

Procedure for Ordering Samples in HHS Lab Portal

Table of Contents

- Ordering Samples.....2
 - Newborn Screening addition information3
 - Sample Information4
 - Searching for tests5
 - Printing Requisitions7
 - Newborn Screening Error Message8
 - Creating a Manifest9
- Canceling and Adding on tests.....11
 - Canceling Tests11
 - Add-on Testing.....14
- Entering Medicaid Information15
- New Provider19

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.

The screenshot shows the 'New Order' interface. A search bar at the top allows entering a patient's name. Below the search bar, a dropdown menu displays search results for patients. The results are organized into columns: Name, Patient ID, SSN, MRN, DOB, Sex, Address, PCP, and Practice. Two patients are listed: 'Z-test22 Patient' and 'Z-test33 Patient'. A 'New Patient' button is located at the bottom right of the dropdown menu.

- 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.

The screenshot shows the 'Demographics' form. It contains various fields for patient information, including 'Last Name', 'First Name', 'Date of Birth', 'Sex', 'Race', 'Ethnicity', 'Address 1', 'Address 2', 'City', 'State/Province', 'ZIP/Postal Code', 'Country', 'Phone Number', and 'Email'. A green arrow points to the 'Required For Newborn Screening' section, which includes fields for 'Patient Birth Time', 'Mother's Name', 'Birth Order', and 'Birthweight (gms)'. The form also has a 'Save' button at the bottom right.

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.

Required For Newborn Screening:

Patient Birth Time: :

Mother's Name:

Birth Order: ▼

Birthweight (gms):

Comments

Alerts

Linked Docs

Aliases

* 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.

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.

- “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 \(mt.gov\)](http://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”.

The screenshot shows the 'Zzttest22, Patient' interface with a red header. On the left is a sidebar with navigation links. The main area displays patient information and an 'Order Choices' section. A modal window titled 'Order Choice Search' is open, showing a search for 'Ova'. The modal contains a table of results and a 'Selected Items' section at the bottom.

Order Choice Search

Order Choice Name:

☐ Search All Order Choices
☒ Search Order Choice List:
☐ Search Profiles

Show 20 entries Showing 1 to 1 of 1 entries

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

Showing 1 to 1 of 1 entries

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	

- 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.*

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
Ordering Provider: ..Laboratory
Ordered Date: 07/20/2021 9:21AM
Order Comments:
Date Printed: 07/20/2021 9:22AM

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

Clinical Info:

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

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”.

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).

OK

bcabcat

1889 Patient MRN: C20212081889

W ORDER

ient: " Smith, Bobcat

ation: ..Test Location

ate: 07 / 27 / 2021 11 : 17 AM Now

tion: ..Test Location

Date: 07 / 27 / 2021 11 : 17 AM Now

ider: ..Test User, Laboratory

er ID:

City:

State: MT

ZIP/Postal Code:

NBS Form No:

NBS Repeat:

Save Patient

- 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.

MTPHL ON LINE REQUISITION

MT Public Health Laboratory 1400 Broadway Helena MT 59601

A Split Order Rule has created an additional order

A Split Order Rule has created an additional order.

Continue Save

Name: Zztest22, Patient

Patient ID: C20211771885

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.

Create Manifest

View Existing Manifest

Manifest Filter (hide filter)

Collection Location

Entered By

Lab

☐ Show cancelled orders

☐ Show samples ordered in the past 2 weeks

☐ Show samples ordered in the date range

☒ Show collected samples not on a manifest

☐ Exclude samples with results

☐ Select samples manually Order ID/SID Add Clear Samples

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”.

Create Manifest

View Existing Manifest

Manifest Filter (hide filter)

Collection Location

Entered By

Lab

☐ Show cancelled orders

☒ Show samples ordered in the past 2 weeks

☐ Show samples on other manifests

☐ Exclude samples with results

☐ Show samples ordered in the date range

☐ Show collected samples not on a manifest

☐ Select samples manually Order ID/SID Add Clear Samples

Manifest

Sample Collection Location Order ID Patient Sample ID Collection Date/Time Order Date/Time Order Choices Host Codes Proposed Collection Location

Sample Collection Location Order ID Patient Sample ID Collection Date/Time Order Date/Time Order Choices Host Codes Proposed Collection Location

Sample Collection Location Order ID Patient Sample ID Collection Date/Time Order Date/Time Order Choices Host Codes Proposed Collection Location

Sample Collection Location Order ID Patient Sample ID Collection Date/Time Order Date/Time Order Choices Host Codes Proposed Collection Location

Sample Collection Location Order ID Patient Sample ID Collection Date/Time Order Date/Time Order Choices Host Codes Proposed Collection Location

Sample Collection Location Order ID Patient Sample ID Collection Date/Time Order Date/Time Order Choices Host Codes Proposed Collection Location

Showing 1 to 6 of 6 entries

Sign Out

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

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

SID: NBS21000146

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

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

SID: NBS21000147

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: 07/20/2021 9:21AM

Name: Zzttest22, Patient
DOB / Gender: 06/01/1995 / M
Order ID: 9823-on-21201
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

SID: C21201737

Name: Zzttest22, Patient
DOB / Gender: 06/01/1995 / M
Order ID: 9822-on-21201
Patient ID: C20211771885

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

SID: MIC21000007

Name: Zzttest133, Patient
DOB / Gender: 03/15/1986 / F
Order ID: 9824-on-21201
Patient ID: C20211811886

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

SID: NBS21000144

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 Search | Recent

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

Collection Location: ..Test Location

Collection Date: 08 / 05 / 2021 03 : 49 PM Now Clear

Ordering Location: ..Test Location

Order Date: 08 / 05 / 2021 03 : 49 PM Now

Ordering Provider: ..Test User, Laboratory

Submitter Order ID:

Patient MRN: 123456

Date of Birth: 06 / 01 / 1995

Sex: Male

Race:

Ethnicity:

Address: 123 Main St

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

Order Choice Search:

Diagnosis required for Medicaid

Diagnoses: Search Summary

Order Choice	ICD Codes	Sample ID	Priority	Billing	Cancel
Lyme Disease Total Ab (EIA)	None selected	C21217743	Routine	Client Bill	X

← To cancel test

Documentation and Actions

Print Labels
Clinical Info

Requisition(s)
Linked Docs

Lab Report
Cancel Order

Comments
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
Canceled 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

...

Insert Date/Time

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

Proceed With Cancellation **Don't Cancel Order**

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 [\(show filter\)](#)

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

View Archive

Total rows selected: 0 Clear

Show 20 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	Lyme (EIA) (R)	..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
Collection Location: ..Test Location
Collection Date:* 06 / 30 / 2021 02 : 46 PM Now Clear
Ordering Location:* ..Test Location
Order Date: 06 / 30 / 2021 02 : 50 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
Diagnosis required for Medicaid
Order Choice Search:
Diagnoses: Search Summary

Order Choice	ICD Codes	Sample ID	Priority	Billing	Cancel
C. trachomatis (Aptima)	None selected	C21181730	Routine	Client Bill	✓
Syphilis Serology, Qualitative	None selected	C21181730	Routine	Client Bill	✗ 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 [\(show filter\)](#)

Cumulative

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

View Archive

Total rows selected: 0 [Clear](#)

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	Lyme (EIA) (R)	..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	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

- 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: C2021181886 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: 08/06/2021 1:38 PM Now Clear Sex: Female
 Ordering Location: ..Test Location
 Order Date: 08/06/2021
 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

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 medi Address 2
 Insurance Type Saved data X
 Country

Company ¹	Plan ²	Phone	Contact	Contact Phone	Address
Medicaid	Medicaid				000000000

Save Discard Changes Cancel

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

Patient Insurance Details

Insurance Company Information

Change Log

Company Name* Medicaid
Company ID Medicaid
Insurance Type No Insurance Type
Company ID Type National Insurance Organization Identifier
Edit Company Entity IDs

Insurance Plan Information

Change Log

Plan Name* Medicaid
Plan ID Medicaid
Phone Number*
Contact Last Name
Contact First Name
Contact Middle Name
Contact Phone Number
Address Type Home
Address 1
Address 2
ZIP/Postal Code 000000000
City
State/Region/Province
Country
County Code

Select

Cancel

- ❖ 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 Medicaid

Insurance Plan Medicaid

Copy from Previous

Details

Fill with Patient Info

Clear

Remove

Insured Information

Policy* 12345678

Group

Group #

Relationship to Insured None

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 U.S.A.

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 U.S.A.

Save

Discard Changes

Cancel

- ❖ 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
Ordering Location:* ..Test Location
Order Date: 08 / 06 / 2021 01 : 38 PM
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:

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

Save Patient

Order Choices

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

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

Order ID: NEW ORDER
Status: NEW ORDER

Patient: * Zztest33, Patient
Collection Location: ..Test Location
Collection Date: * 08 / 06 / 2021 01 : 47 PM
Ordering Location: * ..Test Location
Order Date: 08 / 06 / 2021 01 : 38 PM
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:

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

Save Patient

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
Ova & Parasite Exam	R50.9	T.B.D.	Routine	Client Bill	✕

Documentation and Actions

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

❖ NEW – Enter Patient Class

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

Order Choices

Order Choice Search:
Type in the field below to search for a test
or search by selecting a list below:
Filter by List: All Lists

Required for Medicaid
Diagnoses:
Search
Summary

Patient Class*
Outpatient
Inpatient

Order Choice	ICD Codes	Sample ID	Order Choice Received Date/Time

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: * Ztest, 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

Order Choice Search: 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
Order Choice Search: Abentroth, Alissa 2020126-057
Filter by: Abicht, Elise A. 2024102-003 500 W Broadway St Missoula MT 59807
Order Choice: Abicht, Travis 2022273-001
Please select an ordering provider: 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
Documentation and Action: Acher, Charles W. 2020135-032
Ackerman, Lorraine (Dawson FP) 1457301830 407 A ST 59019-7600 4063224542
Acor, Cameron, MD 2019036- Northern MT 59501 4062653211
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 1-4063881890

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*

First Name*

Middle Name

Degree

NPI*

CLIA ID

Time Zone (GMT-07:00) Mountain Standard Time ▼

Phone Number Ext.

Email Address

Address 1

Address 2

ZIP/Postal Code

City

State/Region/Province

Country U.S.A.

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

☒ Use the template User's Result Delivery Rules

Fax #

Save Cancel