

Western Highlands Network
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Verbal Service Orders

As defined the Medical Records manual Verbal Service Orders are now accepted for an emergency situation “when the individual’s need for a new service has been identified, and the need to expedite the service is crucial” (APSM 45-2: 11/01/07).

Whenever the situation presents the need for a verbal order, there are a few basic procedures that must be followed in order for the verbal order to be valid:

- Treatment may proceed on the basis of a verbal order by the appropriate professional as long as the verbal order is documented in the individual’s service record (typically the PCP signature page) on the date that the verbal order was given.
- The documentation must specify who gave the order, who received the order, and identify each distinct service that was ordered.
- The documentation should reflect why the verbal order was obtained in lieu of a written order. The appropriate professional must countersign the order with a dated signature within 30 calendar days of the date of the verbal order.
- Failure to carefully follow these procedures will invalidate the verbal service order and put any associated services at risk for payback. Providers using verbal service orders should monitor compliance closely.

A verbal order is appropriate in the event an individual’s needs are urgent or emergent.

When sending paperwork to ACCESS:

- The STR must specify Urgent or Emergent.
- The PCP signature page must specify verbal order as stated above.

When using a verbal order for an ongoing authorization (SMU):

- The PCP must specify the service added, who gave/received the order and date, as stated in the above paragraph.
- The SAR must have information included in the progress justifying the need for a verbal order based on the “urgency”.
- A “new” version of the SAR will have a check box where the provider can attest to signatures being obtained. The box will be expected to be checked by the following authorization request.

As stated on the STR, urgent/emergent is defined as:

Urgent: (48 hours maximum for service initiation)

Consumer presents with **moderate risk or incapacitation** in one or more area(s) of physical, cognitive, or behavioral functioning related to mh/dd/sa problems.

Emergent: (2 hours maximum for service initiation)

- a. Consumer has a moderate or severe risk related to safety or supervision, or
- b. Consumer is at moderate or severe risk for substance abuse withdrawal symptoms, or
- c. Consumer presents a mild, moderate, or severe risk of harm to self or others, or
- d. Consumer has a **severe incapacitation** in one or more area(s) of physical, cognitive, or behavioral functioning related to mh/dd/sa problems.