Surgery Scheduling Request System

An online booking request form is available to send cases electronically. They are monitored all day, assigned, and entered on the schedule.

Benefits to the reservation form include:

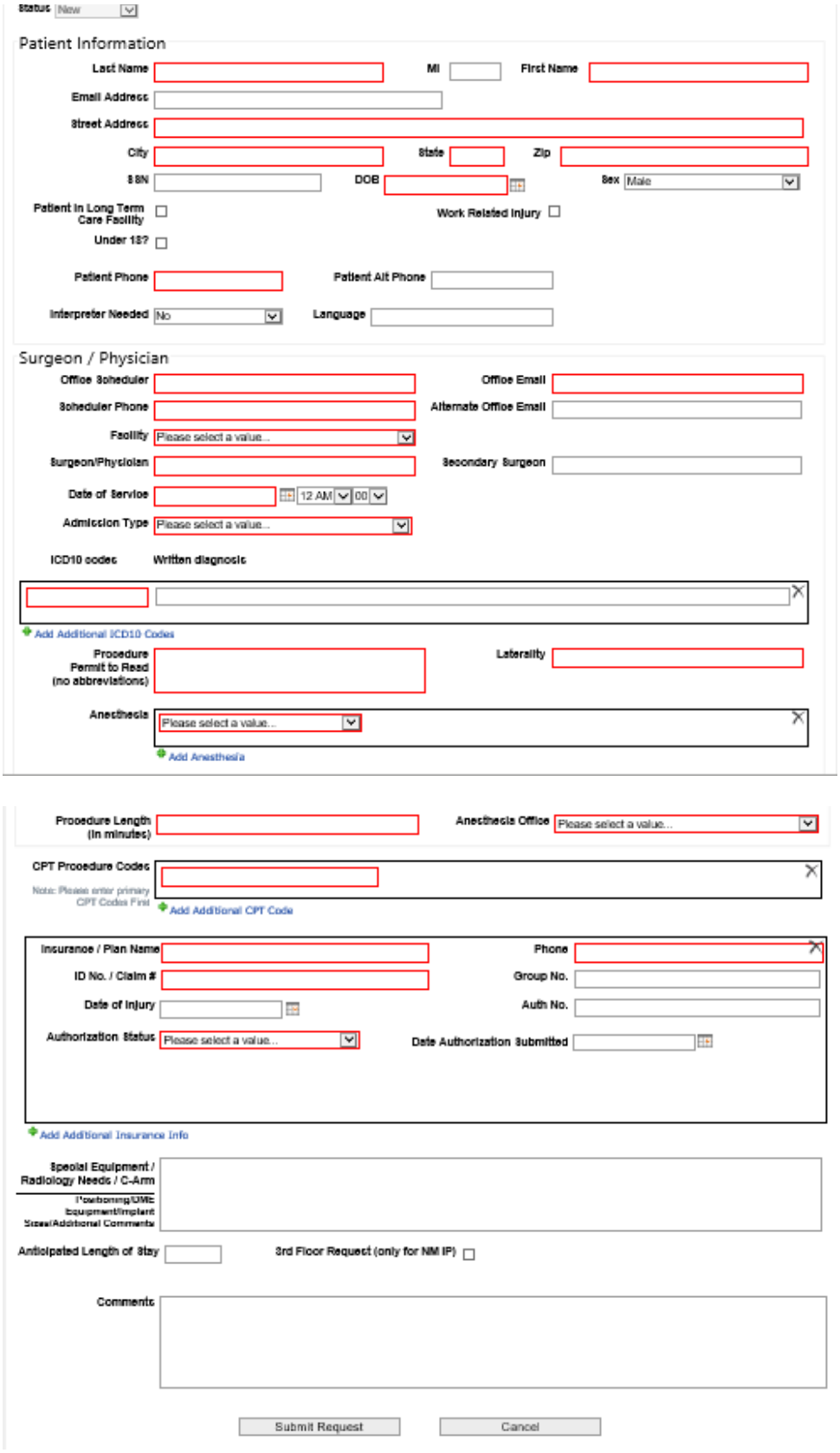
- ✓ Freedom and flexibility when making requests.
- ✓ Submission receipts sent directly to your email!
- ✓ Scheduling confirmations complete with booking reference number direct to your email.
- ✓ Easy to use form that allows for modifications to original request!
- ✓ Built in field requirements to ensure booking accuracy!
- ✓ Less time spent scheduling!

Please note: The online reservation is to be used for future dates of service and should not be used for same day or next day add on cases. Please call to schedule these cases and submitted clinical orders directly to Pre-Admission Testing.

Click the HonorHealth Scheduling Request link to be redirected today.

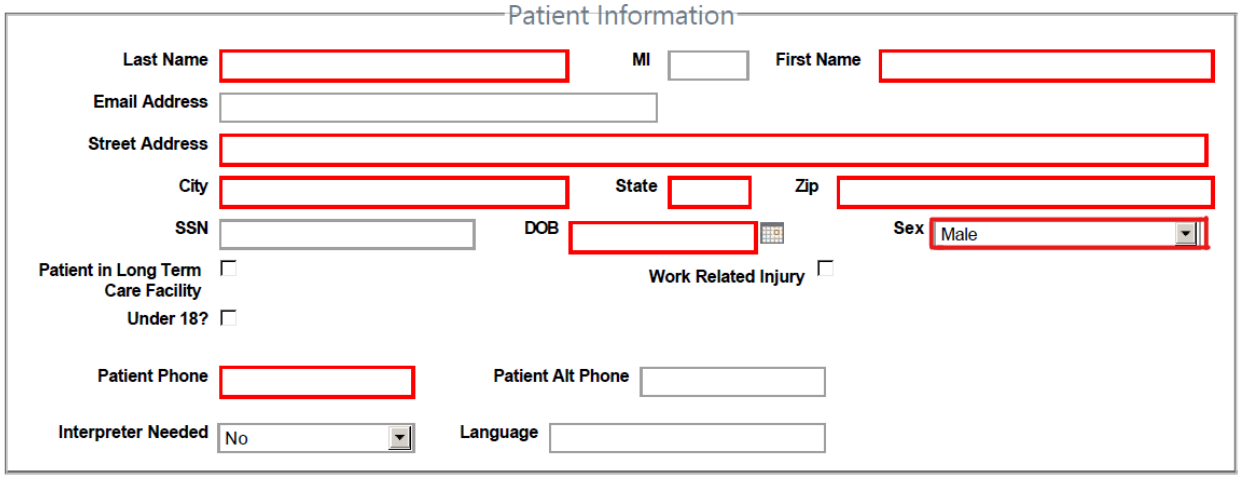
Submitting a New Case

Prior to completing a new a surgery scheduling request please ensure you have the following information available as these fields are required to submit the form.

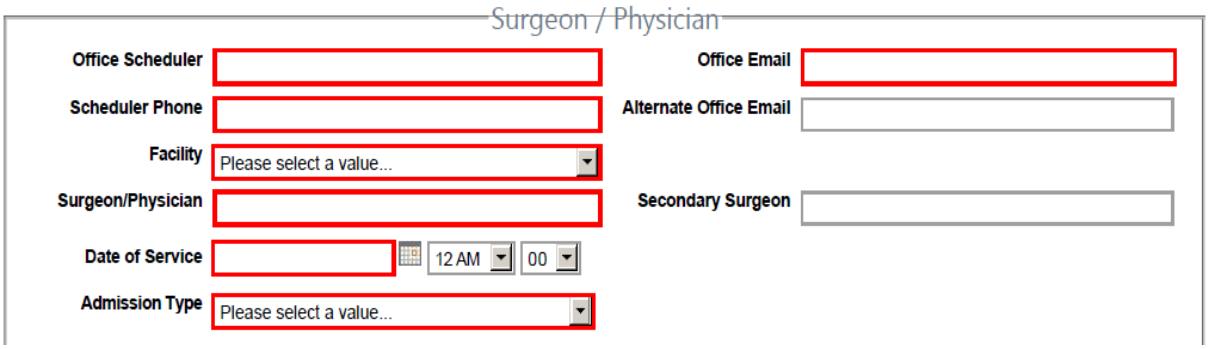

Status New
Patient Information
Last Name
MI
First Name
Email Address
Street Address
City
State
Zip
SSN
DOB
Sex Male
Patient In Long Term Care Facility
Work Related Injury
Under 18?
Patient Phone
Patient Alt Phone
Interpreter Needed No
Language
Surgeon / Physician
Office Scheduler
Office Email
Scheduler Phone
Alternate Office Email
Facility Please select a value...
Surgeon/Physician
Secondary Surgeon
Date of Service
12 AM 00
Admission Type Please select a value...
ICD10 codes
Written diagnosis
Add Additional ICD10 Codes
Procedure Permit to Read (no abbreviations)
Laterality
Anesthesia Please select a value...
Add Anesthesia
Procedure Length (in minutes)
Anesthesia Office Please select a value...
CPT Procedure Codes
Note: Please enter primary CPT Codes First
Add Additional CPT Code
Insurance / Plan Name
Phone
ID No. / Claim #
Group No.
Date of Injury
Auth No.
Authorization Status Please select a value...
Date Authorization Submitted
Add Additional Insurance Info
Special Equipment / Radiology Needs / C-Arm
Positioning/DME equipment/implant Sizes/Additional Comments
Anticipated Length of Stay
3rd Floor Request (only for NM IP)
Comments
Submit Request
Cancel

1. **Patient Information:**
    a. Legal Name
    b. Demographics
    c. Date of Birth
    d. Sex

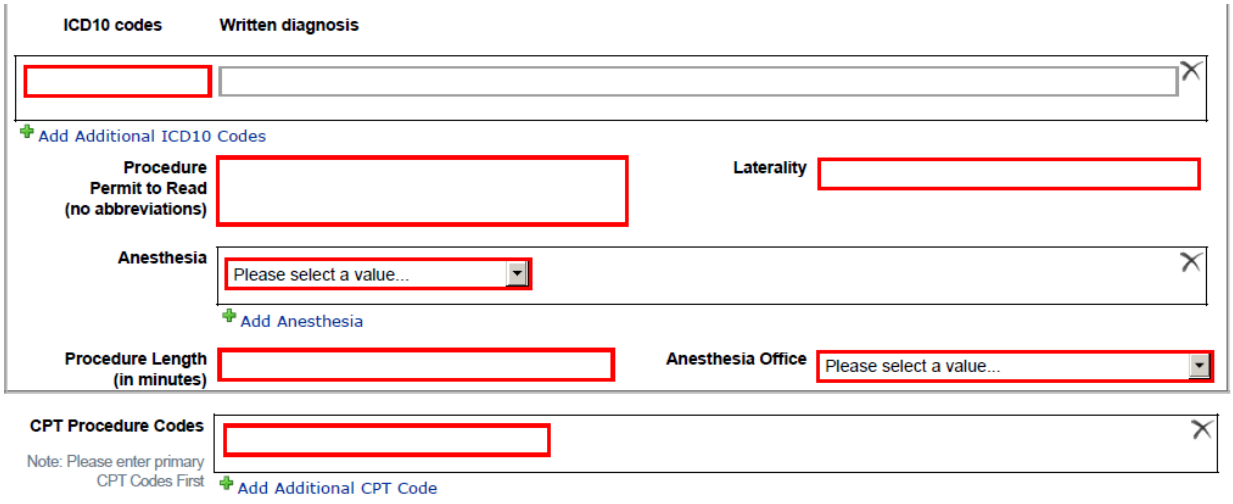
    *If you have any of the information that is not a required field, please provide it to better assist scheduling in locating or building an accurate medical record within our system.



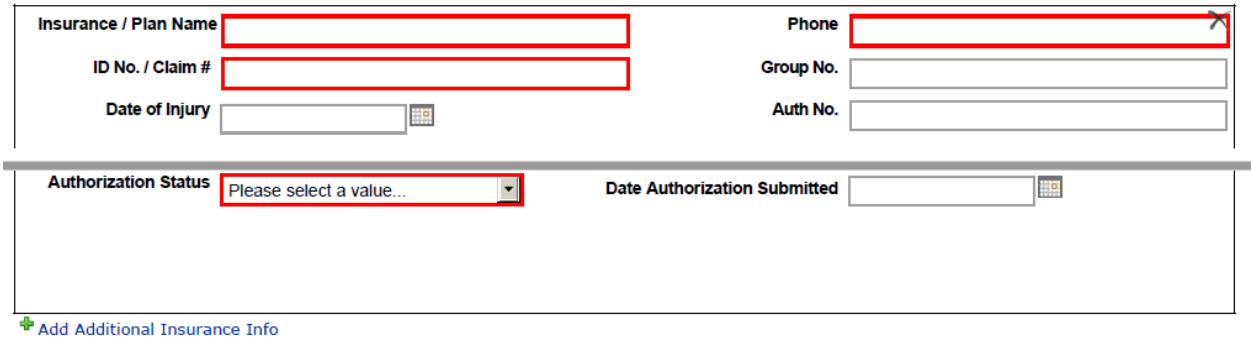
2. **Surgeon and Case Information:**
    a. **Office contact information**- the e-mail provided is where all confirmation and case booking status communication will be sent.
    b. **Facility**- IP is in reference to the physical location of the operating room and does not pertain to the admission status of the patient.
    EX. JCLIP in within the hospital versus JCLOP is the hospital outpatient surgery center.
    c. **Surgeon Full Name**.
        i. Secondary Surgeon- It is important to inform scheduling if another surgeon will be present and preforming a portion of the surgery. Scheduling will need a case request from both surgeons with their portion of the procedure and duration needed.
    d. **Date & Anticipated Start Time of Surgery.**
    e. **Admission Type**:
        i. Pre-Inpatient: this is also known as Post Op Admit, the patient is expected to stay and be admitted after surgery for greater than 24 hours.
        ii. SSA (Short Stay Admit) also referred to as 24-hour observation. This patient is expected to be observed after surgery with the option to admit and have a bed available.
        iii. Inhouse: the patient is currently admitted in our facility and is expected to have a future surgery that is not deemed as emergency or trauma surgery.
        iv. Outpatient: patient will be going home after recovering from the procedure.



f. **ICD10 Codes and the Written Diagnosis to match.**
   ***Use the green plus to add additional codes if there are multiple diagnosis codes for procedure.
g. **Procedure/ Permit to Read/ Consent to Read**: this is the procedure that will be performed that the patient has agreed to. This field cannot contain any abbreviations.
h. **Laterality:** This is the side of the body, i.e. Right/Left/Posterior/Anterior, if not applicable please put n/a.
i. **Anesthesia:** Select the type of Anesthesia to be performed. If requesting multiple types such as general with a popliteal block, use the plus green button to add each anesthesia types.
j. **Procedure Length:** Please enter number only in quantity of minutes. *EX 1.5 hours = 90*
k. **Anesthesia Office:** Please select our House Anesthesia Company- Valley Anesthesia. Other companies should only be selected after getting authorization to use.
l. **CPT Procedure Codes**
   ***Use the green plus to add additional codes if applicable.



3. **Insurance Information:** Plan Name, ID #, Phone # and Authorization Status.

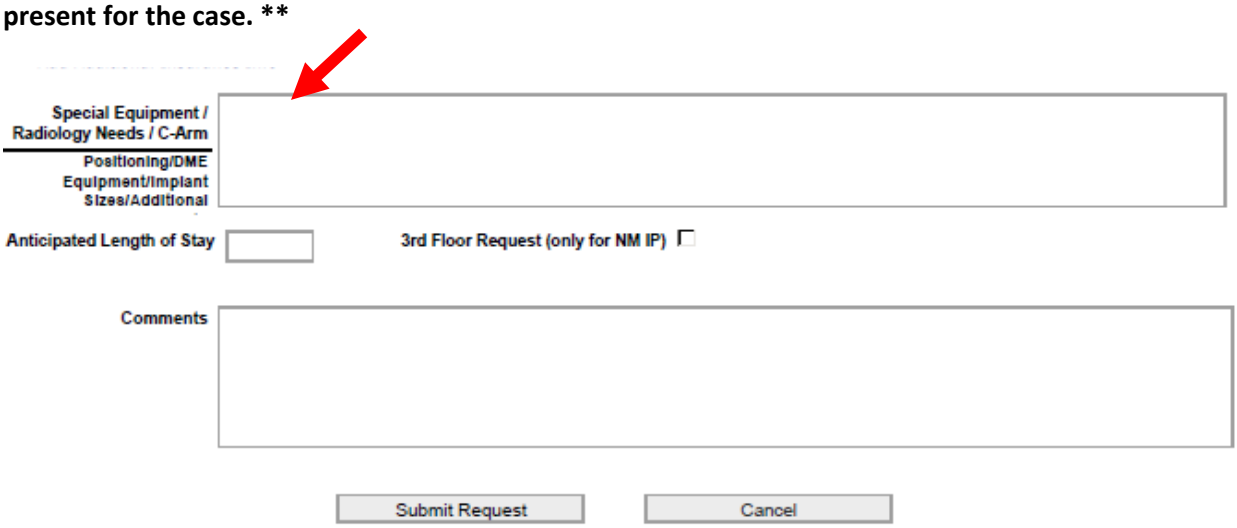


*Use the green plus to add additional insurance policies if applicable.

If Authorization Status is:

- No Auth Needed- There will be a comment box option to document any reference numbers or additional information you would like to share about authorization.
- Pending- A date of when authorization was submitted is required if you have not yet started auth please select todays date.
- Confirmed- The Auth No. field will be required with this selection.

****Please Indicate any special needs/equipment/implants/requests or outside vendors that need to be present for the case. ****



Case Request Submitted Confirmation.

After the request has been submitted, you will see a message displayed on the screen and shortly afterwards you will receive a confirmation email at the address provided. The email should recap your case information without revealing any patient PHI (protected health information). Example provided below.

Attached to the e-mail is the preop orders which should be completed and faxed as soon as possible to 480-882-7874. Within this e-mail is a link to make changes or to cancel the case request. See Change Request process in this documentation for more details.

Surgery Schedule Request Form Submitted Successfully

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Sharepoint@honorhealth.com
To Michele Schwind

Thank you for submitting a Surgery Schedule Request form. The information provided on the form has been successfully submitted to the Surgery Scheduling Team.
Please fax clinical orders and documentation to:480-882-7874 within 24 hours (Form is attached to this email)

Provider: Tester
Patient: Test, T
Facility: SONORAN CROSSING
Date/Time of Service: 4/18/2028 12:00 AM
Medical Clearance Through PATT (If Applicable): N/A
Preoperative Medical Evaluation Required (If Applicable): N/A

Procedure:
Doing Things

Diagnosis:

545 - something

Anesthesia Type:

Gen -

Anesthesia Office: Camelback Anesthesia

Special Equipment:

CPT Codes
-54612

Insurance

Insurance/Plan Name	Phone	ID No./Claim #	Group No.
TEST	800-800-8000	1234567	00001
Date of Injury	**Auth No.**	**Authorization Status**	**Date Authorization Submitted**
01/01/1900 00:00:00		No Auth Needed	04/30/2021 00:00:00

Comments

If the surgery has been scheduled and you need to make updates or changes to the request, please click here to submit a change request.

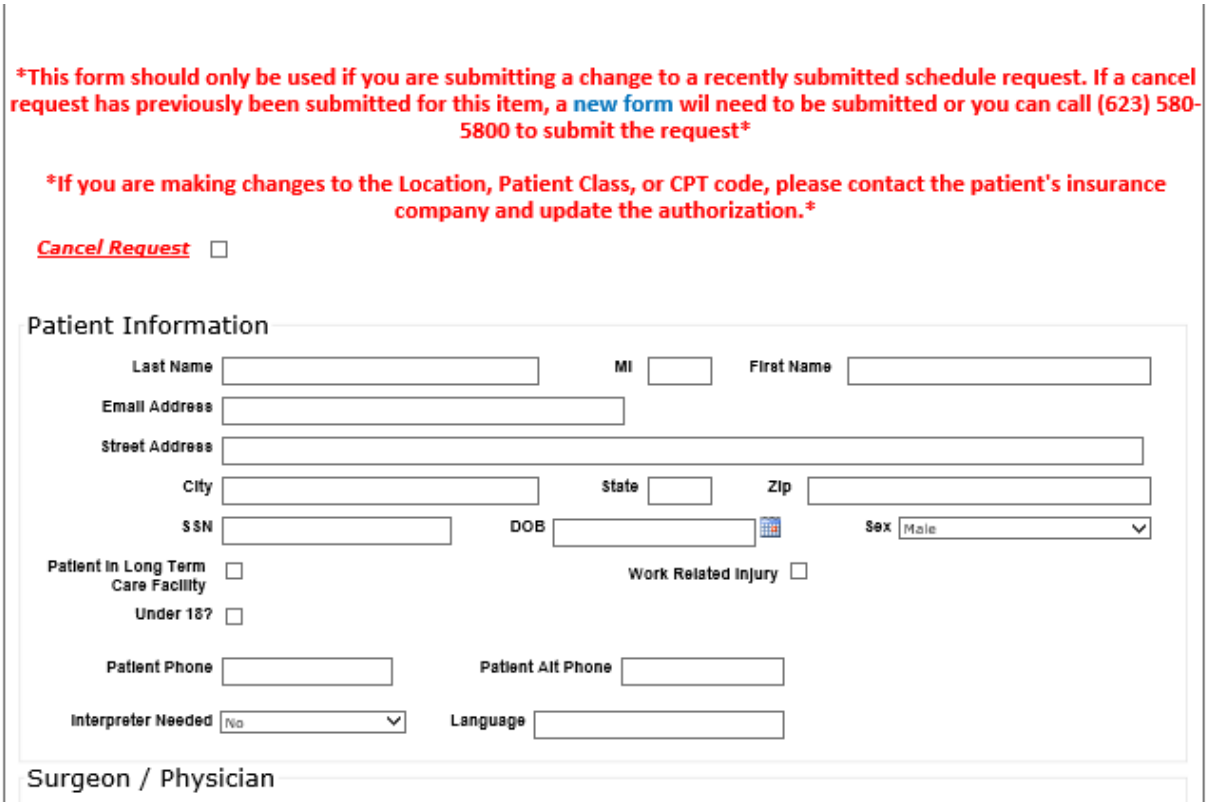
We appreciate you trusting us in caring for your patients.

Thank you,
HonorHealth Surgery Scheduling Team

Surgery Scheduling Phone: 623-580-5800
Email: HonorHealthPeriopScheduling@honorhealth.com
Please fax clinical orders and documentation to: 480-882-7874

Change & Cancellation Requests

The change request will automatically populate completely blank. To make changes you only need to update the field that needs to be changed or mark the cancellation check box and note the change in the comments.



***Please note that any changes will require updated orders to be faxed in to 480-882-7874.**

Case Scheduled Confirmation

After the request has been scheduled you will receive a confirmation email with a case reference number as shown below. If additional changes or cancellations need to be made, simply click on the link within the message to make the change.