Distribution DATE: 07/22/2022

#### It is the responsibility of the Physician Office to maintain the EMR test compendium \*\*\*\*For Clients using Atlas v11, Atlas Ion for EMRS\*\*\*\*

| Test Code | e Version 1 |
|-----------|-------------|
|-----------|-------------|

| 6                                 | Richard & Richardson  |
|-----------------------------------|---|
| 23                                | Orchard Pediatrics  |
| 42                                | Michigan Orthopedic Institute   |
| 44 & 1979                         | Paint Creek OB/GYN  |
| 61                                | Complete Family Care  |
| 103                               | Oakland Orthopedic Surgeons   |
| 1440                              | Country Creek Pediatrics  |
| 149                               | Sterling Physicians   |
| 194                               | Troy Internal Medicine  |
| 205                               | Haller & Hugg   |
| 263                               | Oakland Medical Center I  |
| 278, 1174,<br>2437, 2440,<br>2441 | Group: 278 (Charles G. Kissel, DPM), 1174 (Rochester Foot & Ankle), 2437 (Medical Center Foot and Ankle PC), 2440 (Madison Podiatry - Foot and Ankle), 2441 (Medical Center Foot and Ankle PC II) |
| 297                               | Oakland Arthritis Center  |
| 306                               | Southfield Internists, P.C.   |
| 362 & 365                         | Group: 362 (Michael S. Salter, DPM) and 365 (Franklin Park Podiatry)  |
| 366                               | Orion Family Physicians   |
| 383                               | Child Health Associates   |
| 384                               | Child Health Associates   |
| 502                               | Preventative Medicine Facility  |
| 509                               | Obstetrics-Gynecology West Oakland  |
| 633                               | Professional Village Medical  |
| 632/1623                          | Associated Rheumatology   |
| 652                               | Paint Creek Pediatrics  |
| 662                               | Shenandoah Clinic   |
| 691                               | Preferred Family Medicine   |
| 753                               | Mitchell H. Folbe, M.D.   |
| 832                               | Rochester Internists  |
| 864 & 1724                        | Group: 864 (Bloom Pediatrics) and 1724 (Eastman & Vempati, MD, PC)  |
| 875, 1035, &                      | Group: 875 (Michigan Heart Group), 1035 (MHG Lipid Clinic), and 1863 (Michigan  |
| 1863                              | Heart Group Macomb)   |
| 883                               | Southfield Pediatrics   |
| 931                               | Children's Care Medical   |
| 941                               | Rochester Endoscopy   |
| 944                               | Sheila Prasad Meftah, MD  |
| 951                               | SKLD Bloomfield Hills NH  |

| 980 & 1232  | Group: 980 (Allergy & Asthma Associates of Michigan) & 1232 (Allergy Center)  |
|-------------|---|
|             | Group: 996 (Heartland Grosse Pointe Woods (NH)) & 1585 (Heartland Health Care |
| 996 & 1585  | Ctr Oakland (NH))   |
| 1011        | Colleen Kennedy, DO   |
| 1116        | Cancer Care Associates  |
| 1119        | Women's Health Care Physicians (OB)   |
| 1237        | Rolando M. Estupigan, DO  |
| 1291        | M.N. Savliwala, MD  |
| 1344        | Somerset Plastic Surgery  |
| 1359 & 2036 | Group: 1359 (Somerset Family) & 2036 (Neil Jaddou, MD)                        |
| 1362        | Novi Internal Medicine & Pediatrics   |
| 1420        | Doc Now Urgent Care at Wellpointe   |
| 1488        | Premier Women's (OB)  |
| 1637        | Northpointe Pediatrics, PC  |
| 1663        | Endoscopic Solutions, PC  |
| 1670        | Esprit Women's Health (OB)  |
| 1902        | Forum Medical Clinic  |
| 1999        | Ghiath Tayeb, M.D. I  |
| 2070        | Dearborn Family Clinic  |
| 2075        | Suzanne Romadan, MD   |
| 2373 & 2432 | Renal Redux and Renal Redux II  |
| 2387        | Mona Fakih DO OBGYN Assoc   |
| 2514        | Silver Pine Chesterfield  |
| 2558        | Physicians for Women  |
| 2647        | Epic Medical Center   |
| 6023        | St. Clair Specialty Physicians, PC  |
| F4211       | Middlebelt Dermatology Center   |
| F4116       | Lifecycles  |
| F4127       | Clinical Oncology Assoc.  |
| F4170       | Bruce A. Cassidy, D.O.  |
| F4171       | Lakes Medical Center  |
| F4178,      | Lakes Surgery Center  |
| F4179       | Lakes Urgent Care   |
| F4202       | Medical Group Practice (Penn/Teer)  |
| F4206       | Wixom Health Center   |
| F7700       | Botsford Continuum Care Center  |
| F4147       | Williams Family Sports Med  |
| F4026       | Annette LaCasse DO PC   |
| F4151       | Straith Hospital  |

| Test Name   | Osmolality, Feo  | cal               |             |
|---|--|-------------------|-------------|
| Update Status   | NEW  |                   |             |
| Effective Date  | 8/2/2022   |                   |             |
| FOR CLIENT USE:<br>(INTERFACE CODE)<br>EMR Mapping<br>Version 1 | LAB8560  |                   |             |
| Interface Mapping   |  |                   |             |
| Codes/Result Codes (for trending by client if desired)          | Result Code:   | Result Code Name: | LOINC Code: |
| trending by client in desired)                                  | 1239992218   | Osmolality, Fecal | 2693-0      |
| CPT Code  | 84999  |                   |             |
| Additional Information  | <b>Collect</b> : Random stool sample in a sterile collection cup. Stool must be liquid in consistency. Formed (solid) stool will NOT be accepted. Refrigerate the specimen immediately after collection. |                   |             |
|   | Refer to Beaumont Laboratory Test Directory for additional<br>information  |                   |             |

| Test Name   | Electrolytes, Fe   | cal               |             |  |  |
|---|--|-------------------|-------------|--|--|
|   |  | cal               |             |  |  |
| Update Status   | NEW  |                   |             |  |  |
| Effective Date  | 8/2/2022   |                   |             |  |  |
| FOR CLIENT USE:<br>(INTERFACE CODE)<br>EMR Mapping<br>Version 1 | LAB8562  |                   |             |  |  |
| Interface Mapping   |  |                   |             |  |  |
| Codes/Result Codes (for trending by client if desired)          | Result Code:   | Result Code Name: | LOINC Code: |  |  |
| trending by client in desired)                                  | 1239992215   | Sodium, Fecal     | 15207-4     |  |  |
|   | 1239992216 Potassium, Fecal 15202-5  |                   |             |  |  |
|   | 1239992219   | Chloride, Fecal   | 15158-9     |  |  |
| CPT Code  | 84999, 84302,  | 84238             |             |  |  |
| Additional Information  | <b>Collect</b> : Random stool sample in a sterile collection cup. Stool must be liquid in consistency. Formed (solid) stool will NOT be accepted. Refrigerate the specimen immediately after collection. |                   |             |  |  |
|   | Refer to Beaumont Laboratory Test Directory for additional information   |                   |             |  |  |

| Test Name   | pH,Fecal                     |                        |                              |
|---|------------------------------|------------------------|------------------------------|
| Update Status   | NEW                          |                        |                              |
| Effective Date  | 8/2/2022                     |                        |                              |
| FOR CLIENT USE:<br>(INTERFACE CODE)<br>EMR Mapping<br>Version 1 | LAB8562                      |                        |                              |
| Interface Mapping   |                              |                        |                              |
| Codes/Result Codes (for   | Result Code:                 | Result Code Name:      | LOINC Code:                  |
| trending by client if desired)                                  | 1239998199                   | pH, Fecal              | 2755-7                       |
| CPT Code  | 83986                        |                        |                              |
| Additional Information  | Collect: Rando               | om stool sample in a s | sterile collection cup.      |
|   | Refer to Beau<br>information | mont Laboratory Te     | est Directory for additional |

| Test Name   | Citrate Excretion, Urir  | ne. Random |  |  |  |
|---|--|------------|--|--|--|
| Update Status   | <b>MODIFIED</b> – Moving to Warde Lab - Test Code Remains the Same   |            |  |  |  |
| Effective Date  | 8/2/2022   |            |  |  |  |
| FOR CLIENT USE:<br>(INTERFACE CODE)<br>EMR Mapping<br>Version 1 | LAB7132  |            |  |  |  |
| Interface Mapping<br>Codes/Result Codes (for                    | Result Code Result Code Name: LOINC Code:  |            |  |  |  |
| trending by client if desired)                                  |  |            |  |  |  |
| , , , , ,   | 12399980021         Citrate Concentration         2128-7   |            |  |  |  |
| CPT Code  | 82507  |            |  |  |  |
| Additional Information  | <b>Collect:</b> Random urine in a screw-capped container (preferred) or other sterile collection container. (Minimum: 1.0 mL). Maintain specimen refrigerated (2-8°C or 36-46°F) prior to transport. |            |  |  |  |
|   | Refer to Beaumont Laboratory Test Directory for additional information   |            |  |  |  |

| Test Name        | Acid Phosphatase, Total |
|------------------|-------------------------|
| Update Status    | INACTIVATED             |
| Effective Date   | 8/2/2022                |
| FOR CLIENT USE:  | LAB5924                 |
| (INTERFACE CODE) |                         |
| EMR Mapping      |                         |
| Version 1        |                         |

| Test Name                      | Electrolyte and Osmolality Profile, Fecal                         |           |                                       |         |                    |
|--------------------------------|---|-----------|---------------------------------------|---------|--------------------|
| Update Status                  | MODIFIED -  | Moving to | ARUP LAB - Test Cod                   | e Rema  | ains the Same      |
| Effective Date                 | 8/2/2022  |           |                                       |         |                    |
| FOR CLIENT USE:                | LAB7098   |           |                                       |         |                    |
| (INTERFACE CODE)               |   |           |                                       |         |                    |
| EMR Mapping                    |   |           |                                       |         |                    |
| Version 1                      |   |           |                                       |         |                    |
| Ask at order Entry Questions   |   |           |                                       | 1       |                    |
| with expected response         | Interface Map<br>Code:  | ping      | Question:                             | Allow   | ed Responses:      |
|                                | 102392  |           | Fecal Total Weight                    | (Weig   | jht in grams)      |
|                                | 102391  |           | Collection Time for<br>Fecal Specimen | (Time   | e in Hours)        |
| Interface Mapping              |   |           |                                       |         |                    |
| Codes/Result Codes (for        | Result Code   | Result C  | ode Name:                             |         | LOINC Code:        |
| trending by client if desired) | 1239992999  | Fecal To  | tal Weight                            |         | 30078-0            |
|                                | 1239992299 Collection Time for Fecal Specimen 13363-7             |           |                                       |         | 13363-7            |
|                                | 1239992215 Sodium, Fecal 15207-4                                  |           |                                       |         |                    |
|                                | 1239992216  | Potassiu  | ,                                     |         | 15202-5            |
|                                | 1239992213  | Magnesi   | um, Fecal - per volum                 | е       | 29911-5            |
|                                | 1239992214  | •         | um, Fecal - per 24h                   |         | 22912-3            |
|                                | 1239992217  | Calculate | ed Osmolality, Fecal                  |         | 2693-0             |
|                                | 1239992212  |           | ty Gap, Fecal                         |         | 73571-2            |
|                                | 1239992218  | Osmolali  | ty, Fecal                             |         | 2693-0             |
|                                |   |           |                                       |         |                    |
| CPT Code                       | 84999x2, 8430   |           |                                       |         |                    |
| Additional Information         |   |           | sample in a sterile co                |         |                    |
|                                | liquid in consistency. Formed (solid) stool will NOT be accepted. |           |                                       |         |                    |
|                                | Refrigerate the specimen immediately after collection.            |           |                                       |         |                    |
|                                | Refer to Be<br>information  | aumont    | Laboratory Test I                     | Directo | ory for additional |

| Test Name  | Dialysis Renal Function Panel  |                                    |                    |  |
|--|--------------------------------|------------------------------------|--------------------|--|
| Update Status  | New                            |                                    |                    |  |
| Effective Date   | 8-2-22                         |                                    |                    |  |
| FOR CLIENT USE:  | LAB8564                        |                                    |                    |  |
| (INTERFACE CODE)                                       |                                |                                    |                    |  |
| EMR Mapping  |                                |                                    |                    |  |
| Version 1  |                                |                                    |                    |  |
| Ask at order Entry Questions                           |                                |                                    |                    |  |
| with expected response                                 | Interface<br>Mapping Code:     | Question:                          | Allowed Responses: |  |
|  | 103243                         | Is the patient a Dialysis patient? | Yes/No             |  |
| Interface Mapping                                      |                                |                                    |                    |  |
| Codes/Result Codes (for trending by client if desired) | Result Code:                   | Result Code Name:                  | LOINC Code:        |  |
| trending by cheft if desired)                          | 1239991482                     | Sodium                             | 2951-2             |  |
|  | 1239991445                     | Potassium                          | 2823-3             |  |
|  | 1239991122                     | Chloride                           | 2075-0             |  |
|  | 1239991139                     | CO2                                | 2028-9             |  |
|  | 1239991832                     | Anion Gap                          | 33037-3            |  |
|  | 1239991378                     | Glucose                            | 2345-7             |  |
|  | 1239991087                     | BUN                                | 3094-0             |  |
|  | 1239991734                     | Creatinine                         | 2160-0             |  |
|  | 12399911368                    | eGFR by Creatinine                 | 98979-8            |  |
|  | 1239991092                     | Calcium                            | 17861-6            |  |
|  | 1239991504                     | Phosphorus                         | 2777-1             |  |
|  | 1239991833                     | Albumin                            | 61151-7            |  |
|  | 12399910752                    | Anion Gap                          | 33037-3            |  |
|  | 12399911367                    | eGFR by Creatinine                 | 98979-8            |  |
| CPT Code   | 80069                          |                                    |                    |  |
| Additional Information                                 | Collect: 0.5 ml Gold Top tube. |                                    |                    |  |
|  | Refer to Beau<br>information   | mont Laboratory Test Director      | y for additional   |  |

| Test Name   | Orthopoxvirus Molecular Detection DNA PCR |   |                     |  |
|---|---|---|---------------------|--|
| Update Status   | NEW- LAB856                               | 9   |                     |  |
| Effective Date  | 8/2/2022                                  |   |                     |  |
| FOR CLIENT USE:<br>(INTERFACE CODE)<br>EMR Mapping<br>Version 1 | LAB8569                                   |   |                     |  |
| Ask at order Entry Questions                                    |   |   |                     |  |
| with expected response  | Interface<br>Mapping Code:                | Question:   | Allowed Response    | 9S:  |
|   | MPXDS                                     | Source  | Swab                |  |
|   | ORACE                                     | Race LIST:<br>American Indian or Alaska Native,<br>Black or African American, Native<br>Hawaiian/Other Pacific Islander, W<br>Other Race, Refused to Answer, Ur |                     | American, Native<br>Pacific Islander, White, |
|   | OETHN                                     | Ethnicity LIST:<br>Hispanic or Latino, Not Hispanic or<br>Not Obtainable, Refused, Asked but<br>Unknown, Unknown  |                     |  |
| Interface Mapping   |   | •   | · ·                 |  |
| Codes/Result Codes (for trending by client if desired)          | Result Code:                              | Result Co   | de Name:            | LOINC Code:                                  |
| trending by cheft in desired)                                   | 1239916789                                | Source  |                     | 31208-2                                      |
|   | 1239916790                                | Patient Ra  | ace                 | 72826-1                                      |
|   | 1239916791                                | Patient Et  | hnicity             | 69490-1                                      |
|   | 1239916792                                | 39916792 Orthopoxvirus DNA 100434-0   |                     |  |
| CPT Code  | 87798 (\$90.00                            | )   |                     |  |
| Additional Information  |   |   | ile swabs placed in | n sterile container,                         |

| Test Name   | Glucose, Pancre                                   | eatic Fluid                                    |                    |  |  |  |
|---|---|--|--------------------|--|--|--|
| Update Status   | New   |  |                    |  |  |  |
| Effective Date  | 8-2-2022  |  |                    |  |  |  |
| FOR CLIENT USE:<br>(INTERFACE CODE)<br>EMR Mapping<br>Version 1 | LAB8563   |  |                    |  |  |  |
| Interface Mapping   |   | -  |                    |  |  |  |
| Codes/Result Codes (for trending by client if desired)          | Result Code:                                      | Result Code:   Result Code Name:   LOINC Code: |                    |  |  |  |
| trending by client in desired)                                  | 123999991   | Glucose, Pancreatic Fluid                      | 2344-0             |  |  |  |
| CPT Code  | 82945 (\$21.00)                                   | )  |                    |  |  |  |
| Additional Information  | Collect: Sterile container or Plain Red Top tube. |  |                    |  |  |  |
|   | Refer to Beau<br>information                      | mont Laboratory Test Directo                   | ory for additional |  |  |  |

| Test Name   | Alpha Fetoprote                        | ein, CSF                     |                            |
|---|--|------------------------------|----------------------------|
| Update Status   | New                                    |                              |                            |
| Effective Date  | 08/02/2022                             |                              |                            |
| FOR CLIENT USE:<br>(INTERFACE CODE)<br>EMR Mapping<br>Version 1 | LAB8565                                |                              |                            |
| Interface Mapping   |  |                              |                            |
| Codes/Result Codes (for   | Result Code:                           | Result Code Name:            | LOINC Code:                |
| trending by client if desired)                                  | 1239995488                             | Alpha Fetoprotein, CSF       | 1833-3                     |
| CPT Code<br>Additional Information                              | 86316<br>Collect: CSF in refrigerated. | a sterile container, Minimun | n volume 0.5 mL. Transport |
|   |  | mont Laboratory Test Dire    | ectory for additional      |

| Test Name   | BETA HCG, CSF                        |                      |                                  |
|---|--------------------------------------|----------------------|----------------------------------|
| Update Status   | New                                  |                      |                                  |
| Effective Date  | 08/02/2022                           |                      |                                  |
| FOR CLIENT USE:<br>(INTERFACE CODE)<br>EMR Mapping<br>Version 1 | LAB8566                              |                      |                                  |
| Interface Mapping   |                                      | •                    |                                  |
| Codes/Result Codes (for trending by client if desired)          | Result Code:                         | Result Code<br>Name: | LOINC Code:                      |
|   | 12399917001                          | BETA HCG, CSF        | 14041-8                          |
|   |                                      |                      |                                  |
| CPT Code  | 84702                                |                      |                                  |
| Additional Information  | <b>Collect:</b> CSF in refrigerated. | a sterile container, | Minimum volume 0.5 mL. Transport |
|   | Refer to Beaur<br>information        | nont Laboratory 1    | Test Directory for additional    |

Distribution DATE: 07/22/2022

#### It is the responsibility of the Physician Office to maintain the EMR test compendium \*\*\*\* For Clients using Atlas v19, Site Override Group for tests with mandatory AAOE Questions\*\*\*\* Test Code Version 2

| 50Generations Birmingham143Country Creek Family Medical  |         |
|--|---------|
| , , ,  |         |
| 162 Karla Madiaal Crayer   |         |
| 162 Karle Medical Group  |         |
| 163 Michigan Endocrine Consultants   |         |
| 194 & 1032 Troy Internal Medicine  |         |
| 419, 733, 2501 Clinton Women's Health  |         |
| 453, 740, 749,   |         |
| 2059, 2497 Prism Medical Group   |         |
| 511 Macomb Medical Clinic, PC  |         |
| 644 Women First (OB)   |         |
| 742, 2035, 2340, Oakland Macomb OB/GYN Medical Group   |         |
| 805 Riverbend Health Care  |         |
| 935, 2987, 2988  |         |
| 2989 Epic Primary Care   |         |
| 1004 Stonebrook Family Physicians  |         |
| 1104 Troy Family Practice  |         |
| 1660 Steve Kallabat, M.D.  |         |
| 2394 Amity Internal Medicine   |         |
| 2590, 2184 Endocrine & Metabolic Disorders   |         |
| 2594 Elite Care Physicians   |         |
| 2690 Eastborn Medical Group  |         |
| 2779 Hamtramck Medical Group   |         |
| 2981 Hometown Family Practice  |         |
| F4106 Michigan Family Physician  |         |
| F4121 Associates in Internal Medicine Specialties  |         |
| F4126 Toni Ballitch Trate DO PC  |         |
| 1408 Washington Family Medicine  |         |
| Group: 2859 (Michigan Kidney Consultants VI (Sterling Heights)), 59 (Michiga                     | an      |
| Kidney Consultants (Southfield)), 735 (Michigan Kidney Consultants II (Pontia                    | ac)),   |
| 2859, 59, 735, 907 (Michigan Kidney Consult III (Troy)), 1017 (Michigan Kidney Consultants       | V       |
| 907, 1017, 1422, (Southfield)), 1422 (Michigan Kidney Consultants (Rochester Hills)), & 915      |         |
| & 915 (Michigan Kidney Consultant IV (Royal Oak))  |         |
| 728, 759, 1529, Group: 728 (Silver Pine Family Practice I), 759 (Silver Pine Family Practice II) | ), 1529 |
|  |         |

| Test Name   | Osmolality, Feo  | cal               |             |
|---|--|-------------------|-------------|
| Update Status   | NEW  |                   |             |
| Effective Date  | 8/2/2022   |                   |             |
| FOR CLIENT USE:<br>(INTERFACE CODE)<br>EMR Mapping<br>Version 2 | LAB8560  |                   |             |
| Interface Mapping   |  |                   |             |
| Codes/Result Codes (for trending by client if desired)          | Result Code:   | Result Code Name: | LOINC Code: |
| trending by cheft in desired)                                   | 1239992218   | Osmolality, Fecal | 2693-0      |
| CPT Code  | 84999  |                   |             |
| Additional Information  | <b>Collect</b> : Random stool sample in a sterile collection cup. Stool must be liquid in consistency. Formed (solid) stool will NOT be accepted. Refrigerate the specimen immediately after collection. |                   |             |
|   | Refer to Beaumont Laboratory Test Directory for additional   |                   |             |
|   | information  |                   |             |

| Test Name  | Electrolytes, Fe  | vcal  |  |  |
|--|---|-------|--|--|
| Update Status  | NEW   |       |  |  |
| Effective Date   | 8/2/2022  |       |  |  |
| FOR CLIENT USE:<br>(INTERFACE CODE)<br>EMR Mapping<br>Version 2                | LAB8562   |       |  |  |
| Interface Mapping<br>Codes/Result Codes (for<br>trending by client if desired) | Result Code:         Result Code Name:         LOINC Code:           1239992215         Sodium, Fecal         15207-4           1239992216         Potassium, Fecal         15202-5           1239992219         Chloride, Fecal         15158-9                                    |       |  |  |
| CPT Code   | 84999, 84302,   | 84238 |  |  |
| Additional Information   | Collect: Random stool sample in a sterile collection cup. Stool must be<br>liquid in consistency. Formed (solid) stool will NOT be accepted.<br>Refrigerate the specimen immediately after collection.<br>Refer to Beaumont Laboratory Test Directory for additional<br>information |       |  |  |

| Test Name   | pH,Fecal  |                    |                              |
|---|---|--------------------|------------------------------|
| Update Status   | NEW   |                    |                              |
| Effective Date  | 8/2/2022  |                    |                              |
| FOR CLIENT USE:<br>(INTERFACE CODE)<br>EMR Mapping<br>Version 2 | LAB8562   |                    |                              |
| Interface Mapping   |   |                    |                              |
| Codes/Result Codes (for   | Result Code:  | Result Code Name:  | LOINC Code:                  |
| trending by client if desired)                                  | 1239998199  | pH, Fecal          | 2755-7                       |
| CPT Code  | 83986   |                    |                              |
| Additional Information  | <b>Collect</b> : Random stool sample in a sterile collection cup. |                    |                              |
|   | Refer to Beau information   | mont Laboratory Te | est Directory for additional |

| Test Name   | Citrate Excretion, Urine  | Citrate Excretion, Urine, Random |             |  |
|---|---|----------------------------------|-------------|--|
| Update Status   | MODIFIED – Moving to Warde Lab - Test Code Remains the Same   |                                  |             |  |
| Effective Date  | 8/2/2022  |                                  |             |  |
| FOR CLIENT USE:<br>(INTERFACE CODE)<br>EMR Mapping<br>Version 2 | LAB7132   |                                  |             |  |
| Interface Mapping   |   |                                  |             |  |
| Codes/Result Codes (for   | Result Code   | Result Code Name:                | LOINC Code: |  |
| trending by client if desired)                                  | 12399980021   | Citrate Concentration            | 2128-7      |  |
| CPT Code  | 82507   |                                  |             |  |
| Additional Information  | <ul> <li>Collect: Random urine in a screw-capped container (preferred) or other sterile collection container. (Minimum: 1.0 mL). Maintain specimen refrigerated (2-8°C or 36-46°F) prior to transport.</li> <li>Refer to Beaumont Laboratory Test Directory for additional</li> </ul> |                                  |             |  |
|   | information   | aboratory rest Directory i       |             |  |

| Test Name        | Acid Phosphatase, Total |
|------------------|-------------------------|
| Update Status    | INACTIVATED             |
| Effective Date   | 8/2/2022                |
| FOR CLIENT USE:  | LAB5924                 |
| (INTERFACE CODE) |                         |
| EMR Mapping      |                         |
| Version 1        |                         |

| Test Name                                    | Electrolyte and Osmolality Profile, Fecal                         |                                       |                      |  |
|--|---|---------------------------------------|----------------------|--|
| Update Status                                | <b>MODIFIED</b> – Moving to ARUP LAB – Test Code Remains the Same |                                       |                      |  |
| Effective Date                               | 8/2/2022  |                                       |                      |  |
| FOR CLIENT USE:                              | LAB7098Q  |                                       |                      |  |
| (INTERFACE CODE)                             |   |                                       |                      |  |
| EMR Mapping                                  |   |                                       |                      |  |
| Version 2                                    |   |                                       |                      |  |
| Ask at order Entry Questions                 |   |                                       |                      |  |
| with expected response                       | Interface   | Question:                             | Allowed              |  |
|  | Mapping Code:   |                                       | Responses:           |  |
|  | 102392  | Fecal Total Weight                    | (Weight in grams)    |  |
|  | 102391  | Collection Time for Fecal<br>Specimen | (Time in Hours)      |  |
| Interface Manning                            |   | · ·                                   | ·                    |  |
| Interface Mapping<br>Codes/Result Codes (for | Result Code   | Result Code Name:                     | LOINC Code:          |  |
| trending by client if desired)               |   |                                       |                      |  |
| trending by cheften desired                  |   | Fecal Total Weight                    | 30078-0              |  |
|  |   | Collection Time for Fecal Specimer    |                      |  |
|  |   | Sodium, Fecal                         | 15207-4              |  |
|  |   | Potassium, Fecal                      | 15202-5              |  |
|  |   | Magnesium, Fecal - per volume         | 29911-5              |  |
|  |   | Magnesium, Fecal - per 24h            | 22912-3              |  |
|  |   | Calculated Osmolality, Fecal          | 2693-0               |  |
|  |   | Osmolality Gap, Fecal                 | 73571-2              |  |
|  | 1239992218  | Osmolality, Fecal                     | 2693-0               |  |
|  |   |                                       |                      |  |
| CPT Code                                     | 84999x2, 84302, 83735   |                                       |                      |  |
| Additional Information                       |   | n stool sample in a sterile collect   |                      |  |
|  | liquid in consistency. Formed (solid) stool will NOT be accepted. |                                       |                      |  |
|  | Refrigerate the s   | specimen immediately after collect    | ion.                 |  |
|  | Refer to Beau information   | umont Laboratory Test Direc           | ctory for additional |  |

| Test Name   | Dialysis Renal F             | unction Panel                      |                    |  |  |
|---|------------------------------|------------------------------------|--------------------|--|--|
| Update Status   | New                          | New                                |                    |  |  |
| Effective Date  | 8-2-22                       |                                    |                    |  |  |
| FOR CLIENT USE:   | LAB8564                      |                                    |                    |  |  |
| (INTERFACE CODE)  |                              |                                    |                    |  |  |
| EMR Mapping   |                              |                                    |                    |  |  |
| Version 2   |                              |                                    |                    |  |  |
| Ask at order Entry Questions                              |                              | -                                  |                    |  |  |
| with expected response                                    | Interface<br>Mapping Code:   | Question:                          | Allowed Responses: |  |  |
|   | 103243                       | Is the patient a Dialysis patient? | Yes/No             |  |  |
|   |                              |                                    |                    |  |  |
| Interface Mapping   |                              |                                    |                    |  |  |
| Codes/Result Codes (for<br>trending by client if desired) | Result Code:                 | Result Code Name:                  | LOINC Code:        |  |  |
| tiending by client in desired)                            | 1239991482                   | Sodium                             | 2951-2             |  |  |
|   | 1239991445                   | Potassium                          | 2823-3             |  |  |
|   | 1239991122                   | Chloride                           | 2075-0             |  |  |
|   | 1239991139                   | CO2                                | 2028-9             |  |  |
|   | 1239991832                   | Anion Gap                          | 33037-3            |  |  |
|   | 1239991378                   | Glucose                            | 2345-7             |  |  |
|   | 1239991087                   | BUN                                | 3094-0             |  |  |
|   | 1239991734                   | Creatinine                         | 2160-0             |  |  |
|   | 12399911368                  | eGFR by Creatinine                 | 98979-8            |  |  |
|   | 1239991092                   | Calcium                            | 17861-6            |  |  |
|   | 1239991504                   | Phosphorus                         | 2777-1             |  |  |
|   | 1239991833                   | Albumin                            | 61151-7            |  |  |
|   | 12399910752                  | Anion Gap                          | 33037-3            |  |  |
|   | 12399911367                  | eGFR by Creatinine                 | 98979-8            |  |  |
| CPT Code  | 80069                        |                                    |                    |  |  |
| Additional Information                                    | Collect: 0.5 ml              | Gold Top tube.                     |                    |  |  |
|   | Refer to Beau<br>information | nont Laboratory Test Director      | y for additional   |  |  |

| <b>Te</b> st Name   | Orthopoxvirus Molecular Detection DNA PCR                                   |            |  |   |
|---|---|------------|--|---|
| Update Status   | NEW- LAB8569Q   |            |  |   |
| Effective Date  | 8/2/2022  |            |  |   |
| FOR CLIENT USE:<br>(INTERFACE CODE)<br>EMR Mapping<br>Version 1 | LAB8569Q  |            |  |   |
| Ask at order Entry Questions                                    |   |            |  |   |
| with expected response  | Interface<br>Mapping Code:  | Question:  | Allowed Response   | 2S:   |
|   | MPXDS   | Source     | Swab   |   |
|   | ORACE   | Race       | Black or African<br>Hawaiian/Other   | or Alaska Native, Asian,<br>American, Native<br>Pacific Islander, White,<br>used to Answer, Unknown |
|   | OETHN   | Ethnicity  | city LIST:<br>Hispanic or Latino, Not Hispanic or<br>Not Obtainable, Refused, Asked bu<br>Unknown, Unknown |   |
| Interface Mapping   |   |            |  |   |
| Codes/Result Codes (for   | Result Code:  | Result Co  | de Name:   | LOINC Code:   |
| trending by client if desired)                                  | 1239916789  | Source     |  | 31208-2   |
|   | 1239916790  | Patient Ra | се   | 72826-1   |
|   | 1239916791  | Patient Et | hnicity  | 69490-1   |
|   | 1239916792  | Orthopoxy  | virus DNA  | 100434-0  |
| CPT Code  | 87798 (\$90.00  | )          |  |   |
| Additional Information  | <b>Collect</b> : 2 sterile swabs placed in sterile container, Refrigerated. |            |  | ainer, Refrigerated.  |
|   | Refer to Beaumont Laboratory Test Directory for additional information      |            |  |   |

| Test Name                      | Glucose, Pancre  | Glucose, Pancreatic Fluid |             |  |
|--------------------------------|--|---------------------------|-------------|--|
| Update Status                  | New  |                           |             |  |
| Effective Date                 | 8-2-2022   |                           |             |  |
| FOR CLIENT USE:                | LAB8563  |                           |             |  |
| (INTERFACE CODE)               |  |                           |             |  |
| EMR Mapping                    |  |                           |             |  |
| Version 2                      |  |                           |             |  |
| Interface Mapping              |  |                           |             |  |
| Codes/Result Codes (for        | Result Code:   | Result Code Name:         | LOINC Code: |  |
| trending by client if desired) | 123999991  | Glucose, Pancreatic Fluid | 2344-0      |  |
| CPT Code                       | 82945 (\$21.00)  | )                         |             |  |
| Additional Information         | <b>Collect</b> : Sterile container or Plain Red Top tube.              |                           |             |  |
|                                | Refer to Beaumont Laboratory Test Directory for additional information |                           |             |  |

| Test Name                           | Alpha Fetoprotein, CSF   |                        |             |  |
|-------------------------------------|--|------------------------|-------------|--|
| Update Status                       | New  |                        |             |  |
| Effective Date                      | 08/02/2022   |                        |             |  |
| FOR CLIENT USE:<br>(INTERFACE CODE) | LAB8565  |                        |             |  |
| EMR Mapping<br>Version 2            |  |                        |             |  |
| Interface Mapping                   |  |                        |             |  |
| Codes/Result Codes (for             | Result Code:   | Result Code Name:      | LOINC Code: |  |
| trending by client if desired)      | 1239995488   | Alpha Fetoprotein, CSF | 1833-3      |  |
| CPT Code                            | 86316  |                        |             |  |
| Additional Information              | <b>Collect:</b> CSF in a sterile container, Minimum volume 0.5 mL. Transport refrigerated. |                        |             |  |
|                                     | Refer to Beaumont Laboratory Test Directory for additional information                     |                        |             |  |

| Test Name                       | BETA HCG, CSF  |               |             |  |
|---------------------------------|--|---------------|-------------|--|
| Update Status                   | New  |               |             |  |
| Effective Date                  | 08/02/2022   |               |             |  |
| FOR CLIENT USE:                 | LAB8566  |               |             |  |
| (INTERFACE CODE)<br>EMR Mapping |  |               |             |  |
| Version 2                       |  |               |             |  |
| Interface Mapping               |  |               |             |  |
| Codes/Result Codes (for         | Result Code:   | Result Code   | LOINC Code: |  |
| trending by client if desired)  |  | Name:         |             |  |
|                                 | 12399917001  | BETA HCG, CSF | 14041-8     |  |
|                                 |  |               |             |  |
| CPT Code                        | 84702  |               |             |  |
| Additional Information          | <b>Collect:</b> CSF in a sterile container, Minimum volume 0.5 mL. Transport refrigerated. |               |             |  |
|                                 | renngerateu.   |               |             |  |
|                                 | Refer to Beaumont Laboratory Test Directory for additional information                     |               |             |  |