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Standard Operating Procedure

Title: **PRE - Patient Self Referral Testing Policy**	**Procedure Number** SFOSOP-0154 **Revision:** 10

Department: Clinical Lab Pre-Analytical Area: 1600 Owens Street SFO Mission Bay 2238 Geary Blvd SFO Clinical Lab 2425 Geary Blvd SFO Hospital Lab 4131 Geary Blvd French Campus Lab	*Approved & Released Standard Operating Procedure*	**Implementation Date:** 11/16/2017

Type of Document: Preanalytic	Retention Period: 5 - Year(s) Review Period - 340 Days

PURPOSE:

California law allows consumers to request testing without an authorized provider's order on analytes specified in state regulation and those subsequently approved by the Food and Drug Administration for over-the-counter sale without a prescription. The law does not compel clinical laboratories to provide this service.

The policy of NCAL laboratories, including SFO KFH Laboratory, is to provide **only** the following laboratory tests without a valid order from an authorized provider when requested by the patient. Parents may not request self-referral testing on their minor children.

With exception only for pregnancy testing, **the patient must be 18 years or older.**
1. Cholesterol, total
2. Fecal Occult Blood, FOCB or FIT depending on facility protocol
3. Glucose, Fasting or Random; Specify accurately when processing the order
4. Hemoglobin A1C (glycosylated hemoglobin)
5. HIV screening (HIV 1/2 antibody)

If the patient requests Kaiser laboratory to perform any test(s) other than the six tests defined in this policy, the patient must obtain a valid order from an authorized provider.

PROCEDURE:

A. **ORDERING SELF REFERRAL TESTING, Other than HIV**
  1. All persons self-referring for testing must have current Kaiser Health Plan membership with a valid Medical Record number.
  2. Self-referral testing is subject to the same charges or co-pays as provider-requested testing, per the member's Health Plan coverage.
  3. Imprint/print the member name and Medical Record number on a *General Laboratory Requisition.* Note on the requisition "**S**elf-**R**eferral" testing.
  4. Proceed with DOE and order the self-referred test(s) using the 31**SR** location code and patient type.
  5. Note: Whenever processing other provider-requested tests, release these tests first from KPHC into the appropriate encounter type (e.g. 31OP). Once complete and these labels are being processed, ADD an 31SR encounter in RILIS to ensure only self referred test(s) are entered under the 31SR encounter.
  6. Ordering Provider:
       a. All tests are ordered using the member's Primary Care Provider.
       b. **Do NOT process a self-referred PREGU on members under age 18.** Ask the minor to make an appointment in Teen Clinic or with their Pediatric provider. (On minor PREGU must be ordered or transmitted in KPHC under an authorized provider with an associated Teen Confidential KPHC visit encounter.)
       c. If the patient does not have a Primary Care Provider, refer the patient to Member Services to have a Primary Care Provider assigned.
  1. Valid RILIS mnemonics for the five self-referral tests are:
       a. Cholesterol: CHOL
       b. Fecal Occult Blood: FOCB or FIT depending on facility protocol
       c. Glucose, fasting or random, per members' current fasting status: GLUCF or GLUCR.
       d. Hemoglobin A1C or Glycosylated Hemoglobin: HGBA1C
       e. Pregnancy test: PREGU
  2. Results for these tests are also available on kp.org.
  3. If the patient requests Kaiser laboratory to perform any test(s) other than the these tests, refer the patient to his/her provider to obtain a valid order.

B. **ORDERING HIV SELF-REFERRAL TESTING**
  1. **Do NOT process a self-referred HIV on members under age 18.** Ask the minor to make an appointment in Teen Clinic or with their Pediatric provider. (On minors, HIV screening must be ordered or transmitted in KPHC under an authorized provider with an associated Teen Confidential KPHC visit encounter.)
  2. Adults requesting HIV self-referral testing must be members with a valid Kaiser Health Plan Medical Record number.
  3. Self-referral HIV testing is subject to the same charges or co-pays as provider ordered testing, per the member's Health Plan coverage.
  4. HIV Testing Pamphlets should be available in Laboratory Reception locations. The facility designated HIV Lead provides pamphlets with information on the test and how to obtain results. See attachment for the pamphlet.

5. If the patient has questions or needs further clarification about the test, refer them to the designated HIV Lead (Brad Hare, M.D., 2238 Geary Blvd, 4-West, San Francisco, 415-833-2200) to get all questions answered before specimen collection.
6. Laboratory staff do NOT answer questions about the test or clarify any information provided in the pamphlet.
7. When the patient is ready to proceed, imprint/print the member name and Medical Record number on a *General Laboratory Requisition.* Note on the requisition that this is **S**elf-**R**eferral testing.
8. Proceed with DOE and order the HIV using the 31**SR** <u>location code and patient type.</u>
9. Note: Whenever processing other provider-requested tests, release these tests first from KPHC into the appropriate encounter type (e.g. xxOP). Once complete and these labels are being processed, ADD an xxSR encounter in RILIS to ensure only self referred test(s) are entered under the xxSR encounter.
10. Ordering Provider:
    a. Enter the member's Primary Care Provider as the ordering provider.
    b. When patient HAS NOT selected a Primary care provider, refer the member to Member Services to choose a provider.
    c. If the member presents after hours and has no primary care provider and cannot go to member services, and if they insist on doing the blood test then, use Dr. Brad Hare (provider# E155749) as the ordering provider.
11. Valid mnemonic for the self-referral HIV 1/2 antibody screen test is: HIV
12. Do not order a LETTER as HIV results are blocked from printing on the letter. HIV results are blocked from kp.org. Information on obtaining results is provided in the pamphlet.

C. REPORTS
1. GLUCF/GLUCR, HGBA1C, CHOL and FIT/FOCB results are sent to the Primary Care Provider and will be available on line at kp.org.
2. For HIV, Regional Laboratory sends a daily electronic report of all facility HIV results to a designated facility-specifc monitored KPHC in-box, for reporting.
3. For PREGU, the patient can call OB/GYN advice or Call Center for results.

D. REPORT NOTIFICATION AND FOLLOW UP
1. CRITICAL RESULT(S) - Follow policy for reporting Critical Result(s). Appropriate follow up will be arranged by the responsible provider.
2. REPORTS AND LETTER - Report (s) and patient letter, when requested, will be sent to the Primary Care Provider provider for review. Reports, other than HIV, also go on-line on the member's kp.org account. Refer members to Member Services for assistance with access to kp.org.
3. HIV results are sent by Regional Laboratory to a designated in-box managed by the facility HIV Lead for reporting and follow-up care. The patient must follow instructions in the pre-testing packet to obtain HIV results. HIV results are blocked from lab LETTER and from kp.org.

E. LIMITATIONS - INSTRUCTIONS TO ADD ENCOUNTER IN MILLENNIUM

1. Do NOT enter a Free Text Provider in Millennium. Place the order under the authorized provider designated in this policy.
2. Other tests may only be processed with a valid order from an authorized provider.
3. The xxSR RILIS encounter is limited to the self-referred test(s). Other tests, ordered by an authorized provider and processed in the same lab visit , are released into RILIS under an encounter with appropriate location and patient type (e.g. xxOP). Refer to instructions to ADD Encounter.

Adding an Encounter   Patient Registration - Add Encounter in CM.doc

Associated Documents:

External Documents

Associated Documents:

SFOWI-0920 -- Adding An Encounter in COE

Click to Open an Associated Document

Document Revision History:

Revision: 10	Date Created: 05/04/2010 Date of Last Revision: 11/16/2017	Last Approval Date: 11/16/2017

Document Author: LaWanda Young/CA/KAIPERM	Document Manager: Olga T Toler/CA/KAIPERM

Reason for Change:

Revision:	Sec/Para Changed	Change Made:	Date
1	N/A	Initial Issue of Document	5/4/2010
2	Title & Sec. A6a	Added PRE - for analytical SOP. Added Dr. Masters as ordering provider for PREGU	11/19/10
3	Content	New ALAD and Medical Director	12/8/11
4	Approver	Changed approver to Junming Fang	2/5/2013
5	Entire Content	Updated per latest Regional Policy, added Procedure B for HIV with processing details, updated with SFO local information	6/27/2013
6	Content	Corrected heading typos Finally received confirmation from Dr. Stephen Follansbee that the specific information for SFO is correct and added the HIV Testing Pamphlet as an attachment in section B4	8/1/2013 10/21/2013
7	Content	Replaced Dr. Stephen Follansbee with Dr. Brad Hare	2/27/2014
8	Approver	Changed approver to Eric Suba	6/14/16

Notification List:

Approvals:

Name: Eric Suba/CA/KAIPERM   Nov 16, 2017 02:51:23 PM PST - Approved by: Eric Suba/CA/KAIPERM

Title: Chief of Pathology; CLIA Director

Document History Section