valid orders provided they meet the requirements specified in the definition section of this policy.

**1. Test or Service Orders:**

The following elements are needed to support the performance, charging, coding and billing of a test or service. Please note all elements need not be in the same document, but may be found in many areas.

- a. reason for ordering test or service (*e.g.*, diagnosis, sign, symptom, ICD-10-CM diagnosis code)
- b. test or service, described through a narrative and/or CPT code and requested through:
  - (1) written Licensed Independent Practitioner order;
  - (2) Verbal Order, received only by Qualified Individuals, reduced to writing, and authenticated promptly by the ordering Licensed Independent Practitioner as specified in the Tenet Entity’s Medical Staff bylaws and [Regulatory Compliance policy COMP-RCC 4.03 Health Information Management Operations, Hospital Chart Completion, Documentation and Security](#), as applicable;
  - (3) a valid outpatient laboratory requisition; or
  - (4) a valid test results protocol approved by the Tenet Entity’s Medical Staff

 	<b>Regulatory Compliance Policy</b>	<b>No.</b>	<b>COMP-RCC 5.01</b>
	<b>Title:</b>	<b>Page:</b>	<b>4 of 6</b>
		<b>Effective Date:</b>	<b>07-30-19</b>
		<b>Previous Versions Dated:</b>	<b>11-19-15; 06-18-15; 09-27-11; 06-01-11</b>
		<b>Corporate Review Dated:</b>	<b>07-19-19</b>
<b>ORDERS FOR OUTPATIENT TESTS AND SERVICES</b>			

Receiving both a narrative description and a CPT code is strongly preferred.

- c. name of Licensed Independent Practitioners ordering test or service
- d. telephone number of Licensed Independent Practitioners ordering test or service
- e. patient name
- f. date of order

If an order is missing information, staff members receiving the outpatient order shall attempt to obtain the required information. Every effort should be made to obtain all information prior to tests being performed or services being rendered. However, if patient care or the integrity of a specimen is at risk, the testing/service department should continue processing the test(s) or performing the service(s) and subsequently obtain the required elements.

**B. Routine Orders**

Tenet Entities will not provide tests or services based on Routine Orders.



**C. House Officers**

It is acceptable for house officers (medical or surgical interns, residents or fellows) to order a test or service provided the Tenet Entities Medical Staff bylaws, rules and regulations authorize house officers to be granted the privilege of ordering tests or services.

**D. Verbal Orders**

Each Tenet Entity's Medical Staff bylaws, rules and regulations must define who, by title or category, is a Qualified Individual able to accept and document verbal orders. All verbal orders must be authenticated based upon federal and state law. If there is no state law that designates a specific timeframe for the authentication of verbal orders, then verbal orders must be authenticated within 48 hours.

**E. Order Authentication**

 	<b>Regulatory Compliance Policy</b>	<b>No.</b>	<b>COMP-RCC 5.01</b>	
	<b>Title:</b>	<b>Page:</b>	<b>5 of 6</b>	
	<b>ORDERS FOR OUTPATIENT TESTS AND SERVICES</b>	<b>Effective Date:</b>	<b>07-30-19</b>	
		<b>Previous Versions Dated:</b>	<b>11-19-15; 06-18-15; 09-27-11; 06-01-11</b>	
		<b>Corporate Review Dated:</b>	<b>07-19-19</b>	

Where required by law or regulation, the Licensed Independent Practitioner’s authentication must be obtained as defined and/or required by the Tenet Entity’s medical staff bylaws, rules and regulations and enforced by the Tenet Entity’s policy and procedure.

**F. Billing and Coding Accounts Lacking Valid Orders**

Tenet Entities may code and bill an account that does not have a complete or valid order (*e.g.*, the order may lack a date); however, the order must eventually be completed. The Outpatient Tests or Services department is responsible for obtaining any missing elements. (See [Regulatory Compliance Policy COMP-RCC 4.71 HIM Diagnosis And Procedure Code Reporting](#))

**G. Auditing and Monitoring**

Audit Services will audit compliance with this policy. In addition, the validation of order for outpatient tests and services is included in the Medical Billing Audit process (See Regulatory Compliance Policy COMP-RCC 4.46 Medical Billing Audit).

**H. Responsible Person**



Each Director of an Outpatient Tests or Services department is responsible for ensuring that all individuals adhere to the requirements of this policy, that these procedures are implemented and followed at the Tenet Entity, and that instances of noncompliance are reported to the Compliance Officer.

**I. Enforcement**

All employees whose job responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

**VI. REFERENCES:**

- [Regulatory Compliance policy COMP-RCC 5.05 Standing Orders](#)
- [Regulatory Compliance policy COMP-RCC 5.07 Protocol Orders](#)

 	<b>Regulatory Compliance Policy</b>	<b>No.</b>	<b>COMP-RCC 5.01</b>	
	<b>Title:</b>	<b>Page:</b>	<b>6 of 6</b>	
	<b>ORDERS FOR OUTPATIENT TESTS AND SERVICES</b>	<b>Effective Date:</b>	<b>07-30-19</b>	
		<b>Previous Versions Dated:</b>	<b>11-19-15; 06-18-15; 09-27-11; 06-01-11</b>	
		<b>Corporate Review Dated:</b>	<b>07-19-19</b>	

- [Regulatory Compliance policy COMP-RCC 4.03 Health Information Management, Hospital Chart Completion, Documentation and Security](#)

- [Regulatory Compliance Policy COMP-RCC 4.46 Medical Billing Audit](#)

- [Regulatory Compliance Policy COMP-RCC 4.71 HIM Diagnosis And Procedure Code Reporting](#)

- [Centers for Medicare and Medicaid Services, State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals, Interpretive Guidelines §482.24\(c\)\(2\), Tag A-0454](#)

- [MLN Fact Sheet “Provider Compliance Tips For Ordering Hospital Outpatient Services” ICN 909405 February 2018](#)