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

		Case #
	SS#	
sician	Psychi	atrist
County CMH I Road wnship, MI 48036-1137	Acct # Address Ph:	
	Behavioral Dx Cod	de
	•	
Gen. Medical Exam (Adult) Gen Medical Exam (Child) Hypothyroid Hepatitis Hyperglycemia Hypertension	276.9 251.2 V22.1	Hyperthyroid Electrolyte Imbalance Hypoglycemia Pregnancy Renal Disease Thyroid Disorder
	Sician County CMH I Road wnship, MI 48036-1137 Smust be medically appropriate for convenience, this is a partial list Gen. Medical Exam (Adult) Gen Medical Exam (Child) Hypothyroid Hepatitis Hyperglycemia	County CMH Clinic Name I Road Wnship, MI 48036-1137 Address Ph: Fx: Behavioral Dx Coo s must be medically appropriate for patient's condition and r convenience, this is a partial list of Physical Diagnosis Co Gen. Medical Exam (Adult) Gen Medical Exam (Child) Hypothyroid Hepatitis Hyperglycemia Psychi

Test Requested

399 TSH	294	BUN
10231Comprehensive Metobolic Panel *	822 <i>_</i>	4 <i>ST</i>
10165 Basic Metobolic Panel *	823 <u> </u>	4 <i>LT</i>
10256Hepatic Function Panel *	593 <i>L</i>	LDH
7020 Thyroid Panel (T_3, T_4) *	287	Bilirubin, Total
34392 Electrolytes Panel *	375	Creatinine
7600Lipid Panel *	896	Triglycerides (Cholesterol)
2942410 Drug Screen w/o confirmation *	571 <u> </u>	ron
6399CBC with differential and platelet	613 <u> </u>	_ithium
793 Reticulocytes	916	√alproic Acid
5463Urinalysis, including micro	3297	Tegretol (Carbamazepine)
859 T ₃ Total	396 A	Pregnancy Test - Urine
867	8 4 35	Pregnancy Test - HCG Serum
483Glucose, Serum (Fasting Blood St	igar)	-

<u>NOTE</u>: All Other Tests Not On This List Need Prior Authorization: Please submit a completed Prior Authorization Form (MCCMH #294) To The Medical Director at Fax No.: (586) 465-8320

I understand that I am	receiving subsidy	for laboratory test	s based on my	/ claim that I	do not have insurar	nce nor financial
resources for these pr	ocedures.					

Client Signature	Date

MCCMH #291-1 (Rev 01/08)

Subsidized Laboratory Services Program Panels and Components Laboratory Tests Quest Diagnostics, Inc.

10231 Comprehensive Metabolic Panel

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

Globulin Calcium

Total Protein

10165 Basic Metabolic Panel

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

0256 Hepatic Function Panel

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

7020 Thyroid Panel

Calcium

T3 Uptake T4, Total T4, Free, Calculated

34392 Electrolyte Panel

Carbon Dioxide Potassium Chloride Sodium

29424 Drug Screen: 10 Drug w/o confirmation

Amphetamines Barbiturates Benzodiazepines Cocaine

Methadone Methagualone Opiates Phencyclidine (PCP)

РΗ Creatinine Propoxyphene THC

7600 Lipid Panel

Cholesterol, Total **HDL-Cholesterol Triglycerides** LDL

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

Patient Name	Case #
DOB	SS#
Primary Care Physician	Psychiatrist
Bill To: Macomb County CMH	Clinic Name
22550 Hall Road	Acct #
Clinton Township, MI 48036-1137	Address
	Ph:
	Fx:
Physical Dx Code	Behavioral Dx Code
	for patient's condition and consistent with documentation in medical t of Physical Diagnosis Codes which can be found the in ICD-9-CM
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

Test Requested

246.9 Thyroid Disorder

899 TSH	294	BUN
10231Comprehensive Metobolic Panel *	822	AST
10165 Basic Metobolic Panel *	823	ALT
10256 Hepatic Function Panel *	593	LDH
7020 Thyroid Panel (T_3, T_4) *	287	Bilirubin, Total
34392Electrolytes Panel *	375	Creatinine
7600Lipid Panel *	896	Triglycerides (Cholesterol)
29424 10 Drug Screen w/o confirmation *	571	Iron
6399CBC 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_{\perp} Total	8435	Pregnancy Test - HCG Serum
483Glucose, Serum (Fasting Blood Sugar)		

<u>NOTE</u>: All Other Tests Not On This List Need Prior Authorization: Please submit a completed Prior Authorization Form (MCCMH #294) To The Medical Director at Fax No.: (586) 465-8320

understand that I am	n receiving subsidy for	r laboratory tests bas	sed on my claim tha	t I do not have ins	urance nor fina	ancial
esources for these p	rocedures.					

Client Signature	Date

401.1 Hypertension

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

0.5				Case #
ов			SS#	
rimary (Care Phy	sician	Psychi	atrist
ill To: N	Macomb	County CMH	Clinic Name_	
2	22550 Ha	all Road	Acct #	
(Clinton T	ownship, MI 48036-1137	Address	
			Ph:	
			Fx:	
hysical	Dx Code		Behavioral Dx Cod	de
_				consistent with documentation in medical odes which can be found the in ICD-9-CM
200	V70.0	Gen. Medical Exam (Adult)	242.90	Hyperthyroid
		Gen Medical Exam (Child)		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
899	TSF	1	294	BUN
899	ISF	1	294	BUN
	Con	norehensive Metobolic Panel *	822	
10231		nprehensive Metobolic Panel * ic Metobolic Panel *	822 823	AST
10231 10165	Bas	ic Metobolic Panel *	823	AST ALT
10231 10165	Bas Hep	ic Metobolic Panel * atic Function Panel *		AST ALT LDH
10231 10165 10256 7020	Bas Hep Thy	ic Metobolic Panel * atic Function Panel * roid Panel (T ₃ , T ₄) *	823 593	AST ALT
10231 10165 10256 7020	Bas Hep Thys Elec	ic Metobolic Panel * atic Function Panel *	823 593 287	AST ALT LDH Bilirubin, Total Creatinine
10231 10165 10256 7020 34392 7600	Bas	ic Metobolic Panel * atic Function Panel * roid Panel (T ₃ , T ₄) * strolytes Panel *	823 593 287 375	AST ALT LDH Bilirubin, Total
10231 10165 10256 7020 34392 7600 29424	BasBasHepThy . LipidLipid10 L	ic Metobolic Panel * atic Function Panel * roid Panel (T ₃ , T ₄) * strolytes Panel * d Panel *	823 593 287 375 896	ASTASTALTLDHBilirubin, TotalCreatinineTriglycerides (Cholesterol)
10231 10165 10256 7020 34392 7600 29424	BasBas Hep Thy: Elec Lipid 10 L	ic Metobolic Panel * atic Function Panel * roid Panel (T ₃ , T ₄) * etrolytes Panel * d Panel * Orug Screen w/o confirmation *	823 593 287 375 896 571	ASTALTLDHBilirubin, TotalCreatinineTriglycerides (Cholesterol)Iron
10231 10165 10256 7020 34392 7600 29424 6399 793	Bas Bas Hep Thy Electric Lipid CBC Retired	ic Metobolic Panel * atic Function Panel * roid Panel (T ₃ , T ₄) * etrolytes Panel * d Panel * Orug Screen w/o confirmation * C with differential and platelet	823 593 287 375 896 571 613 916	ASTALTLDHBilirubin, TotalCreatinineTriglycerides (Cholesterol)IronLithium
10231 10165 10256 7020 34392 7600 29424 6399 793	Bas	ic Metobolic Panel * atic Function Panel * roid Panel (T3, T4) * strolytes Panel * d Panel * Orug Screen w/o confirmation * C with differential and platelet ficulocytes alysis, including micro	823 593 287 375 896 571 613 916	ASTALTLDHBilirubin, TotalCreatinineTriglycerides (Cholesterol)IronLithiumValproic AcidTegretol (Carbamazepine)Pregnancy Test - Urine
10231 10165 10256 7020 34392 7600 29424 6399 793 5463	Bas —Bas —Hep —Thy. Lipid —Lipid —CBC —CBC —CT3 T —T4 T	ic Metobolic Panel * atic Function Panel * roid Panel (T3, T4) * strolytes Panel * d Panel * Orug Screen w/o confirmation * C with differential and platelet ficulocytes alysis, including micro	823 593 287 375 896 571 613 916 329 396 8435	ASTALTLDHBilirubin, TotalCreatinineTriglycerides (Cholesterol)IronLithiumValproic AcidTegretol (Carbamazepine)