


Name of Policy:	Documentation of Reason for Test and Medication Therapy	 <p>Effective Date: 9/2011 Initial Effective Date: 8/15/2003</p>
Policy Number:	3364-101-04-03	
Department:	Ambulatory Services	
Approving Officer:	Sr. Vice President and Executive Director, UTMC	
Responsible Agent:	Director, Clinic Operations	
Scope:	Ambulatory Services	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy		<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

The reason for tests, therapy or medications in the ambulatory setting must be fully documented in a timely manner.

(B) Purpose of Policy

To provide appropriate reason for tests, therapy or medications in ambulatory services in order to meet any third party medical review policies or when necessary provide advance notice to the patient that the tests or medications will not be covered by the third party payer.

(C) Procedure

- Reason for the test or medication must be present on each encounter charge form/requisitions form in the ambulatory setting.
- Requests for certain test/medication/therapy with known third party requirements or medical review policies must be documented on specific order forms such as "Ambulatory Special Treatments Order Form" or any of the Physician Referral Forms for Services.
- When the Ambulatory Special Treatments Order form is used for requesting medications from the Pharmacy, such as Epogen, the order must have all indications checked for reason for the drug. If the reason for the drug is in the "other" category, the ambulatory service personnel must present **Medicare** patients with an Advance Beneficiary Notice (ABN) and check the ABN box on the Special Treatment form. If a Medicare patient has had previous nutrition therapy, there is a possibility that Medicare will not pay for current therapy; therefore the patient would be presented with an ABN for this service as well.
- The completed Special Treatment form must be faxed to the pharmacy (if medications are ordered) **three** days prior to the date the drug is needed, if practicable.
- A copy of any of these encounter/charge forms or special order forms and any associated signed ABNs must also be faxed to the Health Information Management Department at x6224 Attn: Paula, Coding.
- The original patient signed (must be signed by the patient, unless there is a power of attorney, guardian) ABN should be forwarded to HIM-ABN (Lori) interoffice mail for eventual retention by Patient Accounting.

