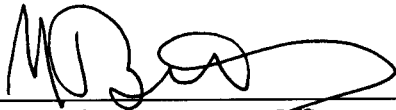


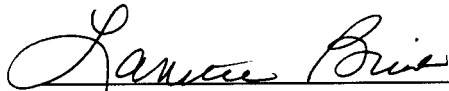
**LOUISIANA STATE UNIVERSITY
HEALTH CARE SERVICES DIVISION
BATON ROUGE, LOUISIANA**

POLICY NUMBER: 8511-08
CATEGORY: Compliance
CONTENT: Ancillary Outpatient Services - Medical Staff Policy
EFFECTIVE DATE: February 27, 2008
REVIEW DATE: February 27, 2008
INQUIRIES TO: Compliance - Attention: Patricia Landry
LSUHCS, Compliance Section
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Acting Chief Executive Officer,
LSU Health Care Services Division

Date 3/03/2008



Acting Deputy Chief Executive Officer
LSU Health Care Services Division

Date 2/28/08



Compliance Director
LSU Health Care Services Division

Date 2-28-08

LOUISIANA STATE UNIVERSITY
Health Care Services Division
Ancillary Outpatient Services - Medical Staff Policy

I. PURPOSE

To provide guidance relating to the format and content required for any LSU Health Care Services Division (LSU-HCSD) Facility to accept an order for ancillary outpatient or consultation services written by a physician external to LSU-HCSD.

II. POLICY

The LSU Health Care Services Division (hereinafter called "LSU-HCSD") is committed to ensuring that all patients receiving clinical services diagnostic/outpatient services and/or consultant services within HCSD facilities and programs receive the highest level of quality care congruent with sound clinical judgment, best clinical practices, and are fiscally sensitive to the facility's financial resources. LSU-HCSD believes that the key to providing quality clinical care is to assist practitioners and institutions with whom our LSU-HCSD Facilities have agreements in providing diagnostic/outpatient or consultant services to their patients to the extent possible, while meeting compliance requirements, and patient care goals allowing the facility to respond to abnormal or critical test results in a way that ensures patient safety.

In accordance with the stated wishes of the LSU-HCSD Compliance Committee, no services may be provided without a written agreement signed by the outside agency, physician group or individual physician, and the LSU-HCSD Facility Administrator.

III. Scope

This policy applies to all hospitals, medical staff and employees of the HCSD.

IV. Implementation

This policy and subsequent revisions to this policy shall become effective upon approval and date of signature of the Acting Chief Executive Officer of the LSU HCSD or his designee. Each HCSD hospital shall implement the HCSD Ancillary Outpatient Services-Medical Staff Policy no later than (April 27, 2008) which is 60 days from issuance date of this policy, as specified by the HCSD Compliance Committee. Each hospital Medical Staff Office shall certify to the Hospital Compliance Liaison Officer (CLO) via formal documentation the implementation of this policy. The CLO will report this certification to the HCSD Director of Compliance and the HCSD Compliance Committee. Such report shall be completed no later than (July 12, 2008) which is 45 days from the implementation date noted previously in this section.

V. Practitioner Eligibility

Those eligible to access LSU-HCSD Facilities for their patient's diagnostic/outpatient services and/or consultant services needs include:

- A.** Community Practitioners in local, state and federal agencies within Louisiana who request access to any LSU-HCSD facility (within their Region of practice) for their patients' diagnostic/outpatient services and/or consultant services needs.
- B.** Community Practitioners in private agencies within Louisiana who request access to any LSU-HCSD facility (within their Region of practice) for their patients' diagnostic/outpatient services and/or consultant services needs.
- C.** Community Practitioners do not need to be members of LSU-HCSD Facility's Medical Staff in order to access the LSU-HCSD facility for scheduled or non-scheduled diagnostics and services for their patients.
- D.** Prior to sending patients for diagnostic or consultative services, each Community Practitioner must request such service access in writing and complete paperwork applying for status as an ancillary provider. The request must be approved by the Administrator of the HCSD Facility to whom the request is made. Each LSU-HCSD facility is required to have an entity-specific written agreement in place with each practitioner, or with his or her practice or clinic,
- E.** Community Practitioners must meet the minimum requirements of the data base information set to be included in the Doctor Master by submitting individual registration forms containing required data as follows:
 - i. National Provider Identifier (NPI) number and UPIN, Medicaid, any other as required.
 - ii. Medical license number,
 - iii. Compliance affirmation signed by the practitioner, indicating that the he/she can order tests and refer patients for specialty care, but does not have admitting privileges. The practitioner also understands that he/she is responsible for all patient care treatments and follow-up that may be needed as a result of the information provided by these services.
 - iv. Full contact information including a list of contact numbers which can be used for working hours and after-hour contact for critical values.
 - v. Desired transmission route for the data (e.g., mail, telephone, and fax) must also be specified.

VI. Procedure for approving Community Practitioners who wish to order diagnostic/outpatient services and/or consultant services at specified facility

- A.** If the Practitioner is not in the Entity's PRDOC, contact is made with the facility's Medical Staff office for approval and assistance.
- B.** Community Practitioner is contacted by letter or in person by the Medical staff Office at the HCSD facility.
- C.** Community Practitioner completes a Letter of Agreement/Application form.
- D.** Application is returned to Medical Staff Office.
- E.** Medical Staff Office screens application for:
 - legibility
 - completeness
 - phone number – to which urgent lab results and critical values can be delivered
 - Community Practitioner National Provider Identifier (NPI)
- F.** The letter of agreement/application is maintained on file in the Department of Medical Staff Affairs/GME.
- G.** Medical license is verified on Louisiana State Board of Medical Examiners (LSBME) web site or Louisiana State Board of Nursing (LSBN) web site.
- H.** NPI is verified.
- I.** Hard copies of the license, sanctions (OIG and GSA), and the NPI verifications are maintained in the Doctor Master Office of the Director of Medical Staff Affairs/GME Department.
- J.** Community Practitioner is assigned an HCSD Identification Number.
- K.** Community Practitioner information is entered in Doctor Master (outpatient ordering only).
- L.** Patients that present a request for ancillary services without the appropriate documentation shall be referred back to his/her respective physician by the Admit Department. Patient will be informed that his/her provider must register with LSU HCSD and will receive the contact number for the Medical Staff Office to give to his/her provider. Clinical consideration shall be given to patient condition and nature of the requested diagnostic test or consult prior to refusing or rescheduling a patient.

VII. Ancillary Services Process

- A.** Community Practitioner schedules the procedure/consultation appointment at an appropriate LSU-HCSD facility.
- B.** The Community Practitioner writes an order for the patient to take to the receiving facility. The order must be legibly printed and include, at a minimum:
- *Date*
 - *Practitioner's **printed** name and signature*
 - *Practitioner's Current Address, phone number, and fax number*
 - *National Provider Identifier (NPI) Number for billing purposes*
 - *Patient's Name and Date of Birth*
 - *Diagnosis relating to each service/test ordered*
 - *ICD-9 Codes for each service/test ordered*
 - *Complete details on specific tests/consultations requested*
 - *Reporting preference (see below)*
- C.** For a Medicare patient, if the diagnosis does not support medical necessity for the test/s or service/s ordered, the patient shall be referred back to his/her respective physician by the Admit Department, unless the Practitioner has provided the LSU-HCSD hospital with a copy of a duly executed Advanced Beneficiary Notice (ABN) signed by the patient. Community Practitioner may call the LSU-HCSD facility to obtain the charges for the test requiring an ABN.
- D.** The Community Practitioner will note the method by which he/she would prefer to receive the results (fax or mail or e-mail). If the preferred method is mail, the results will be mailed to the primary mailing address.
- E.** The Community Practitioner will also provide a 24/7 contact name and phone number for notification of critical/panic values.
- F.** The Community Practitioner must send the receiving facility diagnostic or consulting information related to the medical condition, including:
- *Records related to the individual's medical condition*
 - *Observations of signs or symptoms*
 - *Treatments provided*
 - *Results of any tests*
 - *Signed ABN, if applicable*
- G.** Any other records that are not readily available at the time of referral should be sent to the receiving facility as soon as possible.
- H.** It will be the responsibility of the Admit Department to verify that all proper documentation is included with the request.

VIII. Consequences

If all documentation is not provided to the LSU-HCSD facility for proper registration as a Community Practitioner the registration will not be completed. Patients will be referred back to the ordering physician. Patient will be informed that his/her provider must register with LSU HCSD and will receive the contact number for the Medical Staff Office to give to his/her provider.*

If all ordering information and documentation for the requested service is not sent in advance or with the patient, or is illegible/indiscernible, the patient will be asked to return to the ordering physician to obtain any missing documentation before any testing or procedures are performed.*

** Clinical consideration shall be given to patient condition and nature of the requested diagnostic test or consult prior to refusing or rescheduling a patient.*