

ELECTRONIC DIRECTORY OF SERVICE(eDOS)

Electronic Directory Of Service (eDOS)					
Test Case ID	2-Update_add				
Juror ID					
Juror Name					
HIT System Tested					
Inspection Date/Time					
Inspection Settlement (Pass/Fail)	<table><thead><tr><th>Pass</th><th>Fail</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	Pass	Fail	<input type="checkbox"/>	<input type="checkbox"/>
Pass	Fail				
<input type="checkbox"/>	<input type="checkbox"/>				
Reason Failed					
Juror Comments					

INSTRUCTIONS

No Specific Instructions

DISPLAY VERIFICATION : CPOE View

Orderable Atomic Tests and /or Panels		Tester Comment
Laboratory Name	Name of the Test/Panel*	
Century Hospital Clinical Laboratory	Stool culture	
Century Hospital Clinical Laboratory	Stool culture with Susceptibility	
Century Hospital Clinical Laboratory	Bacteria susceptibility	
* equivalent name accepted		

Panel : Stool culture with Susceptibility		Tester Comment
Panel Components		
Stool culture		
Colony Count		
Bacteria susceptibility		

Panel : Bacteria susceptibility		Tester Comment
Panel Components		
Ciprofloxacin		
Gentamicin		
Ampicillin		
Amoxicillin+Clavulanate		
Trimethoprim-sulfamethoxazole		

DISPLAY VERIFICATION : Specimen Collection / AOE View

Atomic Test : Stool culture		Tester Comment
Preferred Specimen Information		
Specimen	Stool specimen	
Specimen Handling Code	Refrigerated	
Minimum Collection Volume	5 milliliter	
Container(s)		
Enteric Pathogen Transport System - Cary Blair		
Alternate Specimen Information		
Specimen	Stool specimen	
Specimen Handling Code	Refrigerated	
Minimum Collection Volume	5 milliliter	
Container(s)		
Enteric Pathogen Transport System - Para Pak C and S		
Enteric Pathogen Transport System - buffered glycerol saline		

Panel : Stool culture with Susceptibility		Tester Comment
Preferred Specimen Information		
Specimen	Stool specimen	
Specimen Handling Code	Refrigerated	
Minimum Collection Volume	5 milliliter	
Container(s)		
Enteric Pathogen Transport System - Cary Blair		
Alternate Specimen Information		
Specimen	Stool specimen	
Specimen Handling Code	Refrigerated	
Minimum Collection Volume	5 milliliter	
Container(s)		
Enteric Pathogen Transport System - Para Pak C and S		
Enteric Pathogen Transport System - buffered glycerol saline		

DISPLAY VERIFICATION : Directory Admin View

Atomic Test : Stool culture			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
1101	Stool culture	99USL	
Alternate Identifier	Text	Code System	
625-4	Bacteria identified in Stool by Culture	LN	
Charge Code Information			
CPT4-code	87045		

Panel : Stool culture with Susceptibility			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
1100	Stool culture with Susceptibility	99USL	
Charge Code Information			
CPT4-code	87045		
CPT4-code	87181		

Panel Component :Colony Count			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
1102	Colony Count	99USL	
Alternate Identifier	Text	Code System	
564-5	COLONY COUNT	LN	

Panel : Bacteria susceptibility			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
1500	Bacteria susceptibility	99USL	
Alternate Identifier	Text	Code System	
50545-3	Bacterial susceptibility panel in Isolate by Minimum inhibitory concentration (MIC)	LN	

Panel Component :Ciprofloxacin			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
1501	Ciprofloxacin	99USL	
Alternate Identifier	Text	Code System	
185-9	Ciprofloxacin [Susceptibility] by Minimum inhibitory concentration (MIC)	LN	

Panel Component :Gentamicin			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
1502	Gentamicin	99USL	
Alternate Identifier	Text	Code System	
267-5	Gentamicin [Susceptibility] by Minimum inhibitory concentration (MIC)	LN	

Panel Component :Ampicillin			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
1503	Ampicillin	99USL	
Alternate Identifier	Text	Code System	
28-1	Ampicillin [Susceptibility] by Minimum inhibitory concentration (MIC)	LN	

Panel Component :Amoxicillin+Clavulanate			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
1504	Amoxicillin+Clavulanate	99USL	
Alternate Identifier	Text	Code System	
20-8	Amoxicillin+Clavulanate [Susceptibility] by Minimum inhibitory concentration (MIC)	LN	

Panel Component :Trimethoprim-sulfamethoxazole			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
1505	Trimethoprim-sulfamethoxazole	99USL	
Alternate Identifier	Text	Code System	
516-5	Trimethoprim+Sulfamethoxazole [Susceptibility] by Minimum inhibitory concentration (MIC)	LN	

INCORPORATE VERIFICATION

Incorporate Verification for Stool culture

Data Element Name	Data	Tester Comment
Test Name	Stool culture	
Test Identifier	1101	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1101	
OM1.2.2	Text	Stool culture	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	625-4	
OM1.7.2	Text	Bacteria identified in Stool by Culture	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Stool Culture	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., delivery over 72 hours.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	625-4	
OM1.56.2	Text	Bacteria identified in Stool by Culture	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1101	
OM1.56.5	Alternate Text	Stool culture	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	3	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
OMB.4	Normal Text/Codes for Categorical Observations		
OM3.4.1	Identifier	260385009	
OM3.4.2	Text	Negative (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
OMB.5[1]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[1]	Identifier	85729005	
OM3.5.2[1]	Text	Shigella flexneri	
OM3.5.3[1]	Name of Coding System	SCT	
OMB.5[2]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[2]	Identifier	398567006	
OM3.5.2[2]	Text	Salmonella I, group O:4	
OM3.5.3[2]	Name of Coding System	SCT	
OMB.5[3]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[3]	Identifier	103429008	
OM3.5.2[3]	Text	Enterohemorrhagic Escherichia coli, serotype O157:H7	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Enteric Pathogen Transport System - Cary Blair	
OM4.4	Container Volume	15.0	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119339001	
OM4.6.2	Text	Stool specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.7	Additive		
OM4.7.2	Text	Cary Blair Medium	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	10	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Enteric Pathogen Transport System - Para Pak C and S	
OM4.4[1]	Container Volume	15.0	
OM4.5[1]	Container Units		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Enteric Pathogen Transport System - buffered glycerol saline	
OM4.4[2]	Container Volume	15.0	
OM4.5[2]	Container Units		
OM4.5.2[2]	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119339001	
OM4.6.2	Text	Stool specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	10	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM7	Procedure Code		
CDM.7.1	Identifier	87045	
CDM.7.2	Text	Enteric Pathogens Culture, Stool-with isolation and preliminary examination	

Payer Information			
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.2	Text	Healthplan2	
PM1.2	Insurance Company ID		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	Assiging Authority		
PM1.2.4.1	Namespace ID	NIST EHR	

Incorporate Verification for Colony Count

Data Element Name	Data	Tester Comment
Test Name	Colony Count	
Test Identifier	1102	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1102	
OM1.2.2	Text	Colony Count	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	564-5	
OM1.7.2	Text	COLONY COUNT	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Colony Count	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	564-5	
OM1.56.2	Text	COLONY COUNT	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1102	
OM1.56.5	Alternate Text	Colony Count	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	3	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Incorporate Verification for Ciprofloxacin

Data Element Name	Data	Tester Comment
Test Name	Ciprofloxacin	
Test Identifier	1501	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1501	
OM1.2.2	Text	Ciprofloxacin	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	185-9	
OM1.7.2	Text	Ciprofloxacin [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Ciprofloxacin MIC	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	185-9	
OM1.56.2	Text	Ciprofloxacin [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1501	
OM1.56.5	Alternate Text	Ciprofloxacin	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	3	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Incorporate Verification for Gentamicin

Data Element Name	Data	Tester Comment
Test Name	Gentamicin	
Test Identifier	1502	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1502	
OM1.2.2	Text	Gentamicin	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	267-5	
OM1.7.2	Text	Gentamicin [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Gentamicin MIC	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	267-5	
OM1.56.2	Text	Gentamicin [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1502	
OM1.56.5	Alternate Text	Gentamicin	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	3	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Incorporate Verification for Ampicillin

Data Element Name	Data	Tester Comment
Test Name	Ampicillin	
Test Identifier	1503	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1503	
OM1.2.2	Text	Ampicillin	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	28-1	
OM1.7.2	Text	Ampicillin [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Ampicillin MIC	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	28-1	
OM1.56.2	Text	Ampicillin [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1503	
OM1.56.5	Alternate Text	Ampicillin	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	3	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Incorporate Verification for Amoxicillin+Clavulanate

Data Element Name	Data	Tester Comment
Test Name	Amoxicillin+Clavulanate	
Test Identifier	1504	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1504	
OM1.2.2	Text	Amoxicillin+Clavulanate	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	20-8	
OM1.7.2	Text	Amoxicillin+Clavulanate [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Amoxicillin+Clavulanate	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	20-8	
OM1.56.2	Text	Amoxicillin+Clavulanate [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1504	
OM1.56.5	Alternate Text	Amoxicillin+Clavulanate	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	3	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Incorporate Verification for Trimethoprim-sulfamethoxazole

Data Element Name	Data	Tester Comment
Test Name	Trimethoprim-sulfamethoxazole	
Test Identifier	1505	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1505	
OM1.2.2	Text	Trimethoprim-sulfamethoxazole	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	516-5	
OM1.7.2	Text	Trimethoprim+Sulfamethoxazole [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Trimethoprim-sulfamethoxazole MIC	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	516-5	
OM1.56.2	Text	Trimethoprim+Sulfamethoxazole [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1505	
OM1.56.5	Alternate Text	Trimethoprim-sulfamethoxazole	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	3	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Incorporate Verification for Stool culture with Susceptibility

Data Element Name	Data	Tester Comment
Test Name	Stool culture with Susceptibility	
Test Identifier	1100	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1100	
OM1.2.2	Text	Stool culture with Susceptibility	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.9	Preferred Report Name for the Observation	Stool Culture with Susceptibility Reflex	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	3	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Observation Batteries(sets)			
Location	Data Element Name	Data	Tester Comment
OM5.2[1]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[1]	Identifier	1101	
OM5.2.2[1]	Text	Stool culture	
OM5.2.3[1]	Name of Coding System	99USL	
OM5.2[2]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[2]	Identifier	1102	
OM5.2.2[2]	Text	Colony Count	
OM5.2.3[2]	Name of Coding System	99USL	
OM5.2[3]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[3]	Identifier	1500	
OM5.2.2[3]	Text	Bacteria susceptibility	
OM5.2.3[3]	Name of Coding System	99USL	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Enteric Pathogen Transport System - Cary Blair	
OM4.4	Container Volume	15.0	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119339001	
OM4.6.2	Text	Stool specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.7	Additive		
OM4.7.2	Text	Cary Blair Medium	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	10	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Enteric Pathogen Transport System - Para Pak C and S	
OM4.4[1]	Container Volume	15.0	
OM4.5[1]	Container Units		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Enteric Pathogen Transport System - buffered glycerol saline	
OM4.4[2]	Container Volume	15.0	
OM4.5[2]	Container Units		
OM4.5.2[2]	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119339001	
OM4.6.2	Text	Stool specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	10	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM7[1]	Procedure Code		
CDM.7.1[1]	Identifier	87045	
CDM.7.2[1]	Text	Enteric Pathogens Culture, Stool-with isolation and preliminary examination	
CDM7[2]	Procedure Code		
CDM.7.1[2]	Identifier	87181	
CDM.7.2[2]	Text	Susceptibility per drug and per organism for drugs not in routine battery	

Payer Information			
Location	Data Element Name	Data	Tester Comment
PMI.1	Health Plan ID		
PMI.1.2	Text	Healthplan2	
PMI.2	Insurance Company ID		
PMI.2.1	ID Number	SMCA2	
PMI.2.4	Assiging Authority		
PMI.2.4.1	Namespace ID	NIST EHR	

Coverage Policy			
Location	Data Element Name	Data	Tester Comment
MCP.4	Universal Service Price Range – High Value		
MCP.4.1	Quantity	99	
MCP.4.2	Denomination	USD	

Incorporate Verification for Bacteria susceptibility

Data Element Name	Data	Tester Comment
Test Name	Bacteria susceptibility	
Test Identifier	1500	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1500	
OM1.2.2	Text	Bacteria susceptibility	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	50545-3	
OM1.7.2	Text	Bacterial susceptibility panel in Isolate by Minimum inhibitory concentration (MIC)	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Bacteria susceptibility	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	3	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Observation Batteries(sets)			
Location	Data Element Name	Data	Tester Comment
OM5.2[1]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[1]	Identifier	1501	
OM5.2.2[1]	Text	Ciprofloxacin	
OM5.2.3[1]	Name of Coding System	99USL	
OM5.2[2]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[2]	Identifier	1502	
OM5.2.2[2]	Text	Gentamicin	
OM5.2.3[2]	Name of Coding System	99USL	
OM5.2[3]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[3]	Identifier	1503	
OM5.2.2[3]	Text	Ampicillin	
OM5.2.3[3]	Name of Coding System	99USL	
OM5.2[4]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[4]	Identifier	1504	
OM5.2.2[4]	Text	Amoxicillin+Clavulanate	
OM5.2.3[4]	Name of Coding System	99USL	
OM5.2[5]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[5]	Identifier	1505	
OM5.2.2[5]	Text	Trimethoprim-sulfamethoxazole	
OM5.2.3[5]	Name of Coding System	99USL	

Payer Information			
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.2	Text	Healthplan2	
PM1.2	Insurance Company ID		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	Assiging Authority		
PM1.2.4.1	Namespace ID	NIST EHR	

Coverage Policy			
Location	Data Element Name	Data	Tester Comment
MCP.3	Universal Service Price Range – Low Value		
MCP.3.1	Quantity	39	
MCP.3.2	Denomination	USD	
MCP.4	Universal Service Price Range – High Value		
MCP.4.1	Quantity	99	
MCP.4.2	Denomination	USD	
MCP.5	Reason for Universal Service Cost Range	Depending on number of antibiotics tested	