

CAROLINA FAMILY HEALTH CENTERS, INC.

PROCEDURE



MANUAL: Volume I

SUBJECT POLICY:

SUBJECT PROCEDURE: Ordering Tests
Within EHR

NUMBER: HIT-07

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EFFECTIVE DATE: July 2013

SECTION: Health Information Technology

REVIEWED: 08/15

REFERENCE POLICY:

REFERENCE PROCEDURE:

RESPONSIBILITY: Chief Medical Officer

APPROVAL:

APPROVED

III. PROCEDURE

At the time of the visit, the medical provider will enter lab orders into the plan section of the note. If the patient is not able to have labs drawn on the day of the visit, the provider will adjust the date next to the lab order in the plan section to enter the time frame that the patient will return.

The medical provider will not always be aware if the patient refuses or is unable to have labs drawn when he/she presents to the lab. In this circumstance, the lab personnel will send a task assigned to the patient's medical provider notifying the provider that the labs were not drawn, when the patient can return for labs and the reason for not having labs drawn. The billing department will be sent a copy of the task so changes can be made to the super bill. It is the medical provider's responsibility to cancel the order under the orders tracking filter or contact the patient to make other arrangements. Orders must be canceled within one week of receiving the task so billing can make changes to the super bill and file the claim promptly.

If the patient returns after the provider visit for labs only, an orders note will be written. The entry of orders can be pulled from the new standing/future order link in the plan section of the note. If a person other than the patient's medical provider is entering the lab order, the order will be automatically assigned to the medical provider for follow up. Per CMS, orders for lab tests, imaging studies and medications can only be entered in the EHR by a licensed health care professional or a credentialed medical assistant for Medicare and Medicaid patients.

For uninsured patients using the discount lab fee program, the lab staff will document that the labs were completed or not completed and, if appropriate, record the amount of money to be collected at checkout. The patient's primary payment plan (BCBS, Medicare, sliding fee scale, etc.) can be viewed at the top of both the superbill summary and orders requisition. This will need to be completed before the patient leaves the lab for checkout. The lab staff will open the patient's chart, go to the document for today's visit and view the super bill. The lab staff will add a comment under the instructions section and save the super bill. The front office staff will need to read the super bill instructions section to know if money needs to be collected from the patient upon check out.

Medical providers will check their orders tracking filter daily to follow up on lab orders. For lab orders completed at the time of the visit and addressed by the medical provider, the order will be marked "reviewed". Lab results that have been returned will be evaluated, and providers will follow up with the patient per the policy and procedure for following up on diagnostic studies and labs. *Refer to CLN-41 Diagnostic Tracking.*