

Referral/Care Transition Details

Last Modified on 09/22/2021 12:54 pm EDT

Version 20.0

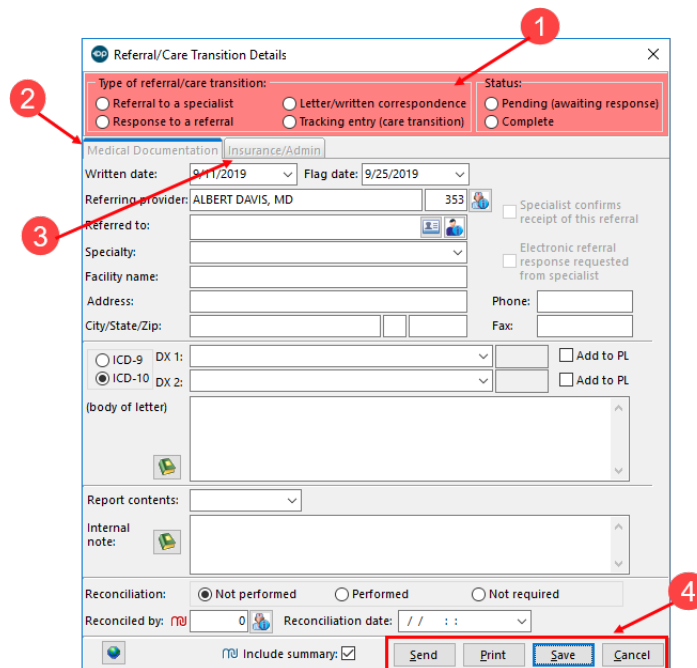


This window map article points out some of the important aspects of the window you're working with in OP but is not intended to be instructional. To learn about topics related to using this window, see the **Related Articles** section at the bottom of this page.

About Referral/Care Transition Details

Path: Clinical, Practice Management, or Billing tab > Patient Chart button > Referrals/TOC > New or Edit button

The Referral/Care Transition Details window writes a referral to a specialist, responds to a referral, creates a correspondence, and inputs a tracking entry for care transition. While referrals are addressed to specialists only, a letter can be used for medical clearance, insurance appeals, and letters of recommendation.



The screenshot shows the 'Referral/Care Transition Details' window. It includes fields for 'Written date' (9/11/2019), 'Flag date' (9/25/2019), 'Referring provider' (ALBERT DAVIS, MD), and 'Referred to' information. There are radio buttons for 'Type of referral/care transition' (Referral to a specialist, Response to a referral, Letter/written correspondence, Tracking entry (care transition)) and 'Status' (Pending (awaiting response), Complete). The window also has sections for 'Medical Documentation' (Insurance/Admin), 'ICD-9 DX 1', 'ICD-10 DX 2', 'Report contents', and 'Internal note'. At the bottom, there are 'Reconciliation' options and buttons for 'Send', 'Print', 'Save', and 'Cancel'.

Referral/Care Transition Details Map

Number	Section	Description
1	Type of referral/care transition and Status	<p>Type of referral/care transition:</p> <ul style="list-style-type: none"> Referral to a specialist: used when the practice writes a referral to a specialist. Response to a referral: used when a specialist report is returned and a transition of care record is created. The response to a referral is typically created from the original referral. Letter/written correspondence: used for medical clearance, insurance appeals, and letters of recommendation. Tracking entry (care transition): used for visits where a referral was not initiated by the practice. Examples would be ER or Urgent Care visits.

		<p>Status:</p> <ul style="list-style-type: none"> • Pending (awaiting response) • Complete
2	Medical Documentation tab	The Medical Documentation tab creates the referral letter. This is where the Provider's information, referred to, specialty, facility, diagnosis, the reason for referral, and internal notes are entered.
3	Insurance/Admin tab	The Insurance/Admin tab includes the patient's insurance and authorization details. It also whether the referral was sent electronically and includes the delivery status.
4	Function buttons	<ul style="list-style-type: none"> • Send: Creates a CDA file and opens the Message window with the referral letter attached to electronically send to the referred specialist (if the user and the selected specialist have a DIRECT email address entered in the Address book). • Print: Saves and prints the referral letter. • Save: Saves the referral letter. • Cancel: Cancels the creation or modification of the referral letter.

Version 14.19

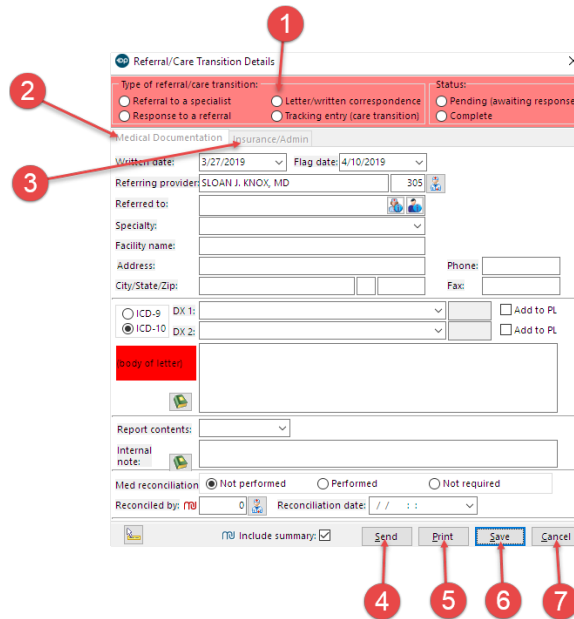
About Referral/Care Transition Details

Path: Clinical tab > Patient Chart button > Referrals/TOC > New or Edit button

Path: Practice Management tab > Patient Chart button > Referrals/TOC > New or Edit button

Path: Billing tab > Patient Chart button > Referrals/TOC > New or Edit button

The Referral/Care Transition details window writes a referral to a specialist, responds to a referral, creates a correspondence, and inputs a tracking entry for care transition. While referrals are addressed to specialists only, a letter can be used for medical clearance, insurance appeals, and letters of recommendation.



Referral/Care Transition Details Map

Number	Section	Description

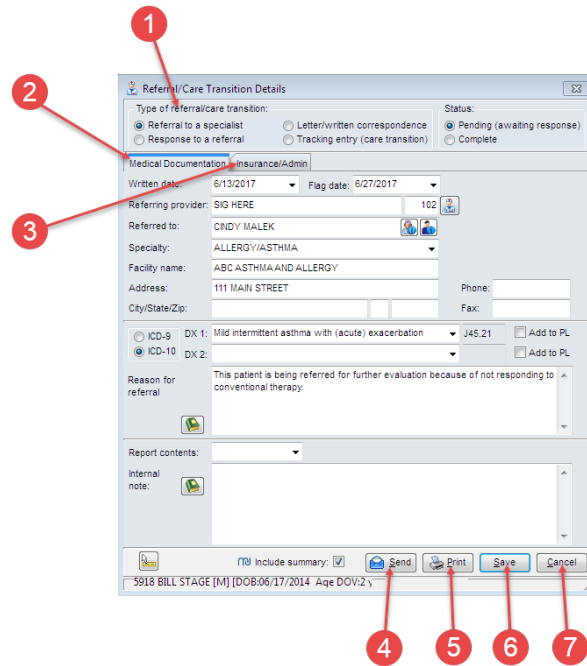
1	Type of referral/care transition	The Type of referral/care transition field group is a set of radio button selections that determine the type of referral record, definition, or use: <ul style="list-style-type: none"> • Referral to a specialist: used when the practice writes a referral to a specialist. • Response to a referral: used when a specialist report is returned and a transition of care record is created. The response to a referral is typically created from the original referral. • Letter/written correspondence: used for medical clearance, insurance appeals, and letters of recommendation. • Tracking entry (care transition): used for visits where a referral was not initiated by the practice. Examples would be ER or Urgent Care visits.
2	Medical Documentation tab	The Medical Documentation tab creates the referral letter. You include the provider information, referred to, specialty, facility, diagnosis, reason for referral, and internal notes.
3	Insurance/Admin tab	The Insurance/Admin tab includes the patient's insurance and payer information, authorization, requisition number, date range, visits requested, and a report requested fields. A record indicating that the referral was sent electronically is also found in this tab.
4	Send button	The Send button transmits the referral letter electronically to the referred specialist.
5	Print button	The Print button saves and prints the referral letter.
6	Save button	The Save button saves the referral letter.
7	Cancel button	The Cancel button cancels the creation or modification of the referral letter.

Version 14.10

About Referral/Care Transition Details

Path: Smart Toolbar > Chart button > Referrals/Trans tab > (Add a record) + button

The Referral/Care Transition details window writes a referral to a specialist, responds to a referral, creates a correspondence, and inputs a tracking entry for care transition. While referrals are addressed to specialists only, a letter can be used for medical clearance, insurance appeals, and letters of recommendation.



Referral/Care Transition Details Map

Number	Section	Description
1	Type of referral/care transition	The Type of referral/care transition field group is a set of radio button selections that determine the type of referral record, definition, or use: <ul style="list-style-type: none"> • Referral to a specialist: used when the practice writes a referral to a specialist. • Response to a referral: used when a specialist report is returned and a transition of care record is created. The response to a referral is typically created from the original referral. • Letter/written correspondence: used for medical clearance, insurance appeals, and letters of recommendation. • Tracking entry (care transition): used for visits where a referral was not initiated by the practice. Examples would be ER or Urgent Care visits.
2	Medical Documentation tab	The Medical Documentation tab creates the referral letter. You include the provider information, referred to, specialty, facility, diagnosis, reason for referral, and internal notes.
3	Insurance/Admin tab	The Insurance/Admin tab includes the patient's insurance and payer information, authorization, requisition number, date range, visits requested, and a report requested fields. A record indicating that the referral was sent electronically is also found in this tab.
4	Send button	The Send button transmits the referral letter electronically to the referred specialist.
5	Print button	The Print button saves and prints the referral letter.
6	Save button	The Save button saves the referral letter.
7	Cancel button	The Cancel button cancels the creation or modification of the referral letter.