HOW TO ORDER RADs/CONSULTS

- Citrix Workspace 88 Citrix StoreFront All Categories Q Search All Apps Details Details Details P0630 Dragon AppBar P0630 Dragon FirstNet P0630 Dragon PowerChart P0630 P0630 P0630 Details Details Details P0630 FirstNet P0630 Local Doc Scanner P0630 MTA Support Details Details Details P0630 PowerChart P0630 Report Request P0630 RevenueCycle 1 00
- 1. Open Revenue Cycle

2. Search patient, click on magnifying glass to search by DOD# or SSN



3. Click on encounters; click plus sign on top right corner; click on patient name and hit select.



4. Fill out the information needed (Facility Code, Nurse Unit, Medical Service requested, Attending Provider, and Accident Related Visit) and click Save.

Facility	Building	Nurse Unit
Client	FIN NBR	
Enrolling DMIS	PCM Group/Team	PCM Place of Care
0029	PCM MHC	SD MHC FAM MED PCMH TI
Place of Service		
Visit Info		
Encounter Type	Medical Service	Begin Date End Date
Clinic		03/10/2021
Physicians		
Attending Provider		
Referring Physician		
	Q	
Accident Related Visit	12400	1920
Accident Related Visit	Type	Date State

Fill BENCAT (active duty), PATCAT (N11)

Details Insurance			
BENCAT	PATCAT		
	· L		
TRICARE/OGP Verify Status	OHI Verify Status		
	<u> </u>	×	
🕂 Add Modify 🥝 R	lemove 🛛 🍓 Sequence Insurar	nce: 🔛 Select Profile 🗐 Submit Eligib	ility 🔄 🖾 Eligibility Details 👘

6. Click on top of **Select Profile** (on top pf table) to select **OOUSN AD Member** (Tricare Insurance), click Ok and save.

Profile	Plan Name	Payer	
a 🔽 00USCG AD Benefits Opt A			
	310 TRICARE Prime - AD Spnsr	TRICARE	
	602 Direct Care and TRICARE Mail Order and Retail Pharm	TRICARE	
⊿ 🗌 09Non Medical Insurance			
	025 Direct Care Dental - AD Spnsr	TRICARE	
			P

ONLY DO THE ABOVE PART IF THE ONLY ENCOUNTERS THE PATIENT HAS ARE LIFETIME PHARMACY AND HISTORY OR IF MOST RECENT IS AN INPATIENT ENCOUNTER.



3. Select the **most recent encounter** for the patient selected (highlighted in blue) and click OK.

I	DOD ID	DBN	Name (Last, Firs	st) SSN	Sex D	
	<				>	/
	FIN NBR	Enc Typ	e Fac	cility	Nurse Unit	
	10052021	Clinic	070	01C	0701C-FM-TM1	
	LPE154443427	72 Lifetime	Pharmacy Am	ib Pharm		
	HXPHA154443	4272 History	NO	FACILITY ACCESS		

4. Assign relationship (ex: Ambulatory RN, provider) select, and click OK.

Relationships:	Override Reason:
Ambulatory: RN	, i i i i i i i i i i i i i i i i i i i
X - BTG	
	Comment:
C	
	OK Cancel

5. Click on "Communicate" button towards top-middle of screen



6. Type **Provider's name** in the "To" box, type situation in **"Subject"** box (i.e. HIV lab for Operational Screening), type summary in **"Message"** box (i.e. type reason for request, diagnosis, provider requesting evaluation, patient phone, and initialize. Click **"Launch Orders"** on top right

ïask Edit High 🕻 Notify 🔙 Me	lessage Journal 🔄 Portal Options Message View Summary View	2 Launch Orders
atient:	Caller: Caller: Caller:	21
0:		🕅 🗌 Include me
:C:	Provider.	To consumer Disable further replies
ubject:	✓ Save to Chart As: Phone Message	ge/Call
Attachments	Transition of Care Browse Documents Other Attachments	
urial Line Line Line Line Line Line Line Line	▽ 10 ▽ ⑲ � � ↓ № @ ☜ B U / S ■臺 基 № ♥	
7. A new wi	rindow will open, click on the add symbol at the top right corner.	
🕂 Add 🍶	Document Medication by Hx 🔈 Check Interactions 📑 External Rx History 🕶	 Rx Plans (0):
Orders Me	edication List Document In Plan	

4

8. Search for **service requested** (i.e. MRI shoulder right, XR, dermatology, sleep medicine, behavioral health) click on it, be specific.

$\left(\right.$	Search:	Advanced Options	✓ Type:	Ambulatory (Med
	a 🚺 🚖 · 🖿 🔤 🔯	. Folder: Ambulatory	Search within:	All
	Visit Charges Procedures Laboratory Radiology Point of Care Tests Referrals Pediatric Immunizations Adult Immunizations			

9. Type in Physician name and Communication type "Per Clinical Algorithm", click Ok.

0	Ordering Physician X	
	rder	
*Physi	ician name	
* Orde 03/15	r Date/Time /2021 • • 1104 • PDT	
*Com Tele Verb Writ Initia Per	munication type com with Read Back - Cosign al with Read Back - Cosign ten (Paper)/Fax ate Plan/Conditional Clinical Pathway - Cosign	
Per	Clinical Algorithm	

10. Type in **diagnosis**, **order details**, reason, etc... If there is missing information a window will populate with details on what needs to be filled out. Once completed, click on **SIGN**.

	plete 4+ Views Ri	ght
Petails 📴 Order Comments	Diagnoses	
Add SXOMED CT		
Available Diagnoses		
I MCL - Medial co	llateral ligament rupture of the	knee (S83.419A)

11. Once signed, click **SEND** on message window (communicate tab that was first opened)

MRI W/O CONTRAST RT KNEE X-RAY (4-VIEW) RT KNEE

1 WK S/P VALGUS INJURY TO LEFT KNEE AFTER CATCHING RIGHT FOOT ON LADDER WELL

v ···/···

v "'"

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^ V

Cancel

Send

Remind on:

Due on:

Actions

Phone message call me with results
Phone message call charge nurse w/result
Phone message call the nurse w/results
Phone message call the ordering physn.
Phone message call the patient w/results
Phone message call pharmacy w/results