Test Ordering

With DLO, you're good to *GO*

When you order tests through DLO, you can count on high-quality results from a reliable, accurate and innovative diagnostic testing service provider.

About this section

This section will acquaint you with test ordering options and requirements.

Electronic test ordering options

DLO paper requisitions

ICD-10 requirements

Billing, insurance, and Medicare requirements

For additional assistance with test ordering, please contact DLO's Customer Support Center at 800.891.2917, option 2.

Helpful Ordering Information

When you order tests through DLO, you can count on high-quality results from a reliable, accurate and innovative diagnostic testing service provider. We offer multiple ways to submit your lab orders electronically as well as through paper requisitions.

When lab orders are submitted with missing or inaccurate information it can lead to unnecessary costs for your patients as well as disruptions to providers. Avoid disruptions caused by follow-up phone calls and letters to obtain missing or inaccurate information by reviewing the following information.

Electronic Test Ordering Options

Quanum™ Solutions

Place and track patient lab test orders and access lab test results anywhere, anytime from a laptop, PC, or mobile device.

Complete a requisition in as little as 10-15 seconds — Insurance eligibility verification helps minimize payor issues

Revise lab orders electronically

View standing orders, orders on hold, and test status

Access results quickly and easily

Track patients' health

Please see the Quanum Solutions section for more information. To get set up with Quanum, visit quanum.com or call 800.697.9302.

Your EHR Computer Interface

DLO interfaces with more than 600 EHR applications and laboratory information systems, more than any other lab company.

Our connectivity team can help certify, implement, and support EHR interfaces and provide assistance with test dictionary mapping and building.

To get set up, contact your DLO Account Executive.

DLO Paper Requisition

DLO's Test Requisition Form is easy to complete. Simply fill out the sections on patient and billing information, ICD Code(s) and test(s) requested . It is important to fill out the form accurately and completely to minimize follow-up and ensure you receive timely reports. Please refer to the DLO Test Requisition diagram for clarification on proper completion.

Your DLO representative can work with you to create a customized requisition to address your practice's specific needs. This saves you time and reduces potential errors by including information that is relevant to your practice.

Missing and Incomplete Information

Orders received with incomplete billing information will generate a **Missing Information Request within 72 hours**. Missing Information Requests must be returned promptly to meet your patient's insurance carrier requirements and timely filing limits.

Be certain to **complete all the required billing information** on the requisition at the time of ordering. If you receive a Missing Information Request, the request must be signed and returned before any action may be taken.

To ensure testing is performed for your Medicare beneficiaries, **the ordering provider must be enrolled in Medicare through PECOS**. Please refer to the PECOS enrollment section for further details on how to enroll.

Helpful Ordering Information

DLO General Requisition

DLO DIAGNOSTIC LABORATORY OF OKLAHOMA.
800.891.2917
www.dlolab.com

000-0000   123456789

ACCOUNT #: 000-00000
NAME: Family Practice Associates
ADDRESS: One Malcolm Ave
CITY, STATE, ZIP:
TELEPHONE #: Teterboro, NJ 07608

SPECIMEN KEY ON BACK
Provide signed ABN when necessary

DID YOU KNOW
Panel Components Are Listed On The Back.
Each sample should be labeled with at least two patient identifiers at time of collection.
ICD Diagnosis Codes are Mandatory. Fill in the applicable fields below.

BILL TO:
☐ My Account
☐ Insurance Provided
☐ Lab Card/Select
☐ Patient

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)
REGISTRATION # (IF APPLICABLE)   DATE OF BIRTH M M D D YEAR SEX
LAB REFERENCE #   CELL PHONE ( )
PATIENT ID # / MRN   PATIENT PHONE ( )
PATIENT EMAIL ADDRESS
PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT
PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

DATE COLLECTED   TIME :   ☐ AM ☐ PM   TOTAL VOL./HRS. ___ ML ___ HR   ☐ Fasting ☐ Non Fasting

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYERS (MUST BE INDICATED)
( ) 1234567890 Last Name, First Name

PRIMARY INSURANCE
CITY   STATE ZIP
RELATIONSHIP TO INSURED: ☐ SELF ☐ SPOUSE ☐ DEPENDENT
PRIMARY INSURANCE CO. NAME
MEMBER / INSURED ID NO. #   GROUP #
INSURANCE ADDRESS
CITY   STATE ZIP

☐ ADDIT'L PHYS.: Dr._____ NPI/UPIN |__|__|__|__|
NON-PHYSICIAN PROVIDER: NAME_____ I.D.#_____
☐ Fax Results to: ( )_____
Send Duplicate Report to: Client # OR NAME:_____ ADDRESS:_____ CITY:_____ STATE___ ZIP___

ABN required for tests with these symbols
Medicare Limited Coverage Tests
@ = May not be covered for the reported diagnosis.
F = Has prescribed frequency rules for coverage.
& = A test or service performed with research/experimental kit.
B = Has both diagnosis and frequency-related coverage limitations.
Provide signed ABN when necessary
Visit QuestDiagnostics.com/MLCP for Medicare coverage guidelines

ICD Codes (enter all that apply)

ICD Diagnosis Codes are Mandatory. Fill in the applicable fields below.

PANEL COMPONENTS ON BACK

ORGAN / DISEASE PANELS

Code	Test	
34392	Electrolyte Panel	L
10256	Hepatic Function Panel	S
10165	Basic Metabolic Panel	S
10231	Comp Metabolic Panel	S
B 7600	Lipid Panel (Fasting)	S
B 14852	Lipid Panel w/Reflex D-LDL	S
@ 20210	Obstetric Panel w/Reflex	Y,L,S
@ 10306	Hepatitis Panel, Acute w/Reflex	S
10314	Renal Functional Panel	S

HEMATOLOGY

Code	Test	
@ 510	Hemoglobin	L
@ 509	Hematocrit	L
@ 1759	CBC (Hgb, Hct, RBC, WBC, Plt)	L
@ 6399	CBC w/Diff (Hgb, Hct, RBC, WBC, Plt, Diff)	L
B 8847	PT with INR	B
@ 763	PTT, Activated	B

OTHER TESTS

Code	Test	
7788	ABO Group & Rh Type	Y
@ 237	AFP Tumor Marker	S
223	Albumin	S
234	Alkaline Phosphatase	S
823	ALT	S
243	Amylase	S
249	ANA w/Reflex Titer	S
795	Antibody Scr, RBC w/Reflex ID	Y
822	AST	S
285	Bilirubin, Direct	S
287	Bilirubin, Total	S

Code	Test	
4420	C-Reactive Protein (CRP)	S
@ 29493	CA 27.29	S
@ 29256	CA 125	S
303	Calcium	S
11173	CCP Ab IgG	S
@ 978	CEA	S
B 334	Cholesterol, Total	S
374	CK, Total	S
375	Creatinine	S
402	DHEA Sulfate, Immunoassay	S
B 8293	LDL Cholesterol, Direct	S
4021	Estradiol	S
@ 457	Ferritin	S
B 466	Folic Acid	S
470	FSH	S
@ 482	GGT	S
8477	Glucose, Gestational Screen (50g), 135 cutoff	GY
19833	Glucose, Gestational Screen (50g), 140 cutoff	GY
B 484	Glucose, Plasma	GY
B 483	Glucose, Serum	S
8435	hCG, Serum, Qual	S
@ 8396	hCG, Serum, Quant	S
B 496	Hemoglobin A1c	L
B 16802	Hemoglobin A1c w/eAG	L
499	Hep B Surface Ab Qual	S
F 498	Hep B Surface Ag w/Reflex Confirm	S
8472	Hep C Virus Ab	S
91431	HIV-1/2 AG/AB, 4th w/Reflex	S
@ 31789	Homocysteine	S
10124	hs CRP	S
561	Insulin	S
549	Immunofixation (IFE)	S
@ 7573	Iron, TIBC, % Sat	S

Code	Test	
@ 571	Iron	S
593	LDH	S
599	Lead, Blood	TN
615	LH	S
606	Lipase	S
6646	Lyme Disease Ab w/Reflex to Blot (IgG, IgM)	S
622	Magnesium	S
6517	Microalbumin, Random Urine w/Creat	

Fecal Globin, Feces - FIT, InSure®1
| 11290 | Diagnostic | |
| F 11293 | Medicare Screen | |

Code	Test	
718	Phosphorus	S
733	Potassium	S
745	Progesterone	S
746	Prolactin	S
B 5363	PSA, Total	S
793	Reticulocyte Count, Automated	L
4418	Rheumatoid Factor	S
F 799	RPR (Monitoring) w/Reflex Titer	S
F 36126	RPR (DX) w/Reflex Confirm	S
802	Rubella IgG	S
809	Sed Rate by Mod West	L
15983	Testosterone, Total, LC/MS/MS	SR
873	Testosterone, Total, Male	SR
5081	Thyroid Peroxidase Antibodies (TPO)	S
B 896	Triglycerides	S
B 899	TSH	S
B 36127	TSH w/Reflex T4, Free	S
34429	T3, Free	S
859	T3, Total	S
B 861	T3 Uptake	S
B 867	T4 (Thyroxine), Total	S
B 866	T4 (Thyroxine), Free	S

Code	Test	
6448	UA, Dipstick Only	U
7909	UA, Dipstick w/Reflex Microscopic	U
5463	UA, Complete (Dipstick & Microscopic)	U
@ 3020	UA, Complete, w/Reflex Culture	
294	Urea Nitrogen (BUN)	S
905	Uric Acid	S
916	Valproic Acid	S
4439	Varicella-Zoster Virus Ab (IgG)	S
B 7065	Vitamin B12/Folic Acid	S
B 927	Vitamin	
B 17306	Vitamin D	
91935	Vitamin D	
	25-Hydro	

MICR...
Source (Required)_____
4550	Culture
4446	Culture
4485	Culture
5617	Culture
4558	Culture
394	Culture
@ 395	Culture

Amplified Sp...
☐ Endocervical
B 11363 ☐ Chlamy...

Stool Pathoge...
10108	Culture
34838	H. pylo...
14839	H. pylo...
681	O & P v...

* Additional charge...

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE)   *Reflex tests are performed at an additional charge.*

COMMENTS, CLINICAL INFORMATION: TOTAL TESTS ORDERED ____

For any patient of any payor (including Medicare and Medicaid), only order those tests which are medically necessary for the diagnosis and treatment of the patient.

DLO Diagnostic Laboratory of Oklahoma
Diagnostic Laboratory of Oklahoma marks are the trademark...

Callout Legend

1 Bar Code contains pre-assigned requisition numbers and DLO account number.

2 DLO Client Account Number and Practice/Facility Information

3 Specimen Collection Date and Time

4 Billing Specification

5 Required Patient Information

6 Insurance Information

7 ICD 10 Diagnosis Code(s) are required for billing purposes. See Billing and Insurance for additional ICD Diagnosis Code information.

8 Tests Specific to Requisition

9 Request Additional Test(s) in the space location at the bottom of any requisition. Indicate all DLO Order Codes for required tests not listed on requisition.

General Health Requisition Form

ICD Code Requirements

Pay particular attention to ICD codes when completing your paper test requisitions or online test orders.

It is important to list all medically relevant codes when ordering tests to facilitate payor approval. Insurance, Medicare and Medicaid require appropriate ICD Diagnosis Code(s) prior to processing patient claims.

Indicate all applicable codes in the boxes provided. Do not include descriptive diagnoses. ICD codes are for billing purposes only and will not be considered as clinical history in the evaluation of Pap Smears.

Helpful Ordering Information

Billing, Insurance, and Medicare

DLO Client Bill

Do Not List Any Insurance Information on a requisition which is to be billed directly to the DLO account holder.

Insurance

Managing the complexities of insurance coverage is challenging. Always check with the patient for changes in insurance coverage and be sure to check the most recent DLO Insurance List at dlolab.com/insurance to confirm participation. *Medicare should be listed as Primary Insurance for patients who qualify.*

When billing Medicare, always complete the *Advance Beneficiary Notice (ABN)* when appropriate. It is also very important to include the appropriate ICD Codes on test orders. Medicare will not pay for tests ordered without an appropriate ICD Code listed on the requisition. Resources for ICD Codes can be found in the MLCP section of our website at dlolab.com/mlcp.

When billing Medicaid, specific tests require prior authorization requests (PAR) before testing is ordered. Please refer to Insurance and Billing for additional information.

Medicare Limited Coverage Policies (MLCP)

Medicare publishes limited coverage policies for certain laboratory tests. Tests subject to limited coverage are only considered medically necessary and reimbursable by Medicare if ordered for patients with certain conditions.

Medicare beneficiaries must be informed in writing prior to specimen collection that Medicare is likely to deny coverage if the diagnosis does not meet Medicare's coverage determination. The patient's signature on an Advance Beneficiary Notice (ABN) acknowledges that s/he agrees to be personally and fully responsible for payment if Medicare denies payment.

If you are ordering a limited coverage test for diagnostics reasons that are not covered under Medicare policy, you must submit a signed ABN to ensure the test is processed. DLO may not perform testing if the order does not include the required ABN.

To ensure testing is performed and avoid delays, rework, and follow-up phone calls, refer to the Quest Diagnostics Medicare Limited Coverage Policy Reference Guides at dlolab.com/mlcp. Please list all medically appropriate ICD-10 code(s) on the requisition when ordering limited coverage testing.

Orders received with incomplete billing information will generate a
Missing Information Request within 72 hours.