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

Patient 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 the in ICD-9-CM Book.

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	*Hepatit*is	**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

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

34392 Electrolyte Panel

Carbon Dioxide	Sodium	Potassium	Chloride

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