



Biometric Screening Provider Form

Program Year: January 1 - December 31

The Health Risk Assessment Questionnaire, located in the inHealth Wellbeing APP or portal <https://portal.inhealth4change.com>, must be completed or your information cannot be entered.

A new questionnaire must be completed each program year.

Only Fill Out This Section If This Is An Annual Primary Care Wellness Visit

If participant has completed an annual wellness visit, use one of the following codes: CPT(s)*: 82947, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397 ICD-10: Z02.89

***Date of Visit:**

*Please note that if the annual physical is done at the same time as the biometric screening, this form is inclusive to the physical and would not be billed separately billed with a 99401. **The 99401 should be used in cases where the physical has already been billed during this calendar year and the patient comes in for a biometric screening.***

Your health care provider's office must complete the ENTIRE portion below attesting to the results of the biometric screening requirements.
The completed biometric screening provider form should be faxed by the provider to 901-227-2377 no later than March 31, 2023.
 (No Exceptions)

*** REQUIRED FIELDS**

*Participant name:	*Location:
*Date of birth:	*Employee ID:
*Phone number:	*Email address:

Labs requested within 180 days of testing.

Biometrics	Lab Results
* Height (inches):	* Fasting?
* Weight (pounds):	* Blood Glucose or A1C CPT: 82962, 82947, 82948, 83036, 36415 ICD-10: Z02.89
* Waist (inches):	* Total cholesterol CPT: 80061, 36415 ICD-10: Z02.89
* BMI:	* Triglycerides:
* Pulse:	* HDL:
* Blood pressure:	* LDL:

Does the participant currently use any tobacco, nicotine or e-cigarette products?

[] *** NO** If no, must complete the cotinine test, ATTACH A COPY OF THE LAB RESULTS WITH THIS FORM, and complete test result below.

[] *** YES** If yes, do not complete the cotinine test and mark as positive below. (Yes indicates self-attesting)

* Tobacco Status Results		
Cotinine test: (Urine) CPT:80305, 80306, 80307 (Blood) CPT: 80323ICD-10: Z02.89	Positive	Negative

* Provider Name (print): _____ * Provider Signature: _____

*Date of Biometric Screening _____

Questions? Call (901)227-2378 or BESTHealth@bmhcc.org