





Health Network
LABORATORIES®

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Amylase, Serum

<i>Test Code:</i>	AMYL
<i>CPT Code:</i>	82150
<i>Methodology:</i>	Rate
<i>Testing Schedule:</i>	Routine daily, STAT testing available
<i>Report Availability:</i>	1 day
<i>Minimum Volume:</i>	1 mL serum
<i>Container:</i>	Gold top tube, serum separator
<i>Reference Range:</i>	<101 units/L

Pediatrics:

Newborn serum shows little, if any, amylase activity. Much of this activity is apparently of salivary origin. Markedly low values may not rise to adult values until the end of the first year of life.

<i>Critical Values:</i>	>300 units/L
<i>Clinical Utility:</i>	Useful in the evaluation of disorders of the pancreas.

Basic Metabolic Panel

<i>Test Code:</i>	BMP
<i>CPT Codes:</i>	80048

Includes:

• Calcium	• Potassium
• Carbon dioxide (CO ₂)	• Sodium
• Chloride	• Urea nitrogen (BUN)
• Creatinine	• Anion Gap Calculation
• Glucose	• Glomerular Filtration Rate Calculation (GFR)

<i>Methodology:</i>	See individual test listings
<i>Testing Schedule:</i>	Routine daily, STAT testing available
<i>Report Availability:</i>	1 day
<i>Minimum Volume:</i>	1 mL serum
<i>Container:</i>	Gold top tube, serum separator
<i>Reference Range:</i>	See individual test listings.
<i>Critical Values:</i>	See individual test listings.
<i>Clinical Utility:</i>	

Used to evaluate blood glucose; electrolyte, fluid and acid base balances, and kidney function.



Pain Management Test Listing

CBC with Automated Differential

Test Code: CBCD
CPT Code: 85025
Methodology: Automated Analyzer
Testing Schedule: Routine daily, STAT testing available
Report Availability: 1 day
Minimum Volume: 1.5mL whole blood OR 300-500 µL in BD Microtainer™ tube
Container: Lavender top tube, EDTA
Special Instructions:

If deemed necessary by set laboratory criteria, a manual differential may be performed, and/or hematopathologist review may be performed.

Critical Values: See individual test listings for CBC components.

Differential:

- Elevated band counts >25%
- Presence of >3.0 immature (blast) cells (1st time only) Hematopathologist review to follow.
- Microorganisms (Intracellular or Extracellular) present on peripheral blood smear.

Clinical Utility: Used in the evaluation of infection, anemia and other hematological disorders.

Comprehensive Metabolic Panel

Test Code: CPMP
CPT Codes: 80053
Methodology: See individual test listings
Includes:

• Alanine Aminotransferase (ALT)	• Bilirubin, Total	• Sodium
• Albumin	• Chloride	• Urea nitrogen (BUN)
• Alkaline phosphatase	• Creatinine	• Anion Gap Calculation
• Aspartate Aminotransferase (AST)	• Glucose	• Glomerular Filtration Rate Calculation (GFR)
• Calcium	• Potassium	
• Carbon dioxide (CO2)	• Protein, Total	

Testing Schedule: Routine daily, STAT testing available
Report Availability: 1 day
Minimum Volume: 1 mL serum
Container: Gold top tube, serum separator
Reference Range: See individual test listings
Critical Values: See individual test listings
Clinical Utility: Used as a general organ/system survey and to establish baseline values.

C-Reactive Protein

<i>Test Code:</i>	CRP
<i>CPT Codes:</i>	86140
<i>Methodology:</i>	Nephelometric
<i>Testing Schedule:</i>	Routine, daily
<i>Report Availability:</i>	1 day
<i>Minimum Volume:</i>	1 mL serum
<i>Container:</i>	Gold top tube, serum separator
<i>Special Instructions:</i>	

DO NOT confuse with a High Sensitivity CRP (HSCR) determination.

Reference Range: <0.7 mg/dL

Clinical Utility:

CRP is an acute reactant, which can be used as a general screening aid for inflammatory diseases, infections, and neoplastic diseases. In addition to its usual value as an acute phase reactant, CRP in large concentration (>5.0 mg/L) predicts progression of erosions in rheumatoid arthritis. Elevated serum CRP is characteristic of bacterial, but not viral, meningitis or meningoencephalitis. It may be useful in monitoring the clinical course of these illnesses. CRP concentrations characteristically return to normal after 7 days of appropriate treatment of bacterial meningitis if no complications develop. Serial monitoring of serum and CSF CRP concentrations may be useful clinically.

Creatinine, Serum

Test Code: CREAT

CPT Codes: 82565

Includes:

- Creatinine
- Glomerular Filtration Rate Calculation (GFR)

Methodology: Rate

Testing Schedule: Routine daily, STAT testing available

Report Availability: 1 day

Minimum Volume: 1 mL serum

Container: Gold top tube, serum separator

Special Instructions:

GFR Calculation is not performed when:

- patient is <18 or >97 years of age
- renal steady state is not present
- Sex of patient is unknown

Reference Range:

0 - 14 Days	0.42 - 1.05 mg/dL
15 Days - < 1 Year	0.31 - 0.53 mg/dL
1 - < 4 Years	0.39 - 0.55 mg/dL
4 - < 7 Years	0.44 - 0.65 mg/dL
7 - < 12 Years	0.52 - 0.69 mg/dL
12 - < 15 Years	0.57 - 0.80 mg/dL
15 - < 17 Years	0.59 - 0.86 mg/dL
17 - < 18 Years	0.60 - 0.88 mg/dL
>= 18 Years Male:	0.53 - 1.20 mg/dL

Female: 0.40 - 1.00 mg/dL

Glomerular Filtration Rate (mL/min per 1.73 m²)

- Normal Function or Mild Renal Disease (if clinically at risk): > 60
- Moderately Decreased: 30-59
- Severely Decreased: 15-29
- Renal Failure: <15

NOTE: African-American, GFR multiply reported GFR by 1.16

Clinical Utility: Used in the evaluation of renal function and renal disorders.

Lipase, Serum

<i>Test Code:</i>	LIPS
<i>CPT Code:</i>	83690
<i>Methodology:</i>	Rate
<i>Testing Schedule:</i>	Routine daily, STAT testing available
<i>Report Availability:</i>	1 day
<i>Minimum Volume:</i>	1 mL serum
<i>Container:</i>	Gold top tube, serum separator
<i>Reference Range:</i>	80 - 360 units/L
<i>Clinical Utility:</i>	Used in evaluation of disorders of the pancreas

Magnesium, Serum

<i>Test Code:</i>	MG
<i>CPT Code:</i>	83735
<i>Methodology:</i>	Endpoint
<i>Testing Schedule:</i>	Routine daily, STAT testing available
<i>Report Availability:</i>	1 day
<i>Minimum Volume:</i>	1 mL serum
<i>Container:</i>	Gold top tube, serum separator
<i>Reference Range:</i>	
0 - 14 Days	2.0 - 3.9 mg/dL
15 Days - < 1 Year	2.0 - 3.1 mg/dL
1 - < 18 Years	2.1 - 2.8 mg/dL
>= 18 Years	1.4 - 2.2 mg/dL
<i>Critical Values:</i>	
<1.0 mg/dL	
>5.0 mg/dL	
<i>Clinical Utility:</i>	Used in the evaluation of malabsorption and pancreatic disorders, renal clearance, and to monitor patients receiving prolonged magnesium therapy.

Pain Management 6-Monoacetylmorphine, Quantitation, Urine

Test Code: PPMAM
CPT Code: AMA 80356, CMS G0480

Includes:

6-Monoacetylmorphine (heroin metabolite)

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 3 times per week

Report Availability: 2-3 Days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range: None detected

Clinical Utility:

- Compliance monitoring for pain management
- Useful for the detection, identification and quantitation of 6-Monoacetylmorphine in urine

Pain Management, Alcohol, Urine

Test Code: PPALC
CPT Codes: AMA 80301, CMS G0479

Includes:

- Ethanol

Methodology: Immunoassay (IA)

Testing Schedule: Routine, Daily

Report Availability: 1-3 Days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range: None Detected

Clinical Utility: Compliance monitoring for pain management. Useful for the detection of alcohol use.

Pain Management Amitriptyline/Nortriptyline, Quantitative, Urine

Test Code: PPAMI
CPT Codes: AMA 80335, CMS G0480

Includes:

Identification, quantitation and interpretation for pain management compliance monitoring of Amitriptyline and its metabolite Nortriptyline

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 5 times per week

Report Availability: 2-3 Days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

Compliance monitoring for pain management. Useful for the detection, identification and quantitation of Amitriptyline and Nortriptyline in urine.

Pain Management Amphetamine Confirmation, Quantitative, Urine\

Test Code: PPAMP
CPT Codes AMA 80326, CMS G0480

Includes

Identification, quantitation and interpretation for pain management compliance monitoring of the following amphetamines in urine:

- Amphetamine
- Methamphetamine
- Methylenedioxymethamphetamine (MDMA)
- Methylenedioxyamphetamine (MDA)
- Methylenedioxyethylamphetamine (MDEA)

Methodology: Liquid Chromatography-Tandem Mass Spectroscopy (LC/MS/MS)

Testing Schedule Routine, 3 times/week

Report Availability 2-3 days

Container Plastic urine container

Special Instructions

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility

Useful for detection, identification and quantitation of amphetamines in urine Compliance monitoring for pain management

Pain Management Barbiturates Confirmation, Quantitation, Urine

Test Code: PPBAR
CPT Codes: AMA 80345, CMS G0480

Includes:

Identification, quantitation and interpretation for pain management compliance monitoring of the following barbiturates in urine:

- Butalbital
- Phenobarbital
- Pentobarbital
- Secobarbital

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 3 times per week

Report Availability: 2-3 Days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

- Compliance monitoring for pain management
- Useful for the detection, identification and quantitation of barbiturates in urine

Pain Management Basic Profile, Urine

Test Code: PMBP
CPT Codes: AMA 80301, 82570, 81002 CMS G0479, 82570, 81002
Includes:

Screen for the following classes of drugs:

Class	Cutoff Concentration (ng/mL)
Amphetamines	500
Barbiturates	200
Benzodiazepines	200
Cannabinoids	50
Cocaine	150
Methadone	300
Opiates	300
Oxycodone	100
Phencylidine	25
Propoxyphene	300

Testing also includes specimen validity tests to check for specimen integrity and adulteration. Confirmation of positive screen results by Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Methodology: Immunoassay (IA)
Testing Schedule: Routine, daily; Confirmation testing of positives: 2-3 days
Report Availability: 1 day 1-3 days for confirmation of positive screening results
Minimum Volume: 10 mL random urine
Container: Plastic urine container
Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine are dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility: Compliance monitoring for pain management

Pain Management Benzodiazepines,, Quantitative, Urine

Test Code: PPBNZ
CPT Codes: AMA 80346, CMS G0480

Includes:

Identification, quantitation and interpretation for pain management compliance monitoring of the following benzodiazepines in urine:

- Alphahydroxyalprazolam
- 7-aminoclonazepam
- Diazepam
- Hydroxymidazolam
- Lorazepam
- Nordiazepam
- Oxazepam
- Temazepam

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 6 times per week

Report Availability: 2-3 Days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

- Compliance monitoring for pain management
- Useful for the detection, identification and quantitation of benzodiazepines in urine

Pain Management Buprenorphine, Quantitation, Urine

Test Code: PPBUP
CPT Codes: AMA 80348, CMS G0480

Includes:

- Identification, quantitation and interpretation for pain management compliance monitoring of the following in urine:
- Buprenorphine
- Norbuprenorphine

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 3 times per week

Report Availability: 2-3 Days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

- Compliance monitoring for pain management
- Useful for the detection, identification and quantitation of buprenorphine and its metabolite norbuprenorphine in urine.

Pain Management Cannabinoids, Quantitative, Urine

Test Code: PPTHC
CPT Codes: AMA 80349, CMS G0480

Includes:

Identification, quantitation and interpretation for pain management compliance monitoring of cannabinoids (THC, marijuana) in urine

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 3 times per week

Report Availability: 2-3 Days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

- Compliance monitoring for pain management
- Useful for detection, identification and quantitation of cannabinoids in urine

Pain Management Carisoprodol/Meprobamate, Quantitative, Urine

Test Code: PPCAR
CPT Codes: AMA 80369, CMS G0480

Includes:

- Carisoprodol
- Meprobamate

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 5 times/week

Report Availability: 2-3 days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

- Useful for the detection and quantitation of carisoprodol and its metabolite meprobamate in urine
- Compliance monitoring for pain management

Pain Management Cocaine metabolite, Quantitative, Urine

<i>Test Code:</i>	PPCOC
<i>CPT Codes:</i>	AMA 80353, CMS G0480
<i>Methodology:</i>	Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
<i>Testing Schedule:</i>	Routine, 3 times per week
<i>Report Availability:</i>	2-3 Days
<i>Minimum Volume:</i>	5 mL random urine
<i>Container:</i>	Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range: None detected

Clinical Utility:

- Compliance monitoring for pain management
- Useful for the detection, identification and quantitation of cocaine metabolite in urine

Pain Management Cyclobenzaprine, Quantitation, Urine

Test Code: PPCCB

Includes:

Identification, quantitation and interpretation for pain management compliance monitoring of the following in urine:

- Cyclobenzaprine

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 5 times/week

Report Availability: 2-3 days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

- Compliance monitoring for pain management
- Useful for the detection, identification and quantitation of Cyclobenzaprine in urine

Pain Management Duloxetine, Quantitative, Urine

Test Code: PPDLX
CPT Codes: AMA 80332, CMS 80299

Includes:

Identification, quantitation and interpretation for pain management compliance monitoring of Duloxetine in urine

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 5 times per week

Report Availability: 2-3 Days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

Compliance monitoring for pain management. Useful for the detection, identification and quantitation of Duloxetine in urine.

Pain Management Fentanyl, Quantitative, Urine

Test Code: PPFEN
CPT Codes: AMA 80354, CMS G0480

Includes:

- Fentanyl
- Norfentanyl

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 5 times/week

Report Availability: 2-3 days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

Useful for detecting the use and/or abuse of fentanyl for pain management

Pain Management Gabapentin, Quantitative, Urine

Test Code: PPGAB
CPT Codes: AMA 80355, CMS 80299

Includes:

Identification, quantitation and interpretation for pain management compliance monitoring of Gabapentin in urine

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 5 times per week

Report Availability: 2-3 Days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Clinical Utility:

Compliance monitoring for pain management. Useful for the detection, identification and quantitation of Gabapentin in urine

Pain Management Meperidine/Normeperidine, Quantitation, Urine

Test Code: PPMEP
CPT Codes: AMA 80362, CMS G0480

Includes:

- Meperidine
- Normeperidine

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 5 times/week

Report Availability: 2-3 days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

- Useful for the detection and quantitation of meperidine and its metabolite normeperidine in urine.
- Compliance monitoring for pain management

Pain Management Methadone, Quantitative, Urine

Test Code: PPMTD
CPT Codes: AMA 80358, CMS G0480

Includes:

Identification, quantitation and interpretation for pain management compliance monitoring of the following in urine:

- Methadone
- EDDP (methadone metabolite)

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 3 times per week

Report Availability: 2-3 Days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

- Compliance monitoring for pain management
- Useful for the detection, identification and quantitation of methadone and its metabolite (EDDP) in urine

Pain Management Methylphenidate/Ritalinic Acid, Quantitative, Urine

Test Code: PPRIT
CPT Codes: AMA 80360, CMS 80299
Includes:

Identification, quantitation and interpretation for pain management compliance monitoring of Methylphenidate and its metabolite Ritalinic acid.

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
Testing Schedule: Routine, 5 times per week
Report Availability: 2-3 Days
Minimum Volume: 5 mL random urine
Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

Compliance monitoring for pain management. Useful for the detection, identification and quantitation of Methylphenidate and Ritalinic acid

Pain Management Opiates, Quantitation, Urine

Test Code: PPOPI
CPT Codes: AMA 80361, 80365 CMS G0480

Includes:

Identification, quantitation and interpretation for pain management compliance monitoring of the following opiates in urine:

- Codeine
- Morphine
- Hydrocodone
- Hydromorphone
- Norhydrocodone
- Oxycodone
- Oxymorphone
- Noroxycodone

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 6 times per week

Report Availability: 2-3 Days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL- 56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

- Compliance monitoring for pain management
- Useful for detection, identification and quantitation of opiates

Pain Management Phencyclidine, Quantitation, Urine

Test Code: PPPCP
CPT Codes: AMA 83992, CMS G0480

Includes:

- Phencyclidine

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 3 times per week

Report Availability: 2-3 Days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

- Compliance monitoring for pain management
- Useful for the detection, identification and quantitation of phencyclidine in urine

Pain Management Pregabalin, Quantitative, Urine

Test Code: PPRG

CPT Codes: AMA 80366, CMS 80299

Includes:

Identification, quantitation and interpretation for pain management compliance monitoring of Pregabalin in urine

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 5 times per week

Report Availability: 2-3 Days

Minimum Volume: 5 mL random urine

Container: Plastic urine container *Special Instructions:*

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

Compliance monitoring for pain management. Useful for the detection, identification and quantitation of Pregabalin in urine

Pain Management Propoxyphene, Qualitative, Urine

Test Code: PPPRO
CPT Codes: AMA 80301, CMS G0479
Includes:

Screening for Propoxyphene and Norpropoxyphene. Quantitative reflex testing performed on positive findings.

Methodology: Immunoassay (IA)
Testing Schedule: Routine, Daily
Report Availability: 2-3 Days
Minimum Volume: 5 mL random urine
Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility: Compliance monitoring for pain management. Useful for the detection,

Pain Management Specimen Validity

Test Code: PPSVT

CPT Codes: 81002,82570

Includes:

- Creatinine
- pH
- Specific Gravity
- Oxidants

Methodology:

- Immunoassay (IA)
- Refractometer

Testing Schedule: Routine, Daily

Report Availability:

1 day; 2-3 days for confirmation of unexpected and/or positive screening result based on medication history provided.

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56) Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

- Creatinine: ≥ 20 mg/dL
- pH: 4.5-9.0
- Specific Gravity: 1.003-1.035
- Oxidants: None detected

Clinical Utility:

Useful in assessing the integrity of urine samples prior to testing to determine if the samples have been diluted, substituted, or adulterated

Pain Management Supplemental Profile, Urine

<i>Test Code:</i>	PMPE
<i>CPT Codes:</i>	AMA 80354, 80364, 80369 CMS G0480x2, G0480
<i>Methodology:</i>	Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
<i>Testing Schedule:</i>	Routine, 5 times/week
<i>Report Availability:</i>	2-3 days
<i>Minimum Volume:</i>	5 mL random urine
<i>Container:</i>	Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Includes:

- Quantitation of the following by Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS):
- Fentanyl/Norfentanyl
- Carisoprodol/Meprobamate
- Meperidine/Normeperidine
- Tramadol
- Tapentadol/Tapentadol-O-Sulfate

Clinical Utility: Useful for compliance monitoring for pain management

Pain Management Tramadol, Quantitation, Urine

Test Code: PPTRA
CPT Codes: AMA 80373, CMS 80299

Includes:

- Tramadol

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 5 times/week

Report Availability: 2-3 days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

- Useful for the detection and quantitation of tramadol in urine
- Compliance monitoring for pain management

Pain Management Zolpidem, Quantitative, Urine

Test Code: PPZOL
CPT Codes: AMA 80368, CMS 80299

Includes:

- Zolpidem

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 5 times/week

Report Availability: 2-3 days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

- Compliance monitoring for pain management
- Useful for the detection, identification and quantitation of Zolpidem in urine



Pain Management Test Listing

Pain Management Tapentadol/Tapentadol-O-Sulfate, Quantitative, Urine

Test Code: PPTAP
CPT Codes: AMA 80372, CMS 80299

Includes:

- Tapentadol
- Tapentadol-O-Sulfate

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 5 times/week

Report Availability: 2-3 days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:

Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:

Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:

- Useful for the detection and quantitation of tapentadol and its metabolite tapentadol-o-sulfate in urine
- Compliance monitoring for pain management

Potassium, Serum

Test Code: K
CPT Codes: 84132
Methodology: Potentiometry
Testing Schedule: Routine daily, STAT testing available
Report Availability: 1 day
Minimum Volume: 1 mL serum
Container: Gold top tube, serum separator

Reference Range:
<11 days: 3.7-5.9 mmol/L
> =11 days: 3.5-5.2 mmol/L

Critical Values:
6.0 mmol/L

Clinical Utility:
Used to evaluate electrolyte and acid/base balance, cardiac arrhythmias, diuretic therapy, and renal conditions.

Prothrombin Time with INR

Test Code: PTP
CPT Codes: 85610

Includes:

- Prothrombin Time (PT)
- INR (International Normalized Ratio)

Methodology: Mechanical Clot Detection
Testing Schedule: Routine daily, STAT testing available
Report Availability: 1 day
Minimum Volume: 1 mL plasma
Container: Full Light Blue top tube, sodium citrate

Collect:

See Special Handling Instructions for “Coagulation Studies”, listed under the Specimen Collection, Preparation, and Handling Section.

Reference Range:

INR Ranges:

Ambulatory Surgery:	< 1.5
Coumadinized Patients (DVT, PE, MI, or A.Fib):	2.0-3.0
Mechanical Heart Valve:	2.5-3.5
Cardiogenic Embolus:	2.5-3.5

Critical Values:

INR: > 4.9

Clinical Utility:

Used in the evaluation of the extrinsic coagulation system and in coagulation disorders / deficiencies. Also used in monitoring warfarin Coumadin® therapy.

Sedimentation Rate, Westergren, Whole Blood

<i>Test Code:</i>	SR
<i>CPT Codes:</i>	85651
<i>Methodology:</i>	Westergren
<i>Testing Schedule:</i>	Routine daily, STAT testing available
<i>Report Availability:</i>	1 day
<i>Minimum Volume:</i>	2 mL whole blood
<i>Container:</i>	Black top tube, sodium citrate
<i>Reference Range:</i>	

Male

<7 years:	0 - 9 mm/hour
7 - 50 years:	0 - 10 mm/hour
51 years:	0 - 20 mm/hour

Female

<7 years:	0 - 9 mm/hour
7 - 50 years:	0 - 20 mm/hour
>= 51 years:	0 - 30 mm/hour

Clinical Utility:

Used as a nonspecific marker of inflammation.

Testosterone, Total, Serum

<i>Test Code:</i>	TTTR
<i>CPT Codes:</i>	84403
<i>Methodology:</i>	Chemiluminescent Immunoassay
<i>Testing Schedule:</i>	Routine, 2 times per week
<i>Report Availability:</i>	4-7 days
<i>Minimum Volume:</i>	1 mL serum
<i>Container:</i>	Gold top tube, serum separator
<i>Reference Range:</i>	

Female

<12 years	5-25 ng/dL
<15 years	10-40 ng/dL
<18 years	5-40 ng/dL
18-49 years	<73 ng/dL
>50 years	<43 ng/dL

Male

<12 years	5-50 ng/dL
<15 years	10-572 ng/dL
<18 years	220-800 ng/dL
18-49 years	240-900 ng/dL
>50 years	221-900 ng/dL

Clinical Utility:

Useful for diagnosis of hypogonadism in males and hirsutism and virilization in females. Total testosterone includes free testosterone, weakly bound testosterone (bound to albumin), and tightly bound testosterone (bound to SHBG or sex hormone binding globulin).

Urea Nitrogen, Serum

<i>Test Code:</i>	BUN
<i>CPT Codes:</i>	84520
<i>Methodology:</i>	Rate
<i>Testing Schedule:</i>	Routine daily, STAT testing available
<i>Report Availability:</i>	1 day
<i>Minimum Volume:</i>	1 mL serum
<i>Container:</i>	Gold top tube, serum separator
<i>Reference Range:</i>	
0 - 14 Days	3 - 23 mg/dL
15 Days - < 1 Year	3 - 17 mg/dL
1 - < 10 Years	9 - 22 mg/dL
10 - < 18 Years	7 - 21 mg/dL
>=18 Years Male:	7 - 28 mg/dL
Female:	7 - 25 mg/dL

Critical Values:

£ 16 years:> 49 mg/dL

>16 years:> 99 mg/dL

Clinical Utility: Used in the evaluation of renal function and renal disorders.

Culture, Urine

Test Code: UR
CPT Codes: 87086

Includes:

- Colony count
- Identification and susceptibility if applicable
- Additional CPT codes may apply

Methodology: Standard quantitative procedure for aerobic bacterial culture and identification

Testing Schedule: Routine, daily

Report Availability:

- Preliminary 1 day
- Final with no growth 1-2 day
- Cultures with isolated pathogens minimum of 1 day

Minimum Volume: Clean voided urine, foley cath urine, OR catheterized urine

Container: Boric acid tube contained in a midstream urine collection kit. Fill container to blue line only.

Collect:

- First morning specimens yield highest bacterial counts from overnight incubation in the bladder.
- Forcing fluids dilutes the urine and may cause reduced colony counts.
- Hair from perineum will contaminate the specimen.
- The urine stream from a male may be contaminated by bacteria from beneath the prepuce.
- Bacteria from vaginal secretions, vulva or distal urethra may contaminate the specimen as may organisms from hands or clothing.
- For clean catch urines, patients should cleanse themselves with towelettes as follows:

Males

1. Wipe head of penis in a single motion with first towelette. Repeat with second towelette. If not circumcised, hold foreskin back before cleansing.
2. Urinate a small amount into toilet or bedpan.
3. Place urine collection container under stream and continue to urinate.
4. Finish voiding into toilet or bedpan.
5. Transfer urine from collection container to preservative tubes using transfer “straw” (located in lid of container) until it reaches the “fill line” on tube.

Females

1. Separate the labia.
2. Wipe inner labial folds front to back in a single motion with first towelette. Wipe down through center of labial folds with second towelette keeping the labia separated.
3. Urinate a small amount into toilet or bedpan.
4. Place urine collection container under stream and continue to urinate.
5. Finish voiding into toilet or bedpan.
6. Transfer urine from collection container to preservative tube using transfer “straw” (located in lid of container) until it reaches “fill line” on tube.

Special Instructions:

- Preservative tube is preferred.
- Non-preservative tube must be transported to the laboratory immediately. If delay in transport, refrigerate specimen.

Reference Range:

No growth (<1,000 coL/mL)

Clinical Utility:

Urinary tract infections are among the most common infections in humans. Cultures from females may contain a high degree of bacterial contamination from normal fecal, skin and urogenital flora and any reported growth of bacteria needs to be evaluated by a physician for clinical significance.