

Covenant HealthCare Laboratories

Physician Orders

Folder: Lab Administration\Lab Administration\Compliance

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Objective: To ensure laboratory testing orders are properly documented in accordance with Medicare, Medicaid and other federally funded payor guidelines.

Scope: All Covenant personnel submitting orders for laboratory testing.

Policy: Orders for laboratory tests and services must be documented and must 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 physicians or allied health practitioners (AHP) acting within the scope of any license, certificate, or other legal credential authorizing practice in the state of Michigan.

Procedure: A. General Guidelines

1. Absent specific exceptions and consistent with Federal and State law, tests and services must be provided based on the order of physicians or allied health practitioners (AHP) acting within the scope of any license, certificate, or other legal credential authorizing practice in the state of Michigan.
2. It is acceptable for a resident to order a test or services *provided* Covenant's medical staff bylaws and/or rules and regulations have authorized the resident to be granted the privilege of ordering tests or services.
3. It is acceptable for an AHP to order a test or service *provided* the individual ordering the test or is acting within the scope of any license, certificate, or other legal credential authorizing practice in the state of Michigan, **and the order is signed and authorized by the ordering physician.**
4. Standardized and customized laboratory requisition forms are available and are encouraged for use for outpatient laboratory services.
5. Written physician orders are valid for 12 months from the date written.
6. Verbal orders are a valid request:
 - a. Outpatients:

- 1) Verbal orders need to be written on a blank laboratory requisition.
- 2) When the verbal order is taken, the lab staff must read the order back to the physician office staff, including all tests and diagnosis. When the order is read back to the physician office staff, the laboratory staff will write on the lab order requisition "read back", and write their initials on the requisition.
- 3) The order form will be faxed to the physician's office for signature. A notation will be made on the original laboratory requisition that a verbal order was taken, and the order was faxed to the physician's office (with the date and time of faxing).
- 4) Staff handling the order are responsible for ensuring the signed order is returned and scanned to the patient encounter. If the signed order is not received within 72 hours, they will pass it to their direct supervisor for follow up. Their direct supervisor will contact the provider to obtain the signed order.
- 5) If the requestor is able to immediately FAX an order to the lab, this may be done in lieu of the above steps. Once received, lab work will be ordered as requested and the lab request will be scanned to the correct encounter.

b. Inpatients:

- 1) When a verbal order is received, the requesting person will be asked to input an electronic order, or lab staff will input the order using the Telephone with Readback order mode.
- 2) If the order is to be added to an existing accession, lab staff will add on using the Lab Reflex/Order Correction mode and will input a non-chartable order note documenting the requesting person

7. Laboratory employees must follow medical necessity guidelines and only perform and charge for tests/services that have been ordered by a qualified individual. The following outlines the required documentation to support complete test or service orders, coding and billing of outpatient services.

Registration personnel will review outpatient orders to ensure required data elements exist. If information from the order is missing, staff members receiving the outpatient order must 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, continue processing the test(s) or performing the service(s) and ensure required elements be subsequently obtained.

8. Outpatient requisitions are filed and retained for a period of at least 7 years if scanning has not been implemented. In areas where scanning has been implemented, records will be kept on site for a period of 30 days, at which time they will be destroyed.
10. Any orders that may be unclear (e.g., orders using non-standard or non-specific terms) must be confirmed with the physician to ensure quality patient care. This will require contacting the patient's nurse, physician or physician office staff. These include verbal orders and any written test order on any requisition, miscellaneous or downtime forms. The lab staff will read back the unclear order once it is verified. It will then be documented as "read back" and initialed by the lab staff.

B. Addition of Tests

1. Certain Laboratory orders received within a reasonable time period of a previous specimen may be performed on the original specimen, under acceptable guidelines listed under individual test requirements.
 - a. When additional orders are received by Inpatient Phlebotomy, Phlebotomists may follow the Do Off Order section of Test Collection Priority Modifications Policy.
 - b. When additional orders are received in the Laboratory (Hematology, Chemistry, Coagulation, etc) staff will use the following method:
 - 1) Confirm orders fall within acceptable guidelines listed under individual test requirements.
 - 2) When addition of tests occurs by phone, the order will be submitted using the Lab Reflex/Order Correction order mode and personnel requesting additional testing must be documented as a non-chartable order note.
 - a) Outpatient orders must be handled as in 6a above.

- b) Inpatient orders must be handled as in 6b above.
- 3) If add-on orders are submitted through the LIS via In-Basket message, the order will be accepted and added on to the In-Lab specimen within the LIS system. If the in-lab specimen is inadequate for the do-off request, the add on request will be denied and the order will fall back to the phlebotomy draw list.
- 4) When computer labels are sent over from floors (or Phlebotomy) requesting additional testing be performed on a previously collected sample, then the label must have the initials of the phlebotomist and the initials of the hospital employee authorizing the add on test. The original label will be cancelled as “use previous specimen” and the test will be added to the sample indicated using the Add-on workflow in Specimen Inquiry. **These orders will use the Lab Reflex/Order Correction order mode and** documentation of the initials on the label must be included as a non-chartable order note.

C. Inpatient

- 1. Orders are written in the patient chart by a qualified individual.
- 2. Nursing staff or physician will enter orders into the HIS/LIS.
- 3. Miscellaneous orders will be ordered in EPIC or submitted on a Laboratory Downtime Form.
- 4. Orders will be submitted on a Laboratory Downtime Form when the HIS and/or LIS are not operational.
- 5. Valid laboratory orders contain:
 - a. Patient Name
 - b. Date of Order
 - c. Tests requested
 - d. Location
 - e. Medical Records Number and/or Date of Birth
 - f. Requesting Physician

D. Outpatient

- 1. Orders are submitted by a qualified individual, preferably on a Covenant requisition form or placed in EPIC
- 2. Valid laboratory requisition contains:
 - a. Patient Name
 - b. Date of Order (not to exceed 12 months)
 - c. Diagnosis/ICD10 code

- d. Tests requested
 - e. Ordering Physician (supporting physician of Nurse Practitioner, Physician's Assistant, Resident)
 - f. Date of Service must be documented on order.
3. Outpatient laboratory services are screened for medical necessity and Advanced Beneficiary Notices provided to patients when appropriate.

E. Pre Admit Patient

1. Orders are submitted on a Pre-Admit Testing (PAT) Requisition or placed into EPIC.
2. Valid PAT requisition contains:
 - a. Patient Name
 - b. Date of Order
 - c. Date of Surgery
 - d. Account Number
 - g. Diagnosis/ICD10 code
 - h. Tests requested
 - i. Ordering Physician/Surgeon
3. Outpatient Phlebotomy releases the orders in EPIC.
4. PAT laboratory services are screened for medical necessity and Advanced Beneficiary Notices provided to patients when appropriate.

F. Series/Recurring Patient

1. Orders are submitted by a qualified individual, preferably on a Covenant requisition form and/or entered into EPIC.
2. Valid laboratory requisition contains:
 - a. Patient Name
 - b. Date of Order
 - c. Date of Expiration (not to exceed 12 months)
 - d. Diagnosis/ICD10 code
 - e. Tests requested
 - f. Ordering Physician (supporting physician of Nurse Practitioner, Physician's Assistant, Resident)
 - g. Initial Date of Service must be indicated on order.
3. Series/Recurring laboratory services must be screened for medical necessity and Advanced Beneficiary Notices provided to patients when appropriate.

Expired Series/Recurring Orders

If a Series/Recurring order has expired, the order can be honored for **one additional service** if expiration date is within the last 6 months. The patient needs to be informed that their standing order has expired and that they can have their labs drawn one additional time, but they must have a new order prior to their next draw. Laboratory personnel are encouraged to call the physician's office to inform them that the patient's standing order has expired and ask if they are willing to send a new order to the laboratory.

1. If the patient's standing order has expired, the phlebotomist will need to go into EPIC to check if the standing order has been performed after the expiration.
2. If it has not, proceed with ordering the standing order for that patient.

If a Series/Recurring order has been expired and patient has already been drawn one additional time following expiration:

1. Let the patient know that the labs have indeed been drawn after the expiration of the standing order and that a new order has to be obtained prior to the standing order being drawn again.
2. Laboratory personnel will attempt to call the physician's office for a new standing order. They may also fax a copy of the old order to the physician's office. If the office cannot be reached, let the patient know that you have tried to reach the office and you cannot reach the physician office staff. We can make another attempt later, or perhaps they would like to contact their physician on their own.

If a Series/Recurring order has been expired for greater than 6 months:

1. Laboratory personnel will attempt to call the physician's office for a new standing order. They may also fax a copy of the old order to the physician's office. If the office cannot be reached, let the patient know that you have tried to reach the office and you cannot reach the physician office staff. We can make another attempt later, or perhaps they would like to contact their physician on their own.

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