

# **Beaumont Laboratory EMR Compendium Update**

Distribution DATE: 8/16/2019

## <u>It is the responsibility of the Physician Office to maintain the EMR test compendium</u> \*\*\*\*For Clients using Atlas v9 and Halfpenny EMRs use Test Code Version 1

| 50                        | Generations Birmingham                                                                                                                  |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 162                       | Karle Medical Group                                                                                                                     |
| 306                       | Southfield Internists, P.C.                                                                                                             |
| 366                       | Orion Family Physicians                                                                                                                 |
| 395                       | Gastrointestinal Specialists                                                                                                            |
| 419 & 733                 | Group: 419 (Clinton Women's Healthcare (OB)) and 733 (Clinton Women's Healthcare (Torok & Chu) II)                                      |
| 453, 740,<br>749 & 2059   | Prism Medical Group: 453 (Lifetime Medical Associates), 740 (Macomb Oakland Adult Medicine), 749 (Associates of Family Medicine II)     |
| 644                       | Women First (OB)                                                                                                                        |
| 691                       | Preferred Family Medicine                                                                                                               |
| 728, 759 &<br>1529        | Group: 728 (Silver Pine Family Practice I), 759 (Sliver Pine Family Practice II), and 1529 (Silver Pine III)                            |
| 742, 1653,<br>2035 & 2340 | Group: 742 (Oakland/Macomb OB/GYN), 1653 (Oakland/Macomb OB/GYN II), 2035 (Oakland/Macomb OB/GYN III), and 2340 (Oakland/Macomb OB/GYN) |
| 1004                      | Stonebrooke Family Physicians                                                                                                           |
| 1104                      | Troy Family Practice                                                                                                                    |
| 1243                      | Drs. Griffin & Weissman                                                                                                                 |
| 1670                      | Esprit Women's Health (OB)                                                                                                              |
| 1768                      | Modern Obstetrics & Gynecology                                                                                                          |
| 1977                      | William Kestenberg, MD                                                                                                                  |

| Test Name |                             | Furosemide Level                  |
|-----------|-----------------------------|-----------------------------------|
|           | Update Status               | INACTIVATED - No Replacement Test |
|           | Effective Date              | 8/6/2019                          |
|           | FOR CLIENT USE:             | 80975                             |
|           | (INTERFACE CODE)            |                                   |
|           | EMR Mapping                 |                                   |
|           | Version 1                   |                                   |
|           | NOT FOR CLIENT USE:         | XFURO                             |
|           | Internal Beaumont Test Code |                                   |

| Test Name                   | Interferon-Alpha                  |
|-----------------------------|-----------------------------------|
| Update Status               | INACTIVATED - No Replacement Test |
| Effective Date              | 8/6/2019                          |
| FOR CLIENT USE:             | XINTF                             |
| (INTERFACE CODE)            |                                   |
| EMR Mapping                 |                                   |
| Version 1                   |                                   |
| NOT FOR CLIENT USE:         | XINTF                             |
| Internal Beaumont Test Code |                                   |

| Test Name                   | hCG Qualitative, Pregnancy Serum                           |
|-----------------------------|------------------------------------------------------------|
| Update Status               | INACTIVATED – Troy Lab Test Code Only, No Replacement Test |
| Effective Date              | 9/10/2019                                                  |
| FOR CLIENT USE:             | 17279                                                      |
| (INTERFACE CODE)            |                                                            |
| EMR Mapping                 |                                                            |
| Version 1                   |                                                            |
| NOT FOR CLIENT USE:         | HCGS2                                                      |
| Internal Beaumont Test Code |                                                            |

| Test Name                   | Secretin                          |
|-----------------------------|-----------------------------------|
| Update Status               | INACTIVATED - No Replacement Test |
| Effective Date              | 9/10/2019                         |
| FOR CLIENT USE:             | XSECR                             |
| (INTERFACE CODE)            |                                   |
| EMR Mapping                 |                                   |
| Version 1                   |                                   |
| NOT FOR CLIENT USE:         | XSECR                             |
| Internal Beaumont Test Code |                                   |

| Test Name                                              | Zika Virus IgM | Ab Capture (MAC), ELISA                         |                      |
|--------------------------------------------------------|----------------|-------------------------------------------------|----------------------|
| Update Status                                          | MODIFIED -     | New Result Component Added - X2                 | ZIGC                 |
| Effective Date                                         | 9/10/2019      |                                                 |                      |
| FOR CLIENT USE: (INTERFACE CODE) EMR Mapping Version 1 | XZELS          |                                                 |                      |
| NOT FOR CLIENT USE:<br>Internal Beaumont Test Code     | XZELS          |                                                 |                      |
| Interface Mapping                                      | _              |                                                 |                      |
| Codes/Result Codes (for                                | Result Code    | Result Code Name:                               | LOINC Code:          |
| trending by client if desired)                         | XZIGC          | Zika Virus IgM Ab Capture (MAC)<br>Confirmation | N/A                  |
| CPT Code                                               | 87662/86794    |                                                 |                      |
| Additional Information                                 | Refer to Beaur | nont Laboratory Test Directory for add          | itional information. |

| Test Name                                              | Tramadol, Urin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e                                           |                  |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------|
| Update Status                                          | NEW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |                  |
| Effective Date                                         | 9/10/2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                  |
| FOR CLIENT USE: (INTERFACE CODE) EMR Mapping Version 1 | XUTRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                  |
| NOT FOR CLIENT USE:<br>Internal Beaumont Test Code     | XUTRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                  |
| Interface Mapping<br>Codes/Result Codes (for           | Result Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Result Code Name:                           | LOINC Code:      |
| trending by client if desired)                         | XTRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Tramadol                                    | 19710-3          |
|                                                        | XCTRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Confirmation for Tramadol                   | 20561-7          |
|                                                        | XCODT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Confirmation for O-desmethyltramadol        | N/A              |
|                                                        | XCREA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Creatinine                                  | 2161-8           |
|                                                        | XADLT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Adulterant                                  | 59061-2          |
| CPT Code                                               | 80307                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                  |
| Additional Information                                 | Collect: Urine: 50 mL random urine in a screw-capped container (preferred) or other sterile collection cup. (Min: 30 mL for adults, 20 mL for pediatrics)  Refrigerate the urine specimen immediately after collection. Record the exact time of specimen collection on the container or in the computer system.  Maintain urine specimen refrigerated (2-8°C or 36-46°F) prior to transport.  Rejection Criteria: Urine Vacutainer® tubes. Urine received in a glass or plastic tube with a rubber stopper may contain insufficient sample volume, preclude confirmatory testing, and give rise to contaminants and artifacts. |                                             |                  |
|                                                        | Refer to Beaum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nont Laboratory Test Directory for addition | nal information. |

#### **Beaumont Laboratory EMR Compendium Update**

Distribution DATE: 8/16/2019

<u>It is the responsibility of the Physician Office to maintain the EMR test compendium</u>
\*\*\*\*For Clients using Atlas v11, Atlas Ion for EMRS use Test Code Version 2

| 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                                                                                                                                                                          |
| 383                               | Child Health Associates                                                                                                                                                                           |
| 362 & 365                         | Group: 362 (Michael S. Salter, DPM) and 365 (Franklin Park Podiatry)                                                                                                                              |
| 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                                                                                                                                                                                 |
| 753                               | Mitchell H. Folbe, M.D.                                                                                                                                                                           |
| 832                               | Rochester Internists                                                                                                                                                                              |
| 864 & 1724                        | Group: 864 (Eastman & Wosniak, MD PC) 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                                                                                                                                                                          |
| 980 & 1232                        | Group: 980 (Allergy & Asthma Associates of Michigan) & 1232 (Allergy Center)                                                                                                                      |
| 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                               |
| 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                              |
| 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                   | Furosemide Level                  |
|-----------------------------|-----------------------------------|
| Update Status               | INACTIVATED - No Replacement Test |
| Effective Date              | 8/6/2019                          |
| FOR CLIENT USE:             | LAB6034                           |
| (INTERFACE CODE)            |                                   |
| EMR Mapping                 |                                   |
| Version 2                   |                                   |
| NOT FOR CLIENT USE:         | XFURO                             |
| Internal Beaumont Test Code |                                   |

| Test Name                   | Interferon-Alpha                  |
|-----------------------------|-----------------------------------|
| Update Status               | INACTIVATED - No Replacement Test |
| Effective Date              | 8/6/2019                          |
| FOR CLIENT USE:             | LAB6291                           |
| (INTERFACE CODE)            |                                   |
| EMR Mapping                 |                                   |
| Version 2                   |                                   |
| NOT FOR CLIENT USE:         | XINTF                             |
| Internal Beaumont Test Code |                                   |

| Test Name                                          | hCG Qualitative, Pregnancy Serum                           |
|----------------------------------------------------|------------------------------------------------------------|
| Update Status                                      | INACTIVATED – Troy Lab Test Code Only, No Replacement Test |
| Effective Date                                     | 9/10/2019                                                  |
| FOR CLIENT USE:<br>(INTERFACE CODE)<br>EMR Mapping | LAB5067                                                    |
| Version 2                                          |                                                            |
| NOT FOR CLIENT USE:                                | HCGS2                                                      |
| Internal Beaumont Test Code                        |                                                            |

| Test Name                   | Secretin                          |
|-----------------------------|-----------------------------------|
| Update Status               | INACTIVATED - No Replacement Test |
| Effective Date              | 9/10/2019                         |
| FOR CLIENT USE:             | LAB6331                           |
| (INTERFACE CODE)            |                                   |
| EMR Mapping                 |                                   |
| Version 2                   |                                   |
| NOT FOR CLIENT USE:         | XSECR                             |
| Internal Beaumont Test Code |                                   |

| Test Name                      | Zika Virus IgM Ab Capture (MAC), ELISA                                  |                                 |             |
|--------------------------------|-------------------------------------------------------------------------|---------------------------------|-------------|
| Update Status                  | MODIFIED - New Result Component Added - XZIGC                           |                                 |             |
| Effective Date                 | 9/10/2019                                                               |                                 |             |
| FOR CLIENT USE:                | LAB7139                                                                 |                                 |             |
| (INTERFACE CODE)               |                                                                         |                                 |             |
| EMR Mapping                    |                                                                         |                                 |             |
| Version 2                      |                                                                         |                                 |             |
| NOT FOR CLIENT USE:            | XZELS                                                                   |                                 |             |
| Internal Beaumont Test Code    |                                                                         |                                 |             |
| Interface Mapping              |                                                                         |                                 |             |
| Codes/Result Codes (for        | Result Code                                                             | Result Code Name:               | LOINC Code: |
| trending by client if desired) | XZIGC                                                                   | Zika Virus IgM Ab Capture (MAC) | N/A         |
|                                |                                                                         | Confirmation                    |             |
| CPT Code                       | 87662/86794                                                             |                                 |             |
| Additional Information         | Refer to Beaumont Laboratory Test Directory for additional information. |                                 |             |

| Test Name                      | Tramadol, Urine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |             |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------|
| Update Status                  | NEW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |             |
| Effective Date                 | 9/10/2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |             |
| FOR CLIENT USE:                | LAB7573                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |             |
| (INTERFACE CODE)               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |             |
| EMR Mapping                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |             |
| Version 2                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |             |
| NOT FOR CLIENT USE:            | XUTRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |             |
| Internal Beaumont Test Code    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |             |
| Interface Mapping              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _                                    |             |
| Codes/Result Codes (for        | Result Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Result Code Name:                    | LOINC Code: |
| trending by client if desired) | XTRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Tramadol                             | 19710-3     |
|                                | XCTRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Confirmation for Tramadol            | 20561-7     |
|                                | XCODT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Confirmation for O-desmethyltramadol | N/A         |
|                                | XCREA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Creatinine                           | 2161-8      |
|                                | XADLT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Adulterant                           | 59061-2     |
| CPT Code                       | 80307                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |             |
| Additional Information         | Collect: Urine: 50 mL random urine in a screw-capped container (preferred) or other sterile collection cup. (Min: 30 mL for adults, 20 mL for pediatrics)  Refrigerate the urine specimen immediately after collection. Record the exact time of specimen collection on the container or in the computer system.  Maintain urine specimen refrigerated (2-8°C or 36-46°F) prior to transport.  Rejection Criteria: Urine Vacutainer® tubes. Urine received in a glass or plastic tube with a rubber stopper may contain insufficient sample volume, preclude confirmatory testing, and give rise to contaminants and artifacts. |                                      |             |
|                                | Refer to Beaumont Laboratory Test Directory for additional information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |             |

# **Beaumont Laboratory EMR Compendium Update**

Distribution DATE: 8/16/2019

<u>It is the responsibility of the Physician Office to maintain the EMR test compendium</u>

\*\*\*\* For Clients using Atlas v19, Site Override Group for tests with mandatory AAOE Questions - use Test Code Version 3

| 143        | Country Creek Family Medical    |
|------------|---------------------------------|
| 163        | Michigan Endocrine Consultants  |
| 511        | Macomb Medical Clinic, PC       |
| 805        | Riverbend Health Care           |
| 2590, 2184 | Endocrine & Metabolic Disorders |
| 2690       | Eastborn Medical Group          |
| F4106      | Michigan Family Physician       |
| F4126      | Toni Ballitch Trate DO PC       |
| 1408       | Washington Family Medicine      |

| Test Name                   | Furosemide Level                  |
|-----------------------------|-----------------------------------|
| Update Status               | INACTIVATED – No Replacement Test |
| Effective Date              | 8/6/2019                          |
| FOR CLIENT USE:             | LAB6034                           |
| (INTERFACE CODE)            |                                   |
| EMR Mapping                 |                                   |
| Version 3                   |                                   |
| NOT FOR CLIENT USE:         | XFURO                             |
| Internal Beaumont Test Code |                                   |

| Test Name                   | Interferon-Alpha                  |
|-----------------------------|-----------------------------------|
| Update Status               | INACTIVATED - No Replacement Test |
| Effective Date              | 8/6/2019                          |
| FOR CLIENT USE:             | LAB6291                           |
| (INTERFACE CODE)            |                                   |
| EMR Mapping                 |                                   |
| Version 3                   |                                   |
| NOT FOR CLIENT USE:         | XINTF                             |
| Internal Beaumont Test Code |                                   |

| Test Name                   | hCG Qualitative, Pregnancy Serum                           |
|-----------------------------|------------------------------------------------------------|
| Update Status               | INACTIVATED – Troy Lab Test Code Only, No Replacement Test |
| Effective Date              | 9/10/2019                                                  |
| FOR CLIENT USE:             | LAB5067                                                    |
| (INTERFACE CODE)            |                                                            |
| EMR Mapping                 |                                                            |
| Version 3                   |                                                            |
| NOT FOR CLIENT USE:         | HCGS2                                                      |
| Internal Beaumont Test Code |                                                            |

| Test Name                   | Secretin                          |
|-----------------------------|-----------------------------------|
| Update Status               | INACTIVATED - No Replacement Test |
| Effective Date              | 9/10/2019                         |
| FOR CLIENT USE:             | LAB6331                           |
| (INTERFACE CODE)            |                                   |
| EMR Mapping                 |                                   |
| Version 3                   |                                   |
| NOT FOR CLIENT USE:         | XSECR                             |
| Internal Beaumont Test Code |                                   |

| Test Name                                              | Zika Virus IgM                                                          | Ab Capture (MAC), ELISA                         |             |
|--------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------|-------------|
| Update Status                                          | MODIFIED - New Result Component Added - XZIGC                           |                                                 |             |
| Effective Date                                         | 9/10/2019                                                               |                                                 |             |
| FOR CLIENT USE: (INTERFACE CODE) EMR Mapping Version 3 | LAB7139Q                                                                |                                                 |             |
| NOT FOR CLIENT USE:<br>Internal Beaumont Test Code     | XZELS                                                                   |                                                 |             |
| Interface Mapping                                      |                                                                         |                                                 |             |
| Codes/Result Codes (for                                | Result Code                                                             | Result Code Name:                               | LOINC Code: |
| trending by client if desired)                         | XZIGC                                                                   | Zika Virus IgM Ab Capture (MAC)<br>Confirmation | N/A         |
| CPT Code                                               | 87662/86794                                                             |                                                 |             |
| Additional Information                                 | Refer to Beaumont Laboratory Test Directory for additional information. |                                                 |             |

| Test Name                                              | Tramadol, Urine                                                                                                                                                  |                                      |             |  |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------|--|
| Update Status                                          | NEW                                                                                                                                                              |                                      |             |  |
| Effective Date                                         | 9/10/2019                                                                                                                                                        |                                      |             |  |
| FOR CLIENT USE:                                        | LAB7573                                                                                                                                                          |                                      |             |  |
| (INTERFACE CODE)                                       |                                                                                                                                                                  |                                      |             |  |
| EMR Mapping                                            |                                                                                                                                                                  |                                      |             |  |
| Version 3                                              |                                                                                                                                                                  |                                      |             |  |
| NOT FOR CLIENT USE: Internal Beaumont Test Code        | XUTRA                                                                                                                                                            |                                      |             |  |
| Interface Mapping                                      |                                                                                                                                                                  |                                      |             |  |
| Codes/Result Codes (for trending by client if desired) | Result Code:                                                                                                                                                     | Result Code Name:                    | LOINC Code: |  |
| trending by cheffe it desired)                         | XTRM                                                                                                                                                             | Tramadol                             | 19710-3     |  |
|                                                        | XCTRM                                                                                                                                                            | Confirmation for Tramadol            | 20561-7     |  |
|                                                        | XCODT                                                                                                                                                            | Confirmation for O-desmethyltramadol | N/A         |  |
|                                                        | XCREA                                                                                                                                                            | Creatinine                           | 2161-8      |  |
|                                                        | XADLT                                                                                                                                                            | Adulterant                           | 59061-2     |  |
|                                                        |                                                                                                                                                                  |                                      | _           |  |
| CPT Code                                               | 80307                                                                                                                                                            |                                      |             |  |
| Additional Information                                 | <b>Collect:</b> Urine: 50 mL random urine in a screw-capped container (preferred) or other sterile collection cup. (Min: 30 mL for adults, 20 mL for pediatrics) |                                      |             |  |

Refrigerate the urine specimen immediately after collection. Record the exact time of specimen collection on the container or in the computer system.

Maintain urine specimen refrigerated (2-8°C or 36-46°F) prior to transport.

**Rejection Criteria:** Urine Vacutainer<sup>®</sup> tubes. Urine received in a glass or plastic tube with a rubber stopper may contain insufficient sample volume, preclude confirmatory testing, and give rise to contaminants and artifacts.

Refer to Beaumont Laboratory Test Directory for additional information.