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## 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 or healthcare facility in which Tenet Healthcare Corporation or an Affiliate either manages or controls the day-to-day operations of the facility (each, a “Tenet Facility”) (collectively, “Tenet”).

## II. PURPOSE:

The purpose of this policy is to establish the required elements for outpatient laboratory requisitions.

## III. DEFINITIONS:

- A. **“Physician”** means, in the context of this policy, a medical doctor or any licensed independent 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 Laboratory Requisition”** means a written document listing outpatient tests that are available for Physicians to order. It can serve as evidence of the services the Physician 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 Physician’s intent if all of the required elements are present.
- 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 Physician 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 Physician but does not imply there can be an automatic, linked or exploding condition in the information system to automatically order a test.
- E. **“Protocol Orders”** mean orders for chargeable tests or services within a valid, approved facility Protocol. (*See [Regulatory Compliance Policy COMP-RCC](#)*)

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[5.07 Protocol Orders.](#)


- F. **“Qualified Individuals”** mean those persons qualified by specific state laws, rules and regulations and Tenet Facility policies and Medical Staff bylaws to accept verbal orders for outpatient tests or services.
- G. **“Routine Orders”** describe tests that always are performed on each and every patient without documentation of a Physician’s order and that are not specific to the patient (*e.g.*, Comprehensive Metabolic Profile on all pre-op patients). Tenet Facilities will not provide tests or services based on Routine Orders.
- H. **“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.](#)*)
- I. **“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> (*See [Regulatory Compliance Policy COMP-RCC 5.01 Orders for Outpatient Tests and Services.](#)*)

**IV. POLICY:**

Tenet Facilities must use outpatient laboratory requisition forms that contain the following elements:

- patient name or other unique identifier
- name and telephone number of Physician ordering the test
- name and/or CPT code of test being ordered; using both the name and CPT code is strongly preferred
- patient’s ICD-9-CM diagnosis code(s) or a narrative of the patient’s diagnosis
- date of specimen collection
- additional information relevant and necessary to the test to assure accurate and timely testing and reporting of results as determined by the Tenet Facility
- the signature of a representative from the Physician’s practice, except in states where state law requires the Physician’s signature
- statement that Medicare generally does not cover routine screening tests

<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\(c\)\(1\)\(i\) and \(ii\)](#)

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Test menus may vary by facility and physician, as needed. Each Tenet Facility must review its outpatient requisition forms annually or more frequently, as needed.

## V. PROCEDURE:

### A. Facility Implementation

1. Each Tenet Facility must ensure all outpatient laboratory requisitions, whether paper-based or generated through web-based physician portals, meet the requirements of this policy.
2. Each Tenet Facility must have a process in place to ensure Physicians are notified of the requirements of this policy. The process may be included in the annual notice to Physicians required by [Regulatory Compliance Policy COMP-RCC 5.09 Laboratory Annual Notice](#).
3. If a Tenet Facility receives a signed request for lab services on another healthcare service provider's laboratory requisition, the Tenet Facility may perform the tests or services only if the Tenet Facility first confirms with the ordering Physician or the patient that the tests or services may be performed by the Tenet Facility and documents the conversation on the other healthcare service provider's laboratory requisition.

### B. Auditing and Monitoring


Each Tenet Facility must monitor completion of outpatient laboratory requisitions as part of its medical billing audit program. Audit Services will audit adherence to these policies as part of the full scope audit.

### C. Responsible Person

The Laboratory Director is responsible for ensuring that all individuals adhere to the requirements of this policy. If the Director is unable to create adherence to this policy, the Director shall immediately report the non-adherence to the Hospital Compliance Officer.

### D. Enforcement

All employees whose 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.

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**VI. REFERENCES:**

- [Regulatory Compliance Policy COMP-RCC 4.46 Medical Billing Audit](#)
- [Regulatory Compliance Policy COMP-RCC 5.01 Orders for Outpatient Tests and Services](#)
- [Regulatory Compliance Policy COMP-RCC 5.05 Standing Orders](#)
- [Regulatory Compliance Policy COMP-RCC 5.07 Protocol Orders](#)
- [Regulatory Compliance Policy COMP-RCC 5.09 Laboratory Annual Notice](#)
- [Centers for Medicare and Medicaid Services, State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals, Interpretive Guidelines §482.24\(c\)\(1\)\(i\) and \(ii\)](#)

**VII. ATTACHMENTS:**

- Attachment A: Model Outpatient Laboratory Requisition Template