

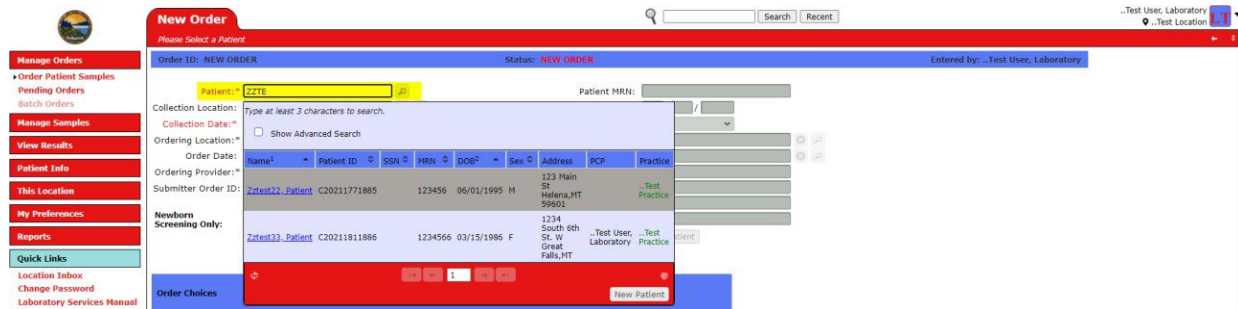
# Procedure for Ordering Samples in HHS Lab Portal

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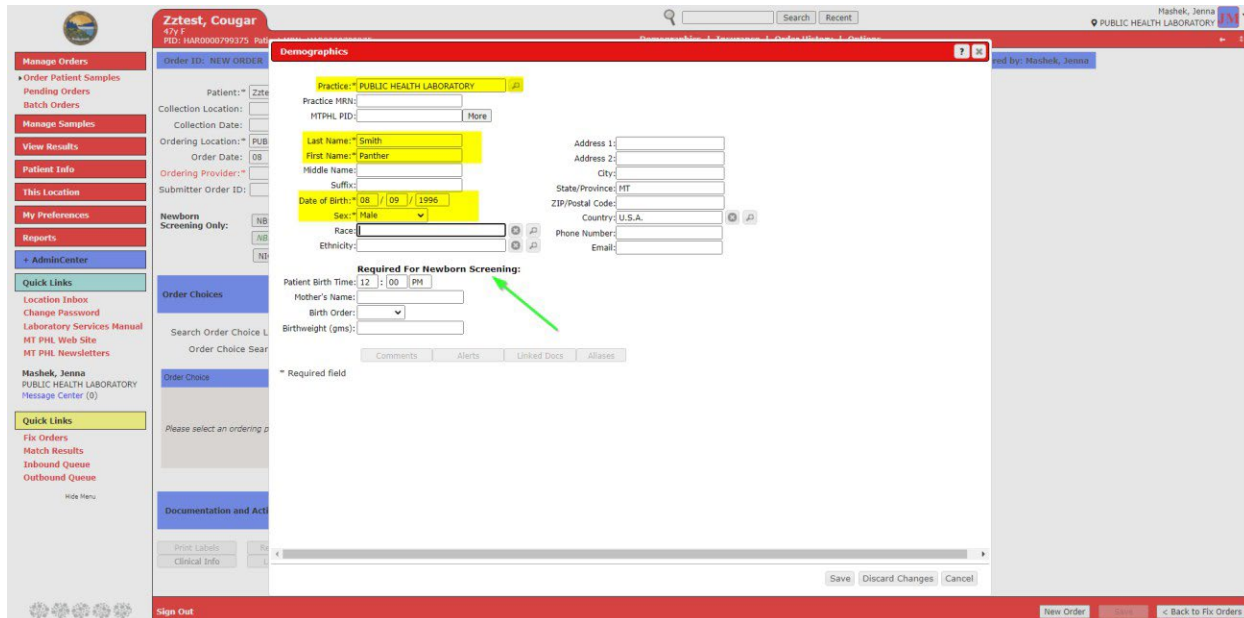
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# Ordering Samples

- ❖ Sign in with your username and password.
- ❖ Under “manage orders” click “Order patient samples”
  - Start typing the patient’s name. (Last name first)
    - If the patient is in the system under your practice, the patient will pop up under a drop-down menu.
      - Select the correct patient from this menu. Confirm the patient’s information is correct after selecting the patient.



- If the patient is not in the system click “new patient” at the bottom of the drop-down menu.
  - ◆ The “new patient” button will bring up the demographics page to fill out.
  - ◆ Type your MR for the patient in the “Practice MRN” Field.
  - ◆ The required fields are “Last Name”, “First Name”, “Date of Birth”, and “Sex”.
  - ◆ Please provide all other available information such as race, ethnicity, and address.
  - ◆ Additional fields are required for newborn screening.



## Newborn Screening addition information

- For Newborns:
  - ◆ If the baby has yet to be named, the first name should be entered as “Boy/Girl mother’s name”. (ex. BoyJane)
  - ◆ In the case of multiple babies (twins) please add the birth order letter in front of the first name (ex. ABoyJane). Only use these letters for multiple births, not single births.
- Fill out “Patient Birth Time”, “Mother’s name”, “Birth Order”, and “Birthweight”.
  - ◆ “Mother’s name” should be entered as Last name, First name.

L11001

**Required For Newborn Screening:**

Patient Birth Time:  :

Mother's Name:

Birth Order:  ▼

Birthweight (gms):

\* Required field

- Once all the patient information has been entered click “Save”. This will save the patient in the system for future use.
  - ◆ Once you click “Save” it will close the demographics page and return to the order screen.

## Sample Information

- Fill out the “Collection Date” and the “Ordering Provider.”
  - If the provider you would like to use is not on the list please use the “external provider” button on the bottom of the drop-down list of providers. (see p. 18 for detailed instructions).
  - The Submitter ID field is an optional field for your sample/accessioning number.

The screenshot shows the 'Ztest22, Patient' order entry interface. The 'Collection Date' is set to 08/03/2021 at 03:45 PM. The 'Ordering Provider' is set to 'Laboratory'. A green arrow points to the 'Submitter Order ID' field. The 'Newborn Screening Only' section includes buttons for 'NBS Form No.', 'NBS Repeat', and 'NICU'. The 'Order Choices' section is currently empty. The 'Documentation and Actions' section includes buttons for 'Print Labels', 'Requestion(s)', 'Lab Report', 'Comments', 'Clinical Info', 'Linked Data', 'Cancel Order', and 'Collect Samples'.

For Newborn Screening having the correct collection date and time is very important.

## Please ensure the correct collection time and date are entered on the order screen for newborn screening orders.

- For newborn orders, “NBS Form No”, “NBS Repeat”, and “NICU:” are required. Click on these buttons to enter this information.

The close-up shows the 'Newborn Screening Only' section. It includes a 'Submitter Order ID' field and three buttons: 'NBS Form No.', 'NBS Repeat', and 'NICU'. Below this section is the 'Order Choices' section.

- “NBS From No:” is the serial number from the NBS bloodspot collection card.
- “NBS Repeat:” is yes or no.
  - If the sample is a repeat this should be marked as a yes.
- “NICU” is yes or no.
  - If the baby is in the NICU this should be marked as a yes.

## Searching for tests

- ❖ Once all the required information is entered, the system will then allow typing in the “Order Choice Search”. Start typing in the order choice Search field or select a list to filter by. (See the document [How to Search for Tests \(mt.gov\)](#) for more detailed instructions)

**Order Choices**

Type in the field below to search for a test

Order Choice Search:

or search by selecting a list below:

Filter by List:

Order Choice      Order Choice Received Date/Time

- This will then open a smaller screen where you can choose from the order choices available to your practice.
- Select the test/test(s) you would like for this patient sample. Press “Add Selected Items”.

**Zzttest22, Patient**  
DOB: C20211771805 Patient MRN: 123456

Order ID: NEW ORDER

Patient: Zzttest22, Patient  
Collection Location: ..Test Location  
Collection Date: 08 / 04 / 2021  
Ordering Location: ..Test Location  
Order Date: 08 / 04 / 2021  
Ordering Provider: ..Laboratory  
Submitter Order ID: 5635465

Newborn Screening Only:  
NBS Form No.:  
NBS Repeat:  
NICU:

**Order Choice Search**

Order Choice Name: Ova

Search All Order Choices  
 Search Order Choice List: Orderable Tests  
 Search Profiles

Select	Abbreviation	Name(s)	Collection Information	Storage Temperature	CPT Codes
<input type="checkbox"/>	OvaSP	Ova & Parasite Exam: Amebiasis Detection, Giardia Detection, Parasite Detection, Strongyloides Detection	Stool in Formalin & PVA Fixatives	Ambient Temperature	87177, 87209

**Selected Items**

Select	Abbreviation	Name(s)	Collection Information	Storage Temperature	CPT Codes	Count	Remove
<input checked="" type="checkbox"/>	EntericP	Enteric Panel	Stool in Cary-Blair Transport	Refrigerated	87045, 87046A, 87046B, 87449	1	X

- If the test that is to be performed on this sample is not on the choice list, please choose “Misc. test 2” and use the Additional Order Information button to tell us what you are trying to order.
- If tests are being requested on two different specimen/sample types, please put these on separate orders. Make sure to provide ALL requisitions for any testing that needs to be done with the sample.
- If you need to enter Medicaid billing information, see p. 13 for instructions.
- If you need to provide any additional information about the order for our staff, use the “Additional Order Information” button below the order choice list. This information will appear at the top of the requisition.
- Once the order choice/choices are selected and added to the patient’s order, click “Save.”
  - This will bring up the clinical questions for you to answer.
    - Depending on the specimen source, you may need to enter an additional note for this question. For example, if you choose “Lesion Swab,” please indicate the site of the lesion in the additional note. Only type something in this field if it pertains to the specimen itself. A source like “Nasopharyngeal Swab” needs no further information.
  - If the Date of Onset question appears:
    - Select Onset or Exposure if there is an exposure or symptom onset date; and type the date in the Additional Note field.
    - For serology testing, use “serology screen only” if there is no exposure/onset date.
    - For covid testing select the appropriate choice: screen, surveillance, onset, exposure, etc.
    - After answering all clinical information questions, click Save. *(see p. 6 for exceptions that may occur at this point.*

The screenshot displays a 'Clinical Information' dialog box for a SARS-CoV-2 test. The dialog box is divided into three main sections: 'Order Choices', 'Clinical Info', and 'Response'. In the 'Clinical Info' section, the 'Specimen Source' is set to 'Nasal Swab'. Below this, there is an 'Additional Note' field. The 'SARS-CoV-2 Date of Onset' section contains several radio button options: 'Exposure', 'Onset' (which is selected), 'Screen', 'Surveillance', 'Acute Serology Specimen', 'Convalescent Serology Specimen', 'Serology Screen Only', 'Convalescent Only Serology Specimen', 'Acute Only Serology Specimen', 'Post Convalescent Serology Specimen', 'Baseline Serology Screen', 'Not Applicable', and 'Not Given'. The 'Additional Note' field for this section contains the date '8/10/2021'. The 'SARS-CoV-2 COVID Info' section has radio button options for 'Initial Test', 'Healthcare' (selected), 'Hospitalized', 'ICU', 'Symptomatic' (selected), 'Resident', and 'Contact'. At the bottom of the dialog box are 'Save' and 'Cancel' buttons. The background shows a patient order form with fields for Patient Name (Ztest, Cougar), Collection Location (PUBLIC HEALTH LABORATORY), Collection Date, Ordering Location, Order Date, Ordering Provider, and Order ID.

## Printing Requisitions

- If there are no exceptions, the requisition will be displayed on the screen and will need to be printed and sent with each sample. Make sure to provide **ALL** requisitions for any testing that needs to be done with the sample. **Please do not print requisitions for newborn screening orders. (The paper filled out on the blood spot card is the requisition.)**

**Print Report**

**External Report**

1 of 1

### MTPHL ON LINE REQUISITION

MT Public Health Laboratory 1400 Broadway Helena, MT 59601  
CLIA#27D0652531

**Order Information:**

Collection Location: ..Test Location  
Order ID: 9823-on-21201 Date Printed: 07/20/2021 9:22AM  
Ordering Provider: ..Laboratory  
Ordered Date: 07/20/2021 9:21AM  
Order Comments:

**Patient Information:**

Name: Zztest22, Patient  
Patient ID: C20211771885  
MRN: 123456  
DOB: 06/01/1995  
Age / Gender: 26y M  
Address: 123 Main St, Helena, MT 59601  
Patient Comments:

**Order Choices for: Harvest**

SID: C21201737 Collected: 07/20/2021 9:21AM

Name	Priority	Tube/Container	ICD Codes
Influenza A and B Virus Detection (PCR)	R	(1) Universal Transport Media	
REFRIGERATED.			
Billing: Client Bill			

**Clinical Info:**

Order Choices	Questions	Answers
Inf A-B PCR	Specimen Source:	Nasopharyngeal

OK

- Once all the requisitions have been printed, you are done placing orders for the day, and you have all the orders that will be sent to the state lab together, a manifest must be created to be sent with the samples to MT State Public Health Laboratory. See p. 7 for how to create a manifest.
- Exceptions that may occur when clicking “Save”:

## Newborn Screening Error Message

- ❖ If required information is missing on an order, a message will pop up.
  - Click okay.
  - Once the missing information is input then click “save”.

The screenshot shows a web application interface for a newborn screening form. The form includes fields for patient name (Smith, Bobcat), test location, date (07/27/2021), time (11:17 AM), and user information. A pop-up message box is displayed over the form, containing the text: "10.195.52.78:443 says 1. Order-level required information is missing for Newborn Screening. Enter missing information at the bottom of the screen (NBS Form No., Repeat status)." A green arrow points to the "OK" button on the pop-up. Below the form, there are fields for "NBS Form No:" and "NBS Repeat:" and a "Save Patient" button.

- The clinical questions will appear. Click “save” again.
- ❖ if there are multiple tests on the same order but they are for different sections in our lab, a screen will pop up with a warning that a split order choice rule was applied. Press “continue save”.
  - The system will split the orders, and separate requisitions will be displayed for each in sequence. Print each requisition and include all of them with the sample.

The screenshot shows a web application interface for a requisition form. The title is "MTPHL ON LINE REQUISITION". A red banner at the top reads "A Split Order Rule has created an additional order". Below the banner, a message box contains the text: "A Split Order Rule has created an additional order." A green arrow points to the "Continue Save" button. At the bottom of the screen, the patient information is displayed: "Name: Zztest22, Patient", "Patient ID: C20211771885", and "MRN: 123456".



## Creating a Manifest

- Under manage samples click “create manifest”
  - ◆ This will bring up all the orders that have been created from your location that have not been placed on a manifest yet.
    - Other criteria can be selected if a sample is not found on this list, including samples that are on other manifest or from past collection dates that are on other manifests.
    - If you have access to multiple locations, print a separate manifest for each location. Make sure the location is listed in the Collection Location field (it should not say “All”). This ensures the location prints on the manifest.

- Please create separate manifests for Newborn Screening samples vs all other samples.
  - When creating a manifest for Newborn Screening, look at the Order Choice column, and select all Newborn orders by clicking in the select box. Click “Create Manifest”.

Sample Collection Location	Select	Order ID	Patient	Sample ID	Collection Date/Time	Order Date/Time	Order Choices	Host Codes	Proposed Collection Location
...Test Location	<input type="checkbox"/>	9841-on-21229	Zttest_Patient5	C21229750	08/17/2021 2:35PM	08/17/2021 2:41PM	OandP	OandP	...Test Location
...Test Location	<input type="checkbox"/>	9840-on-21229	Zttest_Patient5	MIC2100008	08/17/2021 2:35PM	08/17/2021 2:41PM	EntericP	EntericP	...Test Location
...Test Location	<input checked="" type="checkbox"/>	9842-on-21235	Zttest_Patient6	NBS21000146	08/21/2021 6:00PM	08/23/2021 11:12AM	NBS CORE 3	NBS CORE 3	...Test Location
...Test Location	<input checked="" type="checkbox"/>	9843-on-21235	Zttest_Patient10	NBS21000147	08/22/2021 7:30AM	08/23/2021 11:23AM	NBS CORE 3	NBS CORE 3	...Test Location
...Test Location	<input type="checkbox"/>	9844-on-21235	Zttest_Patient5	MIC2100009	08/23/2021 2:12PM	08/23/2021 2:12PM	EntericP	EntericP	...Test Location
...Test Location	<input type="checkbox"/>	9845-on-21235	Zttest22_Patient	C21235752	08/23/2021 2:13PM	08/23/2021 2:15PM	SARS-CoV-2	2019nCoV	...Test Location

- This will bring up a manifest just for Newborn Screening. Print and send this manifest in the envelope with the dried blood spot cards.

**Print Manifest**

Manifest ID: 21235140401

1 of 1

MONTANA PUBLIC HEALTH LABORATORY  
1400 BROADWAY HELENA, MT 59604-4369  
1-800-821-7284

**MANIFEST**  
Collection Location: ..Test Location  
Manifest ID: 21235140401  
Date: 08/23/2021 2:04PM

Name: **Zttest, Patient6** / F      Order ID: 9842-on-21235  
DOB / Gender: 08/20/2021      Patient ID: C20212351893

Order Choice Name	Tube(s)/Container(s)	Collected
Newborn Screening Panel	(1) Dried Blood Spot Card	08/21/2021 6:00PM

Name: **Zttest, Patient10** / M      Order ID: 9843-on-21235  
DOB / Gender: 08/21/2021      Patient ID: C20212351894

Order Choice Name	Tube(s)/Container(s)	Collected
Newborn Screening Panel	(1) Dried Blood Spot Card	08/22/2021 7:30AM

Sign Out      Review Manifest < Back to Create Manifest

- Then select all other orders that will be sent to the MT State Public Health Laboratory. If this is all the orders on this page the word “select” can be pressed to select them all.
- Once all samples (other than Newborn Screening) are selected click the “create manifest” button. This will open a screen from where the manifest can be printed.
- Print this manifest and send it with the samples to the MT State Public Health Laboratory.

**Print Manifest**

Manifest ID: 21202092901

1 of 1

MONTANA PUBLIC HEALTH LABORATORY  
1400 BROADWAY HELENA, MT 59604-4369  
1-800-821-7284

**MANIFEST**  
Collection Location: PUBLIC HEALTH LABORATORY  
Manifest ID: 21202092901  
Date: 07/21/2021 9:21AM

Name: **Zttest22, Patient** / M      Order ID: 9823-on-21201  
DOB / Gender: 06/01/1995      Patient ID: C20211771885

Order Choice Name	Tube(s)/Container(s)	Collected
Influenza A and B Virus Detection (PCR)	(1) Universal Transport Media	07/20/2021 9:21AM

Name: **Zttest22, Patient** / M      Order ID: 9822-on-21201  
DOB / Gender: 06/01/1995      Patient ID: C20211771885

Order Choice Name	Tube(s)/Container(s)	Collected
Enteric Panel	(1) Cary-Bair Transport	07/20/2021 9:21AM

Name: **Zttest133, Patient** / F      Order ID: 9824-on-21201  
DOB / Gender: 03/15/1986      Patient ID: C20211811886

Order Choice Name	Tube(s)/Container(s)	Collected
Newborn Screening Panel	(1) Dried Blood Spot Card	07/20/2021 1:46PM

Sign Out      Review Manifest < Back to Create Manifest

# Canceling and Adding on tests

## Canceling Tests

- ❖ ANY TIME YOU CANCEL, ADD OR RE-ACTIVATE A TEST FOR A SAMPLE THAT HAS ALREADY BEEN RECEIVED BY OUR LAB YOU MUST CALL or FAX TO LET US KNOW
  - You can cancel a test up until the point that it has been completed.
  - To cancel a test, open the order (see the procedure for how to search for an order).
  - Once you've opened the order, you can cancel an individual test on an order by clicking on the X in the cancel column next to the order you want to cancel.

**Zztest22, Patient** 26y M PID: C20211771885 Patient MRN: 123456 Demographics | Insurance | Order History | Options

Order ID: 9832-on-21217 Status: NO RESULTS Entered by

Patient: Zztest22, Patient Patient MRN: 123456  
Collection Location: ..Test Location Date of Birth: 06 / 01 / 1995  
Collection Date: 08 / 05 / 2021 03 : 49 PM Now Clear Sex: Male  
Ordering Location: ..Test Location Race:   
Order Date: 08 / 05 / 2021 03 : 49 PM Now Ethnicity:   
Ordering Provider: ..Test User, Laboratory Address: 123 Main St  
Submitter Order ID: City: HELENA  
State: MT  
ZIP/Postal Code: 59601  
Save Patient

**Newborn Screening Only:** NBS Form No: NBS Repeat: NICU

### Order Choices

Search Order Choice List: All Lists **Diagnosis required for Medicaid**  
Order Choice Search: Diagnoses: Search Summary

Order Choice	ICD Codes	Sample ID	Priority	Billing	Cancel
<a href="#">Lyme Disease Total Ab (EIA)</a>	None selected	C21217743	Routine	Client Bill	X



To cancel test

### Documentation and Actions

Print Labels Requisition(s) Lab Report Comments  
Clinical Info Linked Docs Cancel Order Collect Samples

- ❖ Note the status of the order at the top. You can cancel a test up to the point that it has been completed. Once the status is Complete, the cancel buttons will be greyed out.
- ❖ When you click cancel, you will be asked to enter a reason. Pick a reason from the drop-down list. You can enter additional info in the box.

**Cancel Order**

Order ID: 9832-on-21217  
 Patient Name: Zztest22, Patient  
 Patient ID: C20211771885  
 Sample ID(s): C21217743  
 Cancelled By: ..Test User, Laboratory  
 Cancelled Date:

Enter the reason for cancelling this order: \*

Reason\*

Preview

Reason	Active	Level
Cancelled by ordering provider	Yes	System
Duplicate order	Yes	System
Ordered in error	Yes	System
Other (specify in add'l info)	Yes	System
Sample never collected	Yes	System
Test patient order	Yes	System
Unsatisfactory sample	Yes	System

Additional

...

❖ Once you've entered a reason, click Proceed with Cancellation at the bottom of the screen.

It will take you back to the order screen. If you've canceled a test, you need to click save.

❖ Canceled tests appear with lines through them in OEL.

**Zztest22, Patient**  
 26y M  
 PID: C20211771885 Patient MRN: 123456

Demographics | Insurance | Order History | Options

Order History Filter (show filter)

Cumulative

..Test Practice: Zztest22, Patient / Patient ID: C20211771885 / MRN: 123456

View Archive

Total rows selected: 0 Clear

Show 20 entries Showing 1 to 12 of 12 entries

Order ID	Sample ID List	Order Choice Abbreviations	Ordering Location	Proposed Collection	Sample Collection Date	Order Date	Ordering Provider	Status
9822-on-21201	MIC21000007	EntericP (R), PDF (R)	..Test Location	07/20/2021 9:21AM	07/20/2021	08/06/2021 2:15PM	..Laboratory	Complete
9832-on-21217	C21217743	<del>Lyme (EIA) (R)</del>	..Test Location	08/05/2021 3:49PM	08/05/2021	08/05/2021 3:49PM	..Test User, Laboratory	Cancelled (more)
9827-on-21216	C21216738	OandP (R)	..Test Location	08/04/2021 8:04AM	08/04/2021	08/04/2021 8:20AM	..Laboratory	Accession Pending, No Results
9823-on-21201	C21201737	Inf A-B PCR (R)	..Test Location	07/20/2021 9:21AM	07/20/2021	07/20/2021 9:21AM	..Laboratory	Accession Pending, No Results
9818-on-21188	C21188733	SARS-CoV-2 (R)	..Test Location	07/07/2021 3:09PM	07/07/2021	07/07/2021 3:10PM	..Test User, Laboratory	Accession Pending, No Results
9817-on-21188	C21188732	CT-GC Combo (Public) (R)	..Test Location	07/07/2021 3:03PM	07/07/2021	07/07/2021 3:04PM	..Test User, Laboratory	Accession Pending, No Results
9816-on-21188	SER21000004	Syphilis IgG (R)	..Test Location	07/07/2021 3:03PM	07/07/2021	07/07/2021 3:04PM	..Test User, Laboratory	Accession Pending, No Results
9812-on-21181	MIC21000006	EntericP (R)	..Test Location	06/30/2021 3:28PM	06/30/2021	06/30/2021 3:32PM	..Test User, Laboratory	Accession Pending, No Results
9813-on-21181	SER21000003	Syphilis IgG (R)	..Test Location	06/30/2021 3:28PM	06/30/2021	06/30/2021 3:31PM	..Test User, Laboratory	Accession Pending, No Results
9807-on-21181	C21181731	EntericP (R)	..Test Location	06/30/2021 2:55PM	06/30/2021	06/30/2021 2:56PM	..Test User, Laboratory	Accession Pending, No Results
9805-on-21179	C21179729	SARS-COV-2 IgG (R)	..Test Location	06/28/2021 1:08PM	06/28/2021	06/28/2021 1:08PM	..Test User, Laboratory	Accession Pending, No Results
9804-on-21177	C21177728	SARS-CoV-2 (Panther) (R)	..Test Location	06/26/2021 10:18AM	06/26/2021	06/26/2021 10:24AM	..Test User, Laboratory	Accession Pending, No Results

Show 20 entries Showing 1 to 12 of 12 entries

- ❖ You may re-activate a canceled test, by clicking on the check mark next to a canceled test.

**Zztest33, Patient**  
 35y F  
 PID: C20211811886 Patient MRN: 1234566

Demographics | Insurance | Order History | Options

---

Order ID: 9806-on-21181      Status: NO RESULTS      Entered by:

Patient: \* Zztest33, Patient      Patient MRN: 1234566

Collection Location: ..Test Location      Date of Birth: \* 03 / 15 / 1986

Collection Date: \* 06 / 30 / 2021 02 : 46 PM      Sex: \* Female

Ordering Location: \* ..Test Location      Race: \_\_\_\_\_

Order Date: 06 / 30 / 2021 02 : 50 PM      Ethnicity: \_\_\_\_\_

Ordering Provider: \* ..Test User, Laboratory      Address: 1234 South 6th St. W

Submitter Order ID: \_\_\_\_\_      City: Great Falls

State: MT

ZIP/Postal Code: \_\_\_\_\_

Save Patient

**Newborn Screening Only:**      NBS Form No: \_\_\_\_\_

   NBS Repeat: \_\_\_\_\_

   NICU: \_\_\_\_\_

**Order Choices**

Search Order Choice List: All Lists      **Diagnosis required for Medicaid**

Order Choice Search: \_\_\_\_\_      Diagnoses: \_\_\_\_\_ Search Summary

Order Choice	ICD Codes	Sample ID	Priority	Billing	Cancel
<a href="#">C. trachomatis (Aptima)</a>	None selected	C21181730	Routine	Client Bill	<input checked="" type="checkbox"/> <input type="checkbox"/>
<a href="#">Syphilis Serology, Qualitative</a>	None selected	C21181730	Routine	Client Bill	<input checked="" type="checkbox"/> <input type="checkbox"/> View Cancellation Information/Reactivate

**Documentation and Actions**

Print Labels      Requisition(s)      Lab Report      Comments

[Clinical Info](#)      Linked Docs      Cancel Order      Collect Samples

- ❖ Select a reason for re-activation (use other and explain in the box.) Then click Proceed with Re-activation.

Update Reason      Proceed With Reactivation      Don't Reactivate

## Add-on Testing

- You may add-on a test to an existing order if it is not yet complete. If the order is complete you will need to create another order. To add a test, look up the order, and once in the order add order choices and save the same way that you would if you were entering a new order.

### ❖ ANY TIME YOU CANCEL, ADD OR RE-ACTIVATE A TEST FOR A SAMPLE THAT HAS ALREADY BEEN RECEIVED BY OUR LAB YOU MUST CALL or FAX TO LET US KNOW

- Samples that have not yet been received have a status of "Accession Pending".

Zztest22, Patient

26y M PID: C20211771885 Patient MRN: 123456

[Demographics](#) | [Insurance](#) | [Order History](#) | [Options](#)

Order History Filter [\(show filter\)](#)

..Test Practice: Zztest22, Patient / Patient ID: C20211771885 / MRN: 123456

Total rows selected: 0

Order ID	Sample ID List	Order Choice Abbreviations	Ordering Location	Proposed Collection	Sample Collection Date	Order Date	Ordering Provider	Status
<a href="#">9822-on-21201</a>	MIC21000007	EntericP (R), PDF (R)	..Test Location	07/20/2021 9:21AM	07/20/2021	08/06/2021 2:15PM	..Laboratory	Complete
<a href="#">9832-on-21217</a>	C21217743	Lyme (EIA) (R)	..Test Location	08/05/2021 3:49PM	08/05/2021	08/05/2021 3:49PM	..Test User, Laboratory	Cancelled ( <a href="#">more</a> )
<a href="#">9827-on-21216</a>	C21216738	OandP (R)	..Test Location	08/04/2021 8:04AM	08/04/2021	08/04/2021 8:20AM	..Laboratory	Accession Pending, No Results
<a href="#">9823-on-21201</a>	C21201737	Inf A-B PCR (R)	..Test Location	07/20/2021 9:21AM	07/20/2021	07/20/2021 9:21AM	..Laboratory	No Results
<a href="#">9818-on-21188</a>	C21188733	SARS-CoV-2 (R)	..Test Location	07/07/2021 3:09PM	07/07/2021	07/07/2021 3:10PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9817-on-21188</a>	C21188732	CT-GC Combo (Public) (R)	..Test Location	07/07/2021 3:03PM	07/07/2021	07/07/2021 3:04PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9816-on-21188</a>	SER21000004	Syphilis IgG (R)	..Test Location	07/07/2021 3:03PM	07/07/2021	07/07/2021 3:04PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9812-on-21181</a>	MIC21000006	EntericP (R)	..Test Location	06/30/2021 3:28PM	06/30/2021	06/30/2021 3:32PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9813-on-21181</a>	SER21000003	Syphilis IgG (R)	..Test Location	06/30/2021 3:28PM	06/30/2021	06/30/2021 3:31PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9807-on-21181</a>	C21181731	EntericP (R)	..Test Location	06/30/2021 2:55PM	06/30/2021	06/30/2021 2:56PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9805-on-21179</a>	C21179729	SARS-COV-2 IgG (R)	..Test Location	06/28/2021 1:08PM	06/28/2021	06/28/2021 1:08PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9804-on-21177</a>	C21177728	SARS-CoV-2 (Panther) (R)	..Test Location	06/26/2021 10:18AM	06/26/2021	06/26/2021 10:24AM	..Test User, Laboratory	Accession Pending, No Results

- To fax, just print the requisition from the system and make a note as to what you are doing, then fax to us at 406-444-5527
- To print a requisition, from the order history screen - right click on the order and select requisition, or from within the order, click on the requisition button.



# Entering Medicaid Information

- From the Order Patient Samples Screen, Click Insurance in the top menu bar.
- On the Insurance screen, if Medicaid is not already listed, Click “Add an Insurance Plan”

**Zztest33, Patient**  
 35y F  
 PID: C20211811886 Patient MRN: 1234566  
 Demographics | **Insurance** | Order History | Options

Order ID: NEW ORDER Status: NEW ORDER Entered by: ..Test User, La

Patient: Zztest33, Patient Patient MRN: 1234566  
 Collection Location: ..Test Location Date of Birth: 03 / 15 / 1986  
 Collection Date: 08 / 05 / 2021 1:38 PM Now Clear Sex: Female  
 Ordering Location: ..Test Location  
 Order Date: 08 / 05 / 2021  
 Ordering Provider: ..Test User, Laborator  
 Submitter Order ID:

**Patient Insurance** ? x

Choose existing insurance information, or create new.

Insurance Summary Primary Secondary Tertiary Guarantor

No insurance information exists for this patient.

Select this insurance for ZZTEST33, Patient

Newborn Screening Only: NBS Form No: NBS Repeat: NICU

Order Choices

Search Order Choice List: All Lists  
 Order Choice Search:

Order Choice ICD Codes  
 To select an order choice, type in the text b

Documentation and Actions

Print Labels Requisition(s) Save Discard Changes Cancel

- It will take you to the Primary Insurance Tab. Start typing “Medicaid” in the Insurance Plan field.
- The Medicaid Plan should then appear in the list. Click the Medicaid plan.

**Patient Insurance** ? x

Search for and select a primary plan.

Insurance Summary Primary Secondary Tertiary Guarantor

Insurance Company  
 Insurance Plan me Copy from Previous

Insurance Company Address 1  
 Insurance Plan med Address 2  
 Insurance Type Saved data X  
 MEDI  
 Country

Company <sup>1</sup>	Plan <sup>2</sup>	Phone	Contact	Contact Phone	Address
Medicaid	Medicaid				00000000

Save Discard Changes Cancel

- ❖ Click Select when the Medicaid plan information pops up.

**Patient Insurance Details**
✕

**Insurance Company Information**
Change Log

Company Name\*

Company ID  Insurance Type

Company ID Type

**Insurance Plan Information**
Change Log

Plan Name\*  Address Type

Plan ID  Address 1

Phone Number\*  Address 2

Contact Last Name  ZIP/Postal Code

Contact First Name  City

Contact Middle Name  State/Region/Province

Contact Phone Number  Country

County Code

- ❖ Enter the policy number in the Policy field (this field is required). Then click Save.

**Patient Insurance**
?
✕

Edit **primary plan** information.

Insurance Summary\*
**Primary\***
Secondary
Tertiary
Guarantor

Insurance Company  Copy from Previous

Insurance Plan

**Insured Information**

Policy\*

Group

Group #

Relationship to Insured

First Name

Middle Name

Last Name

Subscriber ID

Sex

Date of Birth //

Insurance Effective Date //

Phone # 1

Phone # 2

Address 1

Address 2

City

State

ZIP Code

Country

Employment Status

Insured SSN

Insurance Expiration Date //

**Employer Information**

Employer

Employer ID

Employer Plan Code

Employer Phone #

Employer Address 1

Employer Address 2

Employer City

Employer State

Employer ZIP Code

Employer Country



- ❖ Once all the rest of the order information is filled in, you must enter at least one diagnosis code for Medicaid billing.

**Zztest33, Patient** 🔍

35y F  
PID: C20211811886 Patient MRN: 1234566 Demographics | Insurance |

---

Order ID: NEW ORDER Status: NEW ORDER

---

Patient:\* Zztest33, Patient

Collection Location: ..Test Location

Collection Date:\* 08 / 06 / 2021 01 : 47 PM Now Clear

Ordering Location:\* ..Test Location

Order Date: 08 / 06 / 2021 01 : 38 PM Now

Ordering Provider:\* ..Test User, Laboratory

Submitter Order ID:

Patient MRN: 1234566

Date of Birth:\* 03 / 15 / 1986

Sex:\* Female

Race:

Ethnicity:

Address: 1234 South 6th St. W

City: Great Falls

State: MT

ZIP/Postal Code:

Save Patient

**Newborn Screening Only:**

NBS Form No:

NBS Repeat:

NICU

**Order Choices**

Search Order Choice List: All Lists

Order Choice Search:

**Diagnosis required for Medicaid**

Diagnoses: Search Summary

Order Choice	ICD Codes	Sample ID	Priority	Billing	Cancel
<a href="#">Ova &amp; Parasite Exam</a>	None selected	T.B.D.	Routine	Client Bill	<span>✕</span> <span>🔊</span>

**Documentation and Actions**

Print Labels

Requisition(s)

Lab Report

Comments

Clinical Info

Linked Docs

Cancel Order

Collect Samples

- ❖ You can type the code directly in the field or use the search button to find a code.

**Diagnosis Search**

fever, uns Search

**Search** Patient's Previous User's Frequent

Select	Code	Description
<input type="checkbox"/>	<a href="#">A01.00</a>	Typhoid fever, unspecified
<input type="checkbox"/>	<a href="#">A01.4</a>	Paratyphoid fever, unspecified
<input type="checkbox"/>	<a href="#">A25.9</a>	Rat-bite fever, unspecified
<input type="checkbox"/>	<a href="#">A68.9</a>	Relapsing fever, unspecified
<input type="checkbox"/>	<a href="#">A75.9</a>	Typhus fever, unspecified
<input type="checkbox"/>	<a href="#">A77.9</a>	Spotted fever, unspecified
<input type="checkbox"/>	<a href="#">A92.9</a>	Mosquito-borne viral fever, unspecified
<input type="checkbox"/>	<a href="#">A95.9</a>	Yellow fever, unspecified
<input type="checkbox"/>	<a href="#">A96.9</a>	Arenaviral hemorrhagic fever, unspecified
<input checked="" type="checkbox"/>	<a href="#">R50.9</a>	Fever, unspecified

**Use the search feature to find a code. Click the box next to it and then click "Add All Selected Items"**

Show Selected Items

Add All Selected Items

Cancel

- ❖ Once you've entered diagnosis codes, they will appear under the Order Choice(s) you entered on the order.

**Zztest33, Patient** 🔍   
 35y F  
 PID: C20211811886 Patient MRN: 1234566 Demographics | Insurance | O

Order ID: NEW ORDER Status: NEW ORDER

Patient:* Zztest33, Patient	Patient MRN: 1234566
Collection Location: ..Test Location	Date of Birth:* 03 / 15 / 1986
Collection Date:* 08 / 06 / 2021 01 : 47 PM <input type="button" value="Now"/> <input type="button" value="Clear"/>	Sex:* Female
Ordering Location: ..Test Location	Race: <input type="text"/>
Order Date: 08 / 06 / 2021 01 : 38 PM <input type="button" value="Now"/>	Ethnicity: <input type="text"/>
Ordering Provider: ..Test User, Laboratory	Address: 1234 South 6th St. W
Submitter Order ID: <input type="text"/>	City: Great Falls
	State: MT
	ZIP/Postal Code: <input type="text"/>
	<input type="button" value="Save Patient"/>

**Newborn Screening Only:**

**Order Choices**

Search Order Choice List:  **Diagnosis required for Medicaid**

Order Choice Search:  Diagnoses:

Order Choice	ICD Codes	Sample ID	Priority	Billing	Cancel
<a href="#">Ova &amp; Parasite Exam</a>	R50.9	T.B.D.	Routine	Client Bill	<input type="button" value="X"/> <input type="button" value="🗨"/>

**Documentation and Actions**


❖ **NEW – Enter Patient Class**

- Select Inpatient or Outpatient from the drop-down menu (default is Outpatient)

**Order Choices**

Order Choice Search:  **Required for Medicaid**

*Type in the field below to search for a test*  
*or search by selecting a list below:*

Diagnoses:     
 Patient Class\*   

Filter by List:

Order Choice	ICD Codes	Sample ID	Order Choice Received Date/Tim
			<a href="#">Outpatient</a>
			<a href="#">Inpatient</a>

# New Provider

- During the ordering process, select the “external provider” on the bottom of the provider list.

Order ID: NEW ORDER Status: NEW ORDER

**Do not attempt to enter an order without an ordering provider**

The ordering provider must be selected. If the provider is not in the selection list, use „Laboratory“. A ticket will be opened to add the new provider. A signed physician's order is required for all laboratory testing and must be provided to MTPHL upon request as necessary for Medi

Patient: \* Zttest, Baby Patient MRN: MT241350001  
 Collection Location: ..Test Location Date of Birth: \* 05 / 12 / 20  
 Collection Date: \* 09 / 11 / 2024 3 : 31 PM Now Clear Sex: \* Male  
 Ordering Location: \* ..Test Location Race:  
 Order Date: 09 / 11 / 2024 03 : 31 PM Now Ethnicity:  
 Ordering Provider: \* Address:  
 Submitter SID:  Show Advanced Search **Provider drop-down List**

**newborn Screening Only:**

NBS Form No: 2016104-001  
 NBS Repeat: ..Laboratory  
 NBS NICU: Abawi, Jaber (Culbertson) 1629038542

**Order Choices**

Name	ID	Address 1	City	State	ZIP Code	Phone	Fax
Abbott, David (Harlem)	1528146529	1650 NORTHERN HEIGHTS DR			59501-5247	4062651427	
Abdel-Shakur, La Neice (Wolf Point), CNM	1215098512	Listrud Rural Health Clinic	Wolf Point		59201	406-653-6500	
Abentroth, Alissa	2020126-057						
Abicht, Elise A.	2024102-003	500 W Broadway St	Missoula	MT	59807		
Abicht, Travis	2022273-001						
Abo-Deeb, Azza	1194808212						
Abraham, Fred, OD	2020268-046		Great Falls	MT	59405	4064552020	
Abraham, Melissa, NP-C	2020335-013		Helena	MT	59602	4064957901	
Abraham, Stephanie, MD	2022329-001	915 Highland Blvd	Bozeman	Montana	59715	406-414-1720	
Acher, Charles W.	2020135-032						
Ackerman, Lorraine (Dawson FP)	1457301830	407 A ST			59019-7600	4063224542	
Acor, Cameron, MD (Culbertson)	2019036-	Northern MT	Missoula	MT	59801	4062652211	
Adams, Barrett (Anaconda), MD	2019211-032		Anaconda	MT	59711	4065638528	14065638694
Adams, Jeffrey (Missoula)	1265659239		MISSOULA	MT	59808		
Adams, Kristan, MD	2022059-095		Sidney	MT	59270		
Adams, Marian M.	2019322-085						
Adams, Marybeth, NP	2020027-052	St Catherines Family Healthcare	Belgrade	MT	406-388-7035	14063881890	

Order Choice Search:

Filter by:

Please select an ordering provider

**Documentation and Action**

**Add External Provider**

- Place the required information in the pop-up box for adding a provider.
  - Provider's Required information: **last name, First name, and NPI number.**
    - **NPI numbers can be found here: <https://npiregistry.cms.hhs.gov/search>**
      - ◆ **If you can not find the NPI in the registry, please contact your facility. All facilities should have this information for providers.**
    - You can also add any additional information such as: address, degree, email address, etc.
- Please do not change anything in the host codes.
- Click Save at the bottom of the "add external provider" pop up when finished.

Date of Birth:\* 05 / 12 / 2024

**Add External Provider**

Last Name* <input style="background-color: yellow;" type="text"/>	Address 1 <input type="text"/>
First Name* <input style="background-color: yellow;" type="text"/>	Address 2 <input type="text"/>
Middle Name <input type="text"/>	ZIP/Postal Code <input type="text"/>
Degree <input type="text"/>	City <input type="text"/>
NPI* <input style="background-color: yellow;" type="text"/>	State/Region/Province <input type="text"/>
CLIA ID <input type="text"/>	Country <input type="text" value="U.S.A."/> <input type="button" value="🔄"/> <input type="button" value="🔍"/>
Time Zone <input type="text" value="(GMT-07:00) Mountain Standard Time"/> <input type="button" value="▼"/>	
Phone Number <input type="text"/> Ext. <input type="text"/>	
Email Address <input type="text"/>	

**Host Codes For This External Provider** ([Show List](#))

Use the template User's Result Delivery Rules

Fax #