

HealthbyChoice ProgressionsSM

Qualification Form



All fields are required unless noted.

Members: If you have diabetes, your HbA1C test is not considered preventive. Your deductible will apply, along with applicable office visit copays and coinsurance for this test.

Provider: Please complete this form and submit it to Priority Health. The form may be submitted at any time during the member's plan year. Submission of the form doesn't guarantee Choice benefits. For online submission, go to priorityhealth.com. Fax number for submission: 616 975-8860. For instructions, please see the provider manual.

Section 1: Member information

Last name		First name	Middle initial
Last four digits of Social Security number XX - XX - ____		Birth date / /	Contract ID number

The information below can also be completed online in the Provider Center by going to the HealthbyChoice forms section.

Section 2: Health indicators (to be completed by provider)

Criteria	Date	Measured within	Result	Does patient have a condition that prevents him/her from meeting the criteria? ²	If no, set goals as follows:	If yes, assign alternative goals.
Tobacco¹ Non-tobacco user	/ /	Last 6 months	<input type="checkbox"/> Tobacco user <input type="checkbox"/> Non-tobacco user	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Non-tobacco user	<input type="checkbox"/> Tobacco user
Tobacco³ (following quitting) 10 ng/mL for serum 100 ng/mL for urine	/ /	Last 6 months	<input type="checkbox"/> < 10 ng/mL for serum or <input type="checkbox"/> < 100 ng/mL for urine Cotinine = ____ ng/mL	NA	NA	NA
BMI < 30	/ /	Last 6 months	Height = ____ ft. ____ in. Weight = ____ lbs. BMI = ____ . ____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exception if pregnant	5% reduction in weight New goal ____ lbs. BMI = ____ . ____	Weight = ____ lbs. BMI = ____ . ____
Blood pressure <140/90	/ /	Last 6 months	BP = ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reduce systolic by 10 mm Reduce diastolic by 5 mm New goal ____ / ____	BP = ____ / ____
Cholesterol LDL<160 82465 ⁵	/ /	Last 5 years, depending on patient's health ⁴	Fasting LDL = ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reduce LDL by 20 mg/dl New goal ____	Fasting LDL = ____
Blood sugar <i>Without diabetes</i> < 126 (fasting), 82947 ⁵ or < 180 (non-fasting), 82948 ⁵ <i>With diabetes</i> HbA1C < 8% 83036 ⁵	/ /	Last 5 years, depending on patient's health ⁴	FBS = ____ or Non-FBS = ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Without diabetes FBS < 126 or Non-FBS < 180 New goal ____	FBS = ____ or Non-FBS = ____
			HbA1C = ____ . ____		With diabetes Reduce HbA1C by 1% New goal ____	HbA1C = ____ . ____

Section 3: Physician approval

I certify that the information is complete and accurate. I agree to keep a copy of this form in the patient's chart for follow-up and Priority Health audit.

Tax ID (required for payment)		Provider group name (as it appears on your check)	
Billing physician name		NPI number	
Physician signature			Date

¹Any type of tobacco use ²If yes, the member will get Case Management services for help in reaching goals. ³Complete only when a member quits tobacco use. A lab test is required 30 days post quit date to verify no tobacco use. The required lab test is cotinine and the result must be below 10 ng/mL if using a serum sample or below 100 ng/mL if using a urine sample. ⁴National guidelines recommend cholesterol testing for healthy individuals every 5 years and blood sugar testing when the patient's health calls for it. You can decide whether your patient's test results on file reflect their current health or if they should be retested. ⁵Suggested CPT billing code