

HealthbyChoice AchievementsSM

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 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 X X X - X X - _ _ _ _	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 yes, please 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"/> 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
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	Weight = ____ lbs. BMI = ____ . ____
Blood pressure < 140/90	/ /	Last 6 months	BP = ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	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	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 = ____ HbA1C = ____ . ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	FBS = ____ or Non-FBS = ____ 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