

[Insert Hospital Logo]	[Insert Name of Manual]	No. COMP-RCC 5.17
	Title: ACCEPTING ORDERS FOR HOSPITAL OUTPATIENT SERVICES FROM NON- PRIVILEGED PROVIDERS	Page: 1 of 3
		Origination Date: 02-15-17; 06-19-12
		Effective Date: XX-XX-XX
		Retires Policy Dated: XX-XX-XX
		Previous Versions Dated: XX-XX-XX
		Governing Board
		Approval Date: XX-XX-XX
		Medical Staff
Approval Date: XX-XX-XX		

I. SCOPE:

This policy applies to **[insert Hospital name]** (“Hospital”).

II. PURPOSE:

The purpose of this policy is to establish Hospital policy regarding accepting orders for outpatient services from practitioners who have not been privileged or credentialed by the Hospital’s Medical Staff.

III. DEFINITIONS:

- A. **“Outpatient Services”** shall mean those therapeutic services (*e.g.*, physical therapy) or diagnostic services (*e.g.*, imaging services) provided by the Hospital, either on-campus or off-campus at provider-based entities, that are not inpatient services.
- B. **“Order,”** for purposes of this policy, shall mean an order for Outpatient Services that satisfies the requirements of Regulatory Compliance policy COMP-RCC 5.01 Orders for Outpatient Tests and Services.
- C. **“Practitioner”** shall mean a doctor of medicine (MD), doctor of osteopathy (DO), doctor of dental surgery (DDS), doctor of dental medicine (DMD), doctor of podiatric medicine (DPM), doctor of optometry (OD), chiropractor (DC), physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS.), certified registered nurse anesthetist (CRNA), or certified nurse midwife (CNM), provided that such person holds a license to practice recognized by recognized by the jurisdiction where he or she saw the patient.
- D. **“Non-Privileged Practitioner”** shall mean a Practitioner who has not been privileged or credentialed by the Hospital’s Medical Staff.

IV. POLICY:

Hospital will accept orders or referrals for Outpatient Services from Non-Privileged Practitioners, provided that a Practitioner writing such an order is responsible for the care of the patient he/she is referring for services, is acting within his/her scope of practice under state law, and has not been excluded from participation in any federal or state health care program.

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V. PROCEDURE:

A. Process Upon Receipt of Order

Upon receipt of an Order, designated Hospital personnel shall:

1. Verify the Practitioner’s licensure, in accordance with the terms of Conifer Policy PAC.00.48 Non-Staff Physician Orders (and applicable Job Aids).
2. Verify that the Practitioner has not been excluded from participation in any federal or state health care programs, in accordance with the terms of Regulatory Compliance policy COMP-RCC 4.22 Federal Program Eligibility Screening and Exclusion Disclosure and Conifer Policy PAC.00.48 Non-Staff Physician Orders (and applicable Job Aids).
3. To the extent there is a question about whether the Order is within the Practitioner’s scope of practice, consult with Hospital’s Regulatory Counsel. After verification of the above, **[and subject to the exceptions described in Section B below,]** the Hospital will accept the Non-Privileged Practitioner’s order for Outpatient Services.

[Insert the following if applicable]

B. Exceptions

Orders for the following types of Outpatients Services will not be accepted from Non-Privileged Practitioners. Upon receipt of such an order, designated Hospital personnel shall contact the Practitioner to inform him/her that the Hospital is unable to provide the ordered service.

1. **[Insert any exceptions to the general rule – e.g., the hospital may want to limit orders for outpatient chemotherapy or outpatient therapeutic nuclear medicine services to medical staff members]**
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C. Responsible Person

The **[insert title to be determined by Hospital]** is responsible for ensuring that all individuals adhere to the requirements of this policy, that these procedures are implemented and followed at the Hospital and that instances of non-compliance with this policy are reported to the Hospital's Chief Operating Officer.

D. Enforcement

All Hospital staff and Medical Staff 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, including the Medical Staff Bylaws, Rules and Regulations.

VI. REFERENCES:

- Regulatory Compliance policy COMP-RCC 4.22 Federal Program Eligibility Screening and Exclusion Disclosure
- Regulatory Compliance policy COMP-RCC 5.01 Orders for Outpatient Tests and Services
- Conifer policy PAC.00.48 Non-Staff Physician Orders