Biometric Screening Provider Form

Screening Time Period: July 1, 2026 – November 13, 2026

Participant: Health Risk Assessment Questionnaire
You must complete an updated Health Risk Assessment Questionnaire located in the inHealth Wellbeing APP or at https://myhealth.inhealth4change.com/login for biometric screening results to be submitted, to avoid the tobacco surcharge, and to earn wellness rewards.

Participant: All Information Below Is Required	
Participant Name:	Baptist Location:
Date of Birth:	Employee ID:
Phone Number:	Email Address:

Provider: Annual Wellness Visit (AWV)	
If participant completed an AWV between July 1, 2026 and June 30, 2027, use one of the following CPT code(s): 82947, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, ICD-10:Z02.89 **Please note that if the AWV is completed at the same time as the biometric screening, this form is inclusive to the AWV and would not be billed separately with a 99401. *The 99401 should be used in cases where the AWV has already been billed during this calendar year and the patient comes in for a biometric screening.***	**Record Date of AWV In Box if Completed:**

Provider: Tobacco/Nicotine Status & Cotinine Test Result		
Does the participant currently use any tobacco, nicotine or e-cigarette products? **If YES,** which indicates self-attesting, a cotinine test does not need to be completed, and the test result must be circled as Positive below. **If NO,** the following two bullet points are required for validation. • A cotinine test must be performed. • **An official copy of the cotinine lab result must be attached to this form.**		
Cotinine Test (Urine) CPT: 80305, 80306, 80307; (Blood) CPT: 80323ICD-10: Z02.89	Positive	Negative

Provider: All Biometrics and Lab Results Fields Below Are Required			
Biometrics (current)		Lab Results (current or within last 180 days)	
Height (inches):		Fasting (Yes/No)?	
Weight (pounds):		Blood Glucose - ***OR***- A1C: CPT: 82962, 82947, 82948,83036, ICD-10: Z02.89	
Waist (inches):		Total Cholesterol: CPT: 80061 ICD-10: Z02.89	
BMI:		Triglycerides:	
Pulse:		HDL:	
Blood Pressure:		LDL:	
		Venipuncture CPT 36415 ICD-10: Z02.89	

The completed biometric screening form must be faxed by the Provider to BestHealth at 901-227-2377 no later than November 13, 2026. For questions call BestHealth at 901-227-2378 or email besthealth@bmhcc.org.

Provider Name (print)_____Provider Signature_____

Date of Biometric Screening_____