

# Placing New TMS Referral through EPIC:

1) Place 'Amb Ref to Psychiatry' – type psych in order set and select correct order

Name	Frequency	Type	Px Code	Pref List
AMB REF TO PSYCHIATRY - CU Psychiatry Ansch...		Outpat Ref	REF91	AMB REFERRALS...

2) Make sure that To Dept: is set as Depression Center

Department Name	Revenue Location	Address	City	State	Specialty	ID
AMC PSYCH COMMUNITY OP	UCH OUTPATIENT SERV...	Building 500	Aurora	Colorado	Psychiatry	10402070
AMC PSYCH OP	UCH OUTPATIENT SERV...	13001 E. 17th Pl.	Aurora	Colorado	Psychiatry	10402071
CU DEPRESSION CENTER	CU DEPRESSION CENTER	1890 N Revere Ct	AURORA	Colorado	Psychiatry	10402230
CU BH AHWC	CU CENTRAL	1890 N Revere Ct	AURORA	Colorado	Psychiatry	10416004
CU PSYCH BUILDING 500	CU CENTRAL	1890 N Revere Ct	AURORA	Colorado	Psychiatry	10416005
CU BH BUILDING 500	CU CENTRAL	1890 N Revere Ct	AURORA	Colorado	Psychiatry	10416010
CU MIBH BH AMC	CU CENTRAL	12348 E MONTVIE...	AURORA	Colorado	Psychiatry	10416025
CU BELLVH BH OP	CU CENTRAL	5001 South Parker ...	AURORA	Colorado	Psychiatry	10416026
CU PSYCH AHWC	CU CENTRAL	12348 E Montview ...	AURORA	Colorado	Psychiatry	10416054
CU PSYCH AMC OP	CU CENTRAL	1890 N. Revere Ct ...	AURORA	Colorado	Psychiatry	10416111
CU OBGYN CM AMC	CU CENTRAL	13123 E 16th Ave. ...	AURORA	Colorado	Psychiatry	10416112

3) Select To Provider: Elizabeth Fenstermacher MD

Referral: Geog areas: METRO DENVER  
 To dept spec: Psychiatry  
 To dept: CU DEPRESSION  
 To provider: FENSTERMACHER, ELIZABETH  
 Exp date: 5/16/2023  
 # of visits: 1

4) Reason for Referral: TMS

Class: Internal Ref  
 Priority: Routine - 5 Business Days  
 Reason for referral: TMS  
 Specialty Service Requested:  Psychiatric Neuromodulation tms

5) Select Psychiatric Neuromodulation

Add: "TMS" to comment

Note: additional information in this field makes it more difficult for our schedulers to identify and route correctly

MB REF TO PSYCHIATRY - CU Psychiatry Anschutz Medical Campus

Referral: Geog areas:  Default Areas METRO DENVER

To dept spec:  Psychiatry

To dept:  CU PSYCH AMC C

To provider:

Exp date:  5/16/2023

# of visits:  1

Process Inst: TO REFER TO A SPECIFIC PROVIDER IN YOUR REGION: 1. Delete "To Dept" field. 2. Complete "To Provider" field. 3. Click magnifying glass in "To Dept" field and choose a department in which this specific provider practices.  
TO REFER TO A PROVIDER IN A DIFFERENT REGION: Deselect Geographic Area and follow the steps above.

Class:  Internal Ref

Priority:  Routine - 5 Business Days  Urgent - Next Business Day  ASAP - 2 Business Days  Routine - 5 Business Days  Other - 30 Business Days

Reason for referral:

Specialty Service Requested:  Psychiatry  Psychiatric Neuromodulation  tms

For AMC Pysch OP (only) - Speciality services requested:

6) Consultation Type? Select One-episode consult

For AMC Pysch OP (only) - Speciality services requested:

Therapy  Med Management  Therapy and Med Management  General Psychiatry Clinic

Psychiatric Consultation for Medically Complex (time limited)  LGBTQ Clinic (Imagine)

Co-Occuring Substance Use Disorder Clinic  Family Clinic  Refugee Clinic  Bipolar Clinic

Child Clinic  Other

Consultation type?  One-episode consult  Co-managed/shared care  Principal disease management

Transfer of responsibility

Comments:

Phase of Care:

7) Email: [dop.psychNAT@cuanschutz.edu](mailto:dop.psychNAT@cuanschutz.edu) MRN and that TMS referral has been made

Note: Please also cc: [Elizabeth.Fenstermacher@cuanschutz.edu](mailto:Elizabeth.Fenstermacher@cuanschutz.edu)