

MACOMB COUNTY COMMUNITY MENTAL HEALTH

Subsidized Laboratory Services Program

P.A. No.: _____

LABORATORY TEST(S) ORDER FORM PRIOR AUTHORIZED

Consumer Name _____ Case # _____

DOB _____

Primary Care Physician _____ Licensed Prescriber _____

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 in the ICD-9-CM Book.

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