

**§482.54(c) Standard: Orders for Outpatient Services**

**Outpatient services must be ordered by a practitioner who meets the following conditions:**

- (1) Is responsible for the care of the patient.**
- (2) Is licensed in the State where he or she provides care to the patient.**
- (3) Is acting within his or her scope of practice under State law.**
- (4) Is authorized in accordance with State law and policies adopted by the medical staff, and approved by the governing body, to order the applicable outpatient services.**

**This applies to the following:**

**(i) All practitioners who are appointed to the hospital's medical staff and who have been granted privileges to order the applicable outpatient services.**

**(ii) All practitioners not appointed to the medical staff, but who satisfy the above criteria for authorization by the medical staff and the hospital for ordering the applicable outpatient services for their patients.**

**Interpretive Guidelines §482.54(c)**

Orders for outpatient services may be made by any practitioner who is:

- Responsible for the care of the patient;
- Licensed in, or holds a license recognized in, the jurisdiction where he/she provides care to the patient;
- Acting within his/her scope of practice under State law; and
- Authorized by the medical staff to order the applicable outpatient services

under a written hospital policy that is approved by the governing body. This includes both practitioners who are on the hospital medical staff and who hold medical staff privileges that include ordering the services, as well as other practitioners who are not on the hospital medical staff, but who satisfy the hospital's policies for ordering applicable outpatient services.

This regulation allows hospitals to accept orders for outpatient services both from practitioners who hold hospital privileges as well as practitioners who do not, including those who are not located in the hospital's close geographic area.

It is not uncommon for individuals to obtain health care services in a variety of locations from a variety of practitioners. Sometimes an individual elects to seek services from a specialist in a tertiary setting removed from the area where the individual lives, but prefers to get follow-up care, such as physical therapy after a surgery, closer to home. Sometimes an individual may have multiple residences in different areas and may need to continue care locally when moving between residences. Sometimes individuals receive urgent or even emergent care while traveling. Accepting orders and referrals for outpatient services from practitioners not on the medical staff or not holding privileges enables a hospital to promote ready access to care for patients in the area it serves. Finally, sometimes a practitioner who does not practice in a local hospital may nevertheless refer patients to that hospital for outpatient services, such as diagnostic imaging, physical and occupational therapy, etc.

The authority to write orders for outpatient services is covered under the hospital's medical staff privileging process for members of the hospital's medical staff and for practitioners who have been granted privileges by the hospital without being appointed to the medical staff.

For practitioners who do not hold hospital privileges the hospital's medical staff policy may permit them to refer patients to the hospital with orders for specific outpatient services so long as all of the above criteria are met. The policy must address how the hospital verifies the referring/ordering practitioner is appropriately licensed and acting within his/her scope of practice. The regulation does not prescribe the details of the licensure and scope of practice verification process but instead provides a hospital the flexibility to accomplish this in the manner it finds efficient and effective. The hospital is expected to ensure the verification process is followed for all outpatient services in all hospital locations.

The policy must also make clear whether the policy applies to all hospital outpatient services, or whether there are specific services for which orders may only be accepted from practitioners with medical staff privileges. For example, a hospital may prefer not to accept orders for a regimen of outpatient chemotherapy or outpatient therapeutic nuclear medicine services from a referring physician who does not hold medical staff privileges. In such cases, the hospital's policy must make these exceptions clear to the general authorization for accepting orders from referring practitioners.

### **Survey Procedures §482.54(c)**

Survey a variety of settings that offer outpatient services. Ask department staff whether orders or referrals for that type of outpatient service are accepted from practitioners who do not hold hospital privileges. If yes:

- Ask for evidence that the medical staff has adopted the policy.
- Ask how the hospital verifies that the order or referral comes from a referring practitioner who is appropriately licensed in the jurisdiction where he/she provides care to the patient and is practicing within his/her scope of practice under State law to prescribe such orders. Ask for documentation of such verification efforts.
- Ensure the same verification process is followed consistently in all outpatient settings.