MEMBER HEALTH SCREENING INSTRUCTIONS
FOR CLINIC BASED HEALTH SCREENINGS

Member Checklist:

1. Download and complete questions 1-8 on Health Screening Form below.

2. For members residing in South Dakota, choose a DAKOTACARE participating provider.
   For members outside of South Dakota, choose a MultiPlan (PHCS Healthy Directions) provider
   http://www.multiplan.com/index.cfm (be sure to click on PHCS Healthy Directions).

3. Schedule a Health Screening between **February 1 and March 15, 2013** that includes the following
   services using the CPT codes listed below. Health Screenings can be performed by a nurse.
   - Blood Pressure, Height & Weight CPT 99211
   - HbA1c Diabetic Screening CPT 83036 or 83037
   - Lipid Panel Cholesterol Screening CPT 80061

4. NON SOUTH DAKOTA RESIDENTS ONLY: Call the dedicated SDSEHP Customer Service at
   1.800.831.0785 to notify DAKOTACARE Administrative Services, Inc. (DAS) of the date of your Health
   Screening.

At Your Appointment:

5. Check in at the front desk and show your completed form (questions 1-8) to the receptionist.

6. Remind the clinic to code the claim as specified on the Health Screening Form and submit your claim
   to DAKOTACARE Administrative Services Inc. (DAS).

7. The CPT codes on the form are covered by your health plan as a Health Screening, with no cost to
   you. *Additional services and/or tests during this visit will be subject to normal plan benefits
   (deductible and coinsurance, if applicable).*

8. Remind the clinic to fax your Health Screening form to Health Management Partners (HMP) at
   605-977-0185. **Completed Health Screening forms must be faxed to HMP by March 29, 2013.**

9. Review the Explanation of Benefits (EOB) for your Health Screening. The EOB should indicate the
   claim was paid with no member responsibility unless additional CPT codes and services were
   included. If you have questions on your EOB, call the dedicated SDSEHP Customer Service unit at
   1.800.831.0785.
 Clinician: ___________________________  Screening Date: __________

Member Alternate ID#: ___________________________  Member Name: ___________________________  DOB: __________

Member Phone Number: ___________________________  Member Email: ___________________________

<table>
<thead>
<tr>
<th>Laboratory Tests</th>
<th>Results</th>
<th>Physical Examination CPT: 99211</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c CPT: 83037 or 83036</td>
<td>Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lipid Panel CPT: 80061</td>
<td>Cholesterol:</td>
<td>Hair:</td>
<td>Height/Weight</td>
</tr>
<tr>
<td></td>
<td>HDL:</td>
<td>LDL:</td>
<td>Triglycerides:</td>
</tr>
</tbody>
</table>

**SUBMIT CLAIM TO DAS USING THE DIAGNOSIS CODE and CPT CODES ON THIS FORM**

<table>
<thead>
<tr>
<th>DIAGNOSIS CODE</th>
<th>V70.6</th>
<th>General Medical Examination, Health examination in population surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box 19 of HCFA</td>
<td>SDSEHP Health Screening</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TC/HDL Ratio</th>
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</table>

**CLINICIAN AUTHORIZATION**

Signature: ___________________________  Date: __________

If you have claims submission questions, please call DAKOTACARE Provider Services: 605-334-4000

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**MEMBER: PLEASE COMPLETE THE QUESTIONS BELOW PRIOR TO YOUR SCREENING**

1) Which of the following describe you?
   - Employee
   - Spouse
   - Retiree
   - Cobra

2) Do you smoke?
   - Yes
   - No

3) Do you use smokeless tobacco?
   - Yes
   - No

4) Do you or any family member covered under the State Health Plan use or have a prescription for an inhaler?
   - No
   - Yes, Self
   - Yes, Spouse
   - Yes, Child

5) Do you or any family member covered under the State Health Plan suffer from chronic pain?
   - No
   - Yes, Self
   - Yes, Spouse
   - Yes, Child

6) Do you or any family member covered under the State Health Plan been diagnosed with diabetes?
   - No
   - Yes, Self
   - Yes, Spouse
   - Yes, Child

7) Have you been diagnosed with diabetes in the past six months?
   - Yes
   - No

8) Have you been diagnosed with high blood pressure?
   - Yes
   - No