

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

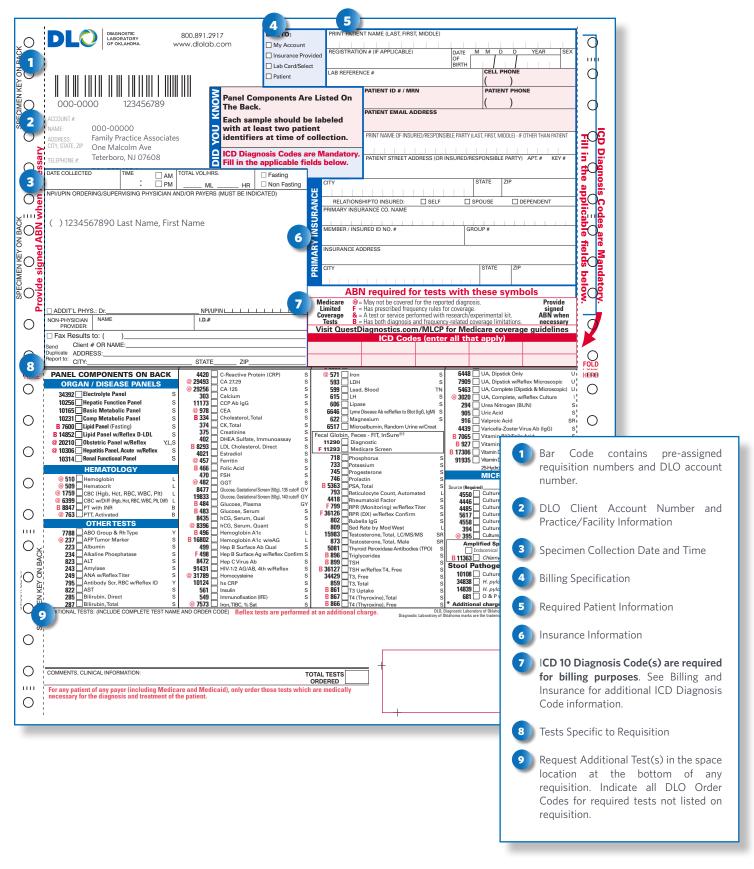
Orders received with incomplete billing information will generate a **Missing Information Request within 72 hours**. Missing Information Requests must be returned promptly to meet your patient's insurance carrier requirements and timely filing limits.

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



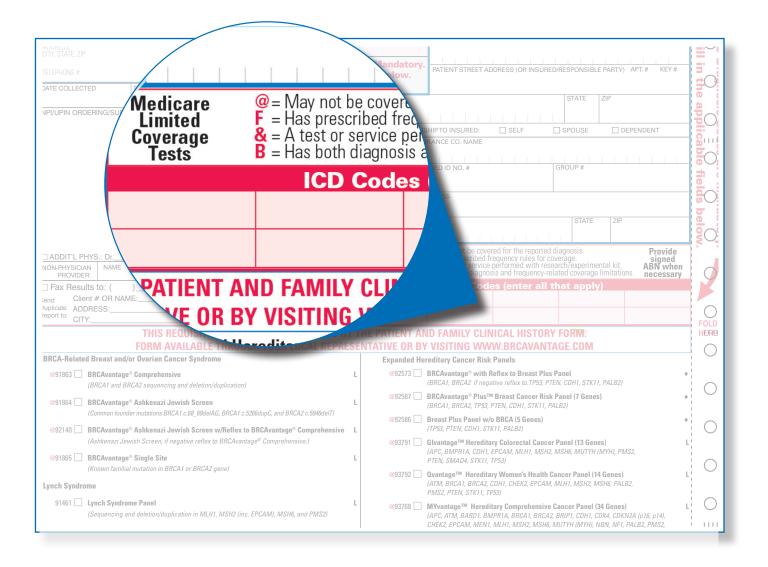
General Health Requisition Form

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**.



