

## Surgical/Invasive Scheduling Checklist

**STEP ONE: SELECT CAMPUS AND PATIENT TYPE**

- Downtown (*Forest Drive*)       Northeast (*Gateway Corp Blvd*)  


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 Same Day Surgery (Outpatient)       Inpatient

\*Please note: Observation status cannot be ordered prior to surgery. Medical necessity must be documented in the medical record post procedure. Routine stays following late surgery or diagnostic testing are not indicative of observation unless there is documentation that the patient's condition is unstable. Normal postoperative recovery time following surgery does not justify observation status.

**STEP TWO: PATIENT INFORMATION** *(Please ensure all are complete)*

1. Patient's Legal Name: \_\_\_\_\_  
(First)
(M.I)
(Last)
(Suffix)
2. Date of Birth: \_\_\_\_\_      3. SSN: \_\_\_\_\_
4. Best Contact Number: \_\_\_\_\_
5. Primary Insurance/ Policy #: \_\_\_\_\_
6. Secondary Insurance/ Policy #: \_\_\_\_\_

7. **Authorization:** \_\_\_\_\_ Outpatient / Inpatient

It is strongly preferred that this information is provided at the time of posting. Providence Health **MUST** confirm prior authorization requirements are met **48 hours prior** to date of service on all **elective** cases. If unable to do so, the procedure is subject to reschedule.

**STEP THREE: PROCEDURE INFORMATION**

1. Requested Procedure Date/Time: \_\_\_\_\_
2. Procedures(s): \_\_\_\_\_
3. CPT Code(s): \_\_\_\_\_
4. ICD-10 Diagnosis code(s) supporting request: \_\_\_\_\_
5. Physician: \_\_\_\_\_
6. Anesthesia:     General       Choice       Block       MAC       Local
7. Vendor Info/Requests: \_\_\_\_\_

**STEP FOUR: FAX ORDERS, H&P & LCD/NCD FORM TO PRE-ADMISSION TESTING**

**A current H&P within 30 days is required for all surgical/invasive procedures.**  
**LCD/NCD Forms are currently required for: Carotid Artery Stents, ICDs, Pacemakers, Total Joints, Spinal Fusions, Kyphoplasty**

Downtown PAT Fax: 803- 256-5580      Northeast PAT Fax: 803-865-4695

**STEP FIVE: FAX THIS COMPLETED DOCUMENT TO SCHEDULING DEPARTMENT**

Surgical/Invasive Scheduling Fax Number: 803- 865-4486      Phone: 803-865-4857

**Next day/emergent cases should be called to the nursing supervisor after 4:30pm. NE: 803-673-5448 DT: 803-587-2305**

Submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_