HAWAII HEALTH SYSTEMS CORPORATION "Touching Lives Everyday"	*Quality Through Compliance*	Policy No.: **FIN 0507**
		Revision No.: N/A
Policies and Procedures	Issued by: Corporate Compliance Committee	Effective Date: September 15, 2000
Subject: ***Laboratory Standing Orders***	Approved by: Thomas M. Driskill, Jr. President & CEO	Supersedes Policy: N/A
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I. PURPOSE: To use laboratory standing orders in accordance with Medicare, Medicaid, and other federally funded payor guidelines.

II. POLICY: Laboratory standing orders are permitted as long as they are valid, documented, medically necessary, and monitored for appropriateness.

III. PROCEDURE: The following steps must be performed to make sure that laboratory standing orders are in accordance with Medicare, Medicaid, and other federally funded payor guidelines. Laboratory standing orders may be identified as extended course of treatment for outpatients who must be monitored over a period of time. It is the responsibility of the Chief Financial Officer at each facility to guarantee adherence to this procedure.

A. Implementation:

1. Laboratory standing orders must be in written form, authenticated, and include a duration, frequency, diagnosis, physician signature, and be no more than 6 months old. If a standing order is not in written form including duration and frequency, and/or does not contain an appropriate diagnosis, laboratory personnel must contact the ordering physician or the nursing home, if applicable, to obtain proper written order with respective diagnosis.

2. Laboratory personnel should establish a filing system which will allow for proper control and documentation of active and expired standing orders. Attachments A and B are tools that can be used to help assist you in this process.

3. All staff/physicians responsible for ordering, testing, charging, or billing laboratory services will be educated on the contents of this policy.

B. Daily:

1. Registration and laboratory personnel must review standing order documentation at the time of service. The standing order must be written and authenticated, patient specific, and frequency and duration of testing must be identified. If the standing

order lacks any of the required elements, personnel must contact the ordering physician or health care provider to obtain applicable written or faxed information. Refer to Attachment A.

2. Expired standing orders must be brought to the attention of the ordering physician and a new order or cancellation must be obtained (see Attachment B for standard physician memo). Expired standing orders that are not renewed or confirmed within 30 days of physician notification must be removed from the active files.

Attachments:
A. Standing Orders Confirmation Form
B. Standing Orders Memo

Standing Orders Confirmation Form

Patient Name: _____ SS#: _____

Physician Name: _____ Physician Phone#: _____

Physician Address: _____ Physician Fax#: _____

Order Start Date: _____ Order End Date: _____

Physician Signature: _____ Date: _____

Test	Diagnosis/ICD-9 Code	Frequency	*ABN Needed

*Physicians should order only those tests that are medically necessary. If the diagnosis provided is considered "non-covered" by Medicare or other federally funded payors, please check the ABN needed column by the appropriate test(s). Submit the signed ABN with the copy of the completed standing order.

---------- Do not write below - for Facility Use Only ----------

Test Performed	Date Performed	Account Number

It is the policy of our Laboratory to review standing orders on a monthly basis. Orders automatically expire 6 months after receipt. Expired standing orders will be sent to the ordering physician for renewal or cancellation.

Expiration notice sent: _____ Sent by: _____

Response received: _____ No response received as of: _____

Date removed: _____ Removed by: _____

Standing Orders Memo

Date: _____

Dr. _____
_____
_____

Dear Doctor:

It is the policy of our hospital to require review and renewal of standing orders every 6 months.

Your patient: _____ has a standing order in our lab for the following test(s)_____ to be done (frequency) _____. This patient last presented for this procedure on _____.

To continue this standing order, or to modify it, please complete the attached order form. A faxed copy of the standing order should be sent to fax number _____. If we do not receive notification from you within 30 days, we will consider the order expired and will remove the standing order from our current file.

Please remember that Medicare requires that we follow this process and that medical necessity is documented on the test orders. Include the appropriate ICD-9 or narrative diagnosis when placing orders. The diagnosis must describe the signs and symptoms of the patient at the time of the order and should match the diagnosis in your patient's medical record.

Thank you for your prompt response to this request.

Sincerely,

_____
CEO/Administrator