

CWP Test Ordering Guide

Seven simple steps to ensure accurate ordering aligned with the appropriate test offering and collection device.

Get Started

1. The account name will automatically pre-populate

- The test offering will align with the practice specialty
- Select the ordering provider

2. Add the patient before proceeding

- Complete all required fields marked with an asterisk (*)

1

Client Site *

Client Site Address

Ordering Provider *

+

Contact *

2

Add Patient

Scan Driver License

Bill *

First Name *

Last Name *

Date Of Birth *

Gender at birth *

Race

Ethnicity

Address *

Address Line 1

City

State

Zip Code

Plus4 Code

County

Country

[CLEAR](#)

Apt/Building/Suite

Mobile Phone *

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Primary Insurance *
UHC

Primary Relationship To Insured
 Self

SELF

Primary Insured First Name *
Dani

Primary Insured Last Name *
Doe

Primary Insured Dob *
08/13/1996

Primary Insured Gender
Female

Primary Insured Address

Address Line 1
379 Perkinswood Blvd SE

City
Warren

State
OH

Zip Code
44483

Plus4 Code
6219

County
Trumbull

Country
US

Primary Insurance Policy Number *
1313131313

Primary Insurance Group Number

Select a Test Menu

3. Choose the appropriate Syndromic Menu

65+ patient test offerings

- When a patient is added with a birthdate reflecting 65+, the appropriate test offerings will populate.

3

Syndromic Menu Filter *

Select

Respiratory

Genitourinary

Specialty

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Choose a Test Offering

4. Select the appropriate offering at the top of the screen

- Check the corresponding box to confirm selection

Each menu is paired with a color-coded collection device to simplify selection for staff:

- **WHT – White, Standard MTM**
- **GRN – Green**
- **YW – Yellow**
- **Gray – Urine Culture**

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The screenshot shows a web interface for selecting test offerings. At the top, there is a grid of buttons for different test categories: Urinary Tract Infection (WHT), Urethritis (WHT), Vaginitis (WHT), Vaginitis (GRN), CGT (WHT), CGT (GRN/YW), CG (GRN/YW), Genital Lesion (WHT), and Urine Culture, Reflex to AST (GRAY). A 'Clear Selection' link is visible in the top right corner. Below the grid is a search bar and two buttons: 'Expand All' and 'Collapse All'. The main area displays a list of selected test offerings, with 'Urinary Tract Infection (WHT)' selected. Underneath, a list of organisms is shown, all with checked boxes: Acinetobacter baumannii, Candida albicans, parapsilosis, tropicalis, Candida glabrata (Nakaseomyces glabratus), Candida krusei (Pichia kudriavzevii), Citrobacter freundii, Enterobacter cloacae complex, Klebsiella (Enterobacter) aerogenes, Enterococcus faecalis, faecium, and Escherichia coli. At the bottom right, there are buttons for 'Documents', 'Comments', 'CANCEL', and 'SAVE'.

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Diagnosis Code Selection

5. A pop-up will display relevant ICD-10 codes. Select the diagnosis code(s) that are medically appropriate and align with the patient's chart.

5 Please input all appropriate ICD-10 code(s) for the ordered test. ×

The ordered test suggests one or more of the following ICD codes may be applicable.
If the applicable ICD code(s) is/are not listed, please input the appropriate code(s) in the space provided.

Relevant ICD Codes

- R30.0 (DYSURIA)
- N34.1 (NONSPECIFIC URETHRITIS)
- R82.9 (OTHER AND UNSPECIFIED ABNORMAL FINDINGS IN URINE)
- N34.2 (OTHER URETHRITIS)
- R30.9 (PAINFUL MICTURITION UNSPECIFIED)
- N39.0 (URINARY TRACT INFECTION SITE NOT SPECIFIED)

Non-Relevant ICD Codes

For codes not on the highlighted list, please list the appropriate ICD-10 code in the search bar below.

Done

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Specimen Collection

6. Scan the barcode label and enter collection date and site
 - o A visual of the collection device will automatically populate
 - o Click save

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Based on your order, these are minimum samples to collect, please contact the lab for additional information.

Additional collection

Sample Name	Collected	Collection Date *	Now
11111111111111111111	✔	04/26/2026 18:35	
	Swab Site: *	Collected by	
	Urine (voided)		
	<small>Swab site note</small>		
	Urine (catheter)		
	Urine (voided)	DUPLICATE	

Documents

Comments

CANCEL

SAVE

Final Step

7. Review and confirm all details and submit the order

7
Confirmation ✕

Provider Name	TEST DOCTOR	ICD Codes	F11.29, R60.9, D23.5
NPI	1000000000	Selection	Tests
Patient Name	Dani Doe	Vaginitis (GRN)	VP
Date of Birth	08/13/1996	Samples	Collected
Gender	Female	BD Vaginitis (GRN) Panel	✓
Bill	Insurance	Collection Date	04/25/2026
Primary Insurance	UHC	Collected By	
Primary Relationship To Insured	1	Source	Green Tube; Vaginal Swab
Primary Insured First Name	Dani		
Primary Insured Last Name	Doe		
Primary Insured Dob	1996-08-13		
Primary Insured Gender	Female		
Primary Insured Address	379 Perkinswood Blvd SE, Warren, OH 44483-6219, Trumbull, US		
Primary Insurance Policy Number	131313131313		
Primary Insurance Group Number			
Secondary Insurance			
Secondary Relationship To Insured			

Cancel

Confirm