

## CAREEVOLVE 3.8.2 ORDER ENTRY WORKFLOW

### THIRD PARTY BILL TYPE

#### **SELECT or REGISTER PATIENT**

Search for patient. If patient exists, select patient and proceed to New Order.

If patient does not exist, message displays that there are no patients matching this criteria.

Select <Add Patient> and proceed to Add Patient page. Once patient is added, proceed to New Order by selecting <Save & Place Order> at the bottom of page.

<b>Select A Patient</b> <a href="#">Add Patient</a>   <a href="#">Start Search Over</a>	<input type="text" value="Search By Name"/>	<a href="#">Add Patient</a>
There are no patients matching this criteria.		

## DRAW NOW Order Type

## THIRD PARTY Bill Type

### 1. Patient

<b>CEUPGRADE, TESTER B</b>	Office Id: 06261990 DOB: 06/26/1990	Phone Number: -- Gender: M	Primary Insurance: MEDICARE PART B
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New Order    Order Type: Draw Now    Bill Type: Third Party    Save Draft    Cancel Order

1. Patient    2. Tests    3. Diagnosis    4. Review    Complete

Please confirm the following required information is correct.

**Order Information** ✓

Ordering Provider: PHYSICIAN, SEE REPORT    Lab: PRN    Fasting:  No  Yes

**Patient Demographics** ✓ [Edit](#)

Last Name: CEUPGRADE    First Name: TESTER  
Date of Birth: 06/26/1990    Gender: Male  
Office Id: 06261990

**Guarantor** ✓ [Edit](#)

Relation: Self

**Insurance - 1** ✓ [Edit](#)

Insurance: [5] MEDICARE PART B

**Insurance - 2** ✓ [Edit](#)    [Set as Primary](#)

Insurance: [BLU65] BLUE CHOICE 65 SELECT

[Next](#)

### Order Information

Select Ordering Provider

Accept default of PRN for WKCRL orders

Change Fasting to Yes, if applicable

## Patient Demographics, Guarantor, Insurance Information

Edit information in these sections, if applicable.

Select <Next> or Tests Tab once all information is satisfactory.

### 2. Tests

<b>CEUPGRADE, TESTER B</b>	Office Id: 06261990 DOB: 06/26/1990	Phone Number: -- Gender: M	Primary Insurance: MEDICARE PART B	
<b>New Order 78 - Draw Now - Third Party</b>		<a href="#">Save Draft</a>	<a href="#">Cancel Order</a>	
1. Patient <input checked="" type="checkbox"/>	<b>2. Tests</b>	3. Diagnosis	4. Review	Complete
<b>Selected Tests</b> <input type="text" value="Search Tests"/>				
<input checked="" type="checkbox"/> 80575 BETA HCG, SERUM QUANT TUMOR MAR	<input checked="" type="checkbox"/> 15168 SEDIMENTATION RATE	<input checked="" type="checkbox"/> 16777 CULTURE, URINE ROUTINE		
<input checked="" type="checkbox"/> 14824 URINALYSIS ROUTINE WITH MICROSCOPIC IF INDICATED				
<b>Recent Tests</b> ( <input checked="" type="checkbox"/> All Recent )				
<input checked="" type="checkbox"/> 80575 BETA HCG, SERUM QUANT TUMOR MAR	<input checked="" type="checkbox"/> 15168 SEDIMENTATION RATE			
<b>Test Groups</b>				
<input type="checkbox"/> ANEMIA PROFILE	<input checked="" type="checkbox"/> Urinalysis and Urine Culture			
<b>Tests</b>				
<input checked="" type="checkbox"/> 80575 BETA HCG, SERUM QUANT TUMOR MAR	<input type="checkbox"/> 16504 CULTURE, ROUTINE	<input checked="" type="checkbox"/> 15168 SEDIMENTATION RATE		
<a href="#">&lt; Back</a>		<a href="#">Next &gt;</a>		

Select Tests for Order Entry by

Searching all Tests

Checking All Recent or some of the Recent Tests

Checking Test Group, if applicable

Checking one or more of the frequently ordered Tests

Select <Next> or Diagnosis Tab.

### 3. Clinical

If there are AOE questions that apply to any of the orders, a new tab inserts on the screen, the Clinical Tab.

<b>CEUPGRADE, TESTER B</b>	Office Id: 06261990 DOB: 06/26/1990	Phone Number: -- Gender: M	Primary Insurance: MEDICARE PART B
<b>New Order 78 - Draw Now - Third Party</b>		Save Draft	Cancel Order
1. Patient <input checked="" type="checkbox"/>	2. Tests <input checked="" type="checkbox"/>	<b>3. Clinical</b>	4. Diagnosis
16777 (CULTURE, URINE ROUTINE)			
Micro Specimen Source URINE (* required) <input type="text"/>			
		<input type="button" value=" &lt; Back"/>	<input type="button" value=" Next &gt;"/>

Answer the AOE questions. If required, you cannot proceed to the next tab until the question is answered.

Select <Next> or Diagnosis Tab.

### 4. Diagnosis

<b>CEUPGRADE, TESTER B</b>	Office Id: 06261990 DOB: 06/26/1990	Phone Number: -- Gender: M	Primary Insurance: MEDICARE PART B
<b>New Order 78 - Draw Now - Third Party</b>		Save Draft	Cancel Order
1. Patient <input checked="" type="checkbox"/>	2. Tests <input checked="" type="checkbox"/>	3. Clinical <input checked="" type="checkbox"/>	<b>4. Diagnosis</b>
Selected Diagnosis <input type="text" value="Search Diagnosis"/>			
Please Select Diagnosis			
Recent Diagnosis ( <input type="checkbox"/> All Recent )			
<input type="checkbox"/> G44.011 Episodic cluster headache, intractable			
		<input type="button" value=" &lt; Back"/>	<input type="button" value=" Next &gt;"/>

Select Diagnosis by

Searching all Diagnosis

Selecting All Recent or some of the recent Diagnoses

Select <Next> or Review Tab.

### 5. Coverage

If Medical Necessity Checking is indicated, a new Coverage Tab is inserted on the screen.

<b>CEUPGRADE, TESTER B</b>	Office Id: 06261990 DOB: 06/26/1990	Phone Number: -- Gender: M	Primary Insurance: MEDICARE PART B			
<b>New Order 78 - Draw Now - Third Party</b>		<a href="#">Save Draft</a>	<a href="#">Cancel Order</a>			
1. Patient	2. Tests	3. Clinical	4. Diagnosis	<b>5. Coverage</b>	6. Review	Complete
<b>Medical Necessity Check(s) </b>						
16777	CULTURE, URINE ROUTINE NCD/LCD - Medicare MAY not pay for the following: Select additional ICD-10 code(s)					<a href="#">Resolve Dx</a>
80575	BETA HCG, SERUM QUANT TUMOR MAR NCD/LCD - Medicare MAY not pay for the following: Select additional ICD-10 code(s)					<a href="#">Resolve Dx</a>
80575	BETA HCG, SERUM QUANT TUMOR MAR Frequency - Medicare MAY not pay for the following Code(s)					FAILED
15168	SEDIMENTATION RATE					PASSED
14824	URINALYSIS ROUTINE WITH MICROSCOPIC IF INDICATED					PASSED
		<a href="#">&lt; Back</a>	<a href="#">Next &gt;</a>			

Resolve Dx, if applicable.

If all information is correct, select <Next> or Review Tab.

Medical Necessity Warning screen displays to give users another chance to <Resolve Dx> or <Proceed>.

Select <Proceed> if all information is correct.

Medical Necessity: Please Review With the Patient screen displays

CLOSE 

### Medical Necessity: Please Review With the Patient

**Test(s):** 16777 (CULTURE,URINE ROUTINE),80575 (BETA HCG, SERUM QUANT TUMOR MAR),80575 (BETA HCG, SERUM QUANT TUMOR MAR)

#### WHAT YOU NEED TO DO NOW :

- Read this notice, so you can make an informed decision about your care.
  - Ask us any questions that you may have after you finish reading.
  - Choose an option below about whether to receive the test(s) listed above.  
**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.
- OPTION 1 :** I want the test(s) listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I **can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2 :** I want the test(s) listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I **cannot appeal if Medicare is not billed.**
- OPTION 3 :** I don't want the test(s) listed above. I understand with this choice I am not responsible for payment, and I **cannot appeal to see if Medicare would pay.**

Proceed

CLOSE 

Review the information with the patient and select the Option the patient desires.

Following window displays. Select <Print> to print 2 copies of the ABN.

CLOSE 

### Medical Necessity: Please Review With the Patient

Please print and sign the ABN

Was the ABN signed?  Yes  No

Indicate whether the ABN was signed or not. Select <Proceed> or Review Tab.

6. Review

## New Order 78 - Draw Now - Third Party

Save Draft

Cancel Order

1. Patient  2. Tests  3. Clinical  4. Diagnosis  5. Coverage  6. Review  Complete

## General Information

*Order Date	<input type="text" value="01/08/2019"/> <input type="text" value="01:34 pm"/>	*Coll. Date	<input type="text" value="01/08/2019"/> <input type="text" value="02:01 pm"/>	Coll. by	<input type="text" value="dbzavaly3"/>
	(MM/DD/YYYY) (HH:MM AM/PM)		(MM/DD/YYYY) (HH:MM AM/PM)		
Ordering	PHYSICIAN, SEE REPORT	Insurance	MEDICARE PART B	Fasting	No
Report	<input type="text"/>	Lab	<input type="text"/>	*Priority	Routine <input type="button" value="v"/>
Comments	<input type="text"/>	Comments	<input type="text"/>		
Copy to	<input type="text" value="&lt; none &gt;"/>	Add	<input type="button" value="Add"/>		
Referring	<input type="text" value="&lt; none &gt;"/>	Add	<input type="button" value="Add"/>		

## Diagnosis

G44.011 Episodic cluster headache, intractable

16777 (CULTURE, URINE ROUTINE)

Micro Specimen Source URINE (\* required)  

## Test Specific Information

80575	BETA HCG, SERUM QUANT TUMOR MAR
16777	CULTURE, URINE ROUTINE
15168	SEDIMENTATION RATE
14824	URINALYSIS ROUTINE WITH MICROSCOPIC IF INDICATED

&lt; Back

Complete

## General Information

Change the Collection Date/Time and Collector

Enter Report Comments

Enter Lab Comments (both comments will be sent to Lab and returned as comments with the results to CareEvolve)

Enter Copy to and/or Referring Provider. Information will print on the requisition but reports will not automatically send to the provider from CareEvolve.

Select &lt;Complete&gt; or Complete Tab.

Print Order Requisition.

NOTE: The Ordering Provider, Insurance, Fasting Status, Diagnosis and Tests cannot be modified on this screen.

Summary of Order displays:

<b>CEUPGRADE, TESTER B</b>	Office Id: 06261990 DOB: 06/26/1990	Phone Number: -- Gender: M	Primary Insurance: MEDICARE PART B
<b>Order 78 - Draw Now - Third Party</b>			
Order Requisition	<input type="button" value="Print"/>	ABN	<input type="button" value="Print"/>
<b>General Information</b>			
Order Date: 01/08/2019 01:34 PM (MM/DD/YYYY HH:MM AM/PM)	Coll. Date: 01/08/2019 02:01 PM (MM/DD/YYYY HH:MM AM/PM)	Coll. by: dbzavaly3	
Ordering: PHYSICIAN, SEE REPORT	Insurance: MEDICARE PART B	Fasting: No	
Report	Lab	Priority: Routine	
Comments	Comments		
Copy to	<input type="button" value="Referring, Provider"/>	<input type="button" value="Paper"/>	
<b>Diagnosis</b>			
G44.011 Episodic cluster headache, intractable			
16777 (CULTURE, URINE ROUTINE)			
Micro Specimen Source	URINE	<input type="text" value="Catheterized"/>	<input type="button" value="v"/>
<b>Tests</b>			
80575	BETA HCG, SERUM QUANT TUMOR MAR		
16777	CULTURE, URINE ROUTINE		
15168	SEDIMENTATION RATE		
14824	URINALYSIS ROUTINE WITH MICROSCOPIC IF INDICATED		
<input type="button" value="Return To Order/Result List"/>		<input type="button" value="Search For Patient"/>	<input type="button" value="Change Account"/>

Select the appropriate action from this screen, as needed.

Order Requisition      <Print>

ABN                              <Print>

<Return to Order/Result List>

<Search for Patient>

<Change Account>      (for PSC only)



## DRAW LATER Order Type

## THIRD PARTY Bill Type

Differences:

### 1. Patient

<b>CEUPGRADE, TESTER B</b>	Office Id: 06261990 DOB: 06/26/1990	Phone Number: -- Gender: M	Primary Insurance: MEDICARE PART B
<b>New Order 79</b> Order Type: <b>Draw Later</b> Bill Type: <b>Third Party</b> <a href="#">Save Draft</a> <a href="#">Cancel Order</a>			
<b>1. Patient</b> 2. Tests    3. Clinical    4. Diagnosis    5. Coverage    6. Review    Lab Script			
Please confirm the following required information is correct.			
<b>Order Information</b> ✓			
Ordering Provider: <b>PHYSICIAN, SEE REPORT</b> Lab: <b>PRN</b>			
<b>Patient Demographics</b> ✓ <a href="#">Edit</a>			
Last Name: <b>CEUPGRADE</b> First Name: <b>TESTER</b> Date of Birth: <b>06/26/1990</b> Gender: <b>Male</b> Office Id: <b>06261990</b>			
<b>Guarantor</b> ✓ <a href="#">Edit</a>			
Relation: <b>Self</b>			
<b>Insurance - 1</b> ✓ <a href="#">Edit</a>			
Insurance: <b>[5] MEDICARE PART B</b>			
<b>Insurance - 2</b> ✓ <a href="#">Edit</a>			
Insurance: <b>[BLU65] BLUE CHOICE 65 SELECT</b> <a href="#">Set as Primary</a>			
<a href="#">Next</a>			

The option to choose Fasting Status is not available.

The last Order tab is <Lab Script> and not <Complete>.

### 6. Review

## New Order 79 - Draw Later - Third Party

Save Draft

Cancel Order

1. Patient ✓

2. Tests ✓

3. Clinical ✓

4. Diagnosis ✓

5. Coverage ✓

6. Review

Lab Script

## General Information

\*Order Date 01/08/2019 02:21 pm  
(MM/DD/YYYY) (HH:MM AM/PM)

Ordering PHYSICIAN, SEE REPORT

Insurance MEDICARE PART B

Report  
CommentsLab  
Comments

Copy to &lt; none &gt; Add

Referring &lt; none &gt; Add

## Diagnosis

G44.011 Episodic cluster headache, intractable

## 16777 (CULTURE, URINE ROUTINE)

Micro Specimen Source URINE (\* required) Clean Catch Midstream Urine

## Test Specific Information

80575 BETA HCG, SERUM QUANT TUMOR MAR  
16777 CULTURE, URINE ROUTINE  
15168 SEDIMENTATION RATE  
14824 URINALYSIS ROUTINE WITH MICROSCOPIC IF INDICATED

&lt; Back

Save

## General Information Differences

No Collection Date/Time or Collector fields are displayed

<Save> option is at the bottom and not <Complete>

NOTE: The Ordering Provider, Insurance, Diagnosis and Tests cannot be modified on this screen.

## General Information Actions

Enter Report Comments

Enter Lab Comments (both comments will be sent to Lab and returned as comments with the results to CareEvolve)

Enter Copy to and/or Referring Provider. Information will print on the requisition but reports will not automatically send to the provider from CareEvolve.

Select <Save> or Lab Script Tab.

Lab Script Print window displays

CLOSE (X)

Lab Script Print

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**CareEvolve** Outreach

**This Is Not a Requisition**  
 Pathology Resource Network L.L.C.  
 2600 Greenwood Road  
 Shreveport, LA 71103  
 318-212-4400

Collected: \_\_\_\_\_  
 Collector: \_\_\_\_\_  
 Fasting: \_\_\_\_\_  
 Draw Site: \_\_\_\_\_

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**Account:** 08000      **OMEGA TEST CLIENT, SCHUMPERT MEDICAL CENTER** 915 MARGARET STREET, SHREVEPORT, LA 71101

<b>Priority:</b>	<b>ABN:</b>	79
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<b>Patient:</b> CEUPGRADE, TESTER B <b>Address:</b> 123 ABC ST BOSSIER CITY, LA 71111 USA	<b>Office ID:</b> 06261990 <b>Home Phone:</b> <b>Marital Status:</b> Married <b>Race:</b> Unknown	<b>SSN:</b> 474758123 <b>DOB:</b> 06/26/1990 <b>Sex:</b> M <b>Age:</b> 28 Yrs
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**Clinical Info:**

<b>Bill Type:</b> Insurance <b>Guarantor:</b> CEUPGRADE, TESTER B <b>SSN:</b> 474758123 <b>Address:</b> 123 ABC ST BOSSIER CITY, LA 71111 USA	<b>Relationship:</b> Self <b>Employer:</b> SELF <b>Home Phone:</b>
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<b>Insurance:</b> 5 - MEDICARE PART B <b>Address:</b> P O BOX 3103 MECHANICSBURG, PA 17055-1819 USA	<b>Insurance:</b> BLU65 - BLUE CHOICE 65 SELECT <b>Address:</b> P O BOX 98029 BATON ROUGE, LA 70898 USA
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<b>Group #:</b> 4747 <b>Group Name:</b> USA <b>Policy #:</b> 12345678	<b>Group #:</b> 74743 <b>Group Name:</b> MCSUPP <b>Policy #:</b> 61345
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**Dx Codes:** G44.011      **Provider Name:** SEE REPORT PHYSICIAN  
**Provider Code:** 14910627

Code	Tube	Description

CLOSE (X)

This form is not a Requisition but a document to use to record collection information for the specimen when drawn later.

The Order status will be Incomplete.

The order will not be sent to the Lab until accessed again and completed with collection information and the selection of <Complete> to print the Order Requisition.

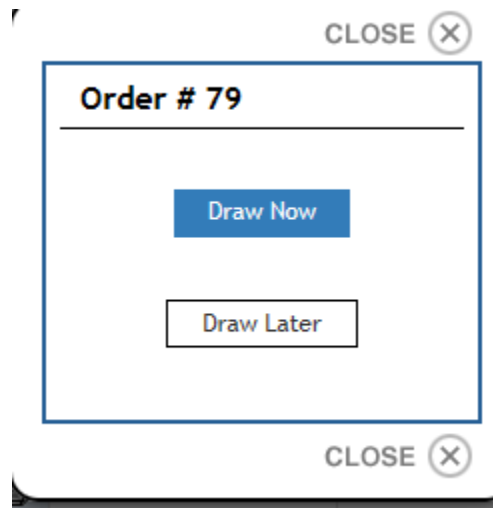
## AFTER SPECIMEN COLLECTION

Access the Order/Result List for the patient

<b>CEUPGRADE, TESTER B</b>	Patient ID: 06261990 DOB: 06/26/1990	Phone Number: -- Gender: M	Primary Insurance: MEDICARE PART B
<span style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">Order/Result List</span>	<span style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">Demographics</span>	<span style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">Cumulative Reporting</span>	
View: <span style="border: 1px solid #ccc; padding: 2px;">All Reports</span>	<span style="background-color: #0070C0; color: white; padding: 5px 10px; border-radius: 3px;">Create New Order</span>		

Collect Date	Order #	Template #	Status	Report Date	Requisition	Status	Flag	Viewed	Reviewed	Printed
01/08/2019	<a href="#">79</a>	--	Incomplete	--	--	--	--	--	--	--

Select the order to be completed. Window displays.



Select <Draw Now>

Workflow displays for the DRAW NOW Order Type.

Step through the workflow to the Review Tab.

General Information

Enter the Collection Date/Time and the Collector.

Select <Complete> or Complete Tab to print the Order Requisition.

Summary order screen displays as with the DRAW NOW Order Type.

## **STANDING ORDER Order Type**

Please contact me if you are interested in Standing Order functionality. I can work with your practice individually to implement this. Please see next page for contact information.

