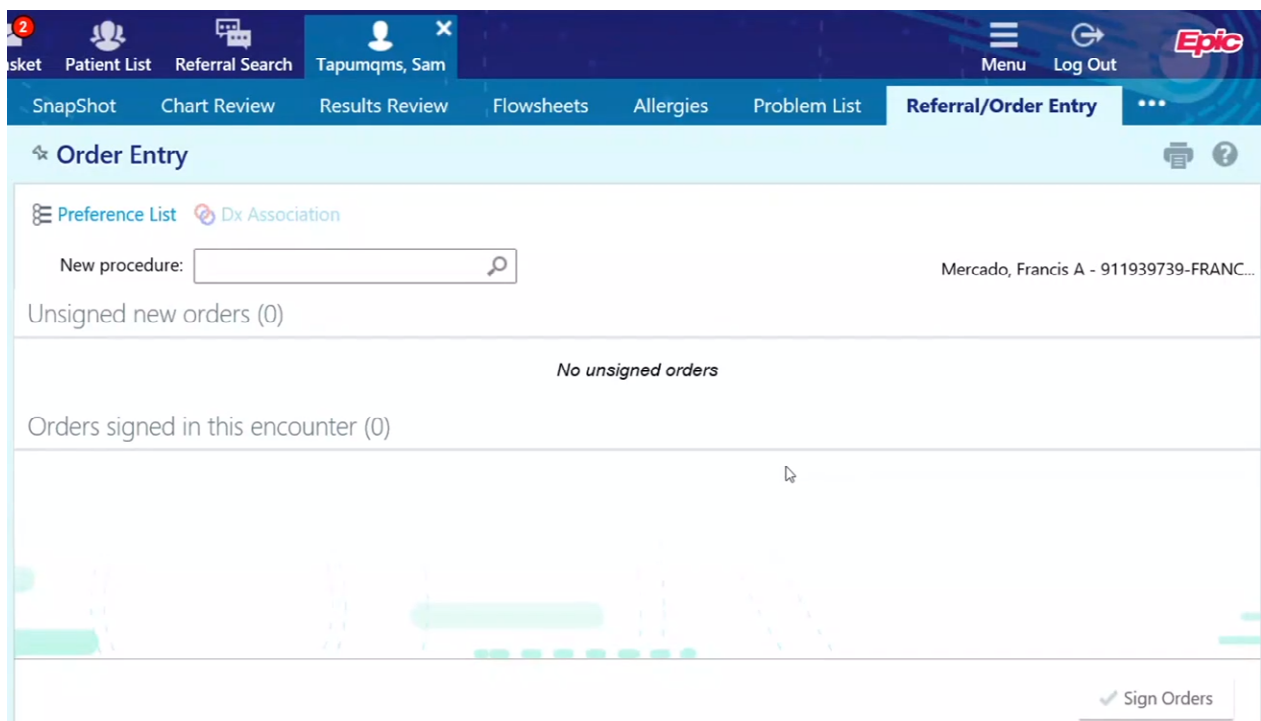# JOB AID: Procedure Notification

*Please note - Before you start your Referral/Order and select your procedure, please look at our Authorization Code Ranges page on our provider website to find the code ranges for the procedure. Just click on the desired specialty on that page to view the codes. You can use CTRL-F to search within the document as well.

1. Enter the service/specialty being requested by name, e.g., Cardiology or Gastroenterology, and select the magnifying glass to search. Specialty names and their synonyms will return results.

2. Results matching the searched criteria will be displayed. Type in the service/specialty and click Search.

3. Choose the appropriate template from the displayed results.

![Kaiser Permanente logo]

4. The Referral/Order edit screen displays. Fill out the Referral/Order fields according to the examples shown below.

REF GASTROENTEROLOGY

Class:	External [1007]	Internal ✓ External
Process instructions:	If additional services are entered in the comment box, they will not be reviewed for coverage and will not be included in the final coverage determination.	
	If you are referring to a Kaiser physician, choose "Internal". If you are referring to any other physician, choose "External".	
	If you choose "Other" in the Referral Reason box, your request WILL NOT auto-adjudicate and a coverage determination may be delayed.	

Referral:

Priority:	Routine [1]	✓ Routine Urgent
To prov spec:	Gastroenterology [9]	
To provider:	KADLEC CLINIC [80000093]	
Address	PO Box 34007 Seattle WA 98124-1007	
To loc/pos:	KADLEC CLINIC GASTROENTEROL	

• Organization/Tax ID Level that patient is being referred to

• Organization Address

• Location/Place of Service

Questions:

	Answer
1. Select the correct questions.	External Questions
↳ Reason For Referral?	❗
↳ Requested Place Of Service?	Office [11]
↳ Facility For Procedure (If facility is not in list add in comments below)	
↳ Ok to substitute an in network provider if the chosen referred to provider is not in the member's network?	❗ Yes No
↳ Does patient have any functional status or cognitive limitations?	❗ Yes No
↳ Is this a retrospective request? (In the past)	Yes No
↳ Contact Name:	❗

• Facility where procedure will be performed, if not the office setting/same location as to loc/pos field (used by specialists to indicate where a procedure will be done). Add facility details in the comments if no return match

KAISER PERMANENTE

Change Requested Place of Service depending on where services/procedure is being done. (Example below procedure being done at Ambulatory Surgery Center instead of Office)

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