Referrals and Orders Setup and Support Guide

Last Updated: July 1, 2025

Your Responsibilities for Safe Use

This documentation will help guide you through the available software configuration options so you can decide the right configuration for your organization. Of course, safe and compliant use of the software in any configuration requires you and your users to use good judgment and perform certain responsibilities, including each of the following: enter and read information accurately and completely; be responsible for configuration decisions; ensure compliance with laws and regulations relevant for your organization; confirm the accuracy of critically important medical information (e.g., allergies, medications, results), just as you would with paper records; actively report suspected errors in the software to both Epic and affected personnel; thoroughly test the software to ensure it's accurate before using it; and use the software only according to standards of good medical practice. You also are responsible for training your personnel and other users to perform these responsibilities. Not performing any of these responsibilities may compromise patient safety or your compliance with applicable requirements.

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Referrals and Orders Setup and Support Guide

In Order Entry, clinicians can place an order for a referral. For example, a primary care physician might place an order for a referral to a specialist.

The system can also automatically create a referral when a clinician signs an order of a specific class or for a specific procedure. For example, when a physician places an order for an MRI, the system can automatically create a referral record for the order so that referrals staff can document the authorization information in the referral. Scheduling staff can schedule the MRI from the order or from the referral. Automatically creating referrals from orders can streamline the referrals process and help reduce the amount of manual work for referral staff.

Related topics
You might also be interested in the following related information: • Preauthorization Setup and Support Guide

Across your organization
Because the system creates referrals from orders, orders must be placed in Epic using one of the clinical products, most commonly EpicCare Ambulatory. You can then use additional Referrals features to streamline the authorization process. For example, you can set up automatic status assignment to assign statuses to referrals based on referral criteria, and you can set up referral workqueues to provide referrals staff with worklists. Refer to other Referrals Setup & Support Guides for more information about configuring these other Referrals features.

The Foundation System is configured to automatically create referrals for the following:

- Order classes:
  - Internal Referral
  - External Referral
  - Home Health (Amb)
  - Home Health (IP)
  - Incoming Referral
- Procedure categories:
  - MRI
  - CT

How It Works

Setting up your system so that clinicians can place an order for a referral is the same as setting up other kinds of orders for clinicians.

When the clinician signs the order, the system runs checks to determine whether a referral should be automatically created. If the order or procedure is configured to create a referral, the system automatically creates the referral.

There are a few ways you can set up the system to automatically create referrals from orders:

- Set order classes to automatically create referrals.
- Configure Benefits Engine to determine whether to generate a referral based on an order so that staff can document authorization information for certain procedures.
- Configure Referrals System Definitions to generate referrals so that staff can document preauthorization information when clinicians order certain procedures for patients with the payer or plan in their coverage.
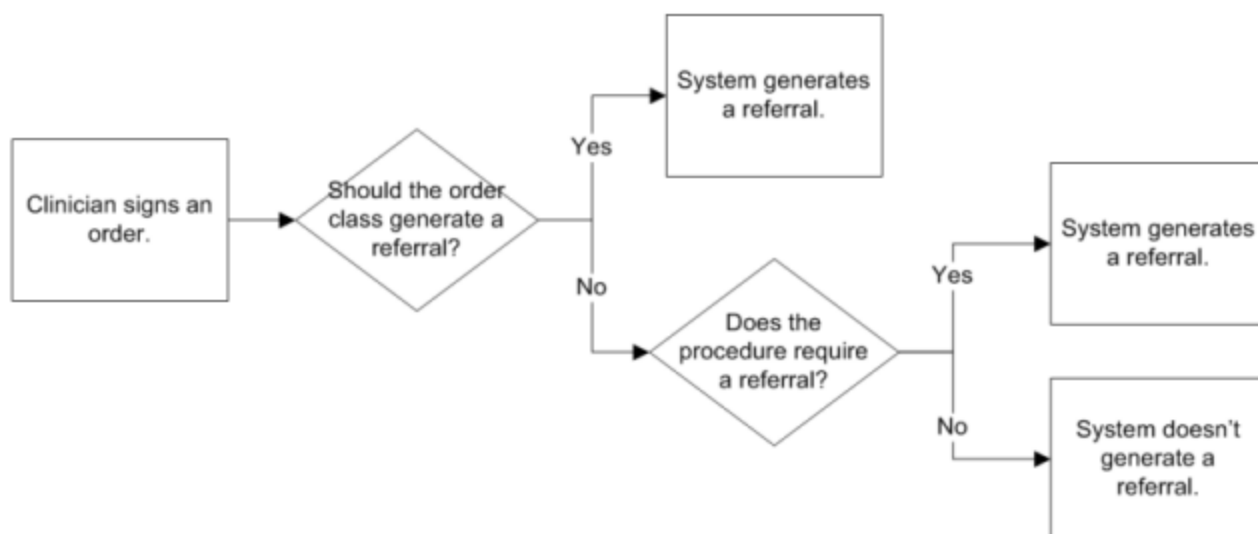
Order Transmittal and Referral Creation

Referrals generated from orders might not get created instantaneously, because the order might first need to

move through order transmittal.

- If the order is scheduled to go through order transmittal, the system creates the referral after order transmittal runs, assuming that no multistep tasks were created. If the system creates a multistep task during the order transmittal process, then it creates the required referral only after all of the tasks are completed or canceled.

- If the order isn't scheduled to go through order transmittal, the system creates the referral at the time the clinician signs the order.

Refer to the Order Transmittal Setup and Support Guide for more information about order transmittal.

Referrals and Orders Setup: Essentials

In this section, we'll cover the essential tasks you need to complete when setting up referrals and orders integration.

Set Up Order Classes to Automatically Create Referrals

Create Referral Order Classes

1. In Hyperspace, go to Category List Maintenance (Epic button > Admin > General Admin).
2. In the Category Editor window, enter the following and click Pend:
   - Database: ORD
   - Item: 60
3. In the Add/Edit category field, enter a number for the new category list value and click Add New Category.
4. Specify the title, abbreviation, and synonyms. Click Accept.

Make Referral Order Classes Available in Order Entry

1. In Clinical Administration, go to Management Options > Edit System Definitions > Procedure, Scheduling, Task > Priority, Order Class.
2. On the Procedure Order Classes screen, add the referral order classes you created to the Procedure Order Classes list.

Specify the Order Classes That Generate Referrals

1. In Hyperspace, open Referrals System Definitions and go to the Order Entry > Referral Creation form.
2. In the Generate referral for order classes (I POS 1100) field, enter the order classes that you want to automatically generate a referral.

Set Up Order Classes to Automatically Populate the Referral Class

To have the referral class automatically appear in referrals generated from orders, you'll map order classes to referral classes so that the system knows which referral class to use.

1. In Hyperspace, open Referrals System Definitions and go to the Order Entry > Class Mapping form.
2. In the Order Class Mapping to Referral Class section, select the Use mapping to determine referral class when signing order check box.
   - If you want to use an extension record to determine how the system applies referral classes to referrals generated from orders, clear this check box and enter an extension record in the Referral class computation extension field.
3. In the Order Class column, enter the order classes that have been configured to generate referrals.
4. In the Referral Class column, enter the referral class that should be assigned to the order class listed in the same row.

Order Class Mapping to Referral Class

Order Class	Referral Class
Internal Referral [41]	Internal [1]
External Referral [42]	Outgoing [3]
Ancillary Performed [44]	Internal [1]

☑ Use mapping to determine referral class when signing order

Referral class computation extension: _____

Set Up Default Order Classes for Procedure Categories or Procedures to Automatically Create Referrals

To set a default order class for a procedure category:

1. Go to Clinical Administration > Procedures, Scheduling, Tasks > Categories (EDP).

2. At the Category prompt, enter the ID or name of the procedure category that you want to associate with your referral order class.

3. On the Category Setup screen, enter the allowed order classes for the procedure category.

   - When determining which order classes to allow for a certain procedure, the system looks to the procedure record, the procedure category override, the procedure category, and then the EMR system definitions.

4. On the Order Class Defaults screen, enter a default order class for outpatient contexts and a related default priority.

5. Enter a default order class for inpatient contexts and a related priority.

6. If desired, specify a default order class and priority to use for a particular department.

   - If you specify department-specific order class and priority defaults, the system uses the following settings in this order to determine which defaults should be used:

     - Department-specific defaults for the procedure (I EAP 11500, 11505, & 11510)

     - Inpatient or outpatient default for the procedure, based on the context in which the order was placed (I EAP 10040 & 11535 for outpatient or I EAP 11530 & 11540 for inpatient)

     - Department-specific defaults for the procedure category (I EDP 11500, 11505, & 11510)

     - Inpatient or outpatient default for the procedure category, based on the context in which the order was placed (I EDP 10040 & 11535 for outpatient or I EDP 11530 & 11540 for inpatient)

To set a default order class for a specific procedure:

1. Go to Clinical Administration > Procedures, Scheduling, Tasks > Procedures (EAP).

2. At the Procedure prompt, enter the ID or name of the procedure that you want to associate with the referral order class.

3. On the EpicCare Settings screen, enter the allowed order classes for the procedure.

   - When determining which order classes to allow for a certain procedure, the system looks to the

procedure record, the procedure category override, the procedure category, and then the Default OP Order Priority (I LSD 578) and Default IP Order Priority (I LSD 579) in the EMR system definitions.

4. On the Order Class Defaults screen, enter a default order class for outpatient contexts and a related priority.

5. On the Order Class and Priority Defaults screen, enter a default order class for inpatient contexts and a related priority.

Set Up Procedure Categories or Procedures to Automatically Create Referrals

If an order's class isn't configured to generate a referral, the Per Procedure Referral Test Extension is run at the system level to determine if a referral is generated. Complete the setup in the following two sections to have referrals generated from orders needing prior authorization.

Set Up the Per Procedure Referral Test Extension

1. In Hyperspace, open Referrals System Definitions and go to the Order Entry > Referral Creation form.

2. Enter an extension that will check for preauthorization after order entry in the Per Procedure Referral Test Extension (I POS 1120) field.

Set Up Procedure-based Prior Authorization

To have procedures or procedure categories automatically generate referrals from orders, you'll include them in procedure components that are specified as requiring prior authorization at the system level.

1. Create a procedure component to group together all procedure and procedure categories that should generate a referral or add them to an existing component.

2. In Hyperspace, open Referrals System Definitions and go to the Order Entry > Prior Authorization form.

3. Add a new row to the Procedure-based Prior Authorization table, enter your component in the Procedure Component field (I POS 3030), and specify an Ordering Mode (I POS 3031).

4. If any plans or payers should be excluded from the prior authorization requirement, include them in the Payer Exceptions (I POS 3035) and Plan Exceptions (I POS 3040) fields.

Configure Default Referral Information That Appears During Order Entry

System-level settings are used only when no default referral information can be found on more specific levels, such as procedure or procedure category. Though you can specify default information at the system level, your organization should configure procedures and/or procedure categories that generate referrals when ordered to include default referral information.

The values you specify can be overridden by defaults at the procedure and procedure category levels. Clinicians can change these values during order entry, if necessary.

Set Referred To Defaults

1. In Hyperspace, open Referrals System Definitions and go to the Order Entry > Procedure Defaults.

2. In the Referred to Default Information section, specify the information that you want to automatically

appear in referral orders.

- Location/POS
- Department specialty
- Department
- Provider specialty

Referred to Default Information

Location/POS:	🔍
Department specialty:	🔍
Department:	🔍
Provider specialty:	🔍

The changes you make on this screen don't take effect until you restart the order transmittal queues. If you need help restarting the order transmittal queues, contact your orders support team or your Epic TS representative.

Set Referral Default Information

1. In Hyperspace, open Referrals System Definitions and go to the Order Entry > Defaults form.
2. In the Referral Default Information section, specify the information that you want to automatically appear in referral orders.

   - Type (I POS 1143)
   - Reason (I POS 1144)
   - Number of visits (I POS 1145)
   - Start date (I POS 1152)
   - Expiration date
   - Whether to set the referral expiration date to the primary coverage termination date, if the expiration date is later than termination date (I POS 1157)
   - Referral class (I POS 1149)
   - The extension record that the system uses to determine where to retrieve the referred-by provider's address (I POS 1155)

Set the Referring Provider's Care Team Address by Default on Referral Orders

⊙ **Starting in February 2024**

When an order for a referral is placed, the referring provider's primary address is set on the order by default (I ORD 3001). This can lead to incorrect results routing based on the Results Routing Address Hierarchy if the primary address differs from the provider's care team address for the patient.

To ensure that results are routed to the correct address, you can set the Provider Address Extension item at the system, procedure category, or procedure level to use the referring provider's care team address.

Use one of the following extensions:

- Extension 93358-RFL - Default Care Team Address with Primary Fallback: returns the care team address if it exists; otherwise, returns the provider's primary address.
- Extension 93357-RFL - Default Care Team Address: returns the care team address if it exists; otherwise,

returns nothing.

To update at the system level:

1. In Hyperspace, open Referral System Definitions.
2. Navigate to the Order Entry > Procedure Defaults from (Alt + F9 > POS > 1155).
3. Enter extension 93357 or 93358 in the Provider Address Extension field (I POS 1155).

To update at the procedure category level:

1. In Clinical Administration, follow the path Procedures, Scheduling > Categories (EDP) and open the record you need to update.
2. Navigate to the Referral Defaults screen (Home + F9 > I > 10065).
3. Enter extension 93357 or 93358 in the Provider Address Ext field (I EDP 10065).

To update at the procedure level:

1. In Clinical Administration, follow the path Procedures, Scheduling > Procedures (EAP) and open the record you need to update.
2. Navigate to the Referral Defaults screen (Home + F9 > I > 10065).
3. Enter extension 93357 or 93358 in the Provider Address Ext field (I EAP 10065).

Prevent the Referring Department from Being Entered by Default on Incoming Referral Orders
⊙ **Starting in November 2024**

When an externally sourced referral with a referral class of incoming is generated from a transcribed order, the encounter department is set as the referring department by default, which might not always be correct.

You can use a system setting to prevent the referring department from being added as the default department on incoming referral orders. This allows your organization to avoid incorrect workqueue routing by referring department and ensures more accurate reporting. If this setting is left blank or set to No, the referring department continues to be added by default on incoming referral orders. The system looks to the referral class to determine if the order is an incoming referral order.

To prevent a referring department from being entered by default on incoming referral orders, complete the following steps:

In Hyperspace, open Referrals System Definitions.

1. Go to the Order Entry > Procedure Defaults form.
2. Set the Skip defaulting referred by department for new incoming referrals? (I POS 1159) field to Yes.
3. Review your workqueue routing rules and update any as needed.

Set Referral Priority Based on Order Priority

Based on the priority of the associated order, you can set the priority for a referral automatically.

1. In Hyperspace, open Referrals System Definitions and go to the Order Entry > Referral Creation form.
2. In the Default Referral Priority (I POS 1142) field, specify the default priority for referrals that are generated from orders.

3. In the Order Priority (I POS 1134) column, enter a list of order priorities.

4. In the Referral Priority (I POS 1136) column, enter the referral priority to assign to referrals generated from orders with the priority listed in the Order Priority column of the same row.

Set Up Defaults for Procedure Categories or Procedures

When clinicians order certain procedures as referrals, you might want generic information to automatically appear to reduce data entry for your clinicians. For example, you might want a provider specialty of Physical Therapy and five requested visits to appear when placing physical therapy referral orders.

You can control which pieces of information appear automatically by configuring referral defaults at the procedure category and/or procedure levels.

To configure default referral information for a procedure category:

1. In Clinical Administration, go to Procedures, Scheduling > Categories (EDP).

2. At the Category prompt, enter the ID or name of the procedure category that you want to specify default referral information for.

3. On the Referral Defaults screen, enter the information you want to appear by default when clinicians place an order for procedures in this category.

   o Note that the system uses the settings at the most specific level. If you configure default information at the system, procedure category, and procedure levels, the system looks to the procedure level first.

To configure default referral information for a procedure:

1. In Clinical Administration, go to Procedures, Scheduling > Procedures (EAP).

2. At the Procedures prompt, enter the ID or name of the procedure that you want to specify default referral information for.

3. On the Referral Defaults screen, enter the information you want to appear by default when clinicians place an order for this procedure.

```
EPIC USER                        DELBLD/ACW                      Date: 03/22/13
INITIAL DEPARTMENT            Category Master File                Time: 10:48 AM

Category Name                                                       Category ID
CARDIOLOGY                                                                  251
                           ─── Referral Defaults ───
  Refer To
    Location/POS........: █
    Department Specialty:
    Department..........:
    Provider Specialty..:
  Referral Information
    Type................:
    Reason..............:
    Number of Visits....:
    Expiration Date.....:
    Provider Address PPT:
    Sched by date deflt.:
  Priority:              Schedule by Date Override:
```

Set Up Default Provider Search Terms for Procedure Categories or Procedures

◉ **Starting in February 2025**

✪ **November 2024 by SU E11200829 and C11200829-HSWeb**

You can enter a default specialty, subspecialty, condition, or treatment provider search term you want to automatically appear when clinicians order certain procedures as referrals. You can also protect any of these items to prevent them from being removed when the order is placed. Refer to the Provider Search Terms Setup and Support Guide for more information about provider search terms.

Considerations

Note that, while the fields on the Referral Defaults - Search Terms screen do not restrict each other, the search terms added to the order when it is placed do restrict each other. This means that, on the Referral Defaults - Search Terms screen, you can enter a subspecialty, condition, or treatment that is not associated with the entered specialty or a condition or treatment that is not associated with the entered subspecialty. When the order is placed, however, only subspecialties associated with the default specialty, conditions associated with the default subspecialty, and treatments associated with the default condition are entered by default.

To configure default provider search terms for a procedure category:

1. In Clinical Administration, go to Procedures, Scheduling > Categories (EDP).

2. At the Category prompt, enter the ID or name of the procedure category that you want to specify default referral information for.

3. On the Referral Defaults - Search Terms screen, enter the primary specialty, subspecialty, condition, and treatment you want to appear by default when clinicians place an order for procedures in this category (A).

4. Entering a default search term turns on protection for that search term by default, meaning that it can't be removed when placing an order using a procedure in this category. To turn off protection, enter No in the corresponding protection field (B).

To configure default provider search terms for a procedure:

1. In Clinical Administration, go to Procedures, Scheduling > Procedures (EAP).

2. At the Procedures prompt, enter the ID or name of the procedure that you want to specify default referral information for.

3. On the Referral Defaults - Search Terms screen, enter the primary specialty, subspecialty, condition, and treatment you want to appear by default when clinicians place an order for this procedure (A).

4. Entering a default search term turns on protection for that search term by default, meaning that it can't be removed when placing an order using this procedure and that search terms of that type can't be added in the Referral field of the Order Composer. To turn off protection, enter No in the corresponding protection field (B).

```
EPIC USER                       SELBLD/ACW                    Date: 10/21/24
FAMILY HEALTH CLINIC         Procedure Master File            Time:  1:23 PM

Procedure Name                                             Procedure ID
REFERRAL TO CARDIOLOGY                                        999666999
─────────────────────── Referral Defaults - Search Terms ────────────────
(A) Primary Specialty...: 2004-Cardiology
    Primary Subspecialty:
    Primary Condition...:
    Primary Treatment...:

(B) Protect Specialty...: Yes
    Protect Subspecialty:
    Protect Condition...:
    Protect Treatment...:
```

Set Up the Order Composer for Orders That Generate Referrals

Order composer configuration records allow you to control item behavior and appearance in Order Entry.

Refer to Order Entry and Order Composer Setup and Support Guide for more information about configuring order entry and the Order Composer.

Considerations

There are two ways that you can build order composer configurations for referral orders:

- Superitem method: You can use superitem 67-Referral Information as a placeholder for the items you want to appear in referral orders and vary the actual items using order composer configurations linked to order class-specific contexts. We recommend using this method because it allows you more flexibility. Organizations that use the Provider Finder feature must use this method.

- Individual item method: Using this method, you specify the items you want to appear for the referral order in an order composer configuration record. No additional order composer configurations are necessary; however, clinicians won't see different items based on the class they select on referral orders. Refer to Configure the Order Composer Using Individual Display Items for instructions.

If you use the superitem method, to avoid duplication, note that the following display items are hidden if also included as an individual item:

- 20-Referral
- 21-Referral To Provider Specialty
- 22-Referral To Department
- 23-Referral To Department Specialty
- 24-Referral Type
- 25-Referral Reason
- 26-Referral Priority
- 60-Referral to Geographic Areas
- 127-Referral for Different Problem

To configure the Order Composer for referral orders using superitem display:

1. In Clinical Administration, go to Procedures, Scheduling.

2. Depending on whether you want to configure a procedure category or an individual procedure, select either Categories or Procedures.

3. Enter the category or procedure name at the prompt.

4. Navigate to the Order Composer Configuration screen.

5. In the Context column, locate or add a context of Ambulatory.

6. On the same row in the Configuration column, enter the Order Composer Configuration you want to appear when the procedure or category is ordered in an ambulatory setting.

7. With your cursor's focus on the Configuration column for the ambulatory context, press F8 to edit the Configuration.

8. On the Procedure Items screen, add item 67-Referral Information to the Display Items section.

9. Exit the Configuration and return to the Order Composer Configuration screen of the procedure or category you were editing.

10. In the Context column, add a context of Referral-Ambulatory. This context provides the display item defaults for the Order Composer for referrals of this procedure or from this procedure category regardless of order class.

- Contexts for Internal Referral-Ambulatory, External Referral-Ambulatory, and Incoming Referral-Ambulatory are available if your organization wants to configure the Order Composer for a procedure or a procedure category differently depending on the class of the referral.

11. In the same row as the Referral-Ambulatory context, move the cursor's focus to the Configuration column and press F8.

12. On the Procedure Items screen, add the individual referral items you want to appear when the procedure, or a procedure from the procedure category, is ordered in an ambulatory setting. The referral items you specify here control what users see in ambulatory Order Entry when the Referral Information superitem is used.

    - If you chose to use different contexts for different referral classes, you can specify different display items, item profiling, and summary items to appear based on the referral class. Repeat steps 11-12 for each referral class-specific context.

    - If your organization is in Norway, you can make the following Norway-specific items available using this feature so that your organization can include data for them in eMessages:

        - Referral Formality (I ORD 18680)

        - Referral Requesting Authorization (I ORD 18681)

        - Case Worker (I ORD 18682)

        - Living Situation (I ORD 18683)

        - Child Service (I ORD 18684)

        - Parental Responsibility (I ORD 18685)

        - Consent Status (I ORD 18686)

        - Referral Basis Problem (I ORD 18690)

        - Referral Basis Factor (I ORD 18691)

13. Press Page Down to exit the Configuration and return to the Order Composer Configuration screen of the procedure or category you were editing.

Make It Easier for Clinicians to Enter Referral Orders
Simplify Referred To Selection

To minimize the number of records that clinicians have to choose from when placing referral orders, you can configure filtering to occur based on entered information. For example, if Dr. Tam orders a consult to dermatology and specifies Gable Dermatology East as the referred-to location, the system can limit the providers available for selection so that only those providers who work at Gable Dermatology East appear. This makes selecting the correct referred-to information easier for clinicians.

> **Considerations**
>
> In addition to the options described below, the system also respects providers' Effective From (I SER 1641) and Effective To (I SER 1642) dates for the specified location/POS. For example, if you've configured Dr. Tam's provider record such that he's effective from 1/1/2015 to 1/1/2016 at the Shepherd East location, and the referral has an attached appointment that took place before or after those dates, users can't select Dr. Tam for such a referral.
>
> If users add Dr. Tam to a referral in another way, like by using a preference list entry that automatically pulls him in, they see an error message similar to "Dr. Tam, the referred-to provider, doesn't offer services at Shepherd East on 1/8/2016, the specified service date. The selected location is valid from 1/1/2015 to 1/1/2016." when accepting the referral.

1. In Hyperspace, open Referrals System Definitions and go to the Order Entry > Referred To Settings form.

2. In the Referred to Restrictions section:

   - Specify the combinations that must be associated with each other in Order Entry.
     - Location/POS & Department (I POS 1202)
     - Location/POS & Provider (I POS 1200)
     - Department & Provider (I POS 1203)
     - Department & Department Specialty (I POS 1204)
     - Provider & Provider Specialty (I POS 1201)
   - Enter Yes in the Show override checkbox? (I POS 1205) field to allow clinicians to select a check box to override the referred-to information filtering if necessary.
   - In the Location/POS Restriction Extension (I POS 1210) field, enter an extension to additionally prevent clinicians from referring patients to certain locations or places of service.
   - In the Department Restriction Extension (I POS 1211) field, enter an extension to additionally prevent clinicians from referring patients to certain departments.
   - Specify filtering settings for inpatient consult orders.
   - In the External Providers in Lookup for Inpatient Orders (I POS 1209) field, determine whether providers should see any external providers when ordering inpatient referrals. By default, the system doesn't show external providers.

3. In the Outgoing Referrals section of the form, enter Referred To fields that you want to be cleared of information and become read-only when the referral class is Outgoing. This setting applies to both Order Entry and Referral Entry and takes precedence over any item profiles you have in place.

> Hiding filters associated with Referred By/To fields in Referral Entry and Order Entry, as described in the Hide Unnecessary Provider Finder Filters topic, causes those fields to ignore restrictions set in Referrals System Definitions. For example, if the Location/POS & Department (I POS 1658) item is set to Yes in Referrals System Definitions but the Location filter is hidden in Provider Finder System Definitions, then the department field will not be restricted by the selected location in Referral Entry and in Order Entry.

Simplify Referred To Location and Department Selection

⊜ Starting in May 2021

To prevent clinicians from referring patients to certain locations, places of service, or departments, you can set restriction extensions at the procedure or procedure category levels. You can use extensions that were previously only available for selection in Referral System Definitions.

1. In Clinical Administration, go to Procedures, Scheduling > Procedures (EAP) or Categories (EDP).

2. At the Procedures or Categories prompt, enter the ID or name of the procedure or category you want to add a restriction extension for.

3. Page down to the Referrals - Other Settings screen.

4. Enter a Location/POS restriction extension in the Location/POS restriction extension (I EAP 10190/I EDP 10190) field.

5. Enter a Department restriction extension in the Department extension (I EAP 10191/I EDP 10191) field.

Show Referred To Information in Preference Lists

You can configure the referred-to provider and location when adding orders to the Preference List.

1. In Clinical Administration, go to Managment Options > Edit System Definitions (LSD) > Procedure, Scheduling, Task > SmartSet, Order Set, Tx Plan.

2. On the Composer-Based Builder Options for Procedures screen, enter Yes in the field labeled Show Default Referral By Provider, To Provider, and To Location/POS.

Help Users Refer Patients to Preferred Providers

Provider Finder can help users refer patients to providers by presenting options for referred to providers in the order in which they are preferred by your organization. When configured, Provider Finder appears during referred to provider lookup in both Referral Entry and Order Entry. To give users the most accurate and meaningful referred to provider recommendations, you can configure Provider Finder at the system level or per provider specialty.

Refer to the Provider Network Grouping Setup and Support Guide for more information.

Referrals and Orders Setup: Bells & Whistles

In this section, we'll show you more configuration options for referrals and orders integration.

Specify Referral Start Date

You can specify how you want the system to determine the referral start date for referrals that are automatically generated from orders. By default, the referral start date is based on the order expected date.

1. In Hyperspace, open Referrals System Definitions and go to the Order Entry > Procedure Defaults form.

2. In the Start Date (I POS 1152) field, specify how you want the system to determine the referral start date.

Automatically Populate Referred-to Vendor

If your organization uses Tapestry, you can configure the system to automatically populate the referred-to vendor when a clinician enters an order that creates an outgoing referral. This automation helps reduce ambiguity for clinicians.

Prerequisites
You must designate vendors as preferred in provider records.

Considerations
If a referred-to provider record includes multiple preferred vendors, the system uses the first one it finds as it goes down the list. If a single vendor is listed on the Vendors table of the referred-to provider record, the system always lists that vendor as the referred-to vendor. You do not need to designate it as preferred. The system does not populate a vendor on referrals in these situations: • The referral has no referred-to provider. • The referred-to provider has no associated effective vendors. • Some situations where the referred-to provider has multiple effective vendors, but no vendor is designated as preferred. Refer to the Designate Referred-to Vendor If Multiple Effective Vendors topic for more information.

1. In Hyperspace, open Referrals System Definitions and go to the Order Entry > Referral Creation form.

2. If you currently use an extension in the Referral filing extension (I POS 1130) field, determine whether it is a copy of extension 17373-RFL Execute Filing Extensions. This extension has one parameter, which is designed to contain the IDs of multiple referral filing extensions. The system executes each listed extension in order.

   - If this extension is a copy of extension 17373, edit it and add one of the following extensions to its list:

     - 18480-Rfl Filing Code With MC Present (Map Referred to Vendor). Use this if you want to disregard the place of service on the order to determine a default referred to vendor.

     - 18481-Rfl Filing Code With MC Present (SER/POS Used to Map Referred to Vendor). Use this if you want to consider the place of service on the order to determine a default referred to vendor.

- If this extension is not a copy of extension 17373, or if no extension is present in this field, copy extension 17373. Add the extension you currently use in this field (if applicable) and either of the extensions mentioned above to the list of extensions it executes. Then, enter your new copy of extension 17373 in the Referral Filing Extension field.

Designate Referred-to Vendor for Multiple Effective Vendors

For provider records that have multiple effective vendors for a date range and for which you want to designate one as the automatic referred-to vendor on referrals:

1. In Hyperspace, open a provider record and go to the Associations form (Epic button > Admin > Tapestry Admin > Provider).

2. In the Vendors section, enter information in a line for each vendor. In the Used For field, enter Preferred Referred To Vendor in the Used For field for that row.
   - You can list only one preferred vendor for each effective date range.

Automatically Populate Referring Provider

You can save providers time and clicks when they perform a consult visit by automatically adding the referring provider to the orders they place during the visit. If your results routing scheme is configured to route result messages to referring providers and your order composer configuration (OCC) record has referral and CC list items, this allows your referring provider to automatically receive result messages for orders placed during consult visits.

🧙 Use the Build Wizard in Hyperspace to update your Order Composer configuration (OCC) so that the Referring Provider and CC Recipients fields are visible and configure Imaging System Definitions fields so referring providers are automatically populated on orders placed during a consult or referral visit. To get started, open the Build Wizard (search: Build Wizard) and search for feature 520029-Copy Referring Provider (application: Radiant). The Build Wizard allows you to select performing provider and department specialties that allow referring providers to be automatically populated on orders placed during consult visits, designate certain order types as consult or referral, and, starting in November 2021 and with special updates, set which procedure order types automatically populate the referring provider.

If you need to adjust these settings after running the Build Wizard, you can do so in Imaging System Definitions and your OCC records.

To update provider and department specialties, designate order types as consult or referral, or limit which procedure order types send a copy of the results to referring providers:

1. Access Imaging System Definitions (search: Imaging System Definitions).
2. Go to the Copy Referring Provider form. In February 2024 and earlier, go to the Order Entry form.
3. Enter specialties in the Ordering Provider Specialty field and the Patient Department Specialty field. In February 2024 and earlier, under Specialty Filters, enter specialties in the Provider field and the Department field.
   a. If you don't list a specialty in either the provider or department specialty fields, referring providers will not be automatically populated on orders placed during consult visits.
4. In the Consult and Referral Order Types (I RDF 52727) field, enter consult and referral order types.
5. In the Procedure Order Types (I RDF 52728) field, enter procedure order types. Referring providers are only populated on the order composers for order types listed in this field.

To update your OCC record at either the procedure (EAP) or procedure category (EDP) level:

1. In Clinical Administration, open the Procedures, Scheduling grouper. Open the procedure (EAP) or procedure category (EDP) master file, and open the procedure or procedure category record that includes your OCC record.
2. Go to the Order Composer Configuration screen and press F8 to open the OCC record specified in the Configuration (I EAP/EDP 24210) field that has the Ambulatory, Inpatient, or Referral-Ambulatory context specified in the corresponding Context (I EAP/EDP 24200) field.
3. Go to the Procedure Items screen.
4. In the Display Items (I OCC 2000) field:
   a. For Inpatient and Ambulatory contexts, enter 6-CC Lists and 20-Referral.
   b. For Referral-Ambulatory context, enter 6-CC Lists and both 67-Referral Information and 68-Referral by Provider in the Display Items (I OCC 2000) field.

Configure the Order Composer Using Individual Display Items

To configure the Order Composer for referral orders using individual item display:

1. In Clinical Administration, go to Procedures, Scheduling.
2. Depending on whether you want to configure a procedure category or an individual procedure, select either Categories or Procedures.
3. Enter the category or procedure name at the prompt.
4. Navigate to the Order Composer Configuration screen.
5. In the Context column, locate or add a context of Ambulatory.
6. On the same row in the Configuration column, enter the Order Composer Configuration you want to appear when the procedure or category is ordered in an ambulatory setting.
7. With your cursor's focus on the Configuration column for the ambulatory context, press F8 to edit the configuration.
8. On the Procedure items screen, enter the items that you want to appear in Order Entry in the Display Items section.
9. In the Summary Items section, enter the referral-related items that you want to appear in the summary sentence of the order.

10. In the Item Control section, enter the items that you want to appear as either required or recommended.
    - Note: If you do not list an item here, the system assumes that it isn't required at this level and references higher levels to determine requirement.
    - For example: If I do not include Referral Type in this field of the order composer configuration that I link to a procedure, but I specify that the Referral Type item is required at the associated procedure category level, then the Referral Type item appears required in Order Entry.
    - Note: For additional information, press Shift+F5 when your cursor's focus is on this field to view item help text.
11. In the Item Status section, specify whether the item in the Item Control section on the same row should be required or recommended.
12. Press Page Down to exit the Configuration and return to the Order Composer Configuration screen of the procedure or category you were editing.

Customize the Referrals Tab in Chart Review

Clinicians often use the Referrals tab in Chart Review to see information about referrals for a particular patient.

Refer to the Chart Review Setup and Support Guide for additional information about configuring Chart Review.

Considerations
The Referrals tab uses loading code extension 13680-Chart Review Tab (CCOL) - Referrals, which shows a list of referrals satisfying the criteria specified by the extension's parameters. You can copy and modify this extension as described in the following sections. As released, the extension is used to show the standard tab that includes referrals created through either Order Entry (even pending, or unreleased future or standing referral orders are included) or Referral Entry. The Foundation System uses the standard Referrals tab: 17031-Chart Review Tab - Referrals.

If necessary, use the following instructions to customize how the Referrals tab behaves.

Specify the Report Caption

In parameter 1 of your copy of extension 13680-Chart Review Tab (CCOL) - Referrals, enter the report caption that you want to appear in the header of the report when SplitView is not enabled.

Specify the Reports That Appear for Referral Orders

In parameter 2 of your copy of extension 13680-Chart Review Tab (CCOL) - Referrals, enter the report ID in the format rflRpt=X^ordRpt=Y.

- X is the ID of the report to use for referrals that have an associated referral (RFL) record.
- Y is the ID of the report to use for referrals with an associated order (ORD) record but not an associated referral (RFL) record.

If you don't configure this parameter, the system uses report 52210-Referral Report - RFL (HTML) for referrals, and report 52200-Referral Report - ORD (HTML) for orders.

You can also control which reports appear for referrals accessed from the Bookmarks tab:

1. In Clinical Administration, go to Management Options > Profiles and select a profile.

2. Select Chart Review, Summary report and then go to the Bookmark Referral Report Settings screen. We recommend pressing Home+F9 to quickly jump to item 11010.

3. Configure the appropriate reports in the following fields:

   o Referral report (I LPR 11010). The Bookmarks tab uses this report for referrals that have an associated referral record. When this field is blank, the system uses report 52210-Referral Report - RFL (HTML).

   o Order report (I LPR 11011). The Bookmarks tab uses this report for referrals that have an associated order record but not an associated referral record. When this field is blank, the system uses report 52200-Referral Report - ORD (HTML).

   o Referral report extension (I LPR 11012). To use more advanced logic to determine which report appears, enter a custom extension that returns the appropriate report ID in the format rflRpt=X^ordRpt=Y, where X is the referral report and Y is the order report. If you enter an extension in this field, the system removes any reports listed in the Referral report or Order report fields. For example, you might use this approach to show different reports for referrals with different types.

   o Use prior med auth report? (I LPR 11013). Determines whether the Bookmarks tab shows a different report for referrals linked to medication prior authorization requests. When this field is left blank or set to 1-Yes, the system uses report 59578-MR Prior Authorization Request Details for these referrals. When set to 0-No, the system shows the referral or order report that would otherwise appear.

Without the listed special updates, or in earlier versions, the Bookmarks tab uses the standard reports listed above.

Specify Filter Options

To choose which filters are available on the Referrals tab, edit parameter 4 of your copy of extension 13680-Chart Review Tab (CCOL) - Referrals. Enter a comma-delimited list of Chart Review Filter Type Definitions, using the list in the Review Filters That Are Available for the Referrals Tab section of the Add a Filter to a Chart Review Tab topic.

Specify the Default Filter

In parameter 5 of your copy of extension 13680-Chart Review Tab (CCOL) - Referrals, enter the placement of the filter in the fourth parameter.

For example, the fourth parameter is set to "45,59,60,55,54,57,58,56,53" and the fifth parameter is set to 1. This means that the Attachment Type filter (#45) is selected when you first open the tab.

Limit Referrals By Service Area, Location, Department, and Order

Parameters 6-9 allow you to limit the referrals that appear in Chart Review.

- Parameter 6: Restrict by encounter department.
- Parameter 7: Restrict by service area and location.
- Parameter 8: Restrict by order type.
- Parameter 9: Restrict by order class.

Configure the necessary parameter in your copy of extension 13680-Chart Review Tab (CCOL) - Referrals as follows:

- Piece 1. A comma-delimited list of the record IDs to include. For example, in parameter 6 this would be a list of department IDs for the departments to include. Referrals created in any of these departments appear

on the report.

- Piece 2. A comma-delimited list of the record IDs to exclude. This complements piece 1 by providing an alternate configuration method when only a small number of departments/service areas, etc. need to be excluded.

- Piece 3. A comma-delimited list of the record IDs to include by default when accessing the tab.

- Piece 4. A comma-delimited list of the record IDs to exclude by default when accessing the tab. This complements piece 3 by providing an alternate configuration method when only a small number of records need to be excluded.

Only referrals included by pieces 1 and 2 are affected by pieces 3 and 4.

Specify Which Referral Orders Appear

In parameter 10 of your copy of extension 13680-Chart Review Tab (CCOL) - Referrals, specify one of the following values:

- 1-Show pending orders.

- 2-Show future orders.

- 4-Show standing orders.

- 8-Show expired future or standing orders.

- 16-Show internal referrals. Use this value to include orders where parameters 8 and 9 indicate that the order should be considered a referral. This includes the idea of internal referrals as discussed previously. Note that if you include this value without listing inclusion/exclusion limitations in parameters 8 and 9, all orders would be considered referrals and appear on the tab.

- 32-Check Order Type and Order Class parameters when deciding to display a referral that has an associated RFL record. Use this value to administer the restrictions configured in parameters 8 and 9 to referrals with a referral record.

Display the Rolled-Up Status of an Authorization
⏺ **Starting in November 2024**
✪ **August 2024 by SU E11105649**
✪ **May 2024 by SU E10910838**

If your organization is on the service authorizations framework and wants to account for partial authorizations and bed days, it might make sense to configure your Referrals tab to display the rolled-up authorization status rather than the referral status. A referral's rolled-up status is calculated based on the statuses of all the authorization requests and bed days on the referral. To display rolled-up statuses:

1. Open the Clinical Templates (LQT) master file and make a copy of clinical template 17031-Chart Review Tab - Referrals.

2. Open your copy and go to the Chart Review Column Information screen.

3. Find a row where the Column Name (I LQT 17003) is set to Status and replace its extension with extension 81160-MC Rolled Up Status for Chart Review.

4. Open the EpicCare Profiles (LPR) master file and enter the profile associated with the users who regularly access the Referrals tab in Chart Review.

5. On the Chart Review Tabs screen, replace the Referrals tab listed under Chart Review Tab Options (I LPR 205) with the clinical template you created in step 1.

Control How Canceled Orders Affect Linked Referrals

When an order that creates a referral is canceled, the system can automatically perform certain follow-up tasks. For example, it can change the referral's status, set a reason for the status change, trigger referral notifications, and more.

We've released four extensions you can use to determine what happens to referrals when the orders that created them are canceled:

- 17189-Close Referral with Notification, No Unlinking
- 17190-Close Referral Without Notification and No Unlinking
- 17324-Close RFL with Notification & Triggers, No Unlinking
- 17325-Close RFL with Trigger, But Without Notification & Unlinking

	Extension 17189	Extension 17190	Extension 17324	Extension 17325
Are referral notifications triggered? Refer to the Referral Notifications Setup and Support Guide for more information.	No	No	Yes	Yes
Does the system send a Referral Status Change In Basket message to the distribution scheme associated with message type 83-Referral Status Change?	Yes	No	Yes	No

All four extensions:

- Set the relevant referral's status (I RFL 50) to 6-Closed.
- Set the referral's status change reason (I RFL 18070) to 0-Cancelled Order.
- Process referrals even when services (visits, claims, or appointments) are attached.
- Delete the referral In Basket message that the system sent when a user created the referral (if one exists).

You can also create a new extension to fit your organization's needs.

1. In Hyperspace, open Referrals System Definitions and go to the Order Entry > Referral Creation form.
2. Enter one of the four Epic-released extensions in the Order cancellation extension (I POS 1171) field, or create your own.
   - The Foundation System uses extension 1641800000-Cancel RFL With Notifications & Triggers, No Unlinking.
   - To create your own, copy any of the released extensions and configure the parameters as follows. Note that some available parameters aren't set in any of the released extensions:
     - RFL Status. Sets the status (I RFL 50) of the relevant referral to the category value you select here.
     - Reason. Sets the status change reason (I RFL 18070) of the relevant referral to the category

value you select here. Epic recommends using 0-Cancelled Order.

- ■ Force Process. Determines whether the extension processes referrals even when services (visits, claims, or appointments) are attached. Enter 1 to process these referrals. Enter 0 or leave blank to prevent the extension from processing these referrals.

- ■ Delete Old IB. Determines whether the system deletes the referral In Basket message that was sent when a user created the relevant referral (if such a message exists). Enter 1 to delete these messages. Enter 0 or leave blank to ignore these messages.

- ■ Notify. Determines whether the system sends a Referral Status Change In Basket message to the distribution scheme associated with message type 83-Referral Status Change. Enter 1 to send these messages. Enter 0 or leave blank to send no messages.

- ■ Unlink. Determines whether the system unlinks the relevant referral from an appointment if it has been assigned to an appointment and the patient has not yet checked in. This parameter also unlinks the referral from a charge if a claim has not yet been generated. Enter 1 to unlink these referrals. Enter 0 or leave blank to keep these referrals linked.

- ■ Trigger Notification. Determines whether referral notifications are triggered for the relevant referral. Enter 1 to trigger notifications. Enter 0 or leave blank to prevent notifications from being triggered. Refer to the Referral Notifications Setup and Support Guide for more information.

- ■ Status Reason. Depending on how the Status parameter is answered, this parameter holds the Status Reason from different category items. If Status is set to 1-Authorized, this should be a value from the Authorization Code (I RFL 73) item. If Status is set to 3-Pending Review, this should be a value from the Reason Pending (I RFL 18003) item. If Status is set to 4-Canceled, this should be a value from the Reason for Cancellation (I RFL 18015) item. If Status is set to 5-Denied, this should be a value from the Reason for Denial (I RFL 18007) item. If Status is set to 6-Closed, this should be a value from the Reason Closed (I RFL 18002) item.

- ■ Trigger 278 Msg. Determines whether the system should trigger an outgoing ANSI 278 referral authorization request message for the relevant referral. The interface used is specified in the Electronic Authorization outgoing interface (I EAF 66570) field at the facility, service area, or location level. Enter 1 to send this message. Enter 0 or leave blank to prevent the system from sending this message.

- ■ Preserve RFL Rule. Enter a referral-context rule. If this rule returns true for a referral, the system doesn't perform the extension's actions on that referral. Refer to the Create or Edit a Rule topic for more information.

Determine What Happens to Orders When Referrals are Unlinked from Appointments

When a user assigns a referral to an appointment, the system automatically links any associated orders to the appointment. But when a user unassigns a referral from an appointment, the system can do one of two things for those associated orders:

- Unlink the orders from the appointment
- Prompt the user to determine what happens to the orders

Unlinking a scheduled Waiting List from a referral has the same options available for handling any associated orders.

Unlinking the orders every time might not always be the best approach. For example, a user unlinks an imaging referral from an appointment because the referral has the wrong authorization information for the appointment. The associated imaging order is also unlinked from the appointment, which means that the order no longer appears on the Technologist Work List, so clinicians might not know to perform the order with the appointment.

The "Prompt" setting gives different options to users depending on the type of referral that a user is unassigning.

- Treatment Plan/Therapy Plan referrals. This setting does not affect the behavior of these referrals. When a user unassigns a Treatment/Therapy Plan referral, the system always automatically unassigns the referral and keeps any orders linked to the appointment with no prompt.
- Utilization Management referrals (referrals with a Tapestry coverage). Users have the option to unlink the order, leave the order linked, or back out of unassigning the referral.
- All other referrals. User have the option to either unlink the order or to back out of unassigning the referral.

You can control the default behavior for orders associated with unlinked referrals across your organization, but you can also specify different default actions for specific order types.

1. In Hyperspace, open Referrals System Definitions and go to the Miscellaneous > Unassignment form.
2. Specify the following:
   - Default action on a linked order: Specify whether the order should be unlinked from the appointment, remain linked, or prompt the user for what to do.
   - Action on linked order by order type: List the order types that you want to use a different action and specify the action for each order type.

Require Referrals for Specific Procedures Using Benefits Engine

Payers and carriers often require referrals for certain services. You can use Benefits Engine to determine when a referral is required and whether carrier authorization is necessary.

Refer to Benefits Engine Setup and Support Guide for more information about configuring Benefits Engine.

Record a Payer's Benefits

Refer to the Record a Payer's Benefits topic for information about this configuration.

Check Referral Requirements at the Procedure Level

After you configure Benefits Engine to require referrals for specific procedure components, you must configure Referrals System Definitions to reference Benefits Engine build when determining whether an order should generate a referral.

1. In Hyperspace, open Referrals System Definitions and go to the Order Entry > Referral Creation form.
2. In the Per procedure referral test extension (I POS 1120) field, enter extension record 5500-RFL Required Per Procedure with MC.

Automatically Generate Detailed Referrals from Orders

Using Referral Templates

Clinical staff frequently order procedures that require a referral. Because clinicians don't usually have a robust knowledge of CPT codes or other information required on a referral, they order generic procedures which prompt a referral coordinator or utilization management (UM) user to complete and authorize a referral.

You can cut down on the manual work for referrals and UM users by creating referral templates and linking them to orderable procedures. The templates you create can contain information that the system uses to pre-populate a detailed referral without user intervention, or even approve the referral automatically if your organization uses Epic's Tapestry product to administrate its own insurance plans. A referral template can contain any of the following information:

- Specific procedure codes, such as HCPCS or CPT
- Referral priority, class, type, or reason
- Referred-to vendor, department, department specialty, place of service, provider, or provider specialty
- Requested visits
- Referral flags
- Generic referral items

This feature works behind the scenes and does not require changes for your clinical users. Providers continue to enter the same orders to generate referrals.

In addition, you can create template groups that create a group of referrals related to a single order. Grouped referrals are easier for referrals and UM staff to work with because, for organizations that use Tapestry, they generate a single In Basket message for the whole group and can be opened simultaneously.

To build referral templates for use in ordering, you need to:

1. Analyze the commonly ordered procedures at your organization.
2. Create templates.
3. Create template groups to link to orders that require multiple referrals.
4. Link the templates and template groups to orderable procedures.

Refer to the Reduce Manual Work with Referral Templates topic for more information about referral templates and template groups, including how to restrict users from accessing certain templates and to configure templates to use generic Referrals items.

Determine Which Procedures to Create Templates For

As part of implementing this feature, perform a broad analysis of the types of referrals that clinicians order, and whether a template would be useful for each of those orders.

> ### Considerations
>
> If your organization is implementing this feature as a stand-alone optimization project, expect to spend about six months for planning and implementation. During this time, your Referrals or Tapestry analysts examine the types of referrals your physicians can order and determine whether a template is useful for each type of referral. After they've identified referrals that would benefit from templates, they begin creating templates and linking them to the orders. The project should also involve:
>
> - Clinical analysts and clinicians to identify commonly ordered procedures that require referrals, and to assist with testing.
> - Referrals staff with expertise in the codes, procedures, and other details that should appear on referrals for various orders, and to assist with testing.

Apply these considerations to each procedure that you analyze:

- Is this procedure common enough to benefit from templates? If a procedure is ordered only a dozen times each year, it is probably not worth the time to research and build a template.
- What procedure should this order generate on the referral? While the procedures that providers order are generic, the referral must have a real procedure code, such as a CPT code, in order to be authorized. Work with referrals staff to determine which code or codes should appear on referrals generated from this order.
- What are each insurer's requirements for authorizing these procedures? Each insurer has different requirements for referrals. You'll need to work with your referrals staff to determine how those requirements affect your build.
- Do insurers have different authorization requirements for the same procedures? For some procedures, you might be able to use a single template for all insurers. For others, you'll need to select different templates based on criteria such as the carrier on the patient's coverage.
- What information is required to authorize the referral? If your organization administrates its own health plans using Tapestry, you should consider your own internal authorization requirements. If possible, you should try to create templates that can be automatically approved by your Auto Status Assignment configuration.
- Do certain order require more than one procedure on a referral? For example, an order for follow-up on a sprain might result in both an MRI and physical therapy being requested on the referral. For some insurers, you might be required to send the patient to different vendors or providers for the different services. In such a scenario, you'll need to create a template group so that you can create separate referral templates for each procedure that requires a different referred to provider.
- How many visits will the insurer authorize? Referral templates can specify the number of requested visits. The insurer can authorize the referral more quickly if you request the number visits they normally approve.
- Are there any other situations that require a separate template for this procedure? There might be other considerations when determining how many templates you need for a procedure. For example, if the patient speaks only Spanish you might refer him to a different vendor with bilingual providers. If the patient is a child, you might refer to a vendor with pediatric providers. If the insurers you work with have different authorization requirements, you might need to create multiple templates for each insurer to account for these situations.
- What rules are required to support your planned build? A procedure is linked to different templates and template groups using rules. You'll need to make a list of rules needed to account for the insurers and situations you found in your previous decisions. For example, you might need to create one rule to match

Spanish-speaking patients with Aetna insurance, and another rule to match all other patients with Aetna insurance.

Create Referral Templates and Template Groups

A referral template represents a referral for a particular procedure or set of procedures. Build templates that are complete enough to populate most of the referral. If you use Tapestry, ensure that the resulting referral can be automatically approved by your organization's auto status assignment build. Work with clinical staff to determine what templates are needed and what information should be pre-populated in each template. For example, your organization might want to steer providers and patients to a specific vendor for a service. You can accomplish this by adding that vendor to templates for that procedure.

Refer to the Create a Referral Template topic for how to create a referral template.

Some orders might require more than one referral because the order is actually for multiple procedures, each performed by a different provider. For example, a clinician might order a broken leg follow-up, which requires a referral to an orthopedic surgeon for treatment and to a physical therapist for rehabilitation. After you make templates for both referrals, you can use a template group to link both referrals to the same order.

Refer to the Create a Template Group topic for how to create a template group.

Link a Template or Template Group to an Orderable Procedure

When clinicians want to send patients for a service from another provider, they order a generic referral procedure.

If your organization automatically creates referrals from orders, these generic procedure records are likely already built in your system. To keep referral order entry easy for clinical staff, we recommend modifying existing procedure records to use templates instead of creating new procedure records.

- If your organization doesn't automatically create referrals from orders, simply create a new procedure record at the appropriate steps below. Use the information in the Referrals and Orders Setup and Support Guide to build the procedure record.

To link a template or template group to a procedure, add it to the Referral Templates table in the procedure record. If you want to use different referral templates for the same order depending on certain criteria, you can use rules to link the procedure to the various templates.

Considerations
Rules are a very flexible tool. You can determine which templates are used based on any rule properties available in the Order context. You'll need to identify orders that might need different referrals based on the situation. For example, you might use the Patient Age: Years property to determine whether a referral to oncology should use a template with a regular or pediatric oncology department. For more information on building rules, refer to the Rule Editor Setup and Support Guide.

1. In Hyperspace, go to Epic button > Admin > Enterprise Charge Admin > Procedure and open the orderable procedure you want to link to a referral template or template group.
2. Go to the Templates form.
3. If you want to link a single template or template group to this procedure, follow these steps:
   a. On line 1 of the Referral Templates table, enter the template in the Referral Template / Group field.

b. Click Accept.

4. If you want to link multiple templates using rules, follow these steps:

   a. On the first blank line of the Referral Templates table, enter a rule in the Rule field.

   b. Enter a template in the Referral Template / Group field of the same line.

   c. On the next line, enter another rule and template. Repeat this step for every rule and template or template group you want to link.

   d. Click Accept.

Specify the Referral Status for Reused Referrals

When a user changes an order that's linked to a referral, the system attempts to automatically reuse that existing referral and maintain the link to the correct order. When this occurs, you likely want to reset these referrals' statuses so that users can find and reevaluate them alongside the new order.

By default, affected referrals' statuses are reset to New Request. If your organization prefers a different status in this scenario, the system can use that instead.

You can also choose a default reason for the referral's new status. The following referral statuses accept a status reason:

- 1-Authorized
- 3-Pending Review
- 4-Canceled
- 6-Closed

1. In Hyperspace, access the Order Entry > Referral Creation form in Referrals System Definitions.

2. Enter the referral status you want to use for all reused referrals in the Default referral status for changed order (I POS 1190) field.

3. In the Default referral status reason for changed order field, enter a default reason for the status change to be added to the referral.

Prevent Referrals from Changing Status When the Order That Generated the Referral is Modified

By default, when an order is changed, the status (I RFL 50) of any associated referral is set to either 7-New Request or the value of the Default referral status for changed order (I POS 1190) field in Referrals System Definitions. However, you might have certain types of referrals, such as referrals with Tapestry coverages attached, where resetting the status is disruptive. If this is the case, you can configure the system not to reset the status for certain referral types of your choosing.

To enable this change, you need to create a rule that determines which types of referrals should not have their status reset when an associated order is changed. Refer to the Create or Edit a Rule topic for more information and directions.

After you have built your rule:

1. In Hyperspace, open Referrals System Definitions and go to the Order Entry > Referral Creation form.

2. In the Maintain original status for referrals field, enter your rule. Any referrals that return true for this rule don't have their status changed in this scenario.

Save Time by Filing Answers to Order-Specific Questions into Referrals

You can configure Epic to automatically populate items in new referrals with information from order-specific questions. This reduces the amount of data entry Referrals users must complete.

Consider the following scenario:

1. An imaging technologist places an order that is configured to create a referral record. For example, she might use Ancillary Orders to enter a paper order into Epic.

2. In Ancillary Orders, she fills out an order questionnaire, and one of the questions is a prompt for her to enter the preauthorization number for the procedure from the paper order.

3. When she completes the order entry process, the system generates the referral record from the order. The preauthorization number she entered in the questionnaire is transferred to the new referral.

Some order-level information for referral orders, such as a referral's class, is already populated upon referral creation without any additional setup, and this behavior has not changed. However, by configuring this option, you can map order-specific questions to a Referral item for the automatically created referral if the current behavior does not meet your needs.

You can also file clinicians' responses to individual order-specific questions into referral notes.

Note that this mapping process runs only once per new referral. If a user changes any answers for an order after the system has automatically created its linked referral, these changes are not reflected in the referral itself.

Prerequisites

Before you map order questions to Referral items, you must first:

- Determine which Referral items you want to automatically populate based on order-specific questions.
    - If this doesn't apply to you, you can file information only to single-response Referral items.
- Determine whether you want to overwrite any existing data in each related response, multiple response, or related multi-response Referral item, or append data to the content that already exists.
    - You can append data to these items instead of overwriting any existing data. You can also choose to associate questions with each other so that they file information to the same line in a related-response or a related multi-response item. That way, you can ensure that each response is filed to the correct line.
    - If this doesn't apply to you, you can only overwrite any existing data in the Referral items you select.
- Determine which questions to ask clinicians. We recommend that you consult with physician champions and other users to ensure that you don't overburden clinicians with extra questions during order entry. We also recommend that you limit these questions to ones a clinician is likely to be able to answer. If you determine that you must create new questions or link existing questions to the appropriate orders, do so. Refer to the Let Clinicians Answer Questions Related to Their Orders topic for more information about this process.
    - When possible, we recommend that you link each question to the category list for its relevant Referral item so that the available answers map directly to the appropriate category values.
    - Make sure that the Multiple response? check box is selected for a question if you want clinicians to be able to provide multiple answers.
- Determine whether you need to use a translation table to correctly map between a clinician's answers and the relevant Referral item. You don't need to use a translation table if you link a question to the appropriate Referral category list. If you determine that you need a translation table for a particular item/question combination, create an incoming table that files to your target Referral item. The Source and Destination values should correspond to the potential answers for a question and the potential values for a Referral item, respectively. Refer to the Translation Tables topic for more information about creating translation tables.
- Determine whether you currently use any extension in the Referral Filing Extension (I POS 1130) field in Referrals System Definitions (Order Entry > Referral Creation form). The setup you'll complete in step 3 is based on your answer.

Considerations

The ability to configure your system in this way is very powerful and very flexible, but if this feature is set up incorrectly, it might result in data corruption. We strongly recommend that you work with your Epic representative and your Referrals team when configuring this change.

To enable question/item mapping:

1. In Chronicles, access the Extension (LPP) master file and copy extension 17613. Open your copy for editing.

2. Configure its parameters as follows:

- Required. In the first parameter, enter a caret-delimited list of question (LQL) IDs that you want to map to Referral items. As mentioned above, any order-specific questions must be linked to the appropriate orders so that clinicians can answer them during order entry.

- Required. In the second parameter, enter a caret-delimited list of Referral items into which you want to file information. The order of these items must match the order of their related questions from the first parameter. If you want to file an answer into a referral note, enter item 18100 (Notes) for the corresponding question. The fourth parameter is required if you enter 18100 here. Instead of just filing answers into a referral note using this parameter, you can file both answers and their questions into specific note types. Refer to the Save Order-Specific Questions and Answers to Referral Notes topic for instructions.

- Optional. In the third parameter, enter a caret-delimited list of translation table (AIF) IDs that convert potential answers into filable values. Depending on your question build, not every question needs a corresponding translation table. The order of these IDs must match the order of their related questions and items from the first and second parameters. If a question/item combination does not need a translation table, you can leave its piece blank. For example, if only the third question/item uses a translation table, the third parameter might look like "^^123456".

- Optional. In the fourth parameter, enter a caret-delimited list of note types. Each note type is a category value in the Note Type (I HNO 50) item. For example, if you want to file three responses into Referral items, but the system should create a referral note for only the third item, enter ""^""^123, where 123 represents the note type. The order of these note types must match the order of their related items, but note that this parameter works only when you enter 18100 for the corresponding Referral item in the second parameter. If you complete the setup in the Save Order-Specific Questions and Answers to Referral Notes topic, leave this parameter blank and remove item 18100 from the second parameter.

- Optional. In the fifth parameter, enter a caret-delimited list of decisions about whether you want to append data to each Referral item. You can append data to multiple response, related response, and related multi-response Referral items. For example, if you want to append data to the first, second, and fifth Referral items you specified in the second parameter, enter 1^1^^^1.

- Optional. In the sixth parameter, enter a caret-delimited list of question (LQL) IDs. Use this parameter to ensure that your questions file information to the correct line in related-response or related multi-response items. The question ID you entered in the same position in the first parameter is associated with the ID you enter here.

  - For example, organizations in Denmark associate modifiers with referral diagnoses. Consider a questionnaire with six questions: Primary Referral Diagnosis, Primary Referral Diagnosis Modifier, Additional Referral Diagnosis 1, Additional Referral Diagnosis Modifier 1, Additional Referral Diagnosis 2, and Additional Referral Diagnosis Modifier 2. In this scenario, these organizations would use this parameter to associate the Additional Referral Diagnosis Modifier questions with the related Additional Referral Diagnosis questions. This ensures that the appropriate modifier is associated with the appropriate additional diagnosis.

  - In this scenario, if those questions had question IDs of 1 through 6, the value in this parameter would be ^^^3^5. This associates the Additional Referral Diagnosis Modifier questions (which are the fourth and sixth questions) with the Additional Referral Diagnosis questions (which are the third and fifth questions).

  - You wouldn't need to associate the Primary Referral Diagnosis question with the modifier question in this scenario because the Primary Referral Diagnosis item doesn't support

multiple responses.

3. If you currently use an extension in the Referral filing extension (I POS 1130) field in Referrals System Definitions, determine whether it is a copy of extension 17373-RFL Execute Filing Extensions. This extension has one parameter, which is designed to contain the IDs of multiple referral filing extensions. The system executes each listed extension in order.

   ○ If this extension is not a copy of extension 17373, or if no extension is present in this field, copy extension 17373. Add the extension you currently use in this field (if applicable) and the extension you created in step 1 to the list of extensions it executes. Then, in Hyperspace, enter your new copy of extension 17373 in the Referral Filing Extension field.

   ○ If this extension is a copy of extension 17373, edit it and add the extension you created in step 1 to the list of extensions in its parameter.

   ○ If you previously used a copy of extension 17372-RFL Filing Code Prior Auth Number and Flag from Order Entry in this field to file preauthorization information into referrals, we strongly recommend that you recreate that behavior within this framework. Refer to your copy of extension 17372 to determine which question IDs and Referral items to use.

Save Order-Specific Questions and Answers to Referral Notes

The questionnaires that physicians fill out when placing an order can provide important contextual information for other users. You can save users time by including these questions and answers directly in a referral's notes.

Prerequisites
Before you configure which questions to save to a referral's notes, you must first: • Determine which order-specific questions should map to which note types. You can map order-specific questions to multiple note types if needed. • Determine which questions to ask clinicians. We recommend that you consult with physician champions and other users to ensure that you don't overburden clinicians with extra questions during order entry. We also recommend that you limit these questions to ones a clinician is likely to be able to answer. If you determine that you must create new questions or link existing questions to the appropriate orders, do so. Refer to the Let Clinicians Answer Questions Related to Their Orders topic for more information about this process.

Create a Grouper of Questions for Each Note Type

1. In Hyperspace, open the Grouper Editor (search: Grouper Editor).

2. Create a grouper record for a group of questions. Make note of the grouper's ID.

3. In the Master file field, enter LQL. In the Type field, enter General.

4. In the tables below, enter the order-specific questions you want to be saved to a specific referral note type.

   ○ Enter individual questions in the table on the General Info tab.

   ○ Enter groupers of questions in the table on the Grouper Info tab.

     ■ If a grouper you enter here has another grouper attached on its own Grouper Info tab, then the attached grouper and its questions are not included. For example, if grouper A is the grouper you created in step 2, and it has attached to it grouper B, to which is attached

grouper C, then only the questions attached to groupers A and B are included, and neither grouper C nor its questions are included. If you instead attached grouper C directly to grouper A as well so that it is at the same level as grouper B, then its questions are included.
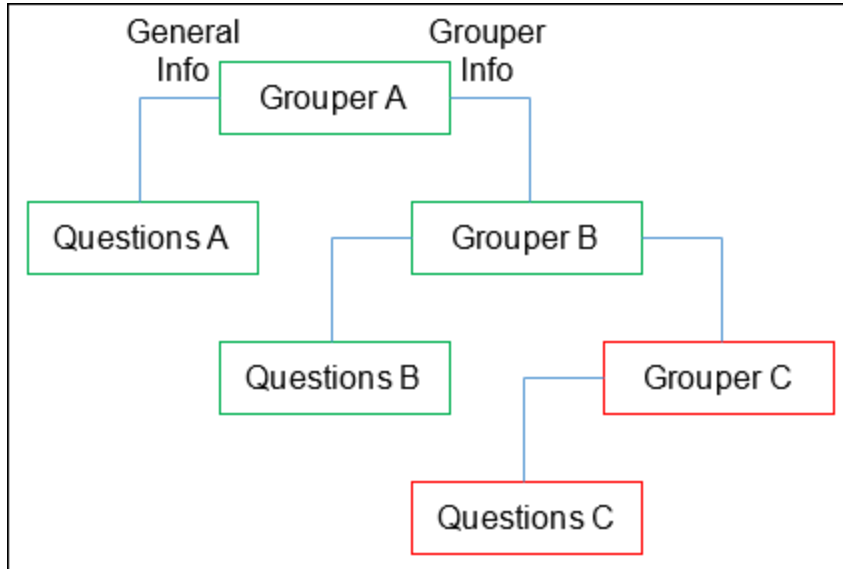
5. Repeat steps 2-4 for each message type to which you want to save questions and their answers.

Create an Extension to Match Groupers with Note Types

1. In Chronicles, access the Extension (LPP) master file and copy extension 17751-File Order Questions to Referral Notes. Open your copy for editing.

2. On the Parameters screen, in the Order Question Grouper parameter, enter the groupers you created in the previous section.

3. In the Referral Note Type parameter, enter the note types to which each grouper should match.
   Each Referral Note Type generates its own referral note that contains all of the attached questions in the matching grouper.

   ○ The groupers and note types match on a one-to-one basis in consecutive order. For example, the first grouper in this parameter matches with the first note type in this parameter, the second grouper in this parameter matches with the second note type in this parameter, and so on.

   ○ If there is an uneven number of groupers and note types, the system files questions up to the last entry on the shorter list. For example, if there are four groupers and only three note types listed, then the questions in the fourth grouper are not saved to the referral.

Set Up Your Extension in Referrals System Definitions

First, determine whether you currently use an extension in the Referral Filing Extension (I POS 1130) field in Referrals System Definitions (Order Entry > Referral Creation form).

- If that field is blank:
  a. In Chronicles, duplicate extension 17373-RFL Execute Filing Extensions.

  b. In your copy, enter the extension you created in the Create an Extension to Match Groupers with Note Types topic in the first parameter.

  c. In Referrals System Definitions, enter your copy of extension 17373 in the Referral Filing Extension field.

- If that field contains an extension that is not a copy of extension 17373:

a. In Chronicles, duplicate extension 17373-RFL Execute Filing Extensions.

   b. In your copy, enter the extension you currently use in the Referral Filing Extension field, as well as the extension you created in the Create an Extension to Match Groupers with Note Types topic, in the first parameter. Be sure to enter them in the order in which they should be executed.

   c. In Referrals System Definitions, replace your current extension with your copy of extension 17373 in the Referral Filing Extension field.

- If that field contains an extension that is a copy of extension 17373:

   a. In Chronicles, open your copy of extension 17373.

   b. In the first parameter, enter the extension you created in the Create an Extension to Match Groupers with Note Types topic. Be sure to enter it relative to extensions already in the first parameter so that they're in the order in which they should be executed.

Use a SmartLink to Auto-Populate Question and Answers in Referral Notes
➲ Starting in May 2022

You can save staff time by using a SmartLink and referral filing extension to automatically add a note in referrals that pulls in order-specific questions and answers.

First, configure a SmartText to display the order questions and answers.

1. In Hyperspace, create a SmartText, as described in the Create and Edit a SmartText topic. Assign it a functional type of 501-MC Referral, as described in the Restrict SmartText Availability topic.

2. Create a copy of SmartLink 17007-RFL Order Questions and Answers (.RFLORDLQL). Configure the SmartLink parameters to pull in order questions as described in Edit a SmartLink.

3. Add your copy of SmartLink 17007 to your SmartText.

Next, configure a copy of extension 93116-RFL Filing Extension – File SmartText to a Referral Note as described in Duplicate and Modify an Extension.

1. In Hyperspace, open your copy of the extension.

2. In the SmartText ID parameter, add your SmartText.

3. In the Note Type parameter, add the note type you want to automatically be created when a referral order is placed.

Then, determine whether you currently use an extension in the Referral Filing Extension (I POS 1130) field in Referrals System Definitions (Order Entry > Referral Creation form).

- If that field is blank:

   a. In Chronicles, duplicate extension 17373-RFL Execute Filing Extensions.

   b. In your copy of extension 17373, enter your copy of extension 93116-RFL Filing Extension – File SmartText to a Referral Note in the first parameter.

   c. In Referrals System Definitions, enter your copy of extension 17373 in the Referral Filing Extension field.

- If that field contains an extension that is not a copy of extension 17373:

   a. In Chronicles, duplicate extension 17373-RFL Execute Filing Extensions.

   b. In your copy, enter the extension you currently use in the Referral Filing Extension field, as well as your copy of extension 93116-RFL Filing Extension – File SmartText to a Referral Note, in the first parameter. Be sure to enter them in the order in which they should be executed.

c. In Referrals System Definitions, replace your current extension with your copy of extension 17373 in the Referral Filing Extension field.

- If that field contains an extension that is a copy of extension 17373:

    a. In Chronicles, open your copy of extension 17373.

    b. In the first parameter, enter your copy of extension 93116-RFL Filing Extension – File SmartText to a Referral Note. Be sure to enter it relative to extensions already in the first parameter so that they're in the order in which they should be executed.

Automatically Populate POS Type Without a Referral Template

⊙ Starting in November 2021

✪ August 2021 by SU E9803280

✪ May 2021 by SU E9706960

You can automatically populate the place of service (POS) type for a referral without overwriting the information users enter during order entry. Instead of using a referral template with a POS Type listed, which overrides values on the original order placed, you can bring in the POS Type values from a referral directly from a translation table.

Extension, 19963-RFL Filing Ext- Append POS Type, sets the hierarchy for how POS Types are automatically added to referrals. The extension looks at referral templates first when deciding where the POS Type should be brought into the referral from, but you can also bring a POS Type into a referral directly from a translation table. Map values in the translation table so that when a certain referral type is used within order entry, it populates a corresponding POS Type into the created referral.

First, create a translation table:

1. In Hyperspace, create a new translation table (search: Tables).
2. Set the Direction of the table to Outgoing.
3. Select List in the Type (I AIF 150) field for Internal Data Type.
4. Set the INI (I AIF 155) field to RFL-Referral Database.
5. Set the Item (I AIF 157) field to 430-Referral Type.
6. Select List in the Type (I AIF 150) field for External Data Type.
7. Set the INI (I AIF 155) field to RFL-Referral Database.
8. Set the Item (I AIF 157) field to 42-POS Type.
9. Navigate to the Table tab.
10. Insert mappings of desired referral types and POS Types.

Next, optionally create a rule in the Referral context (search: Rule Editor) to limit the referrals that this table is used with.

Then, create your extension:

1. In Chronicles, create a copy of extension 19963-RFL Filing Ext - Append POS Type.
2. Open the new copy.

3. In the parameters section, insert your newly created AIF table into the POS Type Mapping Table parameter.

4. In the parameters section, insert your newly created referral-context rule into the Rule ID parameter (optional).

Finally, to activate your new extension:

1. Go to Referral System Definitions (search: Referral System Definitions).

2. Navigate to the Referral Creation section under Order Entry.

3. Enter your extension in the Referral Filing Extension (I POS 1130) field.

Reduce Follow-Up for Behavioral Health Referrals

If your organization has a specific access center that routes behavioral health referrals to the appropriate level of service, you can save work for staff with cascading questions that make it easy for referring clinicians to provide the information that intake users need to process behavioral health referrals. These cascading questions prompt clinicians to include the details that intake staff need, which means intake staff are less likely to request follow-up information before processing the referral.

We also recommend you display this information in a workqueue that catches behavioral health referrals that don't include a referred-to department. This helps intake users process referrals more efficiently.

To set this up in your system, first determine the questions that provide the information your intake users need. You can create two types of questions:

- Parent questions are the top level questions. Users must answer a base question before they can see the other questions. They can see all the base questions no matter what answers they give. For example, one of your base questions might be, "Is this referral related to substance abuse?"

- Child questions ask for follow-up information depending on the answers physicians give to base questions. User only see the linked questions that are related to the answers they give to base questions. For example, if a user responded "Yes" to the base question "Is this referral related to substance abuse?" they might then see a related linked question, "Is the primary substance alcohol, opiates, or other?"

It's important to know what parent questions and child questions you plan to create, because you must create child questions first, followed by their related parent questions. We recommend mapping your cascading questions on paper before beginning to build them in the system. Keep in mind that parent questions cannot have a response type of Free Text or Time. For more information about creating cascading questions, refer to the Show Order-Specific Questions Based on Answers to Previous Questions topic.

In the Foundation System, we created two parent questions, each with a child question, and attached them to procedure (EAP) 57-AMB Referral to Behavioral Health. You can use this build as an example, but work with your behavioral health team to create questions that make sense for your organization. To see how we built these questions, log in to the Foundation Hosted environment as your organization's access administrator (ACCADM), and look at the following question (LQL) records (search: Order-Specific Question Editor):

- 147485-BH AMB Referral Mood Disorder

- 147486-BH AMB RFL Mood Disorder Triage

- 147483-BH AMB Referral Substance Abuse

- 147482-BH Substance Abuse Referral Triage Options

When you have decided what questions to create, begin building them starting with the lowest level of child questions. For more information about creating order-specific questions, refer to the Configure Order-Specific

Question Details section of the Let Clinicians Answer Questions Related to Their Orders topic.

After you have created child questions, create the parent questions they cascade from:

1. In Hyperspace, create a new order-specific question (search: Order-Specific Question Editor).

2. In the Order-Specific Question Editor, complete the Basic Information and Response sections. The Cascading Questions section does not appear until a response type other than Free Text or Time is entered in the Response type (I LQL 110) field.

3. In the Cascading Questions section of the editor, click Add.

4. In the Cascading Question window that opens, complete the following fields:

   o Operator. Enter an operator for the condition that generates the child question. The Equals and Not equal to operators are allowed for all response types, but the other operators are allowed only for date and numeric responses.

   o Value. Enter the answer value that you want to generate the child question.

   o Condition logic. If you enter multiple conditions for the same child question, enter AND or OR to determine how those conditions interact.

   o Questions to add. Enter the child questions that you want to appear when the parent question's answer meets the conditions you've set.

After you create the parent and child questions you want clinicians to answer on behavioral health referrals, attach the questions to the procedure your organization uses for behavioral health referrals:

1. In Clinical Administration, go to Procedures, Scheduling > Procedures (EAP).

2. Enter the procedure record name at the prompt.

3. Access the Order Specific Questions screen.

4. In the Outpatient Questions (I EAP 10300) field, enter the parent questions you created for behavioral health referrals.

5. Exit the record.

To help intake users handle behavioral health referrals that don't have a department, we recommend you create a referral/authorization workqueue with a view that displays the answers to the cascading questions you attached to the referral procedure. In the Foundation System, we created workqueue 6568-Referral to Behavioral Health Action Needed.

First, create custom property (HFP) records so you can display the information from the cascading questions on each referral in the workqueue. You must create a property for each parent question that you attached to the

referral procedure, so repeat the steps below for each property you need. In the Foundation System, we created properties 102552-C_BH Substance Abuse and 102553-C_BH Mood Disorder Related Question.

1. In Hyperspace, go to the Property Editor (search: Property Editor) and create a new property in the ORD master file.

2. On the Lookup tab/section:
   - In February 2024 and earlier, select Function. In the Template field, enter 345561-IP ORD Answer to Question.
   - Starting in May 2024, select Programming Point (E3N record). In the E3N Programming Point field, enter 345561-IP ORD Answer to Question.

3. In the Parameters section that appears, enter a parent question in the Order Question ID field.

4. In the Data type field, enter String.

5. Save your work:
   - In February 2024 and earlier, click Accept and Stay.
   - Starting in May 2024, click Save.

Next, create a referral/authorization workqueue that catches behavioral health referrals that are missing a department. For information about creating a workqueue, refer to the Create a Referral/Authorization Workqueue topic.

1. In Hyperspace, create a new referral/authorization workqueue (Epic button > Admin > Referral Admin > Workqueue Maintenance).

2. In the Detail section of the Workqueue Maintenance activity, fill out the fields as makes sense for your organization.

3. In the Rules section, create rules to identify behavioral health referrals without a department. In the Foundation System, we use the following rules:

Rule	Criteria	Criteria Relationship	Type
723027-RFL = AMB Referral to BH	- Referrals\Patient\Patient Living Status <> Deceased - Referrals\Referral Status <> Authorized, Closed, Denied, Cancelled - Referrals\Referred-To Provider Specialty = Behavioral Health, Addiction Medicine, Addiction Support Services - Referrals\Referred-To Department = <null> - Referrals\Referred-To Department = <any general department your organization's clinicians refer behavioral health patients to, such as Residential or Collaborative Care>	1 and 2 and 3 and (4 or 5)	Warning
143675-Referral Class Is Internal or Incoming	Referrals\Referral Class <Intersect> Incoming, Internal	AND	Dynamic Routing

4. Click Configure View at the top of the screen and add each property you created as a column. For more details about creating a view, refer to the Define Workqueue Columns and Sort Order topic.

5. Click Accept.

Save Time by Automatically Generating Referral Notes

Just like you can for other types of order notes, such as process instructions, you can automatically pull in a SmartText for comments on a referral order. This information is subsequently added to the referral as a referral note in the Comments field:

If you don't need your clinicians to double-check or update the information in this automatically generated note, you can even show the Comments field as collapsed by default.

First, create and release a SmartText that includes the text for your referral note, as described in the Create and Edit a SmartText topic. Assign it functional type 10-MR Orders, as described in the Restrict SmartText Availability topic.

Next, link your SmartText to your procedure or procedure category. For example, if you want to use a certain SmartText for all referrals to cardiology, open your procedure category for cardiology referrals.

1. In Clinical Administration, follow the path Procedures, Scheduling > Procedures (EAP).
   If you want to configure the process instruction display at the procedure category level, follow the path Procedures, Scheduling > Categories (EDP).

2. In a procedure record, go to the Procedure SmartTexts Settings screen. In a procedure category record, go to the Procedure SmartTexts Settings screen.

   - In the Class field, enter the order class you want your process instructions to appear in. For example, enter Internal Referral.

   - In the Comments ETX field, enter the ID of the SmartText you created.

3. Don't exit the record.

Finally, list the Comments field as a display item in the appropriate Order Composer Configuration (OCC) record:

1. Navigate to the Order Composer Configuration screen in your procedure or procedure category record.

2. Select the context you want to configure. For example, select Ambulatory.

3. Press F8 to edit the Order Composer Configuration record for that context.

4. Navigate to the Procedure Items screen.

5. In the Display Items column, enter 3-Comment or 47-Comment (Collapsed), depending on whether or not you want the Comments field to be collapsed when a clinician first sees it in a referral order.

6. Exit the record.

7. Exit your procedure or procedure category record.

Let Clinicians Enter Two Referral Notes

We don't expect this to be useful for all organizations, but if one comments field isn't enough, you can give clinicians another place to enter referral order comments. You can even automatically pull in a SmartText for this field, too.

First, list the Additional Comments field as a display item in the appropriate Order Composer Configuration (OCC) record:

1. In Clinical Administration, follow the path Procedures, Scheduling > Procedures (EAP) to open your procedure record. For example, if you want to use a certain SmartText for all referrals to radiology, open your procedure category for radiology referrals.
If you want to configure the process instruction display at the procedure category level, follow the path Procedures, Scheduling > Categories (EDP).

2. Navigate to the Order Composer Configuration screen in your procedure or procedure category record.

3. Select the context you want to configure. For example, select Ambulatory.

4. Press F8 to edit the Order Composer Configuration record for that context.

5. Navigate to the Procedure Items screen.

6. In the Display Items column, enter 140-Additional Comments or 141-Additional Comments (Collapsed), depending on whether or not you want the Comments field to be collapsed when a clinician first sees it in a referral order.

7. Exit the record.

8. Exit your procedure or procedure category record.

Then, if necessary, create and release a SmartText that includes the text for your secondary referral note, as described in the Create and Edit a SmartText topic. Assign it functional type 10-MR Orders, as described in the Restrict SmartText Availability topic.

Finally, link your SmartText to your procedure or procedure category. For example, if you want to use a certain SmartText for all referrals to cardiology, open your procedure category for cardiology referrals.

1. In Clinical Administration, follow the path Procedures, Scheduling > Procedures (EAP).
If you want to configure the process instruction display at the procedure category level, follow the path Procedures, Scheduling > Categories (EDP).

2. Go to the Procedure SmartTexts Settings screen.

   - In the Class field, enter the order class you want your process instructions to appear in. For example, enter Internal Referral.

   - In the Addl Comments ETX field, enter the ID of the SmartText you created.

Choose How Referral Notes Are Saved

Whether you let clinicians enter one referral note or two, you can control the type of referral note these comments are saved as.

Specify what note type these comments save as in Referral Systems Definitions. Starting in November 2023, you can remove the note type from these settings and leave them blank to not create a note. In August 2023 and earlier, leaving these fields blank saves comments as note type 6-Provider Comments.

1. In Hyperspace, open Referrals System Definitions and go to the Order Entry > Referral Creation form.

2. Enter a note type in the Provider comments note type (I POS 1195) field. This field corresponds to the Comments field in referral order entry.

3. If necessary, enter a note type in the Additional comments note type (I POS 1196) field. This field corresponds to the Additional Comments field in referral order entry.

Determine When Referrals Are Created Based on Order Criteria

There might be specific circumstances in which you want the system to create referrals when the procedure order class indicates that a referral is required, or there might be specific circumstances in which you want to prevent the system from creating referrals from orders. You can use orders-based criteria in a rule to fine tune referral creation workflows.

1. In Hyperspace, create an Orders-context rule. Referrals are created from orders when this rule returns True and are prevented from being created from orders when this rule returns False. Refer to the Create or Edit a Rule topic for more information about working with rules.

2. In Chronicles, access the Extensions (LPP) master file and create a copy of extension 17758-RFL - Orders-Context Rule for Referral Creation Extension.

3. Open your copy of extension 17758 and set the first parameter (Rule ID (Order Context)) to the rule you created in step 1.

4. In Hyperspace, open Referrals System Definitions and go to the Order Entry > Referral Creation form.

5. In the Referral creation extension (I POS 1170) field, enter the copy of extension 17758 you created in step 2.

Suppress Provider Addresses for Inpatient Consult Orders

⊙ **Starting in November 2021**

✪ **August 2021 by SU E9800270, E9800271, C9800271-HSWeb**

✪ **May 2021 by SU E9704314, E9704254, C9704254-HSWeb**

To reduce unnecessary documentation during inpatient order entry, you can suppress provider addresses for inpatient consult orders.

1. In Hyperspace, go to Referral System Definitions > Networks > Search Settings. (Referral System Definitions > Provider Lookup > Configuration in May 2021)

2. Select the options you want in Disable/hide address selection for contexts (I POS 3669). These changes will apply to consult orders placed from Manage Orders.

Determine Whether Referrals Are Generated Automatically for Lab Reflexed Orders

⊙ **Starting in November 2024**

✪ **August 2024 by SU E11101329, E11101372, E11101378, E11101971, and E11101973**

✪ **May 2024 by SU E10904703, E10907428, E10907429, E10907827, and E10907831**

Starting in November 2024, reflexed orders automatically generate referrals if you have completed the setup in the Set Up Order Classes to Automatically Create Referrals and Set Up Procedure Categories or Procedures to Automatically Create Referrals topics. In August 2024 and May 2024, automatic referral generation is suppressed by default. To turn off automatic generation of referrals for reflexed orders in November 2024 and later, complete the following steps:

1. In Hyperspace, open Referrals System Definitions > Order Entry > Referral Creation.
2. Select Yes in Suppress Referral Generation for Lab Reflexed Orders? (I POS 1051) field.

To turn on automatic generation of referrals for reflexed orders in August 2024 and May 2024, complete the following steps:

1. In Hyperspace, open Referrals System Definitions > Order Entry > Referral Creation.
2. Select No in Suppress Referral Generation for Lab Reflexed Orders? (I POS 1051) field.