Standard Operating Procedure

Procedure Title:	**Outgoing Referral Process**
Date:	**8.21.2026**
Version:	**2.0**
Department:	**CIC**
Approved By:	**Cece Carvajal**

Purpose: This SOP is to provide guidance on the steps needed to properly process an outgoing referral.

Procedure: During a visit, through a patient case or by patient request, it is determined by the medical provider that the patient would benefit from a referral to an outside source. The Medical Assistant (MA) is then responsible for processing the referral and sending appropriate documents to support the need for the referral.

1. **Once the provider has determined that a referral is necessary,** the medical assistant will take over and process the referral.
    a. The MA will locate the referral in the Orders/Rxs/Auths bucket
    b. Check that the office visit note has been signed off (if referral has been initiated through an office visit) ***OV note must be signed off prior to sending w/ referral**
    c. Check internal note section of referral to see if the provider has requested specific items to be sent with the referral
    d. **Verify the patient's insurance prior to processing the referral**, if the patient has Allcare, Triwest/Tricare, UHC, UHC Medicare advantage plans send referral to Prior authorizations bucket.
2. **Once referral is ready to process,** the MA will attach the following documents by clicking on attachments:
    a. Click on Chart and attach Allergy List, Face sheet, and Medication List
    b. Click on Encounters and Procedures and attach any pertinent chart notes
    c. Click on Imaging Results and attach any pertinent imaging results
    d. Click on Lab Results and attach any pertinent lab results
3. **Once all pertinent documents have been attached** to the referral, it is ready to be sent, **excluding referrals for** Allcare, Triwest/Tricare, UHC, UHC Medicare advantage plans
    a. Double check that there is a Clinical Provider attached to the referral
    b. Click on view actions at the bottom of the referral
    c. Click Submit by Athena Fax to send the referral
4. **If the patient has** Allcare, Triwest/Tricare, UHC, UHC Medicare advantage **insurance,** MA route the referral to the Prior authorizations bucket.
    a. Prior authorization department will check for needed PA and process accordingly.

   b. If Allcare, prior authorization department will submit for PA through Allcare portal. Once PA has been obtained, the prior authorization department will process the referral.
   c. If Triwest, prior authorization department will complete RFS and submit to the VA then will process the referral.

5. **If the referral is for a sleep study,** the MA is to process manually.
   a. For Sleep Study referrals to Asante send the following:
      i. Complete"Sleep Lab Order Form" signed by the ordering provider with an insurance supported diagnosis code indicated as well.
      ii. Send to prior authorization (regardless of insurance)
      iii. Patient demographics and copy of insurance card(s)
      iv. STOP-BANG questionnaire
      v. Office visit (H&P) dated within 6 months documenting "sleep related" symptoms
      vi. Medicaid/tricare/triwest patients must go through asante.
   b. For Sleep Study referrals to Adapt Health send the following:
      i. Completed "snap DROPSHIP ONLY" Home Sleep Test Referral/Order form signed by the ordering provider
      ii. Patient demographics
      iii. Office visit (H&P) dated within 6 months documenting "sleep related" symptoms
      iv. Adapt performs their own prior authorization
6. **If the referral is for imaging**,(no matter what the insurance is) excluding x-ray or ultrasound, MA is to route the order to the Prior authorizations bucket.
   a. Prior authorization department will check if PA is required per patients' insurance PRIOR to sending the order.
   b. Once it is determined if a PA is needed or not, the prior authorization department will process the order accordingly.
   c. If sending to OAI (oregon advanced imaging) they will perform their own prior authorization.

All referrals to internal providers at Complete Care need to be sent to billing once chart notes are completed, and all documents are attached.