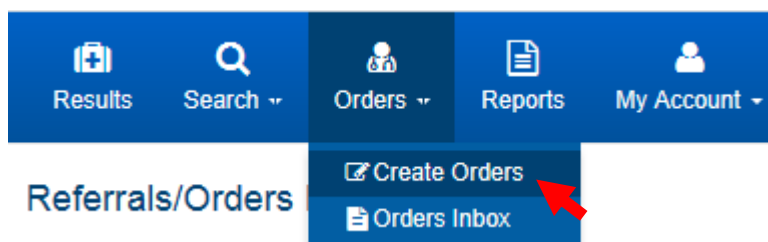![Children's Mercy KANSAS CITY]

➢ Create Orders

- To submit a referral for a consult or for a medical imaging exam, first make sure that you have pop-ups turned on under your internet browser settings.
- Click Orders from the blue menu bar and select Create Orders.

- On the Create Order screen, click Patient Search.

- Enter patient search criteria and click Search.

- Select patient from search results.
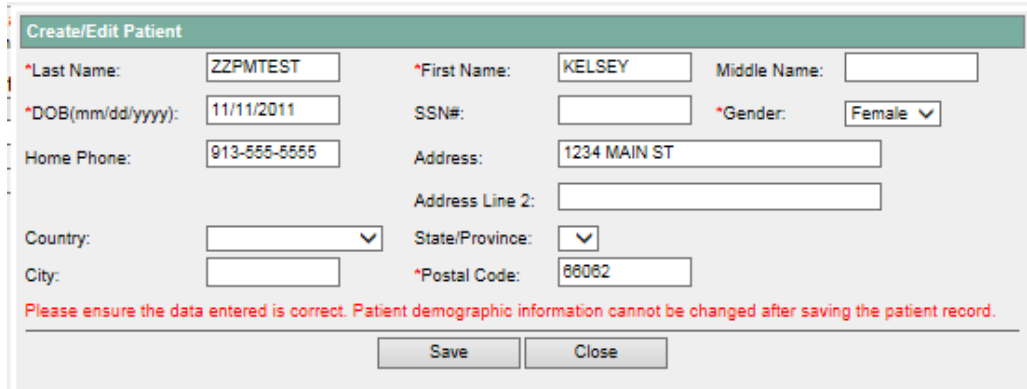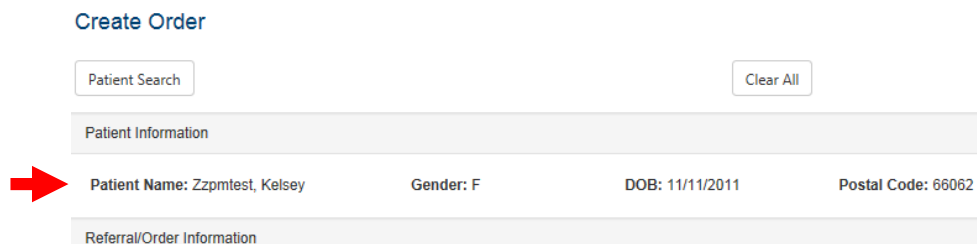
- If patient is not listed, click "create a new patient".

Patient(s) with similar demographics already exist in the Health Information Exchange. Please check the demographics you entered and try again or click to create a new patient.
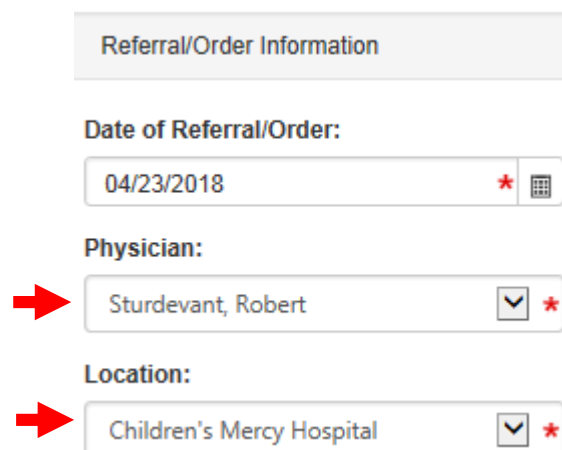
- Enter patient's information and click Save.

Create/Edit Patient

*Last Name:	ZZPMTEST	*First Name:	KELSEY	Middle Name:	
*DOB(mm/dd/yyyy):	11/11/2011	SSN#:		*Gender:	Female
Home Phone:	913-555-5555	Address:	1234 MAIN ST		
		Address Line 2:			
Country:		State/Province:			
City:		*Postal Code:	66062		

Please ensure the data entered is correct. Patient demographic information cannot be changed after saving the patient record.

Save   Close

- After patient has been selected you will see their information populate across the top of the Create Order screen.

Create Order

Patient Search   Clear All

Patient Information

Patient Name: Zzpmtest, Kelsey   Gender: F   DOB: 11/11/2011   Postal Code: 66062

Referral/Order Information

- Under Referral/Order Information, select the referring physician and location (the location will always be Children's Mercy Hospital..

Referral/Order Information

Date of Referral/Order:

04/23/2018   *

Physician:

Sturdevant, Robert   *

Location:

Children's Mercy Hospital   *

- Select the type of order you want to submit and click Create Referral/Order Form(s).

➢ Consult Service Request

- When submitting a request for consult services, the first section you will need to complete is Patient Information.
- Please take note of the instruction regarding urgent appointment requests:

- The patient's name, date of birth and referring provider will pre-populate along the top of the request form.

- If the patient has been seen at Children's Mercy before, their address will pre-populate. If they have not been seen before, those fields will be blank.
- Required fields will be highlighted in yellow.

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Parent/Guardian Name:			

Address:	Address 2:		Patient Age:
1234 Main St			6 year(s) 4 month(s)

City:	State:	Zip:	Marital Status:
Olathe	KS	66062	

Preferred Phone:	Secondary Phone:	Preferred Language:	☐ Verified Demographics

- Please complete ALL patient information fields including preferred language, email and emergency contact if available.
- Check the box to verify that all demographic information is current and up to date.

Referring Provider: Sturdevant, Robert   Order Date: 04/05/2018

Patient: **Zzpmtest, Kelsey**   DOB: **11/11/2011** Gender: **F**

Parent/Guardian Name:			
JANE			

Address:	Address 2:		Patient Age:
1234 Main St			6 year(s) 4 month(s)

City:	State:	Zip:	Marital Status:
Olathe	KS	66062	

Preferred Phone:	Secondary Phone:	Preferred Language:	☑ Verified Demographics
555-555-5555		ENGLISH	

Email:	Emergency Contact:	
JANE@EMAIL.COM	MOM	☑ Primary Care Provider same as Referring Provider
		Primary Care Provider:
		Sturdevant, Robert

- If primary care provider is the same as the referring, please indicate on request form by checking the box.

☑ Primary Care Provider same as Referring Provider
Primary Care Provider:
Sturdevant, Robert

Next >

- Once all patient information fields have been completed, click NEXT to move on to the next section.
- When filling out billing information, first select the type of insurance from the "Bill To" drop down menu.
- If insurance information is not available, please select "Unknown".

PRIMARY INSURANCE

Bill To:
☐ Sel Commercial Insurance
Medicaid
Subscri Self Pay

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- Once again, if the patient has been seen previously by Children's Mercy, their billing information will pre-populate. If they have not been seen before, those fields will be blank.
- Please enter all primary insurance information including the subscriber, insurance name, and policy number.
- Once all fields have been completed, please verify that insurance information is current and up to date.

PRIMARY INSURANCE			Clear Primary Insurance Section
Bill To: Commercial Insurance ⌄			
☐ Self			
Subscriber Name:	Subscriber DOB:	Relationship:	Insurance Phone:
1 DAD ZZPMTEST	07/07/1977	DAD	1-800-555-5555
Insurance Name:	Insurance Policy Number:		Insurance Group Number:
2 CIGNA	U123456789		123
Insurance Address:	City:	State: Zip:	☑ Verified Insurance
9999 SUNSHINE ST	KANSAS CITY	MO 64108	

- If the pre-populate billing information is not current, please click "Clear Primary Insurance Section" to clear all fields and update with current insurance.
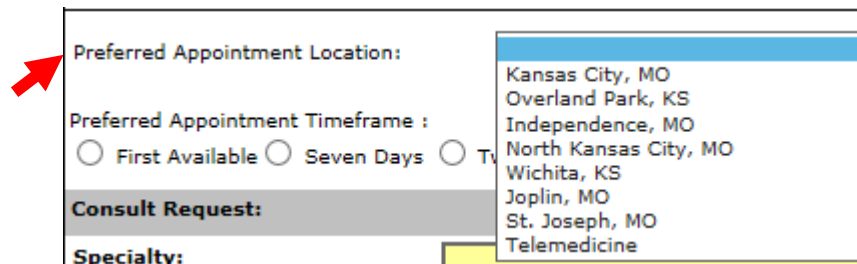
Clear Primary Insurance Section

- If the patient has secondary insurance, please complete those fields as well.
- If the patient has Medicaid, you may check the box next to "Self" and the patient's information will populate in the subscriber fields.

Bill To: Medicaid ⌄		
☑ Self		
Subscriber Name:	Subscriber DOB:	Relationship:
Zzpmtest, Kelsey	11/11/2011	Self

- Once all billing information has been completed, click NEXT to move on to the next section.
- Under the Request Service section you will select the specialty clinic in which the child needs to be seen as well as enter the reason for consult and attach relevant patient records.
- First, please indicate the expectations for consultative care:

Expectations for consultative Children's Mercy (CM) provider (please choose one):

- ⦿ Provide the necessary care to evaluate and treat the specified condition and return to PCP/medical home for continuing care.
- ○ Provide long-term management of the specified condition with continued communication of the ongoing plan of care with the PCP/medical home.

- ☐ Request for procedure only (EKG, ECHO, EEG or Exercise Stress Test)

- Next, select the preferred appointment location. Please note that not all clinics and services are offered at all locations.
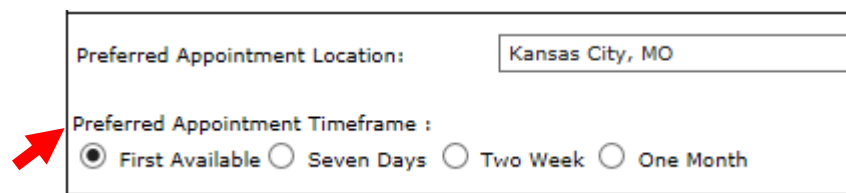
Preferred Appointment Location:

Kansas City, MO
Overland Park, KS
Independence, MO
North Kansas City, MO
Wichita, KS
Joplin, MO
St. Joseph, MO
Telemedicine

Preferred Appointment Timeframe :
◯ First Available ◯ Seven Days ◯ Tv
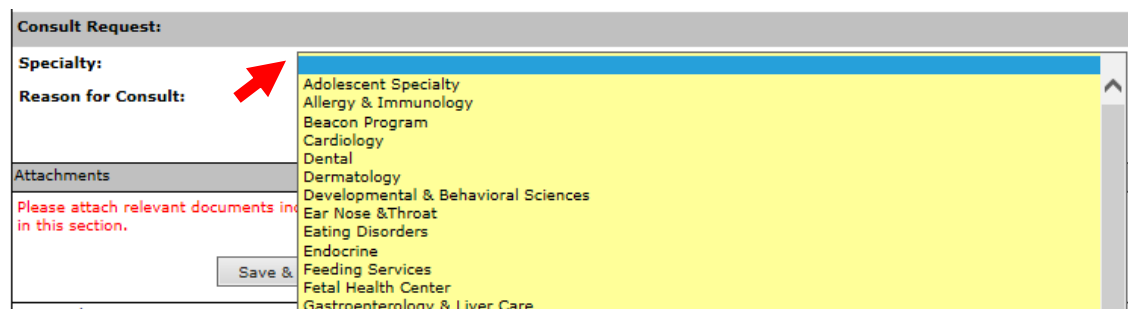
Consult Request:

Specialty:

- Select the preferred appointment timeframe.
- For all urgent requests requiring a patient to be seen in less than 3 days please have referring provider call 1-800-GO-MERCY (1-800-466-3729).

Preferred Appointment Location: Kansas City, MO

Preferred Appointment Timeframe :
◉ First Available ◯ Seven Days ◯ Two Week ◯ One Month

- Under the Consult Request section, you can add one or multiple consult requests.
- First choose a specialty clinic from the drop down menu:
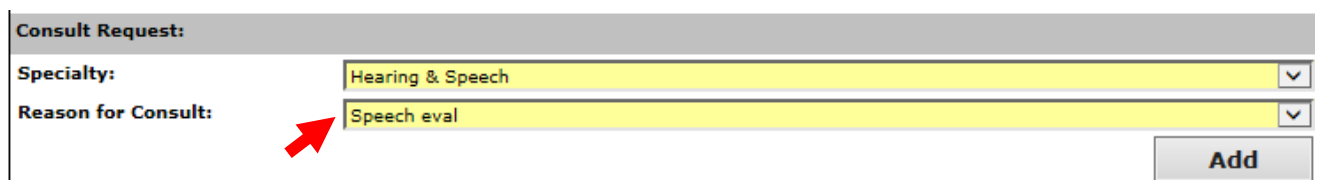
Consult Request:

Specialty:

Reason for Consult:

Adolescent Specialty
Allergy & Immunology
Beacon Program
Cardiology
Dental
Dermatology
Developmental & Behavioral Sciences
Ear Nose &Throat
Eating Disorders
Endocrine
Feeding Services
Fetal Health Center
Gastroenterology & Liver Care

Attachments

Please attach relevant documents in this section.

Save &

- After a specialty clinic is selected, you will then select a reason for consult from a list of options specific to that clinic.
- If you do not see an option that matches the reason you are referring for, select "Other" from the drop down menu.

Consult Request:

Specialty: Hearing & Speech

Reason for Consult: Speech eval

Add

- Once you have selected both the specialty and reason for consult click ADD.

- The request is now added to the request form. If you would like to add a second consult request, follow those same steps: select specialty, select reason, click ADD.
- Some reasons for consult will require that you add specific information necessary to schedule the appointment.
- Enter the response to the "Required Details" as well as any "other pertinent medical complexities."

- After you answered all Required Details, you may scroll down to Practice Comments and enter in any communication you would like to leave for Contact Center schedulers.

- Click Review to Submit to review the consult request information before final submission.

- Make sure all information is correct, if you need to add or change information you may do so at this point. Once information is confirmed, click Submit.

- The consult request will now be submitted to the Contact Center for processing. You may track the status of the order from your Orders Inbox.
- With My Patient Connections you can add patient documents as an attachment directly to the consult request.
- When you are filling out the request form, after you have added the consult request, scroll down to the Attachments section and click Save & Attach.

- You will see a link appear to the right. Click the View/Attach Files link.

- This will open the Order Attachments window.
- Enter in a description of the file you will be uploaded. This can be as simple as the patient's first and last name.
- Click Select File to upload the document.

- Select the file from your computer that you wish to upload.
- After the file is selected you will see the name of the selected file populate underneath the Description field.
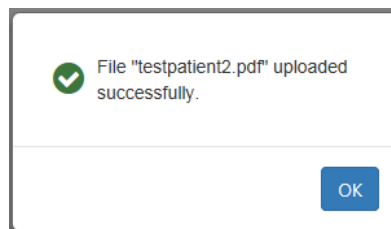- Click Upload Selected File.

View and Attach Files

Description *

test patient

Selected File: **testpatient2.pdf** ←

| Select File | Upload Selected File | ←

- You will see a pop up window indicating the file was uploaded successfully. Click OK to close the window.

File "testpatient2.pdf" uploaded successfully.

OK

- The uploaded file will appear under Files Uploaded to this Referral/Order.
- Repeat those steps to add any additional documents and click Close Window when done.

Close Window

View and Attach Files

Description *

No File Chosen. *

Select File   Done ✓

Files Uploaded to this Referral/Order

FileName	Description	User Name	Date/Time	Status	Delete Date/Time	Delete Reason	
testpatient2.pdf	test patient	Kelsey Boyd	04/10/2018 12:21 PM	Hold			🗑

- My Patient Connections also allows you to add more than one consult request for a patient to a single request form.
- If a patient is needing appointments in multiple clinics, add the first consult request following the Request Service instructions.
- After the first consult request has been added, simply select the next specialty clinic from the drop down menu as well as the Reason for Consult and click Add.

- The second consult request will be added to the request form.
- Once again, answer any Required Details if indicated.

![Children's Mercy KANSAS CITY logo]

➢ Request for Medical Imaging

- Just like it did with a consult request, the patient's information will display across the top of the request form.
- Required fields are highlighted in yellow.

Address:	Address 2:		Patient Age:
1234 Main St			6
City:	State:	Zip:	Marital Status:
Olathe	KS	66062	
Preferred Phone	Secondary Phone	Preferred Language:	☐ Verified Demographics
Email:	Emergency Contact:	Primary Care Provider	
Height (cm)	Weight (kg)		

- Please complete ALL patient information fields including preferred language, email and emergency contact if available.
- Check the box to verify that all demographic information is current and up to date.

Address:	Address 2:		Patient Age:
1234 Main St			6
City:	State:	Zip:	Marital Status:
Olathe	KS	66062	
Preferred Phone	Secondary Phone	Preferred Language:	☑ Verified Demographics
913-555-5555		ENGLISH	
Email:	Emergency Contact:	Primary Care Provider	
JANE@EMAIL.EDU	MOM	ROBERT STURDEVANT	
Height (cm)	Weight (kg)		
106	22		

- Once all patient information fields have been completed, click NEXT to move on to Billing Information.
- Select the type of insurance from the Bill To drop down menu.

PRIMARY INSURANCE

Bill To:	
	Commercial Insurance
☐ Sel	Medicaid
Subscril	Self Pay
	Tricare
	Vision
Insuran	Other
	Unknown

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- Once again, if the patient has been seen previously by Children's Mercy, their billing information will pre-populate. If they have not been seen before, those fields will be blank.
- Please enter all primary insurance information including the subscriber, insurance name, and policy number.
- Once all fields have been completed, please verify that insurance information is current and up to date.

PRIMARY INSURANCE			Clear Primary Insurance Section
Bill To: Commercial Insurance			
☐ Self			
Subscriber Name:	Subscriber DOB:	Relationship:	Insurance Phone:
1 DAD ZZPMTEST	07/07/1977	DAD	1-800-555-5555
Insurance Name:	Insurance Policy Number:		Insurance Group Number:
2 CIGNA	U123456789		123
Insurance Address:	City:	State: Zip:	☑ Verified Insurance
9999 SUNSHINE ST	KANSAS CITY	MO 64108	

- If the pre-populate billing information is not current, please click "Clear Primary Insurance Section" to clear all fields and update with current insurance.

- If known, please include the PreCertificaiton #.

Primary PreCert #

- If the patient has secondary insurance, please complete those fields as well.
- If the patient has Medicaid, you may check the box next to "Self" and the patient's information will populate in the subscriber fields.

Bill To: Medicaid		
☑ Self		
Subscriber Name:	Subscriber DOB:	Relationship:
Zzpmtest, Kelsey	11/11/2011	Self

- Once all billing information has been completed, click NEXT to move on to the next section.
- From the Request Service section, select a preferred appointment date and time.

Scheduling Preferences: Preferred Date: [   ] Time: ☐ AM ☐ PM

- Click the Search for Exam button. This will open the Exam Lookup window.

- From the Exam Lookup screen, you will first select the location on the body for the exam.

- Next, select an exam from the Department menu.

- To search for an exam, enter a keyword to limit search results and click Search.

- Search results will populate based on the search criteria entered. Check the box next to the exam to select and click Add Exam.

- The added exam will appear at the bottom of the screen. If additional information is indicated, enter response under Test Comments.

Location	Exam	Hospital Comment	Test Comments
Lower Extremity	MRI Knee Left---CPT 73720/ 73721/ 73721	Please Indicate in Test Comments if Patient has Any Metal or Implants in Body	none

- If you are requesting multiple exams, repeat those same steps (select location, select department, select exam, add exam). Once all exams have been added, click Done.

Add Exam → Done

Location	Exam	Hospital Comment	Test Comme
	MDI K Lft CDT 72720/	Dl I li i T	

- After the exam has been added to the request form, you may choose to add an ICD code. To do so, click Search for ICD.

Location	Exam	Hospital Comment	Test Comment
Lower Extremity	MRI Knee Left---CPT 73720/ 73721/ 73721	Please Indicate in Test Comments if Patient has Any Metal or Implants in Body	none

List all relevant ICD Codes for Tests being Ordered   [Search For ICD]

Code	ICD - Description
⬛ Insert ICD	

- From the Medical Code Lookup screen, enter a Search Value either by code or keyword and click Search.

Medical Code Lookup

Search Value: sprain   ○ By Code ● By Keyword
                              [Search]   [View Favorites]
Search Results:

- Search results will populate below. Check the box next to the code to select and click Add ICD(s).

☐ S83.401D - Sprain of unsp collateral ligament of right knee, subs
☐ S83.401S - Sprain of unsp collateral ligament of right knee, sequela
☑ S83.402A - Sprain of unsp collateral ligament of left knee, init encntr
☐ S83.402D - Sprain of unsp collateral ligament of left knee, subs encntr

[Add ICD(s)]   [Done]

- Added ICD codes will display at the bottom of the screen. After all codes have been added, click Done.

Code	ICD - Description
S83.402A	S83.402A - Sprain of unsp collateral ligament of left knee, init encntr

- After you have added the ICD code to the request form, enter in History/Reason for Exam.

Sturdevant, Robert

History/Reason for Exam:
sprained left knee during soccer game 9/24/17

- The referring provider may make additional comments under the Practice Comments section if necessary.

Practice Comments (maximum 300 characters):
Mom prefers AM appointment

Facility Comments (maximum 300 characters):

- Once you have entered all exam information, click Review to Submit at the bottom of the request form.

Hold   Cancel   Review to Submit

- Review the order to confirm that all information is correct. Click Sign & Submit to add the eSignature.

Sign & Submit   Hold   Cancel

- Enter the eSignature password and click Sign.

Physician E-Signature

Enter E-Signature Password: •••••••••

Sign   Cancel

- The provider's signature will populate at the bottom of the request form.

Physician Signature: Electronically signed by Sturdevant,Robert (Lic# STRT) on 9/25/2017 2:38:47 PM