



April 22, 2024

American Health Associates (AHA) has recently made a number of enhancements to our ordering process, including the Laboratory Information System (LIS) used to submit client orders. These enhancements are designed to ensure that both AHA and our clients meet Medicare, other payor, and regulatory requirements when ordering clinical laboratory services. Additionally, we expect these enhancements will streamline the ordering process, improve efficiency and accuracy, and facilitate quality of care.

There are 4 main enhancements that you will notice on our online portal when ordering labs for your patients.

- 1. If you choose a phlebotomy draw, you will be asked to confirm that no qualified personnel are available to collect the specimen. This will allow us to provide phlebotomy service to your facility.**

Collection: Phlebotomy Draw OR Nurse Specimen Collection

Please confirm No Qualified personnel available to collect specimen

- 2. You will then be asked if your patient is a resident of a nursing facility (LTC or Skilled). If “yes”, the order will continue.**

Collection: Phlebotomy Draw OR Nurse Specimen Collection

Please confirm No Qualified personnel available to collect specimen

Is the patient a resident of a LTC or Skilled facility?

If “no”, you will need to answer a few more questions to establish the “homebound” status of the patient.

Is the patient a resident of a LTC or Skilled facility?

Confirm homebound status:

Criterion 1 (Check One)

Patient requires the aid of supportive devices (e.g. crutches, cane, wheelchair, or walker) because of an illness or injury, uses special transportation, or requires someone’s help to leave their place of residence

- OR -

Leaving home is medically contraindicated.

- AND -

Criterion 2

Patient is normally unable to leave home.

Leaving home requires a considerable and taxing effort for the patient.

Check if applicable: Patient is currently receiving Medicare Home Health or Hospice Services.

I hereby certify that the Patient is homebound in accordance with the above criteria.

3. You will be required to provide an ICD-10 diagnostic code for the test to establish its medical necessity. Our new feature compares the ICD-10 code with the CMS NCD (National Coverage Determination) criteria for medical necessity. If you enter a test/CPT code and ICD-10 diagnosis combination that does not meet the CMS NCD criteria, a pop-up will appear advising you of this.

Medical Necessity

The diagnosis/ICD10 you selected for the ordered test does not meet the CMS National Coverage Determination (NCD) criteria for medical necessity. Therefore, the test as selected cannot be scheduled for specimen collection. Please review the diagnosis selected to ensure it is correct. **If you need assistance, contact your local account representative or customer service at 1-800-785-0666**

Test Code	See Common ICD10 Codes
317	HEMOGLOBIN A1C

DISCLAIMER: ICD-10 codes may be periodically updated or revised. The ICD-10 codes listed are from the CMS Medicare Coverage Database which includes National and Local Coverage Determinations. They are presented only as a reference to facilitate accuracy, consistency, and uniform standards in medical record-keeping. However, changes may have occurred and the most specific diagnostic code for the patient's condition may not be included. The ordering practitioner is responsible for choosing the active diagnosis code that applies to the condition of the patient at the time of the order for laboratory tests. The diagnosis and medical necessity for the test(s) ordered as of the requested date of service must be documented in the patient's medical records. The ordering party is responsible for acquiring these diagnoses and providing them at the time of order to the laboratory in its order entry process/system. By ordering these tests you attest to the accuracy of the diagnosis provided by the patient's treating physician or qualified practitioner and that it matches the diagnosis provided by that physician or qualified practitioner in the patient's medical record to substantiate the necessity of the tests being ordered. Please include any additional diagnostic information to substantiate medical necessity in the notes box.

4. You will then have an opportunity to enter a different diagnosis below the DISCLAIMER. You will get another pop up that will allow you to either enter a different diagnosis in the available space,

	Test Code	Description	CPT Code	CPT Diagnosis Code
Click for DX	317	HEMOGLOBIN A1C	83036	<input style="width: 100%; height: 20px;" type="text"/>

OR



If you need assistance, with selecting the applicable diagnosis, click on “Click for DX” This pop up will allow you to input the “description” applicable to the patient’s current medical diagnosis and match the correct diagnosis with its corresponding ICD-10 code.

Select Diagnostic Code For CPT x

Code Description Find Clear

Code	Description	Type	Select
R79.9	Abnormal finding of blood chemistry, unspecified	ICD10	<input type="checkbox"/>
O99.810	Abnormal glucose complicating pregnancy	ICD10	<input type="checkbox"/>
O99.815	Abnormal glucose complicating the puerperium	ICD10	<input type="checkbox"/>
R78.71	Abnormal lead level in blood	ICD10	<input type="checkbox"/>
R79.0	Abnormal level of blood mineral	ICD10	<input type="checkbox"/>
K86.0	Alcohol-induced chronic pancreatitis	ICD10	<input type="checkbox"/>
E31.0	Autoimmune polyglandular failure	ICD10	<input type="checkbox"/>
D13.7	Benign neoplasm of endocrine pancreas	ICD10	<input type="checkbox"/>
E08.00	Diab d/t undrl cond w hyprosm w/o nonket hyprgly-hypro coma	ICD10	<input type="checkbox"/>
E08.51	Diab due to undrl cond w diab prph angiopath w/o gangrene	ICD10	<input type="checkbox"/>
E08.43	Diab due to undrl cond w diabetic autonm (poly)neuropathy	ICD10	<input type="checkbox"/>
E08.52	Diab due to undrl cond w diabetic prph angiopath w gangrene	ICD10	<input type="checkbox"/>

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Submit Selection Clear All

5. You’re almost finished! Finally, you will be asked to attest to the order that you have created. To finalize your order, click the attestation box and click “Submit”.

ATTESTATION OF ORDERING PRACTITIONER

I attest that I am a physician, qualified non-physician practitioner, or other licensed health professional authorized to enter the order for the diagnostic laboratory tests listed above. The ordered tests are medically necessary and reasonable to diagnose and treat the patient’s medical condition and will be incorporated into the patient’s treatment plan. The tests are not ordered for screening purposes. The diagnosis and ICD-10 codes listed above are accurate and substantiate the medical necessity of the ordered tests.

Clear Submit

AHA values your relationship and is committed to provide quality, timely, accurate and compliant lab service to your facility and your residents. Should you have any questions or concerns, please reach out to your local account representative or myself. We are happy to help!

Thank you!

Corey A Gillen

Corey Gillen, SVP of Customer Success

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