

MEMORANDUM

Texas Department of Human Services * Long Term Care/Policy

TO: Long Term Care -Regulatory
Regional Directors, State Office Section Managers and
HCSSA Program Administrators

FROM: Marc Gold, Director
Long Term Care Policy
State Office MC: W-519

SUBJECT: Regional Survey & Certification Letter #01-13

DATE: August 15, 2001

The attached RS&C Letter is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 01-13 -- **Signing of Physician's orders.** For questions regarding CFR 482 - Conditions of Participation for Hospitals - discussed in this letter, please call the Texas Department of Health, Health Facility Licensing and Compliance Division at (512) 834-6650.

~Original Signature on File~

Marc Gold

Attachment



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division of Medicaid and State Operations, Region VI

1301 Young Street, Room 827
Dallas, Texas 75202
Phone (214) 767-6301
Fax (214) 767-0270

June 8, 2001

REGIONAL SURVEY AND CERTIFICATION LETTER NO: 01-13

To: All State Survey Agencies (Action)
All Title XIX Single State Agencies (Information)

Subject: Signing of Physician's orders.

The purpose of this letter is to clarify the requirements for the authentication [42 CFR 482.24(c)(1)] and signing [42 CFR 482.23(c)(2)(ii)] of physician's verbal orders.

The Medicare Condition of Participation for Medical Record Services at 42 CFR 482.24(c)(1) reads:

All entries must be legible and complete, and must be authenticated and dated promptly by the person (identified by name and discipline) who is responsible for ordering, providing or evaluating the services furnished.

The author of each entry must be identified and must authenticate his or her entry.

Authentication may include signatures, written initials, or computer entry.

The Medicare Condition of Participation for Nursing Services at 42 CFR 482.23(c)(2) reads:

All orders for drugs and biologicals must be in writing and signed by the practitioner or practitioners responsible for the care of the patient as specified under 42 CFR 482.12(c). When telephone or oral orders must be used, they must be --

Accepted only by personnel that are authorized to do so by the medical staff policies and procedures, consistent with Federal and State law;

Signed or initialed by the prescribing practitioner as soon as possible; and

Used infrequently.

HCFA requires that all entries be authenticated, including verbal orders, with a legible and dated signature. The Federal regulation requires the authentication of the verbal order "as soon as possible." The *State Operation's Manual (HCFA Pub. #7, Appendix A) Interpretive Guidelines* for hospital states that "most State laws require telephone or verbal orders to be signed by the prescribing practitioner within 48-hours." In assessing compliance with this requirement, we ask surveyors to use the 48-hour period as a benchmark or a guideline, but not as an absolute rule. The State law that addresses this issue should also be considered. Some States have no limit; therefore, the Federal limit serves as a guide. The hospital is free to establish time frames in their Medical Staff rules and regulations that are, at a minimum, comparable to Federal standards.

HCFA differs with the Joint Commission on Accreditation of Healthcare Organizations [JCAHO] regarding authentication standards. JCAHO standards require that hospitals will determine, by policy, which entries the author must authenticate, and allow verbal orders to be authenticated by the Licensed Individual Practitioner [LIP] caring for the patient. Further, the JCAHO standards state that "when required by State or Federal law and regulation, verbal orders are authenticated within specified time frames."

HCFA recognizes that there are instances when the ordering physician may not be able to authenticate his or her verbal order [e.g., the ordering physician gives a verbal order which is written and transcribed, and then is "off duty" for the weekend or an extended period of time]. In such cases, it is acceptable for a covering physician to co-sign the verbal order of the ordering physician. The signature indicates that the covering physician assumes responsibility for his or her colleague's order as being complete, accurate and final. This practice must be addressed in the hospital's policy.

As noted above, HCFA further requires that verbal orders should be used infrequently [42 CFR 484.23(c) (2)(iii)]. Therefore, it is not acceptable to allow covering physicians to authenticate verbal orders for convenience or to make this a common practice. When assessing compliance with this requirement, we ask surveyors to review the frequency and practice of using verbal orders within the hospitals.

If you have any questions, please contact Dodjie B. Guioa at 214-767-6179 or through E-mail at dguioa@hcfa.gov.

Sincerely,

~Signature on File~

Molly Crawshaw, Chief
Survey and Certification Operations Branch