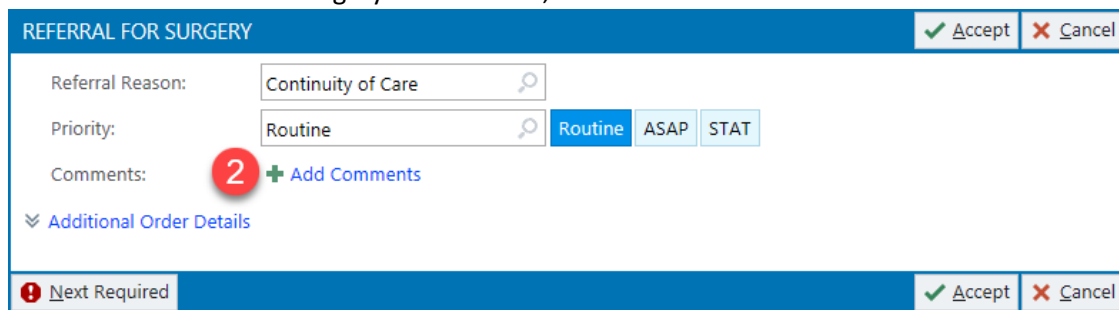


Referral For Surgery Order

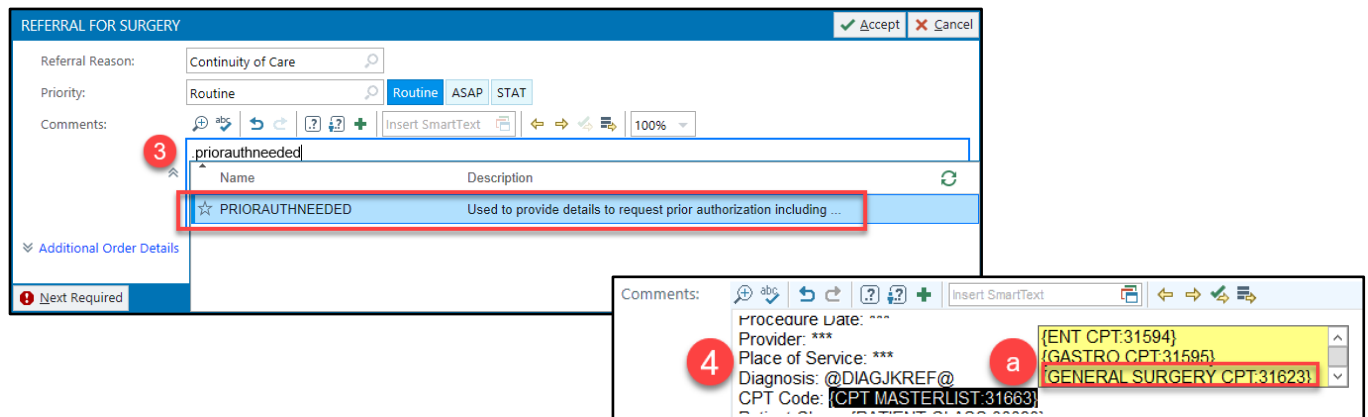
When the decision is made to schedule a surgery, it is important to follow the steps below to ensure prior authorization is obtained. If the Referral for Surgery is not entered, authorization will not be completed, and the patient may need to be rescheduled.

Try It Out

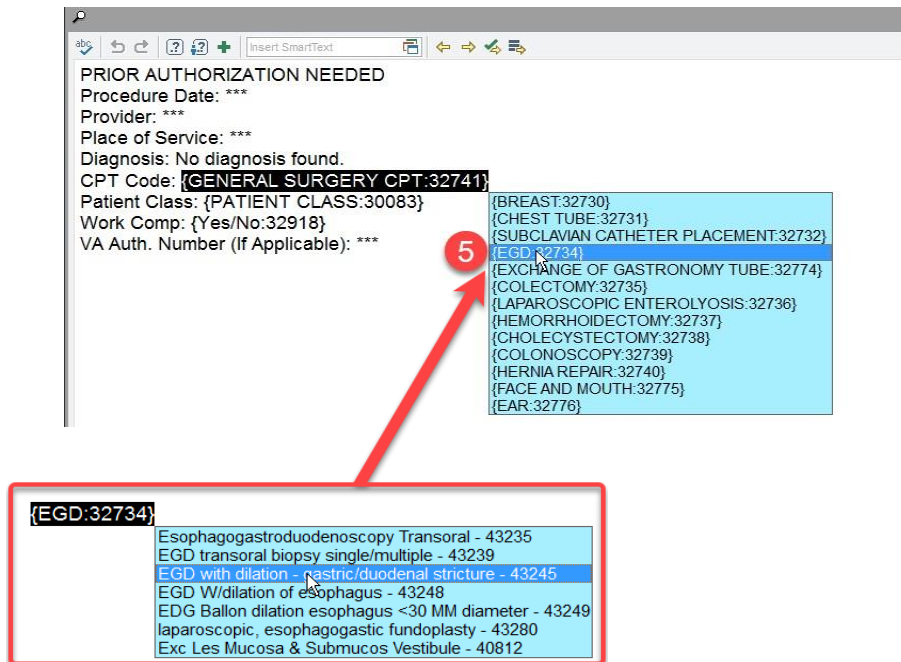
1. Once it has been determined a patient will need surgery, place the **Referral For Surgery** order. This will initiate prior authorization. This order needs to be placed in addition to the procedure order within the patient's office visit (clinic encounter).
2. From the Referral For Surgery order details, click on **+ Add Comments**.



3. In the comment box, type **.priorauthneeded** and select the PRIORAUTHNEEDED SmartPhrase.
4. Once opened, complete the sections in the SmartPhrase by using F2 to navigate through the phrase.
 - a) Select your surgical specialty from the CPT Masterlist drop down (example shown below is for General Surgery).



5. Select the surgical code(s) from the CPT Masterlist. If the appropriate CPT code is not available, you will need to manually type it in this section.



PRIOR AUTHORIZATION NEEDED
 Procedure Date: ***
 Provider: ***
 Place of Service: ***
 Diagnosis: No diagnosis found.
 CPT Code: [GENERAL SURGERY CPT:32741]
 Patient Class: {PATIENT CLASS:30083}
 Work Comp: {Yes/No:32918}
 VA Auth. Number (If Applicable): ***

5

[BREAST:32730}
 {CHEST TUBE:32731}
 {SUBCLAVIAN CATHETER PLACEMENT:32732}
 {EGD:32734}
 {EXCHANGE OF GASTRONOMY TUBE:32774}
 {COLECTOMY:32735}
 {LAPAROSCOPIC ENTEROLYOSIS:32736}
 {HEMORRHOIDECTOMY:32737}
 {CHOLECYSTECTOMY:32738}
 {COLONOSCOPY:32739}
 {HERNIA REPAIR:32740}
 {FACE AND MOUTH:32775}
 {EAR:32776}

[EGD:32734]
 Esophagogastroduodenoscopy Transoral - 43235
 EGD transoral biopsy single/multiple - 43239
 EGD with dilation - gastric/duodenal stricture - 43245
 EGD W/dilation of esophagus - 43248
 EDG Ballon dilation esophagus <30 MM diameter - 43249
 laparoscopic, esophagogastric fundoplasty - 43280
 Exc Les Mucosa & Submucos Vestibule - 40812

6. Once the Referral for Surgery order and comments are complete, **Accept** the order.
7. Associate a diagnosis with the order.
8. **Sign** the order.