

LABORATORY

Compliance Insider®

Get those requisitions signed

As of presstime, it was uncertain whether laboratories would be required by CMS to obtain signatures on all requisitions paid on the basis of the Clinical Laboratory Fee Schedule by the original January 1 deadline, or whether the rule would be delayed (see “A requirement in flux” on p. 4).

Nevertheless, now is the time for organizations to start preparing to meet this potential requirement, says **Christopher P. Young**, president of Laboratory Management Support Services in Phoenix.

While staff at Affiliated Healthcare Systems in Bangor, ME, hope for a delay, they aren't waiting to begin preparations, says **Carl Faulstick**, corporate compliance officer at the facility.

“What we're planning for our lab I'd suggest to any other,” Faulstick says.

Although getting signatures on requisitions may vary in difficulty depending on your organization,

following a few simple steps can help make the process easier:

➤ **Focus on exceptions to the rule.** CMS has included some exemption areas in the rule. For example, signatures are not required on electronic or telephone orders.

Faulstick says his organization has taken steps to

identify physicians who place orders using computerized physician order entry because those orders could be considered “electronically signed” under the regulation.

If your physicians are not already using exempt ordering practices, now is the time to consider them. “Laboratories might want to consider work flow changes in how they allow physicians to order tests,” says Young. Taking advantage of these exceptions can help cut down the burden of implementing this requirement.

➤ **Consider an alternative process.** The CMS signatures rule would be particularly arduous for skilled nursing facilities, which only rarely have physicians on-site, says Young. If you work with a lot of facilities in this category, it might be wise to consider a different process for obtaining necessary signatures. Nursing homes could fax or send physician orders for a signature, for example. These requisitions could be signed in bulk, once per week, says Young.

➤ **Revise your policies for, and educate the billing department.** Your internal staff members need to understand what is required so they can monitor for compliance, says Faulstick. Educate staff members on the signature requirement, training them on how to handle missing signatures and to look for legibility issues.

“Laboratories might want to consider work flow changes in how they allow physicians to order tests.”

—Christopher P. Young

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HCPPro

Requisitions

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► **Apply the requirement consistently.** Faulstick plans to apply the signature requirement to all patients, not just Medicare beneficiaries. Applying it only to certain patients makes it difficult to ensure consistency and increases the risk for error.

► **Revise your existing forms.** Faulstick is also in the process of reviewing and revising requisition forms to meet the new requirement.

However, in this interim period, don't print hundreds of thousands of newly modified requisition forms. In fact, it's probably a good idea to halt printing bulk

orders of new requisitions until the issue is sorted out, says Young.

If you can easily modify your requisition forms to establish a prominent place for the physician signatures at the top of the form, now is the time to do it, says Young. Include a note to the physician on the form saying that if he or she does not sign the form, it will be sent back. "The goal is to remind the physician of the signature requirement and to make it convenient," says Young.

► **Ensure legibility.** Laboratories have to make certain that forms are signed, but they also need to ensure that signatures are legible. CMS issued a transmittal about legibility, and you must follow those guidelines to ensure compliance, says Young.

► **Conduct physician education.** Laboratories should help physicians understand that if these forms aren't signed, the laboratory won't get paid. "Ultimately, this is a difficult issue because it's not really the physician's problem if the laboratory doesn't get paid. If CMS is not going to impose a penalty on them, we're not going to get much cooperation," says Young.

Nevertheless, Faulstick has drafted a communication to referral clients and area physicians letting them know about the new requirement in hopes of encouraging compliance.

Typically, when a measure like this is put in place, you can expect 70%–80% of physicians to comply right away, says Young. The other 20% might not comply for various reasons. There will be one group that is simply resistant to making a change; the other noncompliant physicians might want to comply but can't because they have office systems in place that make the process difficult, says Young.

The key to addressing these issues is to take steps to figure out what the barriers to compliance are so you can address them.

► **Develop an audit plan.** "You'll need to have a comprehensive, strategic approach to find out who

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is and isn't complying," says Young. Start compiling these data as soon as you begin asking physicians to sign the requisition forms so you can determine where to direct your efforts when it comes to encouraging compliance.

There are a number of ways to track compliance, says Young. Your laboratory will need to decide whether to track:

- Individual physicians or physician groups
- Only signature compliance, or legibility issues as well

Once you determine how detailed you want your reviews to be, begin the process of tracking your requisitions, says Young.

Once you know who is and is not complying, you can focus on penalizing, increasing education, or requesting face-to-face meetings with those physicians who are resistant to signing the forms for whatever reason, he says.

► **Reward physicians for compliance.** Sending a thank-you to physicians who are complying with the regulation is a good idea, says Young. Tell physicians that you are running a contest to determine the most compliant practice and send the winner a reward, such as a gift basket, he suggests.

► **Establish a process to handle unsigned requisitions.** Organizations must decide for themselves, based

on their patient population and community, how they will handle unsigned requisitions. Will they defer testing for patients with unsigned requisitions? Will they proceed with testing despite the risk of not being paid?

The answer will depend on the lab's patient population, says Young. For example, if you have 90% ambulatory nonacute patients, you might decide to wait for a signed requisition before proceeding with a test. On the other hand, if your population is largely cancer patients, the answer to that question may be very different, says Young.

How you handle these cases will also depend on your market conditions. If you are the only lab in town, you may have the luxury of demanding action on this issue. If your lab has major competition, you may have to tread more lightly.

Don't forget to consider the legal ramifications of holding off on testing patients with unsigned requisitions. A patient could potentially sue for testing delays that result in injury or delays in care, says Young.

► **Take compliance seriously.** Any way you slice it, this requirement is going to be difficult for many to meet. Young has been asked numerous questions on this topic. Those who aren't asking questions generally don't even know the signature requirement exists—which is problematic, he says.

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HCPPro Medicare updates

Don't struggle to stay on top of changing government regulations—let us do the work for you.

Medicare Weekly Update is a free weekly online e-newsletter from HCPPro, Inc., that provides readers with the latest Medicare news for hospitals from CMS and the OIG.

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Requisitions

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Don't take compliance in this area lightly, Young says. Noncompliance could result in serious penalties. Some assume that if a claim is filed without a signed requisition, the money would simply need to be re-funded. But it's possible that claims for unsigned requisitions could trigger greater penalties, says Young. It could be perceived that the organization knowingly

has money that doesn't rightly belong to it—turning the situation into a potential false claim case.

CMS officials have said that they plan to increase penalties related to fraud and abuse to make organizations think twice. "You don't want to be the laboratory they decide to use as an example of this philosophy," says Young. ■

A requirement in flux

When CMS announced in the 2011 Medicare Physician Fee Schedule final rule that it would require physician signatures to be included on requisitions for all laboratory tests paid on the basis of the Clinical Laboratory Fee Schedule effective January 1, it caught many organizations off guard.

Numerous laboratory organizations spoke out against the measure, calling it burdensome and unnecessary, when the proposal was first issued last summer.

"The laboratory is being held accountable for a referring physician's behavior without having authority over or responsibility for that position as a supervisor or manager," says **Martha Casassa, MS, CLD(NCA), MT(ASCP)**, laboratory director at Braintree (MA) Rehabilitation Hospital. "It is a business relationship where the physician could potentially take his business elsewhere. Patient care is also held hostage."

Numerous organizations submitted comments in opposition to the proposed rule, titled "Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2011." The comments period ended August 24, 2010.

"We believe it places a burdensome and unnecessary requirement on both labs and physicians, creating a literal blizzard of paperwork, expense, and resource commitment for no good reason," according to a statement published on the Clinical Laboratory Management Association website in response to the proposed rule.

Although CMS moved forward with the rule, as of press-time it appeared that the January 1 implementation date would be delayed, says **Christopher P. Young**, president of Laboratory Management Support Services in Phoenix.

"It would be extremely difficult, if not impossible—particularly with the holidays coming—for organizations to comply," says Young.

Once the rule does go into effect, CMS will consider any test ordered without a signed requisition medically unnecessary and will not provide reimbursement for those claims to the laboratory.

This means laboratories could opt to postpone tests with unsigned requisitions—potentially delaying patients' care—until the laboratory could fax, mail, or deliver the requisition back to the physician to sign.

Other reasons for opposition to the rule were outlined by the American Clinical Laboratory Association (ACLA) in a position statement on its website:

- **Physicians don't sign requisitions.** "Requiring the individual completing the requisition to go back to the physician is unnecessary 'paper pushing' and could end up requiring the patient to wait or come back to retrieve the requisition."
- **Laboratories can't enforce the physician signature requirement.** Labs cannot force the physician to sign the requisition if he or she does not choose to do so.
- **Even labs with signed requisitions might not get paid.** If the physician signature isn't legible, laboratories still might go without reimbursement for services.
- **The policy will injure patients.** "If a patient comes in with an unsigned requisition, the patient may be turned away and asked to go back to his physician," says the ACLA.

Quick tip**Don't let compliance go out with the trash**

Do you know where your laboratory waste is going? If you're not keeping tabs on it, you could be in for some compliance problems, says **Daniel Scungio, MT(ASCP), SLS**, laboratory safety officer for Sentara Laboratory Services in Norfolk, VA.

Below are some pointers to help you make sure your waste is going to the right place—which can prevent fines and save your laboratory from incurring costly disposal fees:

➤ **Know what waste is leaving your laboratory.**

You won't know whether your trash and chemical waste is being handled appropriately if you don't know what your lab is generating, says Scungio. Maintain a list of all your chemical waste and how to properly dispose of it. It's also a good idea to know what biohazards or sharps your lab handles as a first step in ensuring compliance.

➤ **Keep tabs on waste management companies.**

Even if you have hired a company to take out chemical waste, that doesn't mean your facility is off the hook when it comes to compliance. "People don't necessarily understand that you've got to monitor waste from the cradle to the grave," says Scungio. "If the waste is being transported by a chemical waste handling company, you're still responsible for that chemical waste." This means that if the company you hired disposes of the chemical inappropriately, your organization will be held responsible.

The best way to avoid such issues is to carefully document the disposal process by tracking manifests, says Scungio. The manifests show every step in the process, from the preliminary pickup to final disposal. A lot of organizations fail to keep this paperwork together, which means they aren't staying on top of potential lapses, says Scungio.

An easy way to track disposal if you're not automated is to clip the initial manifest documents together with a paper clip. Once the final manifest is sent by the shipping company, take the clip off and staple the documents

together. Every few months, audit the documents, pulling out any that are still held together with clips. This way, you'll know to follow up on those records to ensure that you get the final paperwork documenting disposal.

In many hospitals, the facilities department will hold on to these manifests, says Scungio. If your laboratory doesn't directly manage the manifests, check to make sure they are being managed properly. "You might even want to work to take them over in the laboratory since you are ultimately responsible," he says.

➤ **Don't let compliance go down the drain.** In most laboratories, the analyzer is connected to a drain, and most chemicals are disposed of this way, says Scungio. But it's important to make sure the chemicals you use can go down the drain safely, he says.

Sometimes a laboratory will add a new test, change chemicals, and continue pouring something down the drain that doesn't belong there. This could result in a fine from your local wastewater treatment facility, says Scungio. These facilities perform random tests on waste discharges from laboratories and could fine your organization for inappropriate discharges.

You don't want to wait for your waste to be monitored to catch a problem. This could mean bad press for your organization and a potentially big problem you'll have to fix quickly.

Contact your local wastewater treatment facility and send it a list of chemicals you use and the material safety data sheets. The facility can let you know whether the chemicals are safe to pour down the drain.

OSHA mandates that all laboratories have a chemical hygiene plan, and this means that you must understand your chemical inventory. Know not only what chemicals you have, but also how the waste from those chemicals must be disposed of, says Scungio.

➤ **Put medical waste in the right place.** When it comes to regulated medical waste and sharps, staff

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Trash

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members often make mistakes regarding disposal. For example, a glove with blood or body fluids on it might end up in the regular trash, or used gauze or bandages might end up in a sharps bin.

Trash in the wrong place is more than just an “oops,” says Scungio. It can translate into compliance violations or jack up disposal costs unnecessarily.

“A lot of people will think everything goes into the red trash bag,” he says. But disposal of biohazard waste costs seven to eight times more than regular garbage.

“A lot of people also put paper, gloves, and other items into a sharps container. Sharps are even more expensive to throw away than biohazard waste,” says Scungio. This can quickly become a costly mistake for your laboratory.

On the other hand, if your staff members carelessly toss bloody items into a regular trash can, it will result in an automatic fine.

“The hospital can easily track it back to your department,” says Scungio.

➤ **Don't end up on the pointy end of sharps compliance.** Staff members should be trained to make sure that anything breakable goes into a sharps container. Teach staff members to ask themselves, “If I step on

this, will it crack?” If the answer is yes, it should go into the sharps bin.

➤ **Empty sharps containers regularly.** Sharps containers can be a huge safety hazard if they are over-filled. For example, containers that are too full can pose a needlestick injury risk to staff members who try to add to them. Overly full containers can also spray fluids or send broken pieces at the person attempting to use them.

➤ **Frequent training prevents problems.** Consistent training is key to addressing these issues. Once initial training is complete, make sure to provide staff members with ongoing updates. For example, remind staff members what items should go into the red biohazard bags and what items can be tossed into the regular trash can, says Scungio.

Create posters to help educate staff members on this topic, he suggests. “You’ve got to keep awareness up on this issue to make sure people are doing what they are supposed to do.”

“In established laboratories, waste can be an area that people let slide because they just assume that everything is okay,” says Scungio. Double-check now to make sure your laboratory isn't poised for problems. ■

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Sample policy

The Vanderbilt University Medical Center's social media policy

Editor's note: Consider adapting these policy and procedure guidelines to fit your organization's needs.

SOCIAL MEDIA POLICY AND GUIDELINES

I. Outcome goal:

To provide guidelines outlining how Vanderbilt University Medical Center (VUMC) supports institutional communication goals.

II. Policy:

VUMC offers support of institutional communication goals and provides social computing guidelines for VUMC faculty, staff, and students engaging in online discourse and identifying themselves with VUMC.

This policy is not intended for Internet activities that do not associate or identify a faculty or staff member with VUMC, do not use Vanderbilt e-mail addresses, do not discuss VUMC, and are purely about personal matters.

III. Definitions:

Content owners, for the purpose of this policy, are those assigned the responsibility of maintaining, monitoring, and moderating a VUMC social media platform. Official communications refer to those done in VUMC's name (e.g., a Vanderbilt Heart Facebook page).

- a. **Content owner:** Assigned by department as the individual responsible for monitoring and maintaining Web content.
- b. **Moderator:** Assigned by content owner and/or department as the individual responsible for moderating comments and postings by internal and external users, including deleting comments and postings that do not meet the criteria set forth in this policy.
- c. **Social media platforms:** Technology tools and online spaces for integrating and sharing user-generated content in order to engage constituencies in conversations and allow them to participate in content and community creation. Examples are Facebook, Twitter, LinkedIn, and YouTube.

IV. Specific information:

a. Official institutional Web 2.0 communications:

1. Because of the emerging nature of social media platforms, these guidelines do not attempt to name every current and emerging platform. Rather, they apply to those cited and any other online platform available and emerging, including social networking sites and sites with user-generated content. Examples include but are not limited to:
 - a. YouTube
 - b. Facebook
 - c. iTunes

- d. LinkedIn
- e. Twitter
- f. Blogs
- g. Social media content that is hosted internally and protected by VUNet ID/password

2. Institutional representation via online social media platforms can only be initiated and authorized through the efforts of the VUMC Marketing, News & Communications (N&C), Vanderbilt University School of Medicine (VUSM), and/or Vanderbilt University School of Nursing (VUSN) Communications departments. There can be no official VUMC sites or pages on YouTube, Facebook, Twitter, etc., unless they are developed or authorized by the VUMC Marketing, N&C, VUSM, and/or VUSN Communications departments. Any sites or pages existing without prior authorization as required above will be subject to review when discovered and may be amended or removed.
3. VUMC official sites on social media platforms can have pages or content areas that are assigned to departments, divisions, or programs at VUMC. These policies apply to such pages, as well as content maintained by VUMC Marketing, N&C, VUSM, and/or VUSN.
4. Content owners, as named by their departments or department's leadership, are responsible for posting and using content and maintaining compliance with VUMC Credo behavior, HIPAA, and policies related to conflict of interest, privacy, security, safety and human resources, and FERPA (Federal Education Records Protection Act).
5. Content owners are responsible for monitoring and maintaining Web content as follows:
 - a. Content is current and accurate.
 - b. Content owners engage in communications that are acceptable in the VUMC workplace and respect copyrights and disclosures. Proprietary financial/intellectual property, patient care, or similar sensitive or private content may not be revealed.
 - c. Content owners are responsible for gaining the expressed consent of all involved parties for the right to distribution or publication of recordings, photos, images, video, text, slide show presentations, artwork, and advertisements, whether those rights are purchased or obtained without compensation.
 - d. Content owners are responsible for constantly monitoring postings and comments to social media sites and for deleting postings that do not adhere to VUMC's policies.

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