Section Overview

- Electronic Test Ordering
  - » Test ordering through EMR and Laboratory Information Systems (LIS)
  - » Test Ordering through Quest Quanum™

- Test Ordering Using Paper Requisitions

- Helpful Billing Information When Test Ordering

For additional assistance with test ordering, please contact Client/Customer Services
Toll Free: 1.800.891.2917 (option 2)

Test Ordering Through EMR and Laboratory Information Systems (LIS)

Test Ordering through EMR and Laboratory Information Systems (LIS)

DLO partners with more than **600 electronic medical record (EMR)** and **laboratory information system (LIS)** applications—more than any other laboratory company. Our **Connectivity Team** specializes in certifying, implementing, and supporting EMR interfaces, as well as assisting with test dictionary mapping and system configuration to ensure seamless ordering and result reporting.

We understand the critical role that information technology plays in the efficient operation of your practice. Through **Healthcare Technology Solutions (HTS)**, DLO offers a range of connectivity options designed to help your laboratory run smoothly and keep pace with today's rapidly evolving medical and technological landscape. Our connectivity solutions are tailored to improve communication, increase turnaround time, reduce paperwork, and ultimately enhance the quality of care for your patients. With DLO connectivity solutions, you can expect:

- **Comprehensive system analysis** and a customized recommendation for the optimal connectvity solution for your hospital or clinic, including:
  » Laboratory Information System (LIS) interfaces
  » Quanum™ Solutions (questdiagnostics.com/hcp/connect/physician.html)

- **Expert system and data integration**, backed by experience with all major LIS and EMR vendors to ensure rapid, reliable implementation and maintenance. (See Diagram 1.1)

- **Smooth implementation and training**, supported by a dedicated team of technology specialists providing installation, training, and 24/7 ongoing support.

- **Standards-based communication**, utilizing industry protocols such as HL7 and ASTM to ensure full interoperability for lab orders and results.

- **Cumulative reporting**, allowing you to track patient test results over time and support better clinical decisions.

- **Continuous innovation**, with ongoing development of new features and enhanced connectivity solutions to meet the evolving needs of healthcare technology.

For assistance or technical support, please contact the **Connectivity Help Desk Services (CHDS) at 800.697.9302.**

Implementation Process

DLO assigns a dedicated Implementation Analyst to oversee your interface project from start to finish. The analyst develops and manages a detailed project plan encompassing project initiation, interface validation, and implementation. Following go-live, the Implementation Analyst provides 30 days of post-implementation support before transitioning ongoing assistance to our Interface Help Desk, where 24/7 support is available.

DLO's proprietary implementation process ensures your interface with DLO's Laboratory Information System (LIS) is state-of-the-art, fully functional, and customized to meet your organization's needs. Information Technology and Resources DLO provides comprehensive IT services and digital resources supported by Quest Diagnostics—the largest diagnostic medical laboratory in the United States. Through this affiliation, DLO offers standard reference laboratory interfaces with most leading LIS vendors, enabling faster implementation of bidirectional interfaces that:

- Simplify electronic test ordering and result reporting, improving turnaround times
- Increase accuracy by reducing manual data entry
- Enhance accessibility to testing, billing, and insurance information through our website at dlolab.com

To get started, contact DLO IT at 800.891.2917 (Option 5).

Test Ordering

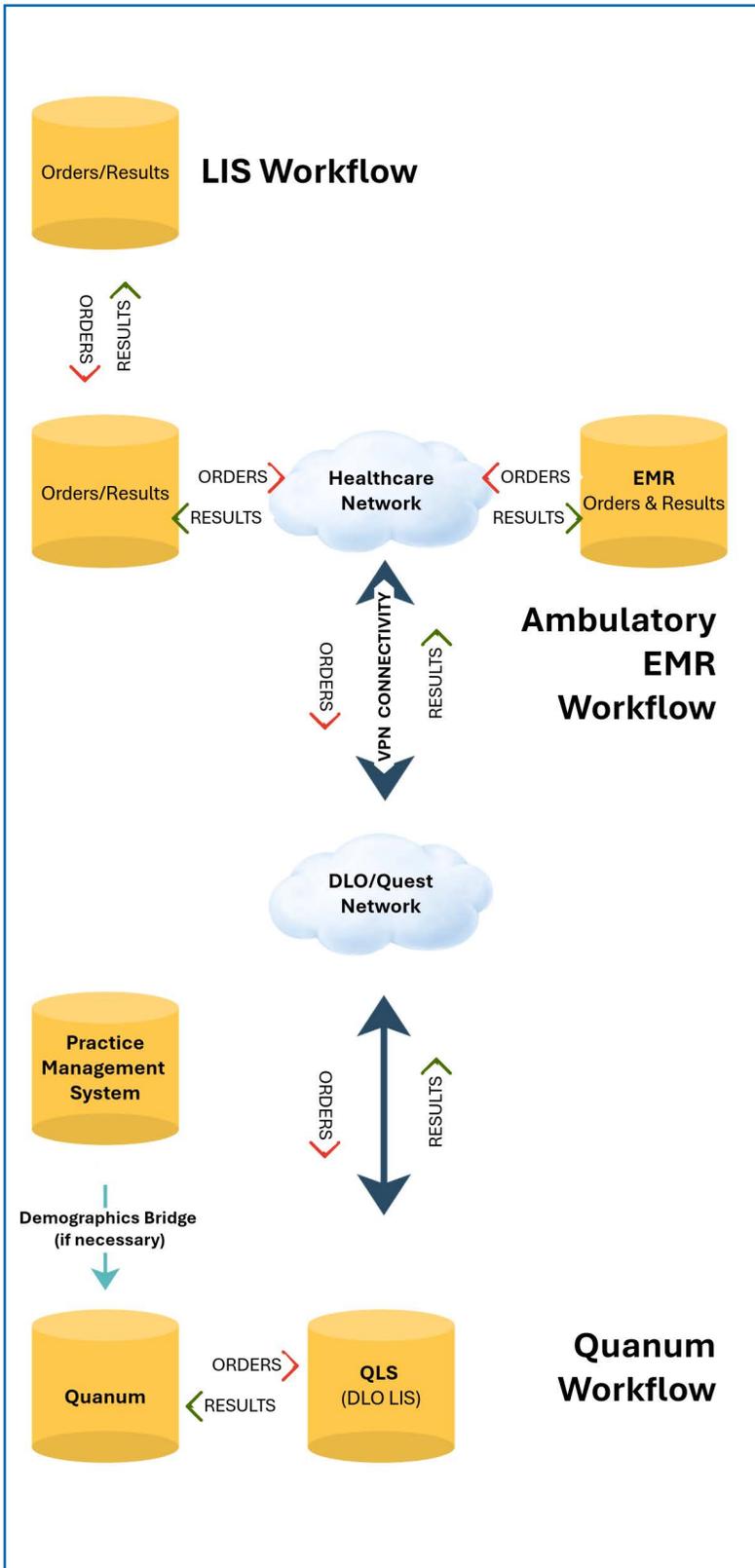*Test Ordering Through EMR and Laboratory Information Systems (LIS)*

EMR/IT Compatibility

Orders/Results

LIS Workflow

ORDERS
RESULTS

Orders/Results

ORDERS
RESULTS

Healthcare Network

ORDERS
RESULTS

EMR
Orders & Results

ORDERS
RESULTS

VPN CONNECTIVITY

Ambulatory EMR Workflow

DLO/Quest Network

Practice Management System

ORDERS
RESULTS

Quanum Workflow

Demographics Bridge (if necessary)

Quanum

ORDERS
RESULTS

QLS
(DLO LIS)

Diagram 1.1

Placing lab orders via Quanum™ Lab Services Manager

1. Click *Patients*, and then search for and select the desired patient.
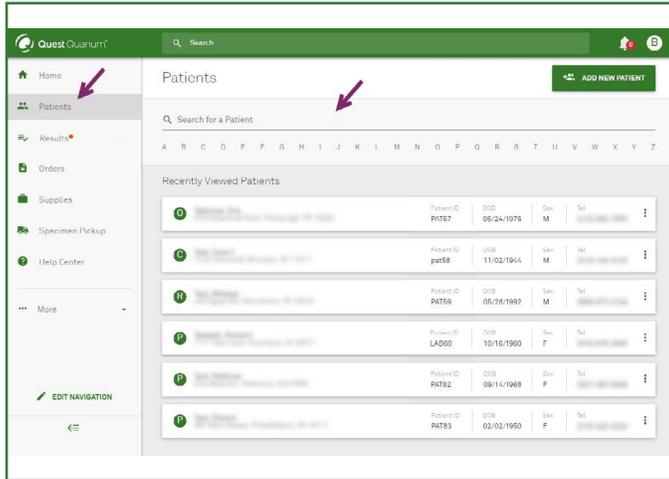
2. While viewing the patient's profile, click *Start New Order*.
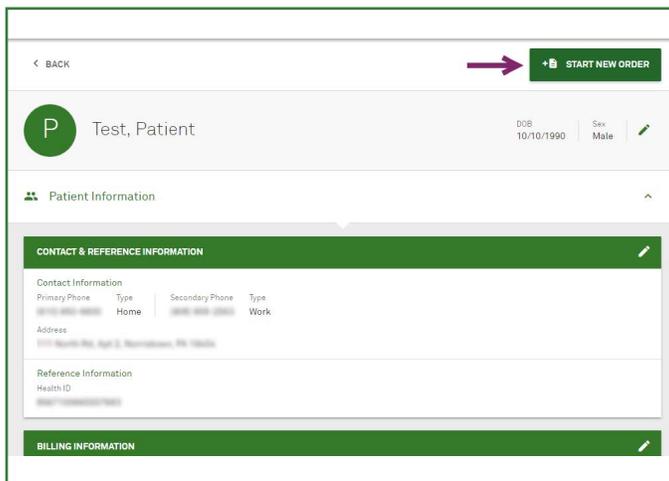
3. On the *New Lab Order* page, verify the selected *Lab* and *Client*, or click the down arrow (▼) to change for the current order only.

   Then select the appropriate tests and diagnoses, which are added to the *Order Cart*. Click the down arrow (▼) to select from your predefined lists, or use the search field (🔍) to search for additional codes.
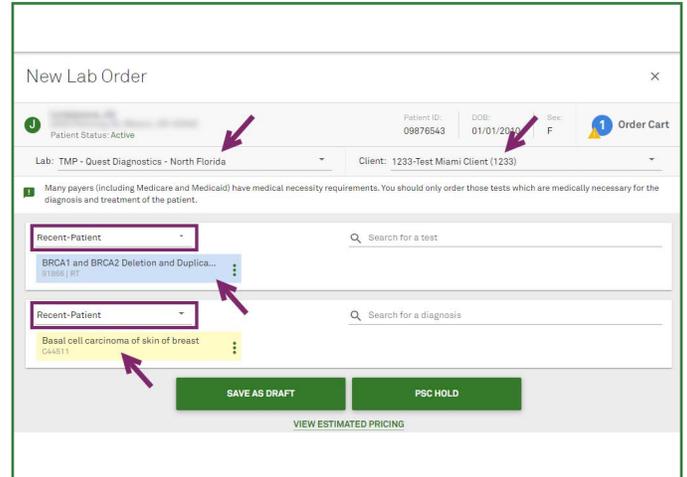

4. Click *Order Cart*, provide any additional required information (such as *Specimen Collected* details), and submit the order.

   From the *Order Cart*, you can also save the order as a Draft or PSC Hold, view or modify the *Order Details* (including Copy-To), or click *Advanced Order Options* to create a Scheduled or Standing order.
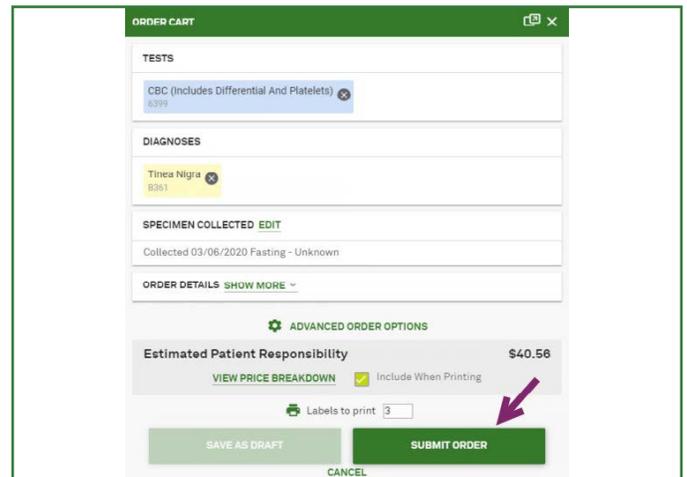
Managing Lab Orders

1. To view orders for your organization, click Orders or click the desired order type from the Orders module on the Home page.
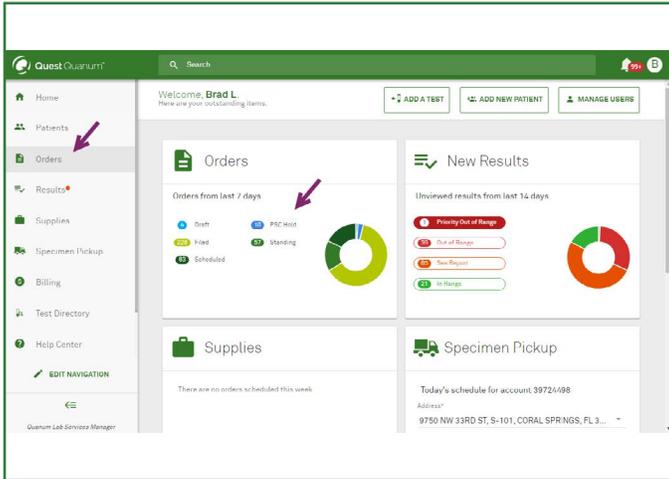

2. Based on your selection, the Lab Orders tab displays either all your orders, or just those of the selected type. To filter the orders shown, specify the desired search criteria at the top, or sort ( ) or filter ( ) on a specific column within the list of orders.

   You can also click the External Orders tab to search for orders that were placed with your associated Quest Diagnostics lab by a physician not associated with your organization.
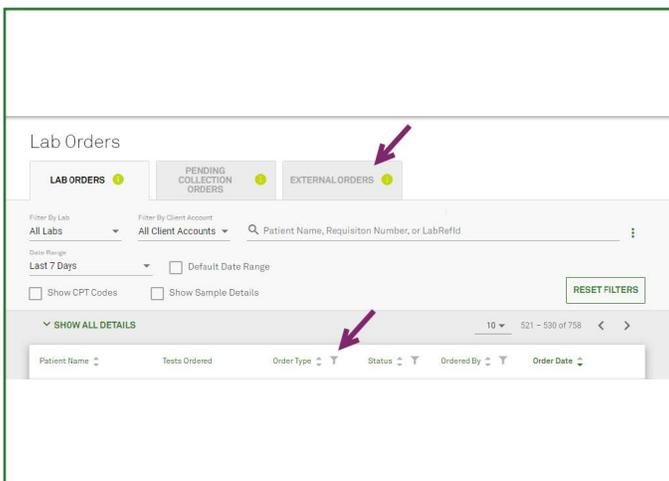
3. To view the details of an order, including a graph that indicates the current order status, click anywhere within the row. (Or click Show All Details to view the details for all orders.)
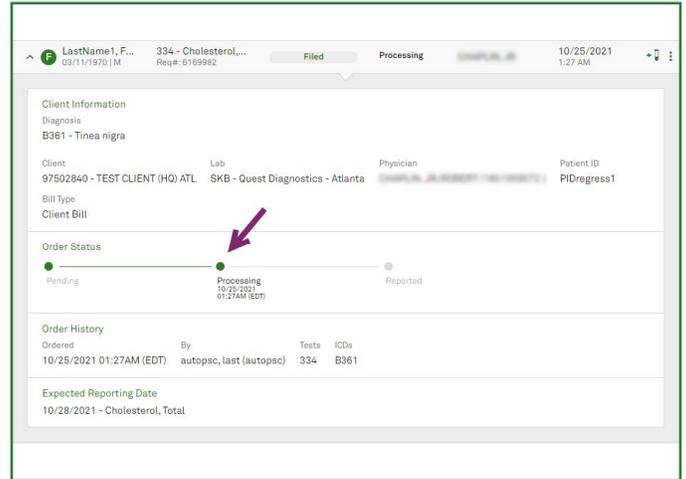
4. To manage a specific order (including adding a test to an existing order), click the more icon ( ) on that order and select one of the available options. The options vary based on the order type, its current status, and when it was placed.
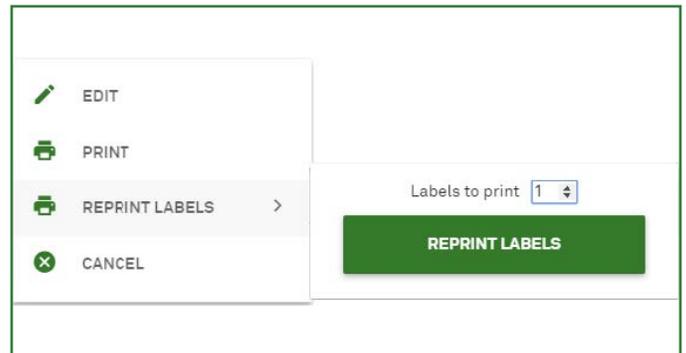
   To export or print the order information for orders currently displayed, click the more icon ( ) in the upper-right of the page and select one of the available options.
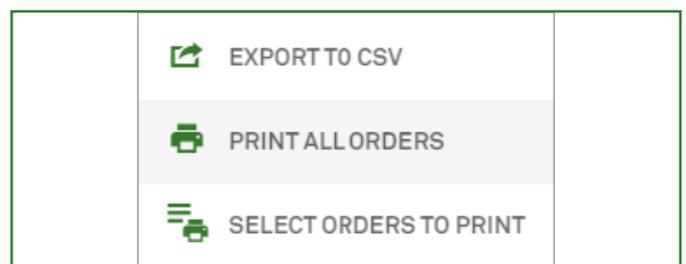
Using A DLO Paper Requisition

DLO's Test Requisition Form is designed for ease of completion. Please fill out all required sections, including patient information, billing information, ICD code(s), and requested test(s). Providing accurate and complete information helps minimize follow-up inquiries and ensures timely reporting of results. Refer to the DLO Test Requisition sample images on the following pages for guidance on proper completion.

Your DLO Sales Representative and/or DLO Solutions Specialist can assist in creating a customized requisition tailored to your practice's specific needs. Custom requisitions save time and help reduce potential errors by including only the information most relevant to your workflow.

Notice: Missing or Incomplete Information

Orders received without complete billing information will generate a **Missing Information Request** within 72 hours. These requests must be returned promptly to comply with patient insurance requirements and timely filing limits.

Ensure all required billing information is completed on the requisition at the time of ordering. If a Missing Information Request is issued, it must be signed and returned before further action can be taken.

To ensure testing is performed for Medicare beneficiaries, the ordering provider must be enrolled in Medicare through PECOS. Addtiional PECOS enrollment information is available on the DLO website under Provider Resources at : https://www.dlolab.com/providers/pecos-enrollment

DLO's General Health Requisition Form

DLO DIAGNOSTIC LABORATORY OF OKLAHOMA.
800.891.2917
dlolab.com

SPECIMEN KEY ON BACK

(1)

ACCOUNT #: D000000000
NAME: PROVIDER NAME
ADDRESS: PO BOX 0000
CITY, STATE, ZIP: CITY, STATE12345-1234
TELEPHONE #: 405-555-1234

(2)

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.

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

(3)

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYERS (MUST BE INDICATED)

( ) 1234567890 DOE, JOHN J

□ 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 ___

Provide signed ABN when necessary

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

(4)

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 #

(5)

PRIMARY INSURANCE

CITY STATE ZIP

RELATIONSHIP TO INSURED: □ SELF □ SPOUSE □ DEPENDENT

PRIMARY INSURANCE CO. NAME

MEMBER/INSURED ID NO. # GROUP #

(6)

INSURANCE ADDRESS

CITY STATE ZIP

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

ABN may be 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 dlolab.com/MLCP for Medicare coverage guidelines

ICD Codes (enter all that apply)

(7)

PANEL COMPONENTS ON BACK

ORGAN / DISEASE PANELS
- 34392 □ Electrolyte Panel S
- 10256 □ Hepatic Function Panel S
- 10165 □ Basic Metabolic Panel S
- 10231 □ Comp Metabolic Panel S
- B7600 □ Lipid Panel, Standard S
- B14852 □ Lipid Panel w/Reflex D-LDL S
- 20210 □ Obstetric Panel w/Reflex Y,
- 93802 □ Obstetric Panel with Fourth Generation HIV w/reflex Y,L,S
- @10306 □ Hepatitis Panel, Acute w/Reflex S
- 10314 □ Renal Function Panel S
- 36336 □ Celiac Disease Comp Panel w/Reflex S

HEMATOLOGY
- @510 □ Hemoglobin L
- @509 □ Hematocrit L
- @1759 □ CBC (H/H, RBC, Indices, WBC, PLT) L
- @6399 □ CBC (Includes Diff/Plt) L
- B8847 □ PT with INR B
- @763 □ PTT, Activated B

OTHER TESTS
- 7788 □ ABO Group & Rh Type Y
- 223 □ Albumin S
- 6517 □ Albumin, Random Urine W/Creatinine 1
- 234 □ Alkaline Phosphatase S
- 823 □ ALT S
- 243 □ Amylase S
- 249 □ ANA Screen, IFA, w/Reflex Titer and Pattern S
- 5149 □ Antibody ID, Titer and Typing, RBC S
- 795 □ Antibody Scr, RBC w/Refl ID, Titer and AG Y
- 822 □ AST S
- 285 □ Bilirubin, Direct S
- 287 □ Bilirubin, Total S
- 4420 □ C-Reactive Protein (CRP) S

(8)

- 303 □ Calcium S
- 11173 □ CCP Ab IgG S
- B334 □ Cholesterol, Total S
- 374 □ CK, Total S
- 375 □ Creatinine S
- 8459 □ Creatinine, Random Urine 1
- B8293 □ Direct LDL S
- 402 □ DHEA Sulfate, Immunoassay S
- 15064 □ Endomysial Antibody Screen (IgA) w/reflex titer S
- 4021 □ Estradiol S
- 11290 □ Fecal Globin by Immunochemistry S
- @457 □ Ferritin S
- B466 □ Folate, Serum S
- 470 □ FSH S
- @482 □ GGT S
- 9477 □ Glucose, Gestational Screen (50g), 135 cutoff GY
- 19833 □ Glucose, Gestational Screen (50g), 140 cutoff GY
- B483 □ Glucose, Serum S
- 8435 □ hCG, Total, QL S
- @8396 □ hCG, Total, QN S
- 35645 □ HCV RNA, Quantitative Real Time PCR P
- B496 □ Hemoglobin A1c L
- B16802 □ Hemoglobin A1c w/eAG L
- 508 □ Hepatitis A Ab, Total S
- 499 □ Hep B Surface Ab Qual S
- F498 □ Hep B Surface Ag w/Reflex Confirm S
- 8472 □ Hep C Antibody w/Reflex to Quant S
- 94345 □ Hepatitis C Ab w/Refl to HCV RNA, QN, PCR w/Refl Genotype Lipa S
- 11348 □ HCV RNA, QN PCR w/Reflex Genotype, LiPA® P
- 91431 □ HIV-1/2 AG/AB, 4th w/Reflex S
- B16185 □ HIV 1 RNA, QL TMA FP
- B10124 □ hs CRP S
- 6447 □ HSV 1/2 IGG, Type Specific AB S
- 539 □ Immunoglobulin A S
- 561 □ Insulin S
- @7573 □ Iron and Total Iron Binding Capacity S

- @571 □ Iron S
- 593 □ LD S
- 599 □ Lead, Blood TN
- 615 □ LH S
- 606 □ Lipase S
- 6646 □ Lyme Disease Ab w/Reflex to Blot (IgG, IgM) S
- 8593 □ Lyme Disease AB (IGG, IGM), Immunoblot S
- 622 □ Magnesium S
- 964 □ Measles Antibody (IGG) S
- 8624 □ Mumps Virus Antibody (IGG) S
- 5259 □ MMR S
- 718 □ Phosphate (As Phosphorus) S
- 733 □ Potassium S
- 745 □ Progesterone S
- 746 □ Prolactin S
- 747 □ Protein, Total And Protein Electrophoresis S
- 1715 □ Protein, Total W/Creat, Random Urine U
- B5363 □ PSA, Total S

Tuberculosis Screening
- 37737 □ T-SPOT®, TB (*see back for add'l instructions) 1
- 36970 □ QuantiFERON®-TB Gold Plus, 1 Tube GR
- 36971 □ QuantiFERON®-TB Gold Plus, 4 Tubes, Draw Site Incubated 1

- 8837 □ PTH, Intact & Calcium LS
- 4418 □ Rheumatoid Factor S
- F799 □ RPR (Monitoring) w/Reflex Titer S
- F36126 □ RPR (DX) w/Refl Titer and Confirmatory Testing S
- 802 □ Rubella Immune Status S

COVID-19 Testing
Please refer to COVID-19 Test Requisition to order SARS-Co V-2 assays
- 809 □ Sed Rate by Mod West L
- 36170 □ Testosterone, Free (Dialysis) and Total, MS SR
- 19944 □ Testosterone, Free SR
- 15983 □ Testosterone, Total, MS SR
- 873 □ Testosterone, Total, Males (Adult), IA S
- 267 □ Thyroglobulin Antibodies S
- 5081 □ Thyroid Peroxidase Antibodies (TPO) S
- 8821 □ Tissue Transglutaminase Ab, IGA S

- 11070 □ Tissue Transglutaminase IgG S
- B896 □ Triglycerides S
- B899 □ TSH S
- B36127 □ TSH w/Reflex T4, Free S
- 34429 □ T3, Free S
- 859 □ T3, Total S

Reflex tests are performed at an additional charge.

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE)

(9)

COMMENTS, CLINICAL INFORMATION:

TOTAL TESTS ORDERED

Provide signed ABN when necessary

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

SPECIMEN KEY ON BACK

FOLD HERE

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(1) Bar code contains pre-assigned requisition number and DLO account number.

(2) DLO Client Account Number and Practice/Facility Information

(3) Specimen Collection Date and Time

(4) Billing Specifications

(5) Required Patient Information

(6) Insurance Information

(7) ICD-10 Diagnostic code(s) are required for billing purposes. See *Billing When Test Ordering* for additional ICD code information

(8) Tests Specific to Requisition

(9) Request additional test(s) in the space located at the bottom of the requisition. Make sure to indicate all DLO codes for required tests not listed on the requisition

Test Ordering Using DLO's General Health Requisition Form(s)

ICD Code Requirements

Pay close attention to ICD codes when completing paper test requisitions. Listing all medically appropriate diagnosis codes at the time of ordering helps facilitate payer approval and timely claim processing. Commercial and private insurance carriers, Medicare, and Medicaid require valid ICD diagnosis code(s) before patient claims can be processed.

Enter all applicable ICD codes in the designated fields and do not include written diagnostic descriptions. ICD codes are used for billing purposes only and are not considered clinical history in the evaluation of Pap smear specimens.

Selecting the Correct Requisition Form

Always use the appropriate requisition form for the type of testing being ordered. DLO provides several form types, including Clinic Requisition Forms, Cytology Forms, and Pathology Forms. Each form is clearly labeled at the top to indicate its intended use.

Using the correct form helps prevent processing delays, reduces follow-up inquiries, and ensures accurate test routing and billing.

Billing When Test Ordering

Helpful Ordering Information - Billing, Insurance, and Medicare

DLO Client Bill

Do **not** include any insurance information on a requisition that is to be billed directly to the DLO account holder.

Insurance

Managing insurance coverage can be complex. Always confirm coverage details with the patient at the time of service and review the most current DLO Insurance List at https://www.dlolab.com/insurance-list to verify participation. **Medicare should be listed as the primary insurance for patients who qualify.**

When billing **Medicare**:

- Complete an **Advance Beneficiary Notice (ABN)** when appropriate.
  An ABN form can be found by visiting: https://www.dlolab.com/providers/tools-and-resources/provider-forms

- Include all medically apprpriate **ICD codes** on the test order. Medicare will not reimburse for tests submitted without valid ICD diagnosis code(s).

- ICD code resources are available in the **MLCP** section of our website at https://www.dlolab.com/providers/medicare-limited-coverage-policies

When billing **Medicaid**:

- Certain tests require a **Prior Authorization Request (PAR)** before testing is ordered.

- Refer to the patient's Insurance and Billing resources for additional guidance.

Medicare Limited Coverage Policies (MLCP)

Medicare publishes Limited Coverage Policies for specific laboratory tests. These tests are considered medically necessary and reimbursable only when ordered for patients who meet defined medical criteria.

Medicare beneficiaries must be informed **in writing, prior to specimen collection,** when Medicare is likely to deny coverage based on diagnosis. The patient's signature on an **Advanced Beneficiary Notice (ABN)** confirms their understanding and acceptance of financial responsibility if Medicare denies payment.

If ordering a limited coverage test for diagnostic reasons that fall outside Medicare policy, a signed ABN must accompany the order to ensure processing. DLO may be unable to perform testing without the required ABN.

To help prevent delays, rework, or follow-up inquiries, refer to the **Quest Diagnostics Medicare Limited Coverage Policy Reference Guides** available through DLOs website at https://www.dlolab.com/providers/medicare-limited-coverage-policiesand list all medically appropriate **ICD-10 code(s)** on the requisition when ordering limited coverage tests.

Important:

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