

COVID-19 Ordering

How to electronically submit a COVID-19 E-order

Step 1: Login

MOLECULAR
TESTING LABS

Contact: 360.693.8850 & 855.MTL LABS

Hello, drmtl! [SIGN OUT](#)

Secure Account Login

User name
drmtl

Password

Remember me?

Validation: 5132

5 1 3 2

[SIGN IN](#) [Forgot your password](#)

*If using Internet Explorer, please use version 10.0 or higher to prevent any display issues.

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1. **Secure Login URL:** <https://lis.moleculartestinglabs.com>
2. Upon arriving to the site, please enter the unique username and password provided in the welcome e-mail.
3. Enter the CAPTCHA Validation code and click “Sign in”
4. If this is your first login, you will be prompted to create a new password. Please keep username and password credentials private and secure.

Step 2: Patient Registration

1. Using the patient registration process allows you to pre-register the patients prior to your collection event(s). This allows time to collect all the necessary patient demographic and insurance information.
2. Complete and accurate information will reduce re-work and allow us to properly bill insurance.
3. Only one patient registration can be created per patient, helping to keep records clean and accurate. The system will notify you if it believes a patient is being duplicated.

The screenshot displays the 'Create Patient' form in the Molecular Testing Labs system. The form is titled 'Create Patient' and 'Patient Information'. It includes a dropdown for 'Ordering Provider' (MTL Dr. Doe), a search bar for 'Practice Text', a 'PRACTICE LIST' table with 'Molecular Testing Labs' selected, and a 'SELECTIONS' table. Below these are fields for 'First Name', 'Last Name', 'Middle Name', 'Title', 'DOB', 'Sex at Birth', 'Street Address', 'Apt/Ste', 'ZipCode', 'City', 'State', 'Phone', 'Patient ID', and 'SSN'. A 'Billing Information' section at the bottom has a 'Payer Type' dropdown. A sidebar on the left contains navigation links like 'Kit Assembly', 'Internet Order', and 'Patient Registration'.

Step 2: Patient Registration

The screenshot shows a web application interface for patient registration. On the left is a dark sidebar with navigation options: drmtl - Physician, Kit Assembly, Internet Order, Pending Order List, Order List, Kits & Supplies Request, Kits & Supplies Request History, My Account, Patient Registration (expanded), Create Patient, Patient List, Document Library, and SIGN OUT. The main content area shows a 'Practice' dropdown set to 'Molecular Testing Labs'. Below this are search fields for 'Last Name', 'First Name', and 'DOB', with 'Search' and 'Clear' buttons. A 'PATIENT LIST' table is displayed with the following data:

Edit	Place an Order	First Name	Last Name	DOB	Gender	Street Address	ZipCode
	Place an Order	Bob	Smith	1/2/1950	Male	123 ABC Ave	97229

1. All patients that are registered to your practice can be found under “Patient Registration > Patient List”. They will appear in this list if they have been pre-registered, or if an order has been previously placed.
2. Under the “Place an Order” column, there will be a button to click that starts an order for the patient, pre-filling all information contained in the patient registration.

Step 3: Patient Information

1. You can start a new order through the “Patient Registration” tab or by clicking the “Internet Order” tab and selecting “ID New Order”. Once you begin typing in a patient name all saved information will populate. There are four tabs to be completed when placing an order. Begin with the patient information. All fields in red are required. Patients who are pre-registered will pre-populate when you select their drop-down profile. The Social Security Number field is important to help avoid missing information and re-work later.

The screenshot displays the 'Patient Information' form within a web application. The left sidebar shows navigation options, with 'Internet Order' and its sub-option 'ID New Order' highlighted in red. The main form area contains several input fields, some of which are outlined in red to indicate they are required. These include: 'First Name', 'Last Name', 'Middle Name', 'DOB' (with a date format MM/DD/YYYY), 'Phone' (with a format XXX-XXX-XXXX), and 'SSN' (with a format XXX - XX - XXXX). Other fields like 'LOB' (set to IND), 'Practice' (Molecular Testing Labs), 'Ordering Provider' (MTL Dr. Doe), 'Street Address', 'Apt/Ste', 'ZipCode', 'City', and 'State' are also present. A green 'Next' button is located at the bottom right of the form. A red message at the bottom of the form reads: 'This sample has been registered under the client bill facility record and will not be billed to insurance'.

Step 4: Specimen Intake & Billing

Patient Information Specimen Intake & Billing Test Selection Summary

Collector's Name

Collection Date

Time HH : MM am

Payor Type

+ Add Additional Payor

Next

REQUIRED: Please send patient face sheet, as well as front and back copies of current insurance card(s) in with collected specimen.

1. Enter the collection date and then choose the appropriate payor type from the drop-down menu. Options are:
 - Medicare
 - Medicaid
 - Work Comp
 - Self Pay / Uninsured
 - Other / Commercial Insurance
2. Each Payor type will have specific fields that need to be completed.

Step 4: Specimen Intake & Billing

MEDICARE PAYOR SELECTION

The screenshot shows a software interface for Medicare payor selection. At the top, there are four tabs: "Patient Information", "Specimen Intake & Billing" (which is active), "Test Selection", and "Summary". The form contains several fields: "Collector's Name" (text input), "Collection Date" (text input), "Time" (dropdown for HH, MM, and am/pm), "Payor Type" (dropdown menu with "Medicare" selected), "MBI/Medicare Beneficiary ID number" (text input), "Patient Social Security Number SSN is Required if MBI is Not Available" (text input with format XXX - XX - XXXX), "Medicare Advantage/Replacement Plan Name(if applicable)" (text input), "Policy Number" (text input), and "Payor Address" (text input). There is a green button labeled "+ Add Additional Payor" and another green button labeled "Next". At the bottom, a red text box states: "REQUIRED: Please send patient face sheet, as well as front and back copies of current insurance card(s) in with collected specimen."

1. The Medicare Beneficiary ID Number (MBI) is required.
2. If the MBI is not available, the patient Social Security Number must be entered.
 - If you do not have either SSN or MBI, enter all 1's as the SSN
3. All other fields are helpful in processing the patient claim in a timely manner.
4. If the patient is in a SNF bed, in the Medicare Advantage field type "SNF ID DOH"

Step 4: Specimen Intake & Billing

MEDICAID PAYOR SELECTION

Patient Information Specimen Intake & Billing Test Selection Summary

Collector's Name

Collection Date

Time :

Payor Type

State Medicaid Policy Number

Managed Care Plan Name(if Applicable)

Policy Number

Group Number

REQUIRED: Please send patient face sheet, as well as front and back copies of current insurance card(s) in with collected specimen.

1. Please fill out any all information you can provide for patients who are participants in the state Medicaid plan.

Step 4: Specimen Intake & Billing

WORK COMP PAYOR SELECTION

Patient Information Specimen Intake & Billing Test Selection Summary

Collector's Name Collection Date Time HH : MM am

Payor Type Work Comp Date of Injury Claim Number Group Number

Payor Name Payor Phone Number XXX-XXX-XXXX Payor Address

Work Comp claims require very specific ICD10 diagnosis codes related to the injury or billing claim for services will be denied. Please provide all applicable diagnosis codes.

ICD 10

REQUIRED: Please send patient face sheet, as well as front and back copies of current insurance card(s) in with collected specimen.

1. Date of Injury and claim number are required, along with the name of the Work Comp provider.
2. Phone number and payor address are helpful in processing the patient claim in a timely manner.
3. The ICD10 code related to the injury is required.

Step 4: Specimen Intake & Billing

SELF PAY / UNINSURED PAYOR SELECTION

Patient Information Specimen Intake & Billing Test Selection Summary

Collector's Name

Collection Date

Time :

Payor Type

REQUIRED: Please send patient face sheet, as well as front and back copies of current insurance card(s) in with collected specimen.

1. If the patient is insured, you must select the appropriate payor type and provide all information you have
2. Molecular will do a national search to find insurance and will bill what we find or will request information needed from the ordering facility
3. No information is required on this page
4. Diagnosis codes will still be required in the test order selection pages.

Step 4: Specimen Intake & Billing

OTHER / COMMERCIAL INSURANCE PAYOR SELECTION

The screenshot shows a web form with the following fields and layout:

- Navigation:** Patient Information, Specimen Intake & Billing (active), Test Selection, Summary
- Collector's Name:** Text input field
- Collection Date:** Text input field
- Time:** HH : MM am (dropdown)
- Payor Type:** Dropdown menu with 'Other/Commercial Insurance' selected
- Payor Name:** Text input field
- Policy Number:** Text input field
- Group Number:** Text input field
- Payor Phone Number:** Text input field with placeholder 'XXX-XXX-XXXX'
- Payor Address:** Text input field
- Guarantor Name:** Text input field
- Guarantor Relationship to Patient:** Text input field
- Buttons:** '+ Add Additional Payor' (green), 'Next' (green)
- Footer:** REQUIRED: Please send patient face sheet, as well as front and back copies of current insurance card(s) in with collected specimen.

1. Payor name, policy number, and group number are required.
2. If you do not have all information, provide what you know and ensure the patient social has been provided.
3. Guarantor name and relationship to patient can be "Self" but if the primary plan is under a parent or spouse, their name and relationship must be provided.
4. Phone number and payor address are helpful in processing the patient claim in a timely manner.

Step 5: Test Selection

Patient Information Specimen Intake & Billing Test Selection Summary

Select Testing to View Menu

COVID19

COVID-19 Specific ICD10 Codes

ICD 10 ICD 10 ICD 10 Additional

COVID-19

Nasopharyngeal
 Mid-Turbinate
 Oropharyngeal

Next

1. You may have more than one test menu to choose from. To order for COVID-19, select the “COVID19” test menu.
2. Enter the ICD10 codes assigned to the patient. These are required to show medical necessity for the order, so the lab can bill the patient insurance for the testing.
3. COVID-19 can be tested on a variety of different collection devices. Select the collection device that was used to collect the patient specimen.
4. If the portal asks you for a medication list you can disregard, that is not required for Covid testing.

Step 6: Summary

1. The provider should review all the information entered on the previous tabs.
2. To edit a section click the “Edit” button.
3. Once the provider has verified that all the information is correct, the provider can enter their electronic signature PIN to submit the order.

The screenshot shows a web interface for a medical ordering system. At the top, there are four tabs: "Patient Information", "Specimen Intake & Billing", "Test Selection", and "Summary". The "Summary" tab is active. The form is organized into four main sections, each with an "Edit" button:

- Patient Information:** Patient Name: Bob Smith, Date of Birth: 01/02/1950, Gender: Male, Patient ID: , Patient SSN: --, Address: 123 ABC Ave, City / State / ZIP: Portland / OR / 97229, Phone Number: 503-123-4567, Practice: Molecular Testing Labs, Ordering Provider: MTL, Dr. Doe.
- Specimen Intake & Billing:** Collector: Anne, Collection Date: 06/02/2020, Collection Time: : am, Payor Type: Medicare, Subscriber ID: ID12345, ICD 10: Z11.59 - COVID-19, Specimen Screening: Yes.
- Test Orders:** COVID-19, COVID-19 Oropharyngeal.
- Collection Device Required for Order:** Oropharyngeal Swab.

At the bottom right of the form, there is a "Physician Pin Code:" field and a "Submit" button, which is highlighted with a red box.

Step 7: Confirmation Page

MOLECULAR TESTING LABS

Barcode #: STU — 0048030 DOS: 06/02/2020
Name: Smith, Bob DOB: 01/02/1950

Specimen Intake & Billing

Collector: Anne

Collection DateTime: 6/2/2020 12:00:00 AM

Payor Type: Medicare

Subscriber ID: ID12345

Collection Device Required for Order

Oropharyngeal Swab

- 1. ALL specimens are required to have at least two unique patient identifiers listed on the collection device.** The confirmation page will display an image of the specimen label, including the information that is required to be listed on it.
2. If multiple specimen types are used, a sticker will need to be completed for each specimen.
- 3. Specimens labeled incorrectly will be rejected.**

Viewing and Downloading Reports & Requisitions

drmtl - Physician

Kit Assembly <

Internet Order <

Pending Order List <

Order List

Kits & Supplies Request <

Kits & Supplies Request History <

My Account <

Patient Registration <

Document Library <

☰

ID Order List

Last Name:

Tracking No.:

Physician: MTL, Dr. Doe ▾

Received Date:

Archive Selected Order View Archived Samples

	Req. F	Rej Im	Reports	Status	Tracking No.	Or
<input type="checkbox"/>				Report Delive	MTLCOVID19PC3	
<input type="checkbox"/>				Report Delive	MTLCOVID19PC1	
<input type="checkbox"/>				Report Delive	MTLCOVID19NC	
<input type="checkbox"/>				Report Delive	MTLCOVID19PC2	

The Order List tab offers information regarding your samples. From the Order List, you may view and download reports or requisition forms and check sample production status.

To download a PDF version of the report or requisition form, click on the paper icon in the corresponding column

QUESTIONS?

Please contact Client Relations
ClientRelations@MolecularTestingLabs.com
360-693-8850 option 2

