

It is the responsibility of the Physician Office to maintain the EMR compendium

#### **Distribution Date:**

6	Richard & Richardson
23	Orchard Pediatrics
42	Michigan Orthopedic Institute
44/1979	Paint Creek OB/GYN
50	Generations Birmingham
61	Complete Family Care
100/101	Michigan Women's Health
103	Oakland Orthopedic Surgeons
111	Mission OB
143	Country Creek Family Medical
149	Sterling Physicians
162	Karle Medical Group
163	Michigan Endocrine Consultants
194/1032	Troy Internal Medicine
205	Haller & Hugg
263	Oakland Medical Center I
278/1174/2437/	Group: 278 (Charles G. Kissel, DPM), 1174 (Rochester Foot & Ankle), 2437 (Medical
2440/2441	Center Foot and Ankle PC), 2440 (Madison Podiatry - Foot and Ankle), 2441 (Medical
297	Oakland Arthritis Center
306	Southfield Internists, P.C.
362/365	Group: 362 (Michael S. Salter, DPM) and 365 (Franklin Park Podiatry)
366	Orion Family Physicians
383	Child Health Associates
384	Child Health Associates
419/733/2501	Clinton Women's Health
453/740/749/	Prism Medical Group
2059/2497	
502	Preventative Medicine Facility
509	Obstetrics-Gynecology West Oakland
511	Macomb Medical Clinic, PC
622	Somerset OB
629	Frederick Bartholomew
632/1623	Associated Rheumatology
557	Associates in Family Practice
633	Professional Village Medical
644	Women First (OB)
652	Paint Creek Pediatrics

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662	Shenandoah Clinic
691	Preferred Family Medicine
728/759/1529/ 2463	Group: 728 (Silver Pine Family Practice I), 759 (Silver Pine Family Practice II), 1529 (Silver
742/2035/2340/ 2655	Oakland Macomb OB/GYN Medical Group
753	Mitchell H. Folbe, M.D.
805	Riverbend Health Care
832	Rochester Internists
864/1724	Group: 864 (Bloom Pediatrics) and 1724 (Eastman & Vempati, MD, PC)
875/1035/1863	Group: 875 (Michigan Heart Group), 1035 (MHG Lipid Clinic), and 1863 (Michigan Heart
883	Southfield Pediatrics
931	Children's Care Medical
935/2987/2988/	Epic Primary Care
941	Rochester Endoscopy
944	Sheila Prasad Meftah, MD
951	SKLD Bloomfield Hills NH
980/1232	Group: 980 (Allergy & Asthma Associates of Michigan) & 1232 (Allergy Center)
996/1585	Group: 996 (Heartland Grosse Pointe Woods (NH)) & 1585 (Heartland Health Care Ctr
1004	Stonebrook Family Physicians
1011	Colleen Kennedy, DO
1104	Troy Family Practice
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
1408	Washington Family Medicine
1420	Doc Now Urgent Care at Wellpointe
1420	Prism Urgent Care
1440	Country Creek Pediatrics
1488	Premier Women's (OB)
1562	Metro Medical Practice II
1637	Northpointe Pediatrics, PC
1660	Steve Kallabat, M.D.
1663	Endoscopic Solutions, PC
1670	Esprit Women's Health (OB)
1768	Modern Obstetrics & Gynecology
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
2394	Amity Internal Medicine
2514	Silver Pine Chesterfield
2558	Physicians for Women
2590/2184	Endocrine & Metabolic Disorders
2594	Elite Care Physicians
2606	Nabeel Toma, MD
2647	Epic Medical Center
2690	Eastborn Medical Group
2779	Hamtramck Medical Group
2785	Professional Plaza Clinic Corp
2859/59/735/907/1017/	Group: 2859 (Michigan Kidney Consultants VI (Sterling Heights)), 59 (Michigan Kidney
2906	Oakland Medical Clinic
2981	Hometown Family Practice
6023	St. Clair Specialty Physicians, PC
6220	Essential Care Family Medicine, LLC
D2272	APEX Medical
D2295	Canton Family Medicine
F4026	Annette LaCasse DO PC
F4106	Michigan Family Physician
F4116	Lifecycles
F4121	Associates in Internal Medicine Specialties
F4126	Toni Ballitch Trate DO PC
F4127	Clinical Oncology Assoc.
F4147	Williams Family Sports Med
F4151	Straith Hospital
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
F4211	Middlebelt Dermatology Center
F7700	Botsford Continuum Care Center



Effective Date of Change	7/30/2025	7/30/2025							
Change Type	UPDATED- This test will become a Lab Only orderable procedure on 7/30/2025.								
Test Name	SEROTONIN RELEASE ASS	SEROTONIN RELEASE ASSAY (SRA)							
Test Order Code	LAB3499	, ,							
Additional Information	Refer to the Laboratory Test Directory for additional information.								
<b>Effective Date of Change</b>	7/30/2025								
Change Type	UPDATED – Container type update								
Test Name	FRUCTOSAMINE, SERUM	FRUCTOSAMINE, SERUM							
Test Order Code	LAB782								
Container Type, minimum volume,									
temperature	Container Type	Minimum Volume	Temperature	Default?					
	5 ML GOLD TOP SST R	5 ML GOLD TOP SST R 2 mL Refrigerated yes							
Additional Information	Refer to the Laboratory Test Directory for additional information.								
Effective Date of Change	7/30/2025	7/30/2025							
Cl T	LIDDATED. New Ash at Onder Fotos Overtica								

Effective Date of Change	7/30/2025								
Change Type	UPDATED – New Ask at Order Entry Question								
Test Name	SEND OUT G	SEND OUT GENETICS MISCELLANEOUS							
Test Order Code	LAB2111210								
Ask At Order Entry Questions And									
Expected Response (if changes	Interface	Interface Required							
applicable)	Mapping	Question:	Allowed Responses:	AAOE					
	Code:			(yes/no)?					
	127297	LAB REQUESTED TEST NAME	Free Text	yes					
	•	•	·	<u>.                                    </u>					
	_								
Additional Information	Refer to the	Laboratory Test Directory for additi	onal information.						

Effective Date of Change	7/30/2025
Change Type	INACTIVATED
Test Name	BCR/ABL1, QUALITATIVE
Test Order Code	LAB1231492

Effective Date of Change	7-30-25	7-30-25							
Change Type	UPDATED-Added	UPDATED-Added new component							
Test Name	Semen Motility	Semen Motility							
Test Order Code	LAB1231542	LAB1231542							
Result Code									
	Result Code	Result Code Name	LOINC Code						
	12313202	Comment	none						
Additional Information	Refer	Refer to the Laboratory Test Directory for additional information.							



Effective Date of Change	7/30/2025										
Change Type	NEW										
Test Name	BONE MARROW C	ULTURE									
Test Order Code	LAB1231904										
Result Code											
	Result Code Result Code Name LOINC Code										
	12313220 Bone Marrow Culture 19126-2										
Container Type, minimum volume,				1							
temperature	Contai	ner Type	Minimum Volume	Temperature		Default?					
	BLD CULT BOTTLE AEROBIC/ANERO		10	Ambient		Yes					
Specimen Type Options – including	Interface Mapping Code:	'									
default		Specimen Source? Bone Marrow									
CPT Code(s)	87070										
ABN Price	156.00										
Additional Information	Refer to the Labor	atory Test Directory	for additional inform	ation.							

Effective Date of Change	7-30-25	7-30-25								
Change Type	UPDATED-Added	UPDATED-Added new component								
Test Name (EAP Name) (Order Name)	COMPLETE BLOOK	COMPLETE BLOOD COUNT, CORD BLOOD								
Test Order Code (EAP Code) (Order Alias)	LAB2111227	LAB2111227								
Result Code										
	Result Code	Result Code Name	LOINC Code							
	12313189	12313189 Comment none								
Additional Information	Refer to the Labo	oratory Test Directory for additional information								



Effective Date of Change	7/30/25								
Change Type	NEW								
Test Name	METHOTREX	ATE LE	VEL, F	POST GLUCARPIE	DASE				
Test Order Code	LAB1231911								
Result Code									
	Result Co	de		Result	Code Na	ame		LOII	NC Code
	20254		MET	HOTREXATE LEV	'EL [1230	00273	]	14836-1	
Ask At Order Entry Questions And									
Expected Response	Interface Mapping Question: Allowed Respon					sponses:	Required AAOE (yes/no)?		
	N/A	N/A Is the specimen being collected now? Yes/No						no	
Container Type, minimum volume,									
temperature	Containe	er Typ	е	Minimum Vol	lume	To	emperature		Default?
	6 ML RED T	ОР		1.5 mL		Refri	gerated	Yes	
Specimen Type Options – including default	Interface Question: Allowed Responses:  Mapping Code: Specimen Source? Blood								
CPT Code(s)	80204								
Additional Information	to protect fro	om lig	ht.	er towels or tin Test Directory fo			•	ff tubes a	re acceptable
Effective Date of Change	7-30-25								
Change Type	UPDATED-Ac	ded n	new co	omponent					
Test Name	Semen Analy	sis							
Test Order Code	LAB1231523								
Result Code									
	Result Code Result Code Name LOINC Code								
	12313189 Comment none					none			
Additional Information	F	Refer t	o the	Laboratory Test	Directo	ry foi	additional ir	nformatio	n.



<b>Effective Date of Change</b>	7-30-25	7-30-25								
Change Type	NEW for East (alre	ady a	vailable at Wes	st and So	outh)					
Test Name	POLE MUTATION A	NALY	SIS							
Test Order Code	LAB1230862									
Result Code(s)		ı				LOINC				
	Result Code	Result Code Name								
	12305232	305232 SPECIMEN ID								
	12301947	12301947 TISSUE SOURCE								
	12305803	12305803 VIABLE TUMOR CELLS %								
	12309764	POL	E MUTATION							
Container Type, minimum volume,			Ī		T					
temperature	Container Typ	oe -	Minimum Vo	olume	Temperature	Default?				
	FORMALIN 10%		n/a		Ambient	Yes				
				1						
Specimen Type Options – including	Interface Mapping Code:	Question:		Allow						
default		Specimen Type? Tissue - See Laboratory Test Directory for Sources								
CPT Code	81479	1								
ABN Price	\$863									
Additional Information	Refer to the Labor	atory	Test Directory	for addi	tional information					



Effective Date of Change	7/30/2025	7/30/2025								
Change Type	NEW									
Test Name	MEASLES PC	R MDH	IHS							
Test Order Code	LAB1231907									
Result Code										
	Result Co	de		Result	t Code N	Name	LOI	NC Code		
	12313225	Measles RNA								
Ask At Order Entry Questions And										
Expected Response	Interface Mapping Code:	Mapping Question: Allowed Responses: AAOI					Required AAOE (yes/no)?			
	153063	Testi	ing ap	proved by:	Free To	ext		No		
Container Type, minimum volume, temperature	Containe Universal Ti Medium			Minimum Volum		Refrigerated		Default?		
Specimen Type Options – including	Interface Mapping Co	ode:	Que	stion:	Allow	ved Responses:				
default			Spec	imen Source?	urce? Throat Nasopharynx Nasopharnyx/Throat					
CPT Code(s)										
ABN Price	No charge fo	r this t	est							
Additional Information	Refer to the	Labora	atory	Test Directory	for addi	tional information.				



Effective Date of Change	7/30/2025								
Change Type	UPDATED for East Only								
Test Name	VERIFY NOW ASPIRIN								
Test Order Code	LAB3325								
Result Code									
	Result Code	t Code Result Code Name							
	1230045	30045 Verify Now Aspirin							
Container Type, minimum volume,									
temperature	Container Typ	Эе	Minimum Volume	Temperature	Default?				
	2 ML BLUE TOP GREINER BIO-O		2 mL Ambient		Yes				
CPT Code(s)	85576								
ABN Price	\$63.00								
Additional Information	Refer to the Laboratory Test Directory for additional information.								

Effective Date of Change	7/30/2025								
Change Type	UPDATED for East Only								
Test Name	VERIFY NOW P2Y12								
Test Order Code	LAB3326								
Result Code						LOINC			
	Result Code	Result Code Name							
	12300460 Verify Now P2Y12					49010-2			
Container Type, minimum volume,				T					
temperature	Container Type		Minimum Volume	Temperature		Default?			
	2 ML BLUE TOP GREINER BIO-ONE		2 mL	Ambient Ye		es			
CPT Code(s)	85576								
ABN Price	\$63.00								
Additional Information	Refer to the Laboratory Test Directory for additional information.								

