

**MACOMB COUNTY COMMUNITY MENTAL HEALTH**  
***Subsidized Laboratory Services Program***

P.A. No.: \_\_\_\_\_

**LABORATORY TEST(S) ORDER FORM**  
**PRIOR AUTHORIZED**

Consumer Name \_\_\_\_\_ Case # \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Psychiatrist \_\_\_\_\_

Bill To: Macomb County CMH  
22550 Hall Road  
Clinton Township, MI 48036

Clinic Name \_\_\_\_\_  
Acct #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Ph: \_\_\_\_\_  
Fx: \_\_\_\_\_

Physical Dx Code \_\_\_\_\_ Behavioral Dx Code \_\_\_\_\_

Diagnosis codes must be medically appropriate for patient's condition and consistent with documentation in medical record. For your convenience, this is a partial list of Physical Diagnosis Codes which can be found in the ICD-9-CM Book.

<b>V70.0</b> <i>Gen. Medical Exam (Adult)</i>	<b>242.90</b> <i>Hyperthyroid</i>
<b>V20.2</b> <i>Gen. Medical Exam (Child)</i>	<b>251.2</b> <i>Hypoglycemia</i>
<b>276.9</b> <i>Electrolyte Imbalance</i>	<b>244.9</b> <i>Hypothyroid</i>
<b>573.3</b> <i>Hepatitis</i>	<b>V22.2</b> <i>Pregnancy</i>
<b>790.6</b> <i>Hyperglycemia</i>	<b>593.9</b> <i>Renal Disease</i>
<b>401.1</b> <i>Hypertension</i>	<b>246.9</b> <i>Thyroid Disorder</i>

**Tests Requested**

The following laboratory tests have received prior approval:

**CODE NO.**                      **LABORATORY TESTS ORDERED**


**NOTE: THIS FORM IS TO BE USED ONLY AFTER APPROVAL OF TEST(S) USING MCCMH FORM #293 "PRIOR AUTHORIZATION REQUEST"**

***Original copy: Consumer to take to participating Quest Laboratories***