Medical Drug Monitoring – PAIN AOE Documentation

This document contains an overview of the PAIN – Medical Drug Monitoring Ask at Order Entry question set and formatting when developing this type for use with Labcorp's Aperture Orders API web service. JSON examples are included for the PAIN AOE requirements for patient medication reporting at the end of the document.

For any test ordered with an associated AOE Code of PAIN, each medication should be listed in a sequence that includes the PAIN AOE question and responses:

For sending RX norm values: (PMSNUM, PMCODE, PMTEXT, PMSRCE, PMNOMP, PMPINP, PMPMLP, and PMPMSF).

For sending Free text: (PMSNUM, PMFTDN, PMNOMP, PMPINP, PMPMLP, and PMPMSF).

Please ensure that duplicate medications are not included, as duplicates will result in an error.

Updated lists of RXNORM values should be obtained from the US National Library of Medicine to stay current with any changes.

- US National Library of Medicine Website:
  https://www.nlm.nih.gov/research/umls/rxnorm/index.html

- US National Library of Medicine Downloadable Content:
  https://www.nlm.nih.gov/research/umls/rxnorm/docs/rxnormfiles.html

Common Q&A Regarding the PAIN AOE Requirements:

PATIENT MEDICATION LIST PROVIDED ON REQUISITION

See examples at the end of this document.

Only 1 response for (PMNOMP, PMPINP, PMPMLP, and PMPMSF) can contain a 'Y' and the rest must be 'N'– *there will always be one of these fields populated with a 'Y' when the test code that has the AOE code of PAIN as a requirement*.

1. Some of the wording in the descriptions can be complicated (double-negative when answering yes or no). Please help interpret the following.

a. For, "Patient has no medication use declared, and none prescribed" A 'Y' here means that the patient does not have medication use declared nor prescribed, right? *Correct, the requisition would have the statement in bold - "Patient has no medication use declared, and none prescribed" and the JSON message would have only one set of AOE Question and Responses. See examples below.*

NO MEDICATION USE

```
"test_codes": [
                {
                  "id": "790600",
                  "name": "COMPLIANCE DRUG ANALYSIS, UR",
                  "aoes": [
                   {
                     "id": "PMSNUM",
                     "text": "SEQUENCE NUMBER",
```

```
                "responses": [
                 {
                  "value": "1",
                  "label": "1"
                 }
                ],
                "response_time": "2026-01-15T15:25"
               },{
                "id": "PMNOMP",
                "text": "NO MEDICATION USE",
                "responses": [
                 {
                  "value": "Y",
                  "label": "YES"
                 }
                ],
                "response_time": "2026-01-15T15:25"
               },
               {
                "id": "PMPINP",
                "text": "MEDICATION LIST NOT PROVIDED",
                "responses": [
                 {
                  "value": "N",
                  "label": "NO"
                 }
                ],
                "response_time": "2026-01-15T15:25"
               },
               {
                "id": "PMPMLP",
                "text": "PATIENT MEDICATION LIST PROVIDED ON REQUISITION",
                "responses": [
                 {
                  "value": "N",
                  "label": "NO"
                 }
                ],
                "response_time": "2026-01-15T15:25"
               },
               {
                "id": "PMPMSF",
                "text": "PATIENT MEDICATION LIST PROVIDED ON SEPARATE FORM",
                "responses": [
                 {
                  "value": "N",
                  "label": "NO"
                 }
                ],
                "response_time": "2026-01-15T15:25"
                 } ],
              "diagnoses" : [ {
                  "code" : "E11.65"
            } ]
        } ]
    } ]
}
```


b. A ‘N’ here means the patient does have medication use declared or prescribed, right? *Correct and Labcorp would expect at least one of the three other options to be populated for any test code that has the AOE code of PAIN as a requirement. 1) an RXNORM value OR 2) a free text drug value OR 3) one of the responses to have a ‘Y’.*

2. Similarly, for "A medication list has not been provided by this patient"

a. A 'Y' here means the patient did not provide a medication list, right? *Correct, the requisition would have the statement in bold "A medication list has not been provided by this patient".*

MEDICATION LIST NOT PROVIDED


```
"test_codes": [
                {
                 "id": "790600",
                 "name": "COMPLIANCE DRUG ANALYSIS, UR",
                 "aoes": [
                  {
                   "id": "PMSNUM",
                   "text": "SEQUENCE NUMBER",
                   "responses": [
                    {
                     "value": "1",
                     "label": "1"
                    }
                   ],
                   "response_time": "2026-01-15T15:25"
                  },{
                   "id": "PMNOMP",
                   "text": "NO MEDICATION USE",
                   "responses": [
                    {
                     "value": "N",
                     "label": "NO"
                    }
                   ],
                   "response_time": "2026-01-15T15:25"
                  },
                  {
                   "id": "PMPINP",
                   "text": "MEDICATION LIST NOT PROVIDED",
                   "responses": [
                    {
                     "value": "Y",
                     "label": "YES"
                    }
                   ],
                   "response_time": "2026-01-15T15:25"
                  },
                  {
                   "id": "PMPMLP",
                   "text": "PATIENT MEDICATION LIST PROVIDED ON REQUISITION",
                   "responses": [
                    {
                     "value": "N",
                     "label": "NO"
                    }
                   ],
                   "response_time": "2026-01-15T15:25"
                  },
                  {
                   "id": "PMPMSF",
                   "text": "PATIENT MEDICATION LIST PROVIDED ON SEPARATE FORM",
                   "responses": [
                    {
                     "value": "N",
                     "label": "NO"
                    }
                   ],
                   "response_time": "2026-01-15T15:25"
                    } ],
                 "diagnoses" : [ {
                     "code" : "E11.65"
                } ]
              } ]
          } ]
      }
```

b. A 'N' here means the patient actually did provide a medication list, yes? *Correct and Labcorp would expect at least one of the three other options to be populated for any test code that has the AOE code of PAIN as a requirement. 1) an RXNORM value OR 2) a free text drug value in OR 3) one of the AOE response to have a 'Y' value.*

PMNOMP - NO MEDICATION USE = ***NO***
PMPINP - MEDICATION LIST NOT PROVIDED = ***NO***
PMPMLP - PATIENT MEDICATION LIST PROVIDED ON REQUISITION = ***YES***
PMPMSF - PATIENT MEDICATION LIST PROVIDED ON SEPARATE FORM = ***NO***

Any Labcorp test code that has the AOE Code of PAIN would require at least one set of PAIN AOE question and Responses. If the test codes on that order does not have the AOE code of PAIN then Labcorp would not expect to see PAIN AOEs displayed in the order message.

When coding the JSON for medical drug monitoring and the PAIN AOE requirement, if there is more than one RXNorm value and/or free text patient medications then the question codes would be repeated in the JSON order message, *see example at the beginning of this document.*

3. Our system has the ability to send a printout of the patient medications and not send any medications in the JSON order message. What are you expecting to receive in the JSON? *This is acceptable and would look like the examples below.*

PATIENT MEDICATION LIST PROVIDED ON SEPARATE FORM:


```
"test_codes": [
                        {
                         "id": "790600",
                         "name": "COMPLIANCE DRUG ANALYSIS, UR",
                         "aoes": [
                          {
                           "id": "PMSNUM",
                           "text": "SEQUENCE NUMBER",
                           "responses": [
                            {
                             "value": "1",
                             "label": "1"
                            }
                           ],
                           "response_time": "2026-01-15T15:25"
                          },{
                           "id": "PMNOMP",
                           "text": "NO MEDICATION USE",
                           "responses": [
                            {
                             "value": "N",
                             "label": "NO"
                            }
                           ],
                           "response_time": "2026-01-15T15:25"
                          },
                          {
                           "id": "PMPINP",
                           "text": "MEDICATION LIST NOT PROVIDED",
                           "responses": [
                            {
                             "value": "N",
                             "label": "NO"
                            }
                           ],
                           "response_time": "2026-01-15T15:25"
                          },
                          {
                           "id": "PMPMLP",
                           "text": "PATIENT MEDICATION LIST PROVIDED ON REQUISITION",
                           "responses": [
```

```
                    {
                     "value": "N",
                     "label": "NO"
                    }
                   ],
                   "response_time": "2026-01-15T15:25"
                  },
                  {
                   "id": "PMPMSF",
                   "text": "PATIENT MEDICATION LIST PROVIDED ON SEPARATE FORM",
                   "responses": [
                    {
                     "value": "Y",
                     "label": "YES"
                    }
                   ],
                   "response_time": "2026-01-15T15:25"
                    } ],
                "diagnoses" : [ {
                    "code" : "E11.65"
              } ]
          } ]
     } ]
}
```

MEDICAL DRUG MONITORING – PAIN AOE DOCUMENTATION IN JSON FORMAT

Example Requisition:



Labcorp
EREQ

Account #: 90991040	**Collection Date and Time:** 01/15/2026 15:25
Req/Control #: 97JXN5HSY1I2AU9MDCGN841D_	
Bill Type: CLIENT	**Patient Status:** OUTPATIENT



Client / Ordering Site: Aperture Test Site	**Ordering Physician:** TESTER, DOCTOR
Address: 1 TEST Rd.	**NPI:** 1112223334
City, State Zip: Durham, NC 27703	
Phone: 012-345-6789	
Patient Name (Last, First, Middle): TEST, TASKEIGHT	**Patient Email:** NOREPLY@LABCORP.COM
Date of Birth: 01/01/1990 **Gender:** MALE **Race:** RACE NOT INDICATED **Ethnicity:** UNKNOWN	**Phone:** 888-111-2222
Patient Address: 123 MAIN ST	**Patient ID:** 10006802
City, State Zip: BURLINGTON, NC 27215-1234	**Alt Patient ID:** 10001702
	Alt Control#:

Order Code: **Tests Ordered (Total: 1)**

790600 COMPLIANCE DRUG ANALYSIS, UR

Medical Drug Monitoring:

Patient is prescribed or declares use of the following medications: Yes
Patient has no medications use declared and none prescribed: No
A separate medication list attached: No
A medication list has not been provide by patient: No

Code	Description	Code	Description	Code	Description
202363	XANAX	202368	VANCOCIN	202370	DOLOPHINE
202384	CHLOR-TRIMETON	202398	XYLOCAINE	202399	ANAPROX
202432	PANADOL	202433	TYLENOL	202458	FLOXIN
202462	PLAQUENIL	202472	VALIUM	202479	ATIVAN
202486	DOLOBID	202488	MOTRIN	202508	NITRO-DUR
202516	NITRO-BID	202525	NITROSTAT	202554	ECOTRIN
202559	IMURAN	202561	AZACTAM	202563	NO DOZ
202582	QUESTRAN	202585	KLONOPIN	202595	PROGLYCEM
202609	ERY-TAB	202614	ERYGEL	202619	ESTRACE
202632	ADRUCIL	202633	FLUOROPLEX	202634	FOLACIN
202637	PREGNYL	202639	CORTENEMA	202645	CORTEF
202647	DERMACORT	202655	PROCTOCORT	202661	HESPAN
202692	NIZORAL	202693	LABETALOL HYDROCHLORIDE	202697	OSMITROL
202702	MEDROL	202724	CUPRIMINE	202740	DILANTIN
202743	NATACYN	202750	BETADINE	202770	AZULFIDINE
	HERBAL SLEEP AID SUPPLEMENT		JOINT PAIN RELIEF CREAM		MULTIVITAMIN DAILY SUPPLEMENT
	OMEGA-3 FISH OIL CAPSULES		PROBIOTIC DIGESTIVE SUPPORT		

Diagnosis Codes:

E11.65

Responsible Party / Guarantor Information:	
Name: TEST, SPOUSE	
Address: 123 MAIN ST	
City, State Zip: BURLINGTON, NC 27215-1234	

TEST, TASKEIGHT 01/01/1990 01/15/2026 90991040 97JXN5HSY1I2AU9MDCGN841D_ (repeated 8 times)

Page 1 of 2 API_2.3



Account #:	90991040	**Patient Name:**	TEST, TASKEIGHT
Req/Control #:	97JXN5HSY1I2AU9MDCGN841D_	**Patient ID:**	10006802
Collection Date:	01/15/2026	**Alt Patient ID:**	10001702



Phone:	888-111-2222	**Relation to Pt:** SPOUSE	
Ask at Order Entry Information:			
AOE Question		**AOE Response**	
GENDER IDENTITY		Male	
SEXUAL ORIENTATION		Choose not to disclose	

You can complete your lab testing quickly and easily. Labcorp offers convenient patient service center locations across the U.S.
Visit patient.labcorp.com to make an appointment online or call 855-277-8669.

Authorization - Please sign and date

I hereby authorize the release of medical information related to the services described hereon and authorize payment directly to Laboratory Corporation of America. I agree to assume responsiblity for payment of charges for laboratory services that are not covered by my healthcare insurer.

Patient Signature _____ Date _____ Physician Signature _____ Date _____

TEST, TASKEIGHT 01/01/1990 01/15/2026 90991040 97JXN5HSY1I2AU9MDCGN841D_

TEST, TASKEIGHT 01/01/1990 01/15/2026 90991040 97JXN5HSY1I2AU9MDCGN841D_
TEST, TASKEIGHT 01/01/1990 01/15/2026 90991040 97JXN5HSY1I2AU9MDCGN841D_
TEST, TASKEIGHT 01/01/1990 01/15/2026 90991040 97JXN5HSY1I2AU9MDCGN841D_
TEST, TASKEIGHT 01/01/1990 01/15/2026 90991040 97JXN5HSY1I2AU9MDCGN841D_
TEST, TASKEIGHT 01/01/1990 01/15/2026 90991040 97JXN5HSY1I2AU9MDCGN841D_
TEST, TASKEIGHT 01/01/1990 01/15/2026 90991040 97JXN5HSY1I2AU9MDCGN841D_
TEST, TASKEIGHT 01/01/1990 01/15/2026 90991040 97JXN5HSY1I2AU9MDCGN841D_

Example JSON containing Patient Medication information:


```
"test_codes": [
  {
   "id": "790600",
   "name": "COMPLIANCE DRUG ANALYSIS, UR",
   "aoes": [
    {
     "id": "PMSNUM",
     "text": "SEQUENCE NUMBER",
     "responses": [
      {
       "value": "1",
       "label": "1"
      }
     ],
     "response_time": "2026-01-15T15:25"
    },
    {
     "id": "PMCODE",
     "text": "RX NORM CODE",
     "responses": [
      {
       "value": "202363",
       "label": "202363"
      }
     ],
     "response_time": "2026-01-15T15:25"
    },
    {
     "id": "PMTEXT",
     "text": "RX NORM TEXT",
     "responses": [
      {
       "value": "XANAX",
       "label": "XANAX"
      }
     ],
     "response_time": "2026-01-15T15:25"
    },
    {
     "id": "PMSRCE",
     "text": "RX NORM SOURCE",
     "responses": [
      {
       "value": "RXNORM",
       "label": "RXNORM"
      }
     ],
     "response_time": "2026-01-15T15:25"
    },
    {
     "id": "PMNOMP",
     "text": "NO MEDICATION USE",
     "responses": [
      {
       "value": "N",
       "label": "NO"
      }
     ],
     "response_time": "2026-01-15T15:25"
    },
    {
     "id": "PMPINP",
     "text": "MEDICATION LIST NOT PROVIDED",
     "responses": [
      {
       "value": "N",
       "label": "NO"
      }
     ],
     "response_time": "2026-01-15T15:25"
    },
    {
     "id": "PMPMLP",
     "text": "PATIENT MEDICATION LIST PROVIDED ON REQUISITION",
     "responses": [
      {
```

```
      "value": "Y",
      "label": "YES"
     }
    ],
    "response_time": "2026-01-15T15:25"
   },
   {
    "id": "PMPMSF",
    "text": "PATIENT MEDICATION LIST PROVIDED ON SEPARATE FORM",
    "responses": [
     {
      "value": "N",
      "label": "NO"
     }
    ],
    "response_time": "2026-01-15T15:25"
   },
   {
    "id": "PMSNUM",
    "text": "SEQUENCE NUMBER",
    "responses": [
     {
      "value": "2",
      "label": "2"
     }
    ],
    "response_time": "2026-01-15T15:25"
   },
   {
    "id": "PMCODE",
    "text": "RX NORM CODE",
    "responses": [
     {
      "value": "202368",
      "label": "202368"
     }
    ],
    "response_time": "2026-01-15T15:25"
   },
   {
    "id": "PMTEXT",
    "text": "RX NORM TEXT",
    "responses": [
     {
      "value": "VANCOCIN",
      "label": "VANCOCIN"
     }
    ],
    "response_time": "2026-01-15T15:25"
   },
   {
    "id": "PMSRCE",
    "text": "RX NORM SOURCE",
    "responses": [
     {
      "value": "RXNORM",
      "label": "RXNORM"
     }
    ],
    "response_time": "2026-01-15T15:25"
   },
   {
    "id": "PMNOMP",
    "text": "NO MEDICATION USE",
    "responses": [
     {
      "value": "N",
      "label": "NO"
     }
    ],
    "response_time": "2026-01-15T15:25"
   },
   {
    "id": "PMPINP",
    "text": "MEDICATION LIST NOT PROVIDED",
    "responses": [
     {
      "value": "N",
```

```
      "label": "NO"
     }
    ],
    "response_time": "2026-01-15T15:25"
   },
   {
    "id": "PMPMLP",
    "text": "PATIENT MEDICATION LIST PROVIDED ON REQUISITION",
    "responses": [
     {
      "value": "Y",
      "label": "YES"
     }
    ],
    "response_time": "2026-01-15T15:25"
   },
   {
    "id": "PMPMSF",
    "text": "PATIENT MEDICATION LIST PROVIDED ON SEPARATE FORM",
    "responses": [
     {
      "value": "N",
      "label": "NO"
     }
    ],
    "response_time": "2026-01-15T15:25"
   },
   {
    "id": "PMSNUM",
    "text": "SEQUENCE NUMBER",
    "responses": [
     {
      "value": "3",
      "label": "3"
     }
    ],
    "response_time": "2026-01-15T15:25"
   },
   {
    "id": "PMCODE",
    "text": "RX NORM CODE",
    "responses": [
     {
      "value": "202370",
      "label": "202370"
     }
    ],
    "response_time": "2026-01-15T15:25"
   },
   {
    "id": "PMTEXT",
    "text": "RX NORM TEXT",
    "responses": [
     {
      "value": "DOLOPHINE",
      "label": "DOLOPHINE"
     }
    ],
    "response_time": "2026-01-15T15:25"
   },
   {
    "id": "PMSRCE",
    "text": "RX NORM SOURCE",
    "responses": [
     {
      "value": "RXNORM",
      "label": "RXNORM"
     }
    ],
    "response_time": "2026-01-15T15:25"
   },
   {
    "id": "PMNOMP",
    "text": "NO MEDICATION USE",
    "responses": [
     {
      "value": "N",
      "label": "NO"
```

```
    }
   ],
   "response_time": "2026-01-15T15:25"
  },
  {
   "id": "PMPINP",
   "text": "MEDICATION LIST NOT PROVIDED",
   "responses": [
    {
     "value": "N",
     "label": "NO"
    }
   ],
   "response_time": "2026-01-15T15:25"
  },
  {
   "id": "PMPMLP",
   "text": "PATIENT MEDICATION LIST PROVIDED ON REQUISITION",
   "responses": [
    {
     "value": "Y",
     "label": "YES"
    }
   ],
   "response_time": "2026-01-15T15:25"
  },
  {
   "id": "PMPMSF",
   "text": "PATIENT MEDICATION LIST PROVIDED ON SEPARATE FORM",
   "responses": [
    {
     "value": "N",
     "label": "NO"
    }
   ],
   "response_time": "2026-01-15T15:25"
  },
  {
   "id": "PMSNUM",
   "text": "SEQUENCE NUMBER",
   "responses": [
    {
     "value": "4",
     "label": "4"
    }
   ],
   "response_time": "2026-01-15T15:25"
  },
  {
   "id": "PMCODE",
   "text": "RX NORM CODE",
   "responses": [
    {
     "value": "202384",
     "label": "202384"
    }
   ],
   "response_time": "2026-01-15T15:25"
  },
  {
   "id": "PMTEXT",
   "text": "RX NORM TEXT",
   "responses": [
    {
     "value": "CHLOR-TRIMETON",
     "label": "CHLOR-TRIMETON"
    }
   ],
   "response_time": "2026-01-15T15:25"
  },
  {
   "id": "PMSRCE",
   "text": "RX NORM SOURCE",
   "responses": [
    {
     "value": "RXNORM",
     "label": "RXNORM"
    }
```

```
 ],
 "response_time": "2026-01-15T15:25"
},
{
 "id": "PMNOMP",
 "text": "NO MEDICATION USE",
 "responses": [
  {
   "value": "N",
   "label": "NO"
  }
 ],
 "response_time": "2026-01-15T15:25"
},
{
 "id": "PMPINP",
 "text": "MEDICATION LIST NOT PROVIDED",
 "responses": [
  {
   "value": "N",
   "label": "NO"
  }
 ],
 "response_time": "2026-01-15T15:25"
},
{
 "id": "PMPMLP",
 "text": "PATIENT MEDICATION LIST PROVIDED ON REQUISITION",
 "responses": [
  {
   "value": "Y",
   "label": "YES"
  }
 ],
 "response_time": "2026-01-15T15:25"
},
{
 "id": "PMPMSF",
 "text": "PATIENT MEDICATION LIST PROVIDED ON SEPARATE FORM",
 "responses": [
  {
   "value": "N",
   "label": "NO"
  }
 ],
 "response_time": "2026-01-15T15:25"
},
{
 "id": "PMSNUM",
 "text": "SEQUENCE NUMBER",
 "responses": [
  {
   "value": "5",
   "label": "5"
  }
 ],
 "response_time": "2026-01-15T15:25"
},
{
 "id": "PMCODE",
 "text": "RX NORM CODE",
 "responses": [
  {
   "value": "202398",
   "label": "202398"
  }
 ],
 "response_time": "2026-01-15T15:25"
},
{
 "id": "PMTEXT",
 "text": "RX NORM TEXT",
 "responses": [
  {
   "value": "XYLOCAINE",
   "label": "XYLOCAINE"
  }
 ],
```

```
  "response_time": "2026-01-15T15:25"
 },
 {
  "id": "PMSRCE",
  "text": "RX NORM SOURCE",
  "responses": [
   {
    "value": "RXNORM",
    "label": "RXNORM"
   }
  ],
  "response_time": "2026-01-15T15:25"
 },
 {
  "id": "PMNOMP",
  "text": "NO MEDICATION USE",
  "responses": [
   {
    "value": "N",
    "label": "NO"
   }
  ],
  "response_time": "2026-01-15T15:25"
 },
 {
  "id": "PMPINP",
  "text": "MEDICATION LIST NOT PROVIDED",
  "responses": [
   {
    "value": "N",
    "label": "NO"
   }
  ],
  "response_time": "2026-01-15T15:25"
 },
 {
  "id": "PMPMLP",
  "text": "PATIENT MEDICATION LIST PROVIDED ON REQUISITION",
  "responses": [
   {
    "value": "Y",
    "label": "YES"
   }
  ],
  "response_time": "2026-01-15T15:25"
 },
 {
  "id": "PMPMSF",
  "text": "PATIENT MEDICATION LIST PROVIDED ON SEPARATE FORM",
  "responses": [
   {
    "value": "N",
    "label": "NO"
   }
  ],
  "response_time": "2026-01-15T15:25"
 },
 {
  "id": "PMSNUM",
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