

MACOMB COUNTY COMMUNITY MENTAL HEALTH SERVICES
Subsidized Laboratory Services Program
Laboratory Tests Order Form

Patient Name _____ Case # _____

DOB _____

Primary Care Physician _____

Bill To: Macomb County CMH 19800 Hall Road Clinton Township, MI 48038	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 the in ICD-9-CM Book.

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|--|------------------------------------|
| V70.0 Gen. Medical Exam (Adult) | 242.90 Hyperthyroid |
| V20.2 Gen Medical Exam (Child) | 276.9 Electrolyte Imbalance |
| 244.9 Hypothyroid | 251.2 Hypoglycemia |
| 573.3 Hepatitis | V22.1 Pregnancy |
| 790.6 Hyperglycemia | 593.9 Renal Disease |
| 401.1 Hypertension | 246.9 Thyroid Disorder |

Test Requested

- | | |
|---|---|
| 899 ___TSH | 294 ___BUN |
| 10231 ___Comprehensive Metabolic Panel * | 822 ___AST |
| 10165 ___Basic Metabolic Panel * | 823 ___ALT |
| 10256 ___Hepatic Function Panel * | 593 ___LDH |
| 7020 ___Thyroid Panel (T ₃ , T ₄) * | 287 ___Bilirubin, Total |
| 34392 ___Electrolytes Panel * | 375 ___Creatinine |
| 7600 ___Lipid Panel * | 896 ___Triglycerides (Cholesterol) |
| 29424 ___10 Drug Screen w/o confirmation * | 571 ___Iron |
| 6399 ___CBC with differential and platelet | 613 ___Lithium |
| 793 ___Reticulocytes | 916 ___Valproic Acid |
| 5463 ___Urinalysis, including micro | 329 ___Tegretol (Carbamazepine) |
| 859 ___T ₃ Total | 396 ___Pregnancy Test - Urine |
| 867 ___T ₄ Total | 8435 ___Pregnancy Test - HCG Serum |
| 483 ___Glucose, Serum (Fasting Blood Sugar) | |

NOTE: All Other Tests Not On This List Need Prior Authorization: Please submit a completed Prior Authorization Form (MCCMH #294) To The Chief Medical Office at Fax No.: 586-469-7674

I understand that I am receiving subsidy for laboratory tests based on my claim that I do not have insurance nor financial resources for these procedures.

Client Signature

Date

MCO 2-022 - Exhibit A MCCMH #291-1 (Rev 4/24)

WHITE - CONSUMER COPY

YELLOW - CHART COPY

PINK - MEDICAL OFFICE COPY

**Subsidized Laboratory Services Program
Panels and Components Laboratory Tests**

10231 Comprehensive Metabolic Panel

Carbon Dioxide	Sodium	Potassium	Chloride
Albumin	Alkaline Phosphatase	ALT (SGPT)	AST (SGOT)
Bilirubin, Total	BUN (Urea Nitrogen)	Creatinine	Glucose
Calcium	Globulin		
Total Protein			

10165 Basic Metabolic Panel

Carbon Dioxide	Sodium	Potassium
BUN (Urea Nitrogen)	Creatinine	Chloride
Calcium	Glucose	

0256 Hepatic Function Panel

Alkaline Phosphatase	ALT (SGPT)	AST (SGOT)	Bilirubin, Direct
Bilirubin, Total	Albumin	Indirect Bili	Total Protein

7020 Thyroid Panel

T3 Uptake	T4, Total	T4, Free, Calculated
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34392 Electrolyte Panel

Carbon Dioxide	Sodium	Potassium	Chloride
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29424 Drug Screen: 10 Drug w/o confirmation

Amphetamines	Barbiturates	Benzodiazepines	Cocaine
Methadone	Methaqualone	Opiates	Phencyclidine (PCP)
Propoxyphene	THC	PH	Creatinine

7600 Lipid Panel

Cholesterol, Total	HDL-Cholesterol	Triglycerides	LDL
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