Policy: Orders from On-Staff and Non-Staff Practitioners

ORGANIZATIONAL: Affects two or more departments.								
Folder	Organizational Choices: Medical Staff			Sub-Folder	Click here to enter text.			
	iviedicai Staff			(If Applicable)				
Original	2/1/1999	Scope	What departmen	nts does this policy	apply to? State "All" o	is is may ap	ply to the	
Effective			entire organization.					
Date			All					
Approved (Approver/Date)	MDRC 6/8/17; Medical Executive Committee 6/27/17; Board of Directors 6/29/17							
Last	1/27/2020							
Reviewed/		Category	Category item. (If Applicable) (1), 482.54 (c) of pages					
Revised		(If Applicable)	f Applicable)					
Date								

PURPOSE:

To assure that orders are accepted only from appropriately licensed individuals and provide a mechanism for adding new practitioners to the appropriate directories.

GUIDELINES:

Patients admitted to the Hospital (inpatients and observation patients):

Orders will only be accepted from <u>members</u> of the <u>Medical Staff and Limited Health</u>
 <u>Practitioner – Advanced (LHP-A) Staff</u> (see definitions, below)

Patients not admitted to the Hospital (outpatients):

- Therapeutic and diagnostic orders will be accepted from Medical Staff Members, LHP-As, and Affiliate Physicians in agreement with their privileges
- Only diagnostic orders (labs and imaging) and orders for rehab (physical therapy)
 services will be accepted from appropriately licensed Non-Staff Practitioners (see
 definitions, below)

DEFINITIONS:

Medical Staff Member and Limited Health Practitioner-Advanced:

- Physicians, Oral Surgeons, Dentists, Podiatrists, Advanced Practice Nurses, Licensed Physician Assistants, CRNAs, and others who are appointed to the Medical Staff or the Limited Health Practitioner-Advanced (LHP-A) Staff by the Board of Directors
- Listed in Health Professionals Listing (Physician Phone List) and in E>Priv, on the Compass
- These practitioners <u>can order diagnostic and therapeutic measures</u> according to their licensure and privileges

Affiliate Physicians:

- Physicians who have been granted <u>limited outpatient therapeutic privileges or</u> <u>interpretive privileges</u> by the Board of Directors
- Listed in the Health Professionals Listing (Physician Phone List) and in E>Priv, on the Compass
- These physicians can order diagnostic and therapeutic measures (i.e. chemotherapy, infusion therapy, etc.)/or provide interpretations (i.e. ultrasound, CT, nuclear medicine, radiographs, echocardiograms, EEG) according to their medical training and privileges

Residents and Fellows:

- Residents and fellows who have a contractual arrangement with Southeast Hospital and have been granted clinical privileges by the Board of Directors; do not hold appointment to the Medical Staff
- Listed in the Health Professionals Listing (Physician Phone List) and in E>Priv, on the Compass
- May order diagnostic and therapeutic measures with regard to their specific education, training, competence, and privileges

Non-Staff Practitioners:

- Practitioners who are <u>not</u> members of the Medical Staff, LHP-A Staff, or designated as Affiliate Physicians
- Listed in the Health Professionals Listing (Physician Phone List) and in <u>E>Priv Non Staff Physicians</u> link, on the Compass
- These practitioners can order <u>diagnostic</u> testing (<u>labs</u> and <u>imaging</u>) and <u>rehab</u> services (<u>physical</u> therapy) **only**

PROCEDURE:

When orders are received, staff will confirm whether or not the practitioner holds the appropriate privileges by accessing E>Priv, and/or the E>Priv Non Staff Physicians link, on the Compass. If the practitioner is not a member of the Medical Staff, LHP-A Staff, or an Affiliate Physician, only diagnostic, non-therapeutic tests (labs, imaging) or rehab (physical therapy) services may be carried out, after the following process is completed:

- 1. If the ordering practitioner's name is not found during the registration process for outpatients, complete the *Providers Not Found* form (Appendix A) and email to Medical Staff Services (MSS) Assistant and Manager (call ext. 5535 with questions). Provide as much information as is available (name, type of license, address, phone number, fax number, NPI number, the name of the patient referred, etc.).
- 2. MSS staff will verify the license, NPI number, and verify the practitioner is not on the Office of the Inspector General's list of excluded providers.
- 3. MSS staff will forward the *Providers Not Found* form **(Appendix A)** to Information Technology (IT), along with the *Provider Information Template* for Non-Staff Practitioners **(Appendix B)**.

- 4. IT will assign a unique provider number and forward to MSS staff.
- 5. Orders for diagnostic labs and imaging, and/or physical therapy, may be accepted after steps 1-4 are completed.
- 6. Directory information will be maintained by MSS (E>Priv) and IT (Health Professionals Listing) to assure continued licensure and accurate contact information.

For Medical Staff, LHP-A Staff, and Affiliate Physicians who have been granted temporary privileges or final Board approval via the credentialing process, their authorized privileges and contact information will display in E>Priv. Upon temporary and/or final Board approval, the following process will be completed:

- 1. Upon approval and prior to practitioner orientation, MSS staff will complete the *Provider Information Template* for Medical Staff, LHP-A Staff, and Affiliate Physicians (Appendix C) and forward to IT.
- 2. IT will assign a unique provider number and forward to MSS staff.
- 3. Diagnostic and therapeutic orders for inpatients, observation patients, and outpatients may be accepted after steps 1-2 are completed.
- 4. Directory information will be maintained by Medical Staff Services (E>Priv) and IT (Health Professionals Listing) to assure continued licensure and accurate contact information.

REFERENCES:

CMS Interpretive Guidelines for Hospitals 482.23(c) (1); 482.54 (c) Accessed January 27, 2020

Attachments: (Label as Appendix A, B, C, etc.)

- Appendix A: Providers Not Found form
- Appendix B: Provider Information Template for Non-Staff Practitioners
- **Appendix C**: Provider Information Template for Medical Staff, LHP-A Staff, and Affiliate Physicians

APPENDIX A – Providers Not Found



INITIAL PATIENT REGISTRATION

		cation where lab sample was collected, written order was received, etc.) Location:
	2.	Contact (Who registered the patient?):
		a. Telephone Number:
	3.	Encounter:
	4.	Encounter Date:
	5.	ECD Number:
OR		RING PRACTITIONER INFORMATION
	1.	Provider (required field): First Name Middle Initial Last Name Credentials
	2.	(MD, DO, DDS, DPM, PA, APRN, etc.) Telephone Number (required field):
		relephone italiael (reganea fiela).
	3.	Fax Number (required field):
	4.	Location (required field):
		Street Address City State Zip code
ОТ		R INFORMATION lease complete the information below <u>if</u> it was provided to you.)
	1.	License Number:
	2.	NPI:
	3.	DEA:
	4.	BNDD:

Provider Information Template

Add New Provider

Edit Existing Provider Information

Provider Name											
Last				First				Midd	dle		
Name:				Name:				Nam	ie:		
Prefix:		Suffix:			Degree:	MD			Star	rt Date:	
	Health Professional Type:										
Adult Nurse	Practitioner		Advance Practice Nurse – Board Certified		Case Manager		(Certified Nurse Midwife			
Certified Re Anesthetist	gistered Nurse		Chiropractor		Dental Surgeon			ſ	Dentist		
Doctor of M	ledicine		Doctor of Medicine & Philosophy			Doctor of Osteopathic Med			ı	Fellow	
Intern			Licensed Practical Nurse			Nurse Practitioner		(Occupational Therapist		
Occupation	al Therapy Assista	nt	Optometrist		Pharmacist		ı	Physical Therapist			
Physical The	erapist Assistant		Physician		Physician Assistant		ı	Podiatrist			
Professiona	I/Clinical Assistan	t	Psychologist		Registered Dietician		ŀ	Registered Nurse			
Resident			Respiratory Therapist		Social Worker		(Outpatient Ordering Only			
State Sanctioned: Y N			Federal Sanctioned: Y N Acting as I				as Locum Tenens: Y N				
					Specialty						
Specialty according to Taxonomy Code:						Taxonomy Code:					
ID Numbers											
National Pro	ovider				License N	lumber:					
Identifier:	Identifier:										
Provider Information											
Gender:											
	Contact Information										

Southeast Hospital

Orders from On-Staff and Non-Staff
Practitioners

Office	Fa	Fax:					
Phone:							
i none.							
	Preferred M	Mailing Address:					
Address:							
Address	Ci	City:					
2:							
State:	7:	Zip					
State.							
	Co	Code:					
	Priv	Privileges					
Non-Staff Outpatient Ordering Only							
Status							
Non Staff C	Nutrationt Ordering Only						
Non-Staff C	Non-Staff Outpatient Ordering Only						
	200						
	Office	ce Use Only					
SERVIR NUI	MBER:						

Provider Information Template

Add New Provider

Edit Existing Provider Information

	Provider	Name			
Last Name:	First Name:	Mid	Idle Name:		
Prefix: Suffix	x:	Degree:	Start Date:		
	Health Profes	sional Type:			
Adult Nurse Practitioner	Advance Practice Nurse – Board Certified	Case Manager	Certified Nurse Midwife		
Certified Registered Nurse Anesthetist	Chiropractor	Dental Surgeon	Dentist		
Doctor of Medicine	Doctor of Medicine & Philosophy	Doctor of Osteopathic Medicine	Fellow		
Intern	Licensed Practical Nurse	Nurse Practitioner	Occupational Therapist		
Occupational Therapy Assistant	Optometrist	Pharmacist	Physical Therapist		
Physical Therapist Assistant	Physician	Physician Assistant	Podiatrist		
Professional/Clinical Assistant	Psychologist	Registered Dietician	Registered Nurse		
Resident	Respiratory Therapist	Social Worker			
State Sanctioned: Y N	Federal Sanctioned: Y N	Acting as Locum Tenens:	YN		
	Speci	alty			
Specialty according to Taxonomy Co	de:	Taxonomy (Code:		
	ID Nun	nbers			
Social Security Number:		Issued by Blue Cross:			
Issued by MO Medicaid:		Issued by State:			
Tax ID:		National Provider Identifier:			
UPIN:		License Number:			
Drug Enforcement Agency Number:		Medicare/HCFA Universal:			
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Practitioners

		Provider Ir	formation				
Social Security #:		Gender:	Birthdate:		Race:		
			Collaborating Physicia	an (applies			
			to LHP-A's only):				
		Contact In	formation				
Office Phone:			Alternative Office Pho	one:			
Mobile Phone:			Pager:				
Fax:			Home Phone:				
Alternative Home Phone:							
		Preferred Ma	iling Address:				
Address:							
Address 2:			City:				
State:	Zip Code:		County:				
E-mail Address:			Web site:				
Preferred spoken language:			Preferred written lang	guage:			
Group/Office Name:							
	н	PO Memberships ar	nd Plan Participation:				
Southeast Health	CC H	lomemaker					
Start Date			End Date				
Employed: Y N	Not	Specified	On Staff: Y		N	Not Specified	
		Record	Status				
Added with Approval	Added withou	ut Approval	Approved and Comple	ete			
Activate Date	Deactivate Da	ate					
		Privil	eges.				
	T				T		
Admitting	Attending		Consulting		Copy Results T	0	
Ordering Supervising			UR Coordinator		Referring		
Start Date:							
Southeast Hospital		8	Orders from On-Staff	and Non-S	Staff		

Practitioners

	Southeast Hea	lth Encounter Provider		
S Breast Care Diag Ctr	S Imaging	S Ultrasound	S Lab Services	
S CVC EKG Stress	S CVC Nuc Medicine	S MOB Imaging	S MRI MOB	
S Plaza Primary Care	S Vascular Lab	S Outreach Lab	S Clin Lab W Campus	
S CT Scan W Campus	S Imaging WC	S MRI West Campus	S Digestive Health	
S PET Scan	S Plaza PrimCareWest	S Ultrasound WC	S Ancillary	
S CT Scan	S CV Diagnostics	S Diet Education	S Interventional Rad	
S Home Care SErvices	S Maternal Fetal Med	S MRI	S Neurophysiology	
S Nuclear Medicine	S Nursery	S Pre Admission Test	S Pulmonary Function	
S Sleep Lab	S Infusion Serv	S Oncology	S Radiation Therapy	
S Diabetes Center	S HealthPoint Rehab	S Building Blocks	S Home Health Svcs	
S Hospice	S Peds Clinic	S Wound Care	S Cancer Center	
S Cardiac Pulm Rehab	S Clinic	S Infectious Disease	S Observation	
S Pain Clinic	S Emergency Dept	S Inpatient	S IRF	
S Psych	S Same Day Other Svc	S Cath Lab	S Speech Therapy	
S Same Day Surgery	S Surgery	S PTED	S IRF	
S Occupational Ther	S Physical Therapy	S ReOTPT		
	Di	epartment		
Medical	Radiology	Surgical	Nursery	
Pediatric	Psychiatric			
		Status		
Active	Resident	Affiliate		
	Off	ice Use Only		
Servir Number Assigned:		AD Username		

Southeast Hospital

Orders from On-Staff and Non-Staff
Practitioners