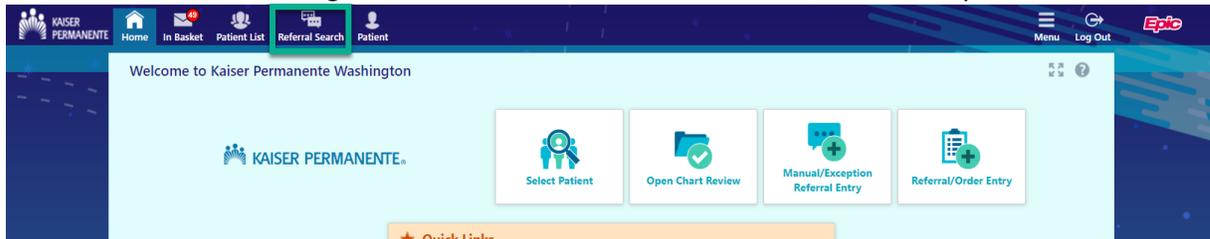


## JOB AID: Requesting a referral extension

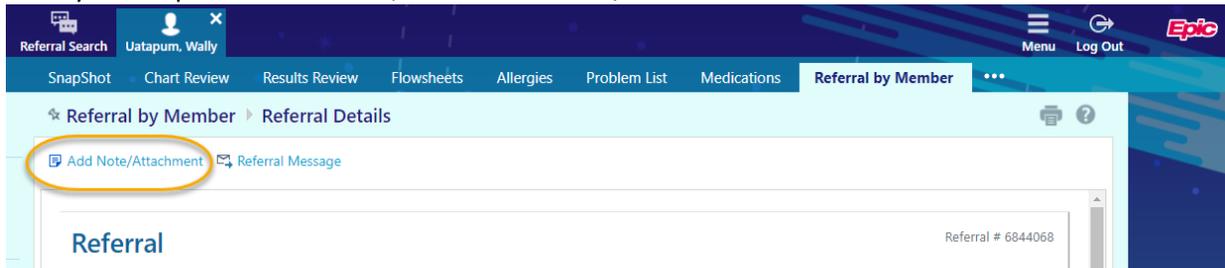
You can utilize our online tools to request that a Kaiser Permanente ordering provider submit a referral for additional visits/time when needed.

*\*Note, this function is only available when your initial authorization is referred by a Kaiser Permanente physician. If your initial authorization was referred by a provider outside of Kaiser Permanente, please contact that provider directly.*

1. Find the initial referral using the Referral Search function or search for Referral by Member



2. Once you've opened the referral, click on Add Note/Attachment



3. Choose the "Referral Extension Request" Note type

### New Referral Note

Changing the note type will remove the current note

Note type: Referral Extension Request ▼

Note summary:

Note: ! You have SmartTools that must be resolved or removed ([More Information](#)).

A Note summary is optional

- You are required to answer the questions in the text box to help our Referral Management Unit assess your request. Use F2 to tab through the questions.

How many additional visits are being requested? \*\*\*

**Enter the number of visits needed to continue treatment**

Is additional time needed? {Select One:17315} **Select Yes or No**

**If Yes, another question will appear for you to select the number of additional months needed**

Is the patient currently in treatment? {Select One:19077} **Select Yes or No**

Rationale for Request \*\*\*

**Free form text to explain the need for more visits**

- Use the Attachment functionality to provide clinical notes to support the need for continued treatment.



- Once everything is completed and attached, click

- After you've added the note, you'll be able to see it in the Referral Notes section of the Referral Details

**Referral Search** ▶ **Referral Details**

[Add Note/Attachment](#) [Referral Message](#)

Visits Requested 6	Visits Authorized 6	Visits Completed	Visit:
-----------------------	------------------------	------------------	--------

**Procedure Information**

Service Details					
Procedure 99214 (CPT®) - OFFICE VISIT E&M EST PT, MODERATE MDM, 30-39 MINS	Modifiers None	Revenue Code None	Provider	Requested 6	

**Linked Referrals**

Referral #	Status	Referred To Provider	Referred To Location
6842668	Authorized		

**Diagnosis Information**

Diagnosis  
I20.0 (ICD-10-CM) - Unstable angina pectoris

**Referral Notes**

Type	Date	User	Summary
Referral Extension Request <b>Note</b>	05/03/2021 4:59 PM		-

This message allows Referred To providers to request more time or visits on their referral.

This message can only be used to request a referral extension on a referral initiated by a Kaiser Permanente Provider. If you need an extension on a referral the Kaiser Permanente, please contact that provider directly.

How many additional visits are being requested? 2

Is additional time needed? No

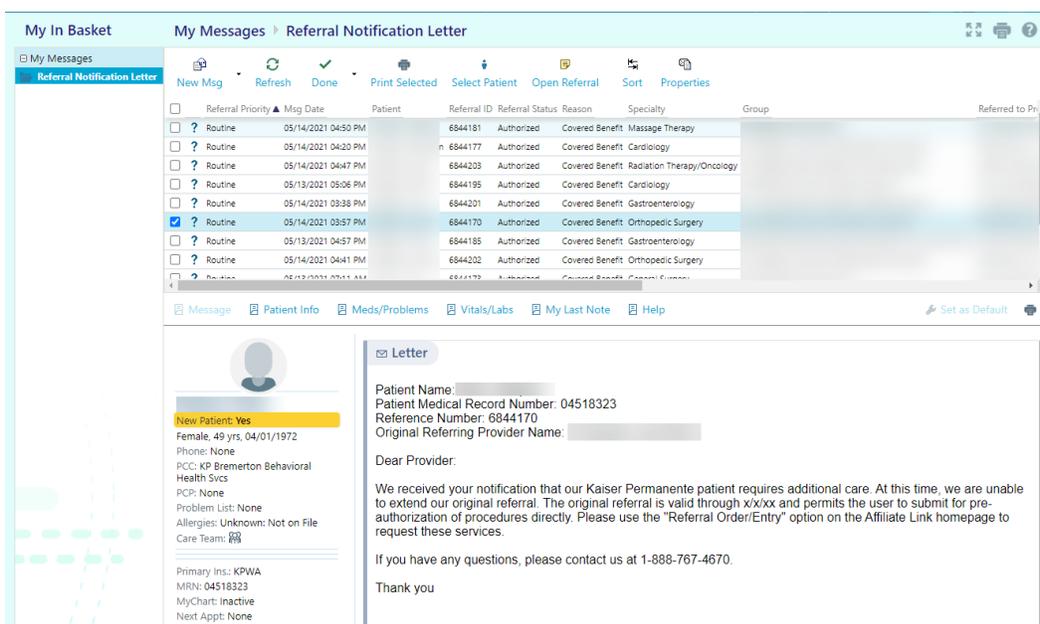
Is the patient currently in treatment? Yes

8. Your request will be reviewed by our Referral Management Unit who will consult with our Primary Care and/or Specialty Care teams to determine next steps.
9. Once the review is complete, the Referral Management Unit will add a new Note outlining the next steps:
  - 1) Referral Extension – Internal Referral Created
    - a. This indicates that Kaiser Permanente has recommended the patient continue treatment at Kaiser Permanente and the patient has agreed. The patient will be appointed at Kaiser Permanente.
  - 2) Referral Extension – No Action Taken
    - a. This indicates that the Referral Management Unit was unable to complete the request. This could happen if the patient no longer has Kaiser Permanente coverage, if the original referring provider was not a Kaiser Permanente physician, or if you are required to take action. The note will include an explanation.
  - 3) Referral Extension – External Referral Created
    - a. The Referral Management Unit has reviewed the request and will submit a new referral for additional visits. The new referral will have a new reference number and will be reviewed for authorization. You can check the authorization status of that referral by searching under Referral by Member.

The next steps will be documented as a note on the original referral and will also be sent as a new notification in your in basket.

When we've transitioned the patient back to Kaiser or if we are unable to take any action on your request, you'll receive a message in your in basket :

**Example In Basket Notification:**



**My In Basket** | **My Messages** | **Referral Notification Letter**

New Msg |  Refresh |  Done |  Print Selected |  Select Patient |  Open Referral |  Sort |  Properties

<input type="checkbox"/>	Referral Priority	Msg Date	Patient	Referral ID	Referral Status	Reason	Specialty	Group	Referred to Pri
<input type="checkbox"/>	? Routine	05/14/2021 04:50 PM		6844181	Authorized	Covered Benefit: Massage Therapy			
<input type="checkbox"/>	? Routine	05/14/2021 04:20 PM		6844177	Authorized	Covered Benefit: Cardiology			
<input type="checkbox"/>	? Routine	05/14/2021 04:47 PM		6844203	Authorized	Covered Benefit: Radiation Therapy/Oncology			
<input type="checkbox"/>	? Routine	05/13/2021 05:06 PM		6844195	Authorized	Covered Benefit: Cardiology			
<input type="checkbox"/>	? Routine	05/14/2021 03:38 PM		6844201	Authorized	Covered Benefit: Gastroenterology			
<input checked="" type="checkbox"/>	? Routine	05/14/2021 03:57 PM		6844170	Authorized	Covered Benefit: Orthopedic Surgery			
<input type="checkbox"/>	? Routine	05/13/2021 04:57 PM		6844185	Authorized	Covered Benefit: Gastroenterology			
<input type="checkbox"/>	? Routine	05/14/2021 04:41 PM		6844202	Authorized	Covered Benefit: Orthopedic Surgery			
<input type="checkbox"/>	? Routine	05/13/2021 03:11 AM		6844173	Authorized	Covered Benefit: Gastroenterology			

Message |  Patient Info |  Meds/Problems |  Vitals/Labs |  My Last Note |  Help |  Set as Default

**Letter**

Patient Name: [REDACTED]  
 Patient Medical Record Number: 04518323  
 Reference Number: 6844170  
 Original Referring Provider Name: [REDACTED]

Dear Provider:

We received your notification that our Kaiser Permanente patient requires additional care. At this time, we are unable to extend our original referral. The original referral is valid through x/x/xx and permits the user to submit for pre-authorization of procedures directly. Please use the "Referral Order/Entry" option on the Affiliate Link homepage to request these services.

If you have any questions, please contact us at 1-888-767-4670.

Thank you

**New Patient: Yes**

Female, 49 yrs, 04/01/1972

Phone: None

PCC: KP Bremerton Behavioral Health Svcs

PCP: None

Problem List: None

Allergies: Unknown: Not on File

Care Team: [REDACTED]

---

Primary Ins: KPWA

MIRN: 04518323

MyChart: Inactive

Next Appt: None

When we generate a new referral for the additional visits, a new referral and letter will be sent to your in basket:

My In Basket
My Messages > Referral Notification Letter
🔍 🖨️ ?

My Messages

Referral Notification Letter

New Msg
Refresh
Done
Print Selected
Select Patient
Open Referral
Sort
Properties

<input type="checkbox"/>	Referral Priority	Msg Date	Patient	Referral ID	Referral Status	Reason	Specialty	Group	Referred to Pri
<input type="checkbox"/>	? Routine	05/14/2021 04:50 PM		6844181	Authorized	Covered Benefit	Massage Therapy		
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<input type="checkbox"/>	? Routine	05/13/2021 05:06 PM		6844195	Authorized	Covered Benefit	Cardiology		
<input checked="" type="checkbox"/>	? Routine	05/14/2021 03:38 PM		6844201	Authorized	Covered Benefit	Gastroenterology		
<input type="checkbox"/>	? Routine	05/14/2021 03:57 PM		6844170	Authorized	Covered Benefit	Orthopedic Surgery		
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<input type="checkbox"/>	? Routine	05/14/2021 04:41 PM		6844202	Authorized	Covered Benefit	Orthopedic Surgery		
<input type="checkbox"/>	? Routine	05/13/2021 07:11 AM		6844173	Authorized	Covered Benefit	Cardiology		

Message
Patient Info
Meds/Problems
Vitals/Labs
My Last Note
Help
Set as Default



New Patient: Yes

Female, 32 yrs,  
Phone: None  
PCC: None  
PCP: None  
Problem List: None  
Allergies: Unknown: Not on File  
Care Team: 

---

Primary Ins: KPWA  
MRN: 04518565  
MyChart: Inactive  
Next Appt: None

Letter

**KAISER PERMANENTE**  
Kaiser Foundation Health Plan of Washington  
Review Services  
P.O. Box 34589 Seattle WA 98124-1589

RS

May 14, 2021

Dear Provider:

We have received an authorization request for coverage of the service(s) listed below. This notice is to inform you that we are authorizing the specific care that we have listed.

The code referenced below represents a service range of procedure codes - please reference this document to