



Client Communication

Test Updates Effective March 14, 2022

Pathology Laboratories, Inc. (PathLabs) is in the process of making updates to approximately thirty (30) tests, which will be effective Monday, March 14, 2022, as disclosed in the chart provided herein.

The test updates include changes for certain tests in the following areas:

- EMR Mapping (including revisions to LOINC codes)
- Reference Ranges
- Revised Result Fields
- Specimen Requirements (New Collection Tube Types)
- Test Names
- Other Miscellaneous Information

The enclosed chart, alphabetized by test, contains specific information as to the modifications. All changes in the chart are marked as **bright blue**.

Our online test directory will be updated to reflect this information beginning March 14, 2022.

This Client Communication has also been posted to our website for reference.

Please review the information and make changes as applicable to your practice/facility. If you have any questions, please contact our Customer Service Department at 419-291-4414/833-960-0241 or your account executive. Thank you.



Client Communication

| Orderable Code | Test Name | Revised Result Field | Specimen Requirements/ Handling Instruction | Reference Ranges | LOINC |
|----------------|---------------------------------|----------------------|---|---|-------|
| 37378 | ACETAMINOPHEN | | New Tube Type- Red Top | THERAPEUTIC: 10-25 MCG/ML TOXIC: >200 MCG/ML (4 HRS AFTER INGESTION) > 50 MCG/ML (12 HRS AFTER INGESTION) | X |
| 36351 | BETA- HYDROXYBUTYRIC ACID | | New Tube Type- SST | | X |
| 16735 | CALCIUM, 24HR URINE | | | | X |
| 16725 | CHLORIDE, 24HR URINE | | | | X |
| 36068 | CORTISOL | | New Tube Type- SST | | |
| 16400 | DIGOXIN | X | New Tube Type- Red Top | | |
| 16405 | DILANTIN | X | New Tube Type- Red Top | | |
| 36043 | GENTAMICIN | X | New Tube Type- Red Top | | X |
| 36073 | GROWTH HORMONE | | | | X |
| 36477 | HOMOCYSTEINE, SERUM | | New Tube Type- SST | AGE BASED <15 YEARS: <8 UMOL/L 15-65 YEARS: <12 UMOL/L >65 YEARS: <16 UMOL/L | |
| 36276 | LACTIC ACID, PLASMA | | | | X |
| 36191 | MAGNESIUM, 24HR URINE | X | | | X |
| 36171 | METHOTREXATE | | New Tube Type- Red Top No longer protected from light | | |
| 36131 | MYOGLOBIN | | New Tube Type- SST | Gender Specific MALE: 28-72 NG/ML FEMALE: 25-58 NG/ML | |
| 16415 | PHENOBARBITAL | X | New Tube Type- Red Top | | |

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| Orderable Code | Test Name | Revised Result Field | Specimen Requirements/ Handling Instruction | Reference Ranges | LOINC |
|----------------|--------------------------|----------------------|--|------------------|-------|
| 39397 | PHENYTOIN, FREE | | New Tube Type- Red Top | | |
| 58016 | PHOSPHORUS, 24HR URINE | X | | | X |
| 16715 | POTASSIUM, 24HR URINE | | | | X |
| 36019 | PREALBUMIN | | New Tube Type- SST | | |
| 38827 | PROCALCITONIN | | | | X |
| 16705 | SODIUM, 24HR URINE | | | | X |
| 16410 | TEGRETOL | X | New Tube Type- Red Top | | |
| 36058 | TOBRAMYCIN | X | New Tube Type- Red Top | | |
| 75337 | UREA NITRO 24HR | X | | | X |
| 252 | URINE ELECTROLYTES, 24HR | | | | X |
| 16425 | VALPROIC ACID | X | New Tube Type- SST | | |
| 38358 | VANCOMYCIN | | New Tube Type- Red Top | | |

Revised Result Fields/LOINC

| Orderable Code | Test Name | EMR Interface Mapping | | | | Other | | |
|----------------|--------------------------|-----------------------|--------------------------|-----|------------|----------------|-----------|-------|
| | | Result Code | Result Name | AOE | Reportable | LOINC | UOM | CPT |
| | | 19794 | ACETAMINOPHEN, SERUM | N | Y | 3298-7 | MCG/ML | 80143 |
| 37378 | ACETAMINOPHEN | | | | | | | |
| 36351 | BETA-HYDROXYBUTYRIC ACID | 36351 | BETA-HYDROXYBUTYRIC ACID | N | Y | 29512-1 | MG/DL | 82010 |
| 16735 | CALCIUM, 24HR URINE | 16736 | VOLUME | Y | Y | 3167-4 | | 82340 |
| | | 167351 | CALCIUM, UR | N | Y | 17862-4 | | |
| | | 16735 | CALCIUM 24HR | N | Y | 18488-7 | MG/24 HRS | |

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| Revised Result Fields/LOINC | | | | | | | | |
|-----------------------------|------------------------|-----------------------|--|----------|------------|----------------|--------------|-------|
| Orderable Code | Test Name | EMR Interface Mapping | | | | Other | | |
| | | Result Code | Result Name | AOE | Reportable | LOINC | UOM | CPT |
| 16725 | CHLORIDE, 24HR URINE | 16736 | VOLUME | Y | Y | 3167-4 | | 82436 |
| | | 167251 | CHLORIDE, UR | N | Y | 2078-4 | | |
| | | 16725 | CHLORIDE 24HR | N | Y | 21194-6 | MEQ/24 HOURS | |
| 16400 | DIGOXIN | 16400 | DIGOXIN (LAST DOSE RESULT FIELD REMOVED) | N | Y | 10535-3 | NG/ML | 80162 |
| 16405 | DILANTIN | 16405 | DILANTIN (LAST DOSE RESULT FIELD REMOVED) | N | Y | 3968-5 | UG/ML | 80185 |
| 36043 | GENTAMICIN | 36043 | GENTAMICIN (LAST DOSE RESULT FIELD REMOVED) | N | Y | 35668-3 | UG/ML | 80170 |
| 36073 | GROWTH HORMONE | 36073 | GROWTH HORMONE | N | Y | 2963-7 | | 83003 |
| 36276 | LACTIC ACID, PLASMA | 36276 | LACTIC, PLASMA | N | Y | 2524-7 | MG/DL | 83605 |
| 36191 | MAGNESIUM, 24HR URINE | 97110 | COLLECTION LENGTH | Y | Y | 30211-7 | | 83735 |
| | | 97111 | TOTAL VOLUME | Y | Y | 19153-6 | | |
| | | 20484 | CREATININE, URINE - MG/DL | N | Y | 2161-8 | | |
| | | 20485 | CREATININE, URINE - MG/DAY | N | Y | 2162-6 | | |
| | | 19066 | MAGNESIUM, UR | N | Y | 19124-7 | | |
| | | 19067 | MAGNESIUM 24HR | N | Y | 24447-5 | MG/DAY | |
| 16415 | PHENOBARBITAL | 16415 | PHENOBARBITAL (LAST DOSE RESULT FIELD REMOVED) | N | Y | 3948-7 | UG/ML | 80184 |
| 58016 | PHOSPHORUS, 24HR URINE | 97110 | COLLECTION LENGTH | Y | Y | 30211-7 | | 84105 |
| | | 97111 | TOTAL VOLUME | Y | Y | 19153-6 | | |
| | | 20484 | CREATININE, URINE - MG/DL | N | Y | 2161-8 | | |
| | | 20485 | CREATININE, URINE - MG/DAY | N | Y | 2162-6 | | |
| | | 16755 | PHOSPHORUS, UR | N | Y | 2778-9 | | |
| | | 58016 | PHOS 24HR | N | Y | 2779-7 | MG/24 HRS | |
| | | 580161 | PHOS/CREAT RATIO | N | Y | 13795-0 | | |
| 16715 | POTASSIUM, 24HR URINE | 16710 | POTASSIUM, UR | N | Y | 2828-2 | | 84133 |
| | | 16715 | POTASSIUM 24HR | N | Y | 21476-7 | MEQ/24HR | |
| | | 16736 | VOLUME | Y | Y | 3167-4 | | |
| 38827 | PROCALCITONIN | 38827 | PROCALCITONIN | N | Y | 33959-8 | NG/ML | 84145 |
| 16705 | SODIUM, 24HR URINE | 16700 | SODIUM, UR | N | Y | 2955-3 | | 84300 |
| | | 16705 | SODIUM 24HR | N | Y | 21526-9 | MEQ/24 HOURS | |
| | | 16736 | VOLUME | Y | Y | 3167-4 | | |

Client Communication

| Orderable Code | Test Name | Revised Result Fields/LOINC | | | | | | |
|----------------|--------------------------------|-----------------------------|---|----------------|--------------|----------------|--------------|-------|
| | | EMR Interface Mapping | | | | Other | | |
| | | Result Code | Result Name | AOE | Reportable | LOINC | UOM | CPT |
| 16410 | TEGRETOL | 16410 | TEGRETOL (LAST DOSE RESULT FIELD REMOVED) | N | Y | 3432-2 | UG/ML | 80156 |
| 36058 | TOBRAMYCIN | 36058 | TOBRAMYCIN (LAST DOSE RESULT FIELD REMOVED) | N | Y | 35670-9 | UG/ML | 80200 |
| 75337 | UREA NITRO 24HR | 97110 | COLLECTION LENGTH | Y | Y | 30211-7 | | 84540 |
| | | 97111 | TOTAL VOLUME | Y | Y | 19153-6 | | |
| | | 20484 | CREATININE,URINE - MG/DL | N | Y | 2161-8 | | |
| | | 20485 | CREATININE,URINE - MG/DAY | N | Y | 2162-6 | | |
| | | 16754 | UREA NITROGEN,UR | N | Y | 12967-6 | | |
| | | 75337 | UREA NITRO 24HR | N | Y | 3096-5 | GM/24 HR | |
| 252 | URINE ELECTROLYTES, 24HR | 16700 | SODIUM,UR | N | Y | 2955-3 | | 84300 |
| | | 16705 | SODIUM 24HR | N | Y | 21526-9 | MEQ/24 HOURS | |
| | | 16736 | VOLUME | Y | Y | 3167-4 | | |
| | | 16710 | POTASSIUM,UR | N | Y | 2828-2 | | 84133 |
| | | 16715 | POTASSIUM 24HR | N | Y | 21476-7 | MEQ/24 HR | |
| | | 16736 | VOLUME | Y | Y | 3167-4 | | |
| | | 16736 | VOLUME | Y | Y | 3167-4 | | 82436 |
| | | 167251 | CHLORIDE, UR | N | Y | 2078-4 | | |
| 16725 | CHLORIDE 24HR | N | Y | 21194-6 | MEQ/24 HOURS | | | |
| 16425 | VALPROIC ACID | 16425 | VALPROIC ACID (LAST DOSE RESULT FIELD REMOVED) | N | Y | 4086-5 | UG/ML | 80164 |

NOTE: CPT codes are provided for information only, and are based on Pathology Laboratories' current understanding of Medicare rules and carrier instructions and in accordance with the current issue of physicians current procedural terminology (CPT), published by the American Medical Association. Medicare coding may differ from coding used by other third party payers. Questions regarding coding should be confirmed with the payer being billed. Pathology Laboratories cannot accept responsibility for the reimbursement clients may or may not receive based on the procedure codes provided.