



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

Mangum Regional Medical Center

TITLE		POLICY	
Physician Orders		601	
MANUAL	EFFECTIVE DATE	REVIEW DATE	
Rehabilitation			
DEPARTMENT	REFERENCE		
Rehabilitation Services			

SCOPE: All professional rehabilitation staff providing therapy services at Mangum Regional Medical Center.

PRUPOSE: To describe and maintain the Rehabilitation Services’ Policy and Procedure for physician orders.

POLICY: Treatment provided to the patient shall be in accordance with specific written physician orders, the authorized physician or non-physician practitioner certified care plan and documented according to state and federal regulations. Orders are valid for 30 days from the date of the prescription if not specified by federal, state, facility or payer.

PROCEDURE:

1. Prior to initiating services evaluation, and if applicable, treatment orders will be obtained following facility procedure and therapist will check medical records to verify presence of order.
2. Prior to initiation of treatment, specific treatment orders (order clarification) shall be done as required by 3rd party payer or when recommended plan of care is not within the scope of the physicians/non-physician practitioner’s order. Exception: initial orders were specific and contained necessary components. These orders at minimum are to contain:
 - a. Date of order or date received:
 - b. Discipline, if applicable, and
 - c. All treatments, modalities, and/or therapeutic procedures to be rendered or evaluate and treat
 - d. Area to be treated , if applicable
 - e. Frequency or evaluate and treat
 - f. Duration or evaluate and treat
 - g. Precautions, if applicable
 - h. Authorized physician/non-physician practitioner signature
3. Initial physician/non-physician practitioner signature on the plan of care/evaluation (certification of plan of care) will be obtained prior to billing for services, per facility

procedure for all hospital based SNF patients and outpatients as required by 3rd party payer.

- a. If any services are to be provided in a group, this should be included in the plan of care that the physician certifies.
 - b. Exception: follow facility procedure to obtain prior authorization for Medicaid, HMO/PPO, and worker's compensation patients.
4. Continue treatment must be re-certified or approved by referring physician/non physician practitioner, as required by 3rd party payer, per facility procedure.
- a. Follow facility procedure to obtain prior authorization to continue services for Medicaid, HMO/PPO, and worker's compensation patients.
5. Physician's orders must be obtained to discharge a patient unless:
- a. Patient discharged from the facility:
 - b. Treatment was provided and/or goal obtained as per plan of care:
 - c. Patient self-discharges:
 - d. Copy of discharge summary is provided to the physician

REVISIONS/UPDATES

Date	Brief Description of Revision/Change