

**LOINC® Maintenance**  
**Checklist of Database changes / When to Re-Evaluate LOINC® mapping**

Share this checklist with the site staff holding security privileges to make LIS database changes. This particular staff doesn't necessarily need to know how to map to LOINC®, but is now informed to route the database change to the designated LOINC® mapper in a proactive nature.

1. New patient chartable test is built into local system.
2. Existing test is edited by one of the following:
  - a. From non-chartable to chartable
  - b. Name change
  - c. Specimen requirements
  - d. Units of measure change
  - e. CPT code change
  - f. Interpretive data change
  - g. Method change
  - h. Change in site/location performance
  - i. Group components change
3. New LOINC® release produced from Regenstrief
  - a. New codes for previously unmapped tests
    - i. Order sets
    - ii. Result codes
  - b. Deprecated LOINC codes
4. Inactivation of a local code – leave LOINC intact for archival retrieval, and possible resending of historical information. **DO NOT REUSE CODES.**

ID	EXPLANATION
1.	The LOINC standard is intended for identifying lab assays transmitting through HL7 message streams. The Laboratory Information System allows for chartable and non-chartable definitions to be built. Chartable definitions usually involve assays that will be run on patient specimens, or controls that will be run alongside the patient. Non-chartable definitions include internal specimen tracking, problem resolution tracking, and internal quality control metrics.
2.	If the proposed change to a test is significant, such as changing an analyte or moving a send out test in-house, it is not recommended to reuse the local code. Instead, build a new test definition. While this is more resource intensive, it preserves discreteness and accuracy of historical test definition.
2a	Moving to a chartable definition means the assay results will now be captured in outbound HL7 messages, and a LOINC code needs to be available for use.
2b	Evaluate the name change to determine if there's inference to different specimen types, timed collection, or method. Any of several attributes could be affected, requiring a different LOINC code.
2c	Changes to specimen type, or providing an additional specimen type, can allude to using the generic XXX or FLU specimen types. For example, if a specimen was

	serum only for a serology, but now the lab offers the serology on cerebrospinal fluid, using the same local code, update the LOINC code with an XXX specimen type. This does not include serum and plasma changes. Refer to the LOINC User's Guide for additional information on specimens.
2d	Changing or adding a unit of measure can affect the property and scale attributes.
2e	CPT code changes could allude to change in methodology. The site makes its own decision in how granular the attributes should be mapped. In health information exchanges, methods are used sparingly.
2f	Interpretive data changes may allude to change in methodology, property or scale.
2g	Method changes only affect LOINC codes if the site uses the method attribute.
2h	Change in site or location performance. If changing instruments or work benches, be sure all attributes remain the same. Some sites will reuse a send out test definition, which used to be a simple text blob, to a discrete definition for an in house test. A LOINC code could possibly be added in this instance.
2i	Changes in group components could affect either order set LOINC code or indicate an additional result LOINC should be defined.
3.	<p>New LOINC versions may contain newly released codes that can be added to a site's mappings (particularly if the site didn't go further than the top 100 or 200 by test volume).</p> <ul style="list-style-type: none"> <li>• It is suggested to keep a file in RELMA of unmapped tests, and run that through the new releases to find these additions.</li> <li>• Keep an updated file of mapped local codes with LOINC codes and check for deprecates using RELMA's "find deprecates" option.</li> </ul>