



PROVIDER MANUAL

February 2014

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SECTION I: PROGRAM OVERVIEW

A. Purpose

First, the purpose of the FITWAY Alabama Colorectal Cancer Prevention Program is to prevent unnecessary disease, disability, and premature death due to cancers of the colon and/or rectum. The FITWAY Alabama Colorectal Cancer Prevention Program (FITWAY Program) is a statewide program of the Alabama Department of Public Health (ADPH) aimed at providing colorectal screening and diagnostic services to AL residents who meet certain age, income, insurance, health status guidelines, and who are under the care of a primary health care physician.

Secondly, since tobacco usage is linked to many cancers and other chronic diseases, CDC is now requiring our program to focus on tobacco-usage in order to refer our patients to quit lines where information and help is available if they wish to be tobacco-free. It is well-documented that tobacco use is associated with many cancers and much chronic disease.

In an effort to decrease the impact of tobacco, CDC is now requiring the FITWAY Program to determine each patient's usage of tobacco products as part of the patient workup. On the Patient Eligibility/ Risk Assessment/ Screening Form, there is a box to check if a FITWAY patient is a smoker or uses tobacco products. If the patient answers "YES", then providers must refer them to a tobacco quit line, such as the Alabama Department of Public Health's *Alabama QUITNOW*, at 1.800.784.8669 or AlabamaQuitNow.com.

This manual contains FITWAY Program guidelines and operational references for clinics and health care providers participating in the program. Each contracted provider should have a designated staff member who is responsible for:

- 1- Receiving FITWAY Program memorandums or programmatic updates
- 2- Distributing this information to the appropriate staff

Contracted providers must adjust to changes in program guidelines. Each provider must allow in-service training for existing staff members and for new employees to assure program compliance.

B. Overview

The key to reducing illness and death from colorectal cancer is early detection by widespread use of colorectal cancer screening tests such as the fecal immunochemical test (FIT) with timely diagnostic follow-up tests (colonoscopy) and treatment, if necessary. Early detection of pre-cancerous polyps (adenomas) allow for their removal before they have the chance to become cancerous.

A combination of federal law, regulations imposed by the Centers for Disease Control and Prevention (CDC), and the FITWAY Alabama Colorectal Cancer Prevention Program governs the guidelines set forth in this manual.

Funding for activities performed under the program is provided by the Alabama Department of Public Health, through a cooperative agreement with the Centers for Disease Control and Prevention DP002055 (Integrating Colorectal Cancer Screening within Chronic Disease Programs) for June 30, 2009 through

June 29, 2014. The program is under section 301(a) of the Public Health Service Act, [42 U.S.C. section 241(a)], as amended. The grants are awarded to states via a cooperative agreement by CDC through a competitive application process.

SECTION II: PATIENT ELIGIBILITY

A. Patient Eligibility for Enrollment

All patient health history questions listed on the FITWAY screening form must be answered completely. Unanswered questions will result in an invalid enrollment, and all charges related to screening or diagnostic services will become the responsibility of the provider and the patient.

In order to be enrolled in the FITWAY program, the following eligibility guidelines must be met 100%:

- Must be a resident of Alabama
- Be between the ages of 50-64 years
- Are uninsured or cannot pay co-pays for screenings or have inadequate insurance*
- Are under the care of a health care provider located in Alabama
- Have an income level up to 200 percent of the Federal Poverty. Proof of income is not required. The individual's declaration statement is sufficient. (see *Income Table, page 5*)
- Have not been diagnosed with colorectal cancer
- Have not had pre-cancerous polyps or adenomas removed
- Do not have a parent, sibling, or child diagnosed with colorectal cancer
- Do not have Crohn's Disease, ulcerative colitis, inflammatory bowel disease, or any hereditary condition such as a genetic/ clinical diagnosis or suspicion of Familial Adenomatous Polyposis [FAP] or Lynch Syndrome (previously known as Hereditary Non-Polyposis Colorectal Cancer [HPNCC])
- Do not have any of the following significant gastrointestinal symptoms:
 - Heavy rectal bleeding in stool or bloody diarrhea within the last 6 months
 - Consistent pencil-sized stools
 - Significant, unintentional weight loss of 10% or more of starting body weight
 - Prolonged change in bowel habits such as diarrhea or constipation for more than 2 weeks which has not be clinically evaluated
 - Persistent abdominal pain
 - Symptoms of bowel obstruction such as bowel distention, nausea, vomiting, severe constipation
 - **NOTE: a patient with only slight bleeding from hemorrhoids can be enrolled, but they must wait until the hemorrhoids are healed before taking the FIT or they may have a false positive test**
- **Have not had a colonoscopy within 10 years**
- **Have not had a colorectal cancer screening test, such as a FIT, iFOBT, or guaiac Sensa performed OUTSIDE of the FITWAY program within the past 12 months**

*Inadequate insurance is defined as “health insurance that does not fully cover screening services.” Source: CDC, CRCCP Program Manual, Page 7, 3 February 2011

2014 Income Eligibility Guidelines – 200% of Poverty		
At or below 200% of the Federal Poverty Level determines program eligibility.		
<u>Household Size</u>	<u>Annual</u>	<u>Monthly</u>
1	\$23,340	\$1,945
2	\$31,460	\$2,622
3	\$39,580	\$3,298
4	\$47,700	\$3,975
5	\$55,820	\$4,652
6	\$63,940	\$5,328
7	\$72,060	\$6,005
8	\$80,180	\$6,682

For each additional household member add \$8,120 annually or \$677 monthly

Based on DHHS Poverty Guidelines, updated 01/2014

SECTION III: REIMBURSABLE SERVICES

If a patient is incorrectly enrolled into the FITWAY Program, all costs related to their screening or diagnostic services will become the responsibility of the provider and the patient. FITWAY funds will not cover costs for work done outside the scope of CDC guidelines.

All FITWAY-contracted providers must ensure that services are free to enrolled patients.

A. Reimbursable Services: See page 31 for allowable CPT codes and payments, according to current Medicare reimbursement rates

For Screening Services:

- An office visit charge-

CPT Codes:

- Code 99201
- Code 99202**
- Code 99211
- Code 99212**

- Acceptable CPT reimbursement code for the FIT:
Code G0328 or 82274: Fecal Immunochemical test (FIT) or iFOBT

The FITWAY Program will reimburse providers for an office visit even if the patient fails to return their FIT, conditional to the provider making 3 different attempts to get the patient to return their FIT. These attempts must include a phone call, a postcard, and a letter. Dates for these contacts must be documented on the Eligibility/Screening form (see page 31) and returned to FITWAY Screening Coordinator for payment.

For Diagnostic Services:

- Office visit related to diagnostic work-up
- Colonoscopy
- Standard moderate sedation for colonoscopy (see Non-reimbursable services for note on Propofol)
- Pathology fees as listed on CPT code list
- Facility costs

B. Service Providers:

FITWAY enrollees must receive services from ADPH-contracted providers.

SECTION IV: NON-REIMBURSEABLE SERVICES

- **Any charges incurred when a patient is enrolled incorrectly into the FITWAY Program. Those costs would become the responsibility of the provider and the patient.**
- CT Colonography (or virtual colonoscopies) as a primary screening test
- Computed Tomography Scan (CTs or CAT scans) requested for staging or other purposes
- **The FITWAY Program DOES NOT provide for costs related to staging of or the treatment of colorectal cancer; however, the FITWAY Program will work with voluntary treatment providers to provide free or reduced cost services to FITWAY cancer patients.**
- Evaluation of symptoms for clients who present for CRC screening but are found to have significant GI symptoms
- The use of Propofol as anesthesia during endoscopy unless specifically required and approved by the FITWAY Medical Advisory Board (MAB) in cases where the client cannot be sedated with standard moderate sedation
- Diagnostic services to patients who had a positive CRC screening outside of our program
- Treatment of medical conditions diagnosed as a result of participation in the program or that existed prior to entry into the program
- Genetic testing for clients who present with a history suggestive of a HNPCC or FAP
- Any care or services for complications related to screening or diagnostic tests within this program; see FITWAY Policy below

Complications from Screening and Diagnostic Testing

As stated by CDC's CRCCP Policies and Procedures, federal funds may not be used for "Any care or services for complications that result from screening or diagnostic tests provided by the program." Therefore, the Alabama FITWAY Program, in partnership with its contracted providers, is responsible for managing any costs related to patient complications occurring through the administration of screening and diagnostic test procedures.

The Alabama FITWAY Program's design is to use a fecal immunochemical test (FIT or iFOBT) as the initial screening tool. Patients whose FIT is positive must undergo a diagnostic colonoscopy to determine if cancer is present. Due to the complex and invasive nature of colonoscopy, its requirement for sedation, bowel preparation, etc. it is important to address the possibility of patient complications.

Due to both the sensitivity and specificity of the FIT/iFOBT, the expected positivity rate is approximately 4 percent. Therefore, the program anticipates minimal diagnostic colonoscopies and resulting occurrences of complications.

In all instances when complications do occur, the FITWAY Administration and Medical Advisory Board will:

- A. Examine each case on an individual basis:
 - ✓ What is the severity of the complication(s)?
 - ✓ What are the costs incurred?
 - ✓ What is the financial status of the patient to pay for costs?
- B. Review of available funds
- C. Work with hospitals to achieve reduced served rates
- D. If needed, ask for guidance from CDC's CRCCP medical director

SECTION V: PATIENT RIGHTS

A. Confidentiality of Patient Information: FITWAY health care providers will be required to:

- Protect the use or disclosure of any individual's medical or social information of a confidential nature
- Consider medical services and information contained in medical records as confidential
- Disclose the individual's medical records to contracted FITWAY Program physicians or medical facilities accepting the individual for diagnostic service or for treatment procedures
- Disclose the individual's medical records to the FITWAY Program state office
- Disclose information, in summary or other forms, which does not identify individuals or providers if such information is in compliance with applicable federal and state regulations, and the exchange of individual medical record information is in keeping with established medical standards and ethics

B. Informed Consent

A FITWAY *Program Informed Consent/Release of Information Consent Form*, illustrating the individual's consent to receive FITWAY Program colorectal screening services, must be signed prior to the individual receiving any services. This consent form must be signed by the patient. This signed form must be kept in the individual's permanent medical record. (This form can be printed from the FITWAY Program web page, www.adph.org, select A-Z Contents, select Colorectal Cancer- and from the web-based Enrollment site, accessed through the web page above.) **See page 26**

SECTION VI: PROVIDER CONTRACTING PROCESS

All providers must execute an approved Public Health contract document **PRIOR** to the provision of services. Contracts are typically executed for two-year periods of time, expiring every other June 30th. In addition to the executed contract, the following must also be provided:

- Disclosure Statement
- Immigration Statement
- Applicable Check List (physician, anesthesiologist, mammogram facility or laboratory)
- Copy of all physician and certain licensed health care professional licenses
- Copy of certain facility licenses
- Copy of current fee schedule on practice letterhead
- W-9 Form

Providers **MUST** notify the FITWAY Screening Coordinator when any of the following takes place:

- The federal tax identification number changes
- Changes in practice name, physical or mailing address, phone or fax numbers and contact personnel

- If billing methodologies change from global, technical, professional, or when billing methodologies are different for selected procedures
- When the mailing address for the receipt of payments changes
- When physicians leave or join a practice to include a copy of the current license
- Upon expiration of any facility, physician, or licensed health care professional license, a copy of the renewed license must be faxed to the FITWAY Screening Coordinator (Note: All physician licenses in Alabama expire each December 31. Registered nurse licenses expire every other year on December 31)

Program Provider Requirements:

Screening providers include licensed medical providers and non-profit health centers qualified to provide FITWAY Program screening services.

Screening providers must:

- 1- Maintain current and applicable federal and/or state licenses
- 2- Agree to accept the program-approved reimbursement fees as payment-in- full for services rendered. That reimbursement, by law, is the current Medicare reimbursement rate

Colonoscopy or diagnostic providers must:

- 1- Be physicians who are certified in performing colonoscopy and currently licensed in the State of Alabama
- 2- Maintain current and applicable federal and/or state licenses
- 3- Agree to accept the program-approved reimbursement fees as payment-in- full for services
- 4- Provide diagnostic colonoscopy upon referral and other related diagnostic procedures as indicated and approved for reimbursement by FITWAY Program
- 5- Maintain all records, pictures, etc. of any diagnostic information for all FITWAY Program patients according to standard procedures
- 6- Provide appropriate and timely follow-up for all FITWAY patients

FITWAY FLOW CHART

1. Resident of Alabama YES: _____

2. Age: Must be 50-64 years YES: _____

3. Insurance Status: Must be uninsured or inadequately insured YES: _____

4. Must be enrolled with a primary health care provider located in Alabama YES: _____

5. Income at or Below 200% of the Federal Poverty Level YES: _____

6. 2014 Income Eligibility Guidelines – 200% of Poverty

At or below 200% of the Federal Poverty Level determines program eligibility.

<u>Household Size</u>	<u>Annual</u>	<u>Monthly</u>
1	\$23,340	\$1,945
2	\$31,460	\$2,622
3	\$39,580	\$3,298
4	\$47,700	\$3,975
5	\$55,820	\$4,652
6	\$63,940	\$5,328
7	\$72,060	\$6,005
8	\$80,180	\$6,682

For each additional household member add \$8,120 annually or \$677 monthly
Based on DHHS Poverty Guidelines, updated 01/2014

7. Medical Requirements:

- ❖ _____ No personal history of colorectal cancer or pre-cancerous polyps(adenomas)
- ❖ _____ No parent, sibling, or child diagnosed with colorectal cancer
- ❖ _____ No history of inflammatory bowel disease , ulcerative colitis, Crohn’s Disease, FAP or Lynch Syndrome/ HNPCC
- ❖ _____ No unexplained, significant weight loss (10% or more of body weight)
- ❖ _____ No consistently narrow stools (diameter of a pencil)
- ❖ _____ No large amount of blood present in stool (NOTE: slight bleeding from hemorrhoids will not disqualify enrollment into the FITWAY program; however, the patient should wait until the hemorrhoidal episode is over before completing the FIT)
- ❖ _____ No severe constipation or abdominal pain; no symptoms of a bowel obstruction
- ❖ _____ **No colonoscopy within the last 10 years**
- ❖ _____ **No colorectal cancer screening test, FIT, iFOBT, or guaiac Sensa, performed OUTSIDE of our program within the past 12 months**

IF #1-7 requirements are met, patient can be enrolled into the FITWAY program; go to step 8 at top right

8. In Med-it, enroll and obtain tracking #:

- a. In top left corner, select **CRC** from dropdown
- b. " Add New Client", left, under Client Info
- c. Fill-in patient demographic information
- d. Select "Add Client"
- e. See "New patient was successfully added": select OK

- If client is already in the system, Med-it will indicate “Possible Duplicates” after you enter the DOB or SS#
- Select on “Possible Duplicates” and the client’s information will be opened. **Go to Steps f-l**

OR

- If a client is already in Med-it having been enrolled through another provider, a warning message will appear concerning a HIPAA violation.
- Select “Accept” and give an explanation of what occurred with the client. **Go to Steps f-l**

- f. Go to bottom of the page and select "Set Appointment"
- g. Answer Eligibility questions; "Accept"
- h. On next screen, fill-in all info, "Appointment Date" (today's date), Provider
- i. Select "Update/Set Appointment"
- j. See Appointment information & **the system will generate the Tracking #**
- k. “Download PDF” and print off; place in client's chart
- l. Have patient sign the FITWAY *Informed Consent/Release of Information* form; keep in chart

Go to Step 9, next page

9. Provide detailed patient instruction:

- **On how to complete the FIT and its return to your office for testing, all according to manufacturer's instructions**
 - **The need for early detection of pre-cancerous polyps and adherence to recommended CRC screening guidelines**
- ✓ File tracking card appropriately
- ✓ **FOLLOW-UP WITH PATIENT IF FIT IS NOT RETURNED**
- ✓ **When FIT is returned, complete testing to determine the result**

10. Test the FIT immediately upon return

If FIT is Negative, the Screening Provider will:

- Send report to patient
- Re-screen in 1 year
- Turn-in all forms to Screening Coordinator

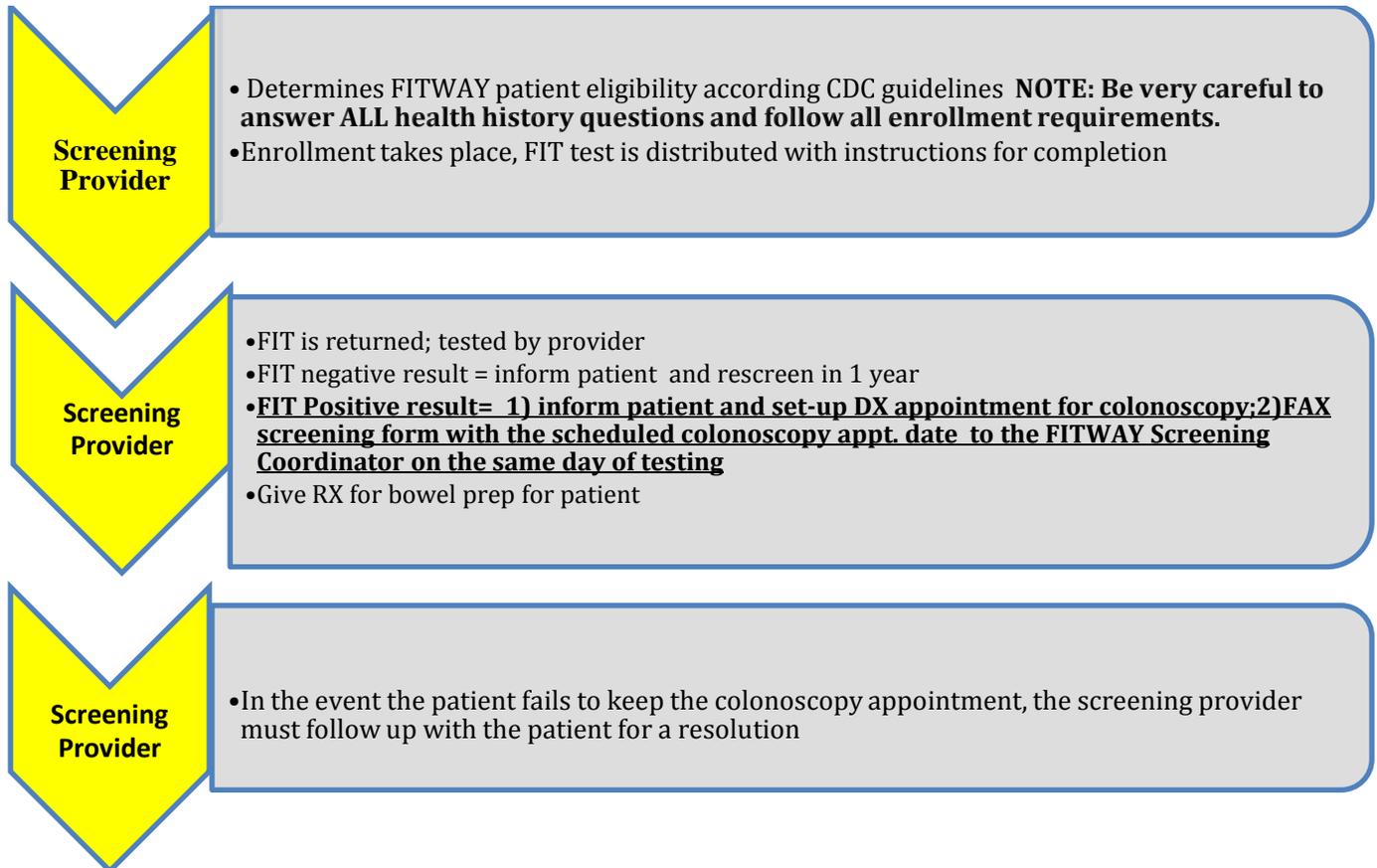
If FIT is Positive, the Screening Provider will:

- **Refer patient to a diagnostic provider for colonoscopy; CDC guidelines require follow up colonoscopy to be completed within 90 days**
- **FAX the patient screening form to the Screening Coordinator immediately(See contact form for faxing information, page 24)**
- **Give the patient the bowel preparation**
- **Turn in all other forms to Screening Coordinator**
- **Follow up with patient who fails to keep their colonoscopy appointment**

Diagnostic Provider:

- **Must let the Screening Provider and Screening Coordinator know if FIT + patient fails to keep their diagnostic appointment**
- Provide colonoscopy for a final diagnosis of cancer or no cancer
- Provide the Screening Provider and Screening Coordinator with results
- **Contact the FITWAY Nurse Coordinator immediately of a diagnosis of colorectal cancer BEFORE any referral for treatment.** The interval between diagnosis of CRC and initiation of treatment should not exceed 60 days.
- Return all forms to Screening Coordinator for payment

SECTION VIII: SCREENING PROVIDER RESPONSIBILITIES



A. Screening Provider Requirements:

1. Service Provision- Screening Providers must agree to the following:

- To ask their FITWAY patients about any tobacco-usage and if the patient uses tobacco provide quit line information such as *Alabama QUITNOW*, at 1.800.784.8669 or *AlabamaQuitNow.com*.
- **To determine eligibility of patients by answering ALL history questions. If questions are skipped, the enrollment will be considered INVALID and all screening and diagnostic charges will become the responsibility of the patient.**
- To purchase their own FIT for testing their patients for colorectal cancer
- **Use NO guaiac-based test.** These tests are not acceptable as colorectal cancer screening tools in

the FITWAY Program. Only a fecal immunochemical test (FIT) or immunochemical FOBT (iFOBT) are acceptable

- **For quality testing, no stool specimens collected by digit rectal exam (DRE) can be used.** These specimens are not acceptable for colorectal cancer screening and will not be paid for by the FITWAY Program. All patients must take their FIT home to collect stool sample(s) after a bowel movement
- To refer all FIT positive patients for diagnostic colonoscopy with a contracted gastroenterologist
- **To FAX all FIT positive reports to the FITWAY Screening Coordinator on the same day the FIT is tested and a positive result is determined.**

2. Patient Enrollment- Instructions for enrolling a patient in the FITWAY Program can be found at www.adph.org/earlydetection ; select FITWAY Colorectal Program.

To enroll an individual, the Screening Provider must:

- Determine eligibility based on FITWAY guidelines, both financial and medical
- Obtain a tracking number through the *Med-it* web-based Enrollment site at www.med-itweb.com
- Obtain a signed *FITWAY Program Informed Consent/Release of Information Form*, illustrating the individual's consent to receive FITWAY Program colorectal screening services, prior to the individual receiving any services. This signed form must be kept in the individual's permanent medical record. (This form can be printed from the FITWAY Program web page, www.adph.org, select A-Z Contents, select Colorectal Cancer- and from the web-based Enrollment site, accessed through the web page above.) **See page 29**
- Complete all required forms (Eligibility/Risk Assessment/Screening, the HCFA billing Forms, etc., also found on the web site) for each individual and submit to the FITWAY Screening Coordinator (Note: all forms can be found on FITWAY Program web site)

3. Patient Education

Screening Providers are required to provide patients with information and educational services concerning the importance of early detection and treatment of adenomatous polyps or colorectal cancer. The purpose of the educational component is to provide individuals with the information necessary to understand:

- The screening procedures used in the detection of colorectal cancer
- The technique for completing the FIT successfully
- The need for the individual to comply with recommended screening guidelines as they relate to future screening practices

These instructions should be patient-appropriate, documented in the individual's record, and he/she should be allowed an opportunity to ask questions and verbalize understanding of the educational information presented.

4. Record Keeping

- The FITWAY Program requires that a copy of all FITWAY Program-reimbursed screening and diagnostic reports be placed in the patient's permanent medical record maintained by the Screening Provider
- The provider must document all education provided to the individual
- The provider must establish a system for tracking individuals that notifies him/her when routine screening and/or follow-up is due

For Unreturned FITs:

Screening providers must make 3 contacts to patients who fail to return their FITs. **The contacts must include a phone call, a reminder postcard, and finally a letter asking for the return of the screening tests. This would usually occur over a 30-day period.** If after one month the individual does not return the test, then the provider should send the patient data form with all attempts fully documented on the form to the FITWAY Screening Coordinator who will record the work-up disposition as one of the following:

- Lost to follow-up, if the individual cannot be contacted via phone, post card, or letter
- Work-up refused, if the individual refuses to return the FIT or does not show twice for scheduled appointments
- The screening cycle will be closed at that time, and the screening provider will be paid for the office visit
- A client lost to previous follow-up attempts shall not be denied future screening services.

5. Referrals: Screening Providers must refer, in a timely manner, all patients with positive FIT results to a contracted FITWAY Diagnostic Provider for colonoscopy. **From screening to final diagnosis, the diagnostic work-up must be completed within 90 days.**

Included in the referral process by the Screening Provider is:

- Counseling with documentation for each individual who has an abnormal FIT, and notifying the FITWAY Screening Coordinator if the client needs assistance to identify and access available community resources beyond the Provider's efforts, case management, and/or patient navigation services
- Referring for diagnostic work-up; i.e., colonoscopy by a FITWAY–contracted Diagnostic Provider
- Ensuring the individual has completed the diagnostic colonoscopy and in the event that the patient fails to keep their colonoscopy appointment, the Screening Provider must:
 - 1) Contact the patient directly about the missed appointment and document all contacts in the patient chart

The FITWAY Screening Coordinator and FITWAY Nurse Coordinator will attempt to contact and counsel the patient through: 1) an informational packet explaining the importance of the colonoscopy procedure, 2) a phone call by the FITWAY Nurse Coordinator to discuss the issue, and 3) if the patient still fails to keep the appointment, the sending of a certified letter explaining the importance of the test.

An individual previously non-responsive to abnormal follow-up attempts shall not be denied future screening services.

6. Tracking and Follow-Up: All Screening Providers must:

- Maintain a record of all testing procedures performed
- Utilize an internal tracking system that ensures effective communication with the Providers, laboratory personnel, and their patients to ensure results are received in a timely manner
- Facilitate proper follow-up for individuals with abnormal screening results to make sure recommended procedures are followed and completed-see #7. **REFERRALS** above
- Address any barriers that individuals might have in following recommended procedures
- Maintain a screening system to notify individuals when next screenings are due

7. Visit Type: Note: Patients who are found to be clinically ineligible for the FITWAY Program must be evaluated and treated appropriately by their enrolling health care provider outside of the scope of the FITWAY Program

Initial Visit services include:

- Review of all eligibility guidelines: 1) financial, 2) medical history, and 3) tobacco-usage, with referral to a tobacco quit line such as *Alabama QUITNOW*, at 1.800.784.8669 or AlabamaQuitNow.com.
- Distribution of the FIT with instructions for collection and return
- Providing informational and educational services related to colorectal cancer
- Referral for colonoscopy to a contracted diagnostic provider when the FIT is positive, according to FITWAY Program guidelines

Annual Visit services include: Annual re-screening with FIT can begin at the 11-month anniversary

- Review of all eligibility guidelines: 1) financial, 2) medical history, and 3) tobacco-usage, with referral to a tobacco quit line such as *Alabama QUITNOW*, at 1.800.784.8669 or AlabamaQuitNow.com.
- Distribution of FIT with instructions for use and return
- Providing informational and educational services related to colorectal cancer
- Referral for colonoscopy for positive FIT according to FITWAY Program guidelines

SECTION IX: DIAGNOSTIC PROVIDER RESPONSIBILITIES

Diagnostic Provider

- Set up colonoscopy appt. for FIT + patient, and give instructions to patient for taking bowel prep
- **In the event of a no-show, call the patient to reschedule and call the patient's screening provider for follow up**
- **Alert FITWAY Program Coordinator of the missed appointment**
- When procedure is finished, fax colonoscopy and pathology reports to Program Coordinator as soon as possible

Diagnostic Provider

- **In the event of a diagnosis of CRC, the diagnostic provider must call Nurse Coordinator immediately before any referral for treatment is made. The Nurse Coordinator will navigate the patient for needed treatment services**
- Fax all final reports for treatment to Program Coordinator

A. Diagnostic Services:

1. Colonoscopy or Diagnostic Providers: All colonoscopy providers for the FITWAY Program must:

- Set up colonoscopy appointments for FIT + patients
- Give instructions to patient for taking bowel prep
- **For missed colonoscopy appointments, the diagnostic providers must:**
 - ✓ **Contact the patient for rescheduling**
 - ✓ **Contact the patient's Screening Provider to follow-up with the patient**
 - ✓ **Contact the FITWAY Screening Coordinator of the missed appointment**
- **In the event cancer is diagnosed, the diagnostic provider must contact the FITWAY Nurse Coordinator of the diagnosis BEFORE any referral for treatment is initiated.**

Note: A client lost to previous follow-up attempts shall not be denied future screening services

2. Reporting Requirements:

To receive reimbursement, the diagnostic facility must submit the following to the FITWAY Screening Coordinator within 60 days of the date of service:

- Provide the FITWAY Screening Coordinator and the Screening Provider with information regarding the outcome of the individual's diagnostic tests and any treatment needed **within 60 days** of diagnostic procedures. If this is not received, the FITWAY Screening Coordinator will make two attempts to get the information from the Diagnostic Provider and/or the patient for any missing information
- The *Health Insurance Claim Form*(HIFA 1500 or the UB 92 for facilities) AND/OR invoice/bill with the patient's name
- A completed FITWAY *Diagnostic Procedures Form*
- Any pathology reports for patients with polyps, etc
- **Reporting of Medical Complications:** Complications from endoscopy can be delayed (up to 30 days). Programs should have a plan in place to monitor delayed complications. If complications do develop, please record required information on the *Diagnostic Procedures Form* for the two worse complications only. See Complications Policy below

Complications from Screening and Diagnostic Testing

As stated by CDC's CRCCP Policies and Procedures, federal funds may not be used for "Any care or services for complications that result from screening or diagnostic tests provided by the program." Therefore, the Alabama FITWAY Program, in partnership with its contracted providers, is responsible for managing any costs related to patient complications occurring through the administration of screening and diagnostic test procedures.

The Alabama FITWAY Program's design is to use a fecal immunochemical test (FIT or iFOBT) as the initial screening tool. Patients whose FIT is positive must undergo a diagnostic colonoscopy to determine if cancer is present. Due to the complex and invasive nature of colonoscopy, its requirement for sedation, bowel preparation, etc. it is important to address the possibility of patient complications.

Due to both the sensitivity and specificity of the FIT/iFOBT, the expected positivity rate is approximately 4 percent. Therefore, the program anticipates minimal diagnostic colonoscopies and resulting occurrences of complications.

In all instances when complications do occur, the FITWAY Administration and Medical Advisory Board will:

- A. Examine each case on an individual basis:
 - ✓ What is the severity of the complication(s)?
 - ✓ What are the costs incurred?
 - ✓ What is the financial status of the patient to pay for costs?
- B. Review of available funds
- C. Work with hospitals to achieve reduced served rates
- D. If needed, ask for guidance from CDC's CRCCP medical director

B. Diagnostic Services Guidelines

- Moderate sedation for colonoscopy: the use of Propofol will **not be reimbursed except** when it is specifically required and approved by the FITWAY Medical Advisory Board, in cases where a client cannot be sedated with standard moderate sedation.
- Colonoscopy
 - In the event a colonoscopy is incomplete or inadequate (does not reach the cecum), a second colonoscopy or double barium contrast enema (DCBE) may be performed to establish a final diagnosis
- Biopsy/polypectomy during colonoscopy
- Pathology fees
- Facility fees

C. Diagnostic Colonoscopy Results

It is the diagnostic provider's responsibility to:

- ✓ Have a system in place to notify the patient and their screening provider of diagnostic test results
 - ✓ Have a reminder system in place which allows for continued screening or surveillance of patients as required
 - ✓ Notify patient's screening provider and the FITWAY Screening Coordinator of any missed colonoscopy appointments so that patient follow up can occur
 - ✓ **Alert the FITWAY Nurse Coordinator as soon as possible of any diagnoses of cancer in order to facilitate the appropriate treatment within 60 days of diagnosis of colorectal cancer.**
- **Normal Result:** When the colonoscopy is performed and the result is normal or hyperplastic polyps are found and removed, the patient will remain in the FITWAY Program with subsequent colonoscopies considered as Screening and to be repeated at intervals determined by the Diagnostic Provider.
 - **Abnormal Result** - Cancer diagnosis

In the event of a diagnosis of colorectal cancer, the Diagnostic Provider must alert the FITWAY FITWAY Nurse Coordinator as soon as possible in order to facilitate the appropriate treatment within 60 days of diagnosis of colorectal cancer.

NOTE: The FITWAY Program will not pay for any treatment-related services. This policy is stated in the guidelines from the Centers for Disease Control and Prevention which provides funding for the FITWAY Program; however, voluntary cancer treatment facilities will provide treatment at free or reduced costs for FITWAY cancer patients. These treatment facilities will have total discretion in this matter.

- **Adequacy of Follow-up for Patients with Abnormal Colonoscopy Results**

- ✓ Patients who have adenomas found and removed will remain in the program under “Surveillance, with subsequent colonoscopy to be repeated at an interval determined by the Diagnostic Provider.
- ✓ A patient in whom colorectal cancer has been diagnosed must be referred for appropriate treatment within 60 days. Following treatment, the patient remains in the program under Surveillance and is indicated to receive a repeat colonoscopy per doctor recommendations.
- ✓ Patients who are diagnosed with other conditions such as ulcerative colitis must be referred back to their primary care physician to receive further treatment as needed.

C. Laboratories

- Any laboratory that performs procedures either directly, under contract, or indirectly (under a global contract with a contracted provider) for FITWAY patients must be currently certified under **CLIA**
- All providers, including all labs, must agree to accept the program-approved reimbursement as payment in full for services rendered for FITWAY approved CPT codes as indicated in the reimbursement table (See Appendix B)

SECTION X: FITWAY PROGRAM FORMS AND DATA COLLECTION

A. Purpose

The FITWAY Program is required by CDC to collect specific data elements pertaining to Alabama's colorectal cancer program. CDC will use this data and data from other states to report to Congress on the manner in which dollars are being spent. The data collected from the FITWAY Program forms provides important evidence to funding agencies (the Alabama State Legislature and the federal government) that monies provided are serving clients who are eligible and in need of the FITWAY program.

These data elements are collected:

- To ensure the clients receive colorectal cancer screening tests at appropriate intervals
- To ensure the clients are referred for timely follow-up and are provided diagnostic and treatment services if necessary
- To ensure that the program is reaching the in-need segment of the population
- To collect data on race, ethnic origin, marital status, education, the referral source, and how the client heard about the program
- To ensure the clients are sent reminders of screening times
- To evaluate the effectiveness of the FITWAY Program

B. Form Completion and Submission for Payment:

Only FITWAY-approved forms are acceptable for screening and diagnostic reporting.

The FITWAY Patient Eligibility/Risk Assessment/Screening Form (2014 form seen on page 27), used for determining eligibility and reporting of screening results, must be filled out in its entirety. If any of the eligibility questions are left blank, the enrollment will be considered invalid and any subsequent services will not be covered under the FITWAY program.

For FIT positive patients, the FITWAY Patient Eligibility/Risk Assessment/Screening form must be immediately FAXED to the FITWAY Screening Coordinator on the day the FIT was determined as positive.

The FITWAY Program will use four forms to collect required patient consent, demographic, clinical, and service-related cost information. These forms are the:

- 1- FITWAY *Informed Consent/ Release of Information Form*
- 2- FITWAY *Patient Eligibility/Risk Assessment/Screening Form*
- 3- FITWAY *Diagnostic Procedures Form*
- 4- *Health Insurance Claims Form 1500 Billing Form*

➤ The program's *Patient Consent Form* must be signed prior to services, and the original document

- maintained in the patient's medical record
- Appropriate forms should be completed at the time of service and mailed to the FITWAY Screening Coordinator **within 30 days after the date of service**
 - Copies of all forms must be kept in the client's file
 - All forms can be printed from the FITWAY Program web site

The FITWAY Patient Eligibility/Risk Assessment/Screening Form:

- Provides documentation of the eligibility, CRC risk assessment, and the CRC screening results for every patient enrolled in the FITWAY Program
- Serves as the monthly data report on provider activity and the documentation for billing
- Generated by the Screening Provider at the time of the colorectal screening
- The results of screening tests should be carefully recorded so that patients receive adequate follow up and providers receive proper payment

The Diagnostic Procedures Form:

- Cases where diagnostic colonoscopy is necessary after a positive FIT to determine cancer status
- To provide documentation of the tests performed and tracking information needed for follow up

The Diagnostic Provider is also responsible for providing the primary provider with a copy of the tests results, final diagnosis, tumor size, and treatment if necessary

C. How to Change Client Information

If there are changes in client information after you have submitted the screening forms or follow-up forms for that client, notify the FITWAY Screening Coordinator in writing of the change to be made. Include in your note the following, so that the correct record is changed:

- Client's Name that is currently in CRC program records
- Social Security Number
- Date of Birth
- Client's Medical Record Number
- FIT test date
- Name that the current name will be changed to

SECTION XI: FITWAY CASE MANAGEMENT & PATIENT NAVIGATION

The FITWAY case management and patient navigation services exist to:

- To ensure patient support services for participants referred for endoscopic services to support screening adherence
- To establish a tracking system to ensure appropriate follow-up for participants needing diagnostic and treatment services
- To ensure the provision of patient support services to facilitate access to diagnostic and treatment services is in place

A. Individual Patient Case Management Process

- The FITWAY Informed Consent Form addresses case management. All patients who have abnormal FIT results should be assessed for case management needs.
- If at any time the provider is doing in-house case management and needs assistance, the FITWAY Screening Coordinator should be contacted for help. The FITWAY Screening Coordinator would, in turn if needed, contact the FITWAY Nurse Coordinator.
- The FITWAY Screening Coordinator keeps a log of abnormal results as they are identified from initial or repeat exam data in order to track completion of diagnostic services.
- In the event of a missed diagnostic appointment or a FIT+ patient who refuses colonoscopy, the diagnostic provider must contact the FITWAY Screening Coordinator who will alert the FITWAY Nurse Coordinator.
- **In the event of a definitive diagnosis of cancer, the diagnostic provider must contact the FITWAY Nurse Coordinator immediately who will facilitate appropriate treatment services with the 60-day time requirement**

GLOSSARY

ADPH	Alabama Department of Public Health
FITWAY Screening Coordinator	The FITWAY Screening Coordinator is responsible for the coordination of screening services in designated counties
CM	Case management
CMC	Case Management Coordinator
CDC	Centers for Disease Control and Prevention
Central Office Staff	FITWAY Program staff at the state level
Contract	Legal binding agreement between FITWAY Program providers and ADPH for payment of services rendered
Enrollee	An eligible client or patient enrolled in the FITWAY Program
FITWAY Program	FITWAY Alabama Colorectal Cancer Prevention Program
Screening Provider	Refers to primary care providers under contract with the Alabama Department of Public Health to provide FIT screening services to FITWAY enrollees
Providers	Refers to physicians, hospitals, rural health clinics, and laboratories that have agreed to participate in the FITWAY Program and provide services to patients who meet eligibility requirements
Diagnostic Provider	Refers to a GI specialist, surgeons, hospital, facilities responsible for diagnostic colonoscopy for enrollees with positive FIT tests
Screening Cycle	Cycles begin with a FIT test and remain unchanged through the diagnostic phase, if needed; i.e., through colonoscopy, polypectomy, tissue/ pathology testing, a diagnosis of colorectal cancer or no colorectal cancer, and to the initiation of treatment in the event of colorectal cancer
Treatment Facility	Refers to hospitals, cancer centers and/or treatment facilities who have volunteered to provide cancer treatments to participants diagnosed with colorectal cancer through the FITWAY Program, at no cost to the patient

Alabama FITWAY Staff Contact Page

**FITWAY SCREENING COORDINATOR: Vanessa Motley, Phone: 334-206-5959, FAX: 334-206-3738,
Vanessa.motley@adph.state.al.us**

**FITWAY NURSE COORDINATOR: Kitty Norris, Phone: 334-206-6227, FAX: 334-206-3738,
Katherine.norris@adph.state.al.us**

PROGRAM DIRECTOR: Nancy Wright, Phone: 334-206-5851, Nancy.wright@adph.state.al.us

**FITWAY DATA MANAGER: Ann Dagostin, Phone: 334-206-2901, FAX: 334-206-3738,
Ann.dagostin@adph.state.al.us**

Appendix A

Program Forms

FITWAY Diagnostic Procedures Form

TRACKING #:

--	--	--	--	--	--	--	--	--	--

Medical Record #: _____ SS #: _____ / _____ / _____

Name: _____ Date of Birth: _____ / _____ / _____
First Middle Initial Last MM DD YYYY

Referring Provider: _____ Reason for Referral: _____

Diagnostic Physician: _____ Phone Number: _____

Diag. Provider Specialty: Gastroenterologist General Surgeon Colorectal Surgeon Internist Radiologist Other

1. Date of Diagnostic Test: _____ / _____ / _____ (MM/DD/YYYY) 2. Test performed: Colonoscopy DCBE Other _____

3. Was bowel preparation adequate? Y N* 4. Was biopsy/polypectomy performed during endoscopy? Y** N

5. **Diag. Test Results:** Normal/Negative/diverticulosis/hemorrhoids Other finding not suggestive of cancer or polyps
 Polyp(s) or lesions suspicious for cancer Inadequate/ Incomplete test with no findings* Pending

6. **Was the cecum reached during colonoscopy?** Y N*

***INCOMPLETE; REQUIRES FOLLOW-UP TESTING**

7. **Recommended next follow-up test within cycle:** Colonoscopy DCBE Surgery *** other _____

8. **Date of next follow-up test:** _____ / _____ / _____ (MM/DD/YYYY)

****Histology of most severe polyp/ lesion:** choose one

- Normal or other non-polyp histology
- Non-adenomatous polyp (inflammatory, hamartomatous, etc.)
- Hyperplastic polyp
- Adenoma, NOS (no high grade dysplasia noted)
- Adenoma, tubular (no high grade dysplasia noted)
- Adenoma, mixed tubular villous (no high grade dysplasia noted)
- Adenoma, villous (no high grade dysplasia noted)
- Adenoma, serrated (no high grade dysplasia noted)
- Adenoma with high grade dysplasia (includes in situ carcinoma)
- Adenocarcinoma, invasive
- Carcinoma, other
- Unknown / other lesion ablated, not retrieved or confirmed

Total # of adenomatous polyps/lesions: 1-96 >97 ≥1, exact # unk, unk #

Size of the largest adenomatous polyp/lesion: 1cm ≥1 cm unk size

*****Surgical resection to complete final diagnosis:**

Date of surgery: _____ / _____ / _____ (MM/DD/YYYY)

*****Histology for most severe polyp/lesion:** choose one

- Surgery recommended but not performed
- Normal or other non-polyp histology
- Non-adenomatous polyp (inflammatory, hamartomatous, etc.)
- Hyperplastic polyp
- Adenoma, NOS (no high grade dysplasia noted)
- Adenoma, tubular (no high grade dysplasia noted)
- Adenoma, mixed tubular villous (no high grade dysplasia noted)
- Adenoma, villous (no high grade dysplasia noted)
- Adenoma, serrated (no high grade dysplasia noted)
- Adenoma with high grade dysplasia (includes in situ carcinoma)
- Adenocarcinoma, invasive
- Carcinoma, other
- Unknown / other lesion ablated, not retrieved or confirmed

Complications of endoscopy/DCBE: 2 worse complications only

- None reported
- Bleeding requiring transfusion
- Bleeding not requiring transfusion
- Cardiopulmonary event (hypotension, hypoxia, arrhythmia, etc.)
- Complications related to anesthesia
- Bowel perforation
- Post-polypectomy syndrome/excessive abdominal pain
- Death
- Unknown Other _____

Final diagnosis: Date of final dx: _____ / _____ / _____ (MM/DD/YYYY)

- Normal/ negative
- Hyperplastic polyps
- Adenomatous polyp, no high grade dysplasia
- Adenomatous polyp, with high grade dysplasia
- cancer; Is this cancer: new primary CRC or non-CRC primary (metastasis from other organ)

Number of months before NEXT TEST CYCLE: _____
 (NOTE: must be ≥ 12 and up to 180 months)

Indication for next testing cycle:

- Screening Surveillance after a positive colonoscopy

Recommended Test for next testing cycle:

- FIT Colonoscopy DCBE None

Status of treatment:

- Treatment started and/ or completed¹
- Treatment pending
- Treatment not indicated due to polypectomy²
- Treatment not recommended due to time lapse²
- Treatment refused²
- Lost to follow-up²

¹Date of Treatment: _____ / _____ / _____ (MM/DD/YYYY)

²Close-out Date: _____ / _____ / _____ (MM/DD/YYYY)

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC)

PCA

1. MEDICARE <input type="checkbox"/> (associated w/ <input type="checkbox"/>) MEDICAID <input type="checkbox"/> (associated w/ <input type="checkbox"/>) TRICARE-CHAMPUS <input type="checkbox"/> (sponsor's SSN) <input type="checkbox"/> Member 226 <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BENEFITING (SSN) <input type="checkbox"/> OTHER (ID) <input type="checkbox"/>	1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE (MM DD YY) SEX M <input type="checkbox"/> F <input type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (include Area Code) ()	6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> 7. INSURED'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (include Area Code) ()	8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student <input type="checkbox"/>
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> 10a. RESERVED FOR LOCAL USE:	11. INSURED'S POLICY GROUP OR FECA NUMBER: a. INSURED'S DATE OF BIRTH (MM DD YY) SEX M <input type="checkbox"/> F <input type="checkbox"/> b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME
d. OTHER INSURED'S POLICY OR GROUP NUMBER: e. OTHER INSURED'S DATE OF BIRTH (MM DD YY) SEX M <input type="checkbox"/> F <input type="checkbox"/> f. EMPLOYER'S NAME OR SCHOOL NAME g. INSURANCE PLAN NAME OR PROGRAM NAME	11. INSURED'S POLICY GROUP OR FECA NUMBER: d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, return to and complete form 3-a-d.	12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of my medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment on my behalf.) SIGNED _____ DATE _____
14. DATE OF CURRENT ILLNESS (First symptom) OF INJURY (Accident) OR PREGNANCY (LMP) MM DD YY	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) SIGNED _____
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. _____ 17b. NPI _____	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
18. RESERVED FOR LOCAL USE	19. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____	20. MEDICARE RESUBMISSION CODE _____ ORIGINAL REF. NO. _____
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 21E by Line #) 1. _____ 2. _____ 3. _____ 4. _____	22. PRIOR AUTHORIZATION NUMBER _____	23. PRIOR AUTHORIZATION NUMBER _____
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. ICD-9-CM PROCEDURE CODE D. PROCEDURE(S), SERVICE(S), OR SUPPLIES (Specify Unusual Circumstances) MODIFIER E. DIAGNOSIS POINTER F. CHARGES G. QUANTITY OF UNITS H. PROCEDURE CODE I. QUALIFIER J. REFERRING PROVIDER ID #	25. FEDERAL TAX ID NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>	26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
28. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) OR CREDENTIALS (If codify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED _____ DATE _____	29. SERVICE FACILITY LOCATION INFORMATION # _____ a. _____ b. _____	28. TOTAL CHARGE \$ _____ 29. AMOUNT PAID \$ _____ 30. BALANCE DUE \$ _____
31. BILLING PROVIDER INFO & PH # ()		

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PLEASE PRINT OR TYPE Printed on Recycled Paper

APPROVED CMB 0038-0099 FORM CMS-1500 (08-05)

Appendix B

Approved CPT Codes & Reimbursement Rates

REIMBURSEMENT RATE TABLE

(Modifiers are to be reported with appropriate CPT codes at the discretion of the Provider or Facility)

Fecal Immunochemical Test (FIT)		
CPT Code	Current Procedural Description	Reimbursement Rate
G0328/ 82274	Colorectal cancer screening by FIT	\$21.70
Screening Office Visits		
CPT Code	Current Procedural Description	Reimbursement Rate
99201	New Patient; history, exam, straightforward decision-making; 10 minutes	\$39.77
99202	New Patient; Consultation, <i>expanded</i> history, exam, straightforward decision-making; 20 minutes	\$68.80
99211	Established Patient; evaluation and management, may not require presence of physician; 5 minutes	\$18.33
99212	Established Patient; Consultation, history, exam, straightforward decision-making; 10 minutes	\$40.09
Consultation/Referral Visits		
99203	New Patient; Consultation, <i>detailed</i> history, exam, straightforward decision-making; 30 minutes	\$99.84

99213	Established Patient; Consultation, <i>expanded</i> history, exam, straightforward decision-making; 15 minutes	\$67.71			
Colonoscopy					
CPT Code	Current Procedural Description- NF= non-facility fee (Global), FF= facility fee, FS= surgeon fee	Non-facility Reimbursement Rate (NF)	Facility Fee (FF)-Hospital	Facility Surgeon Fee or Ambulatory surgery center surgeon's fee (FS)	Ambulatory Surgery center (ASC)
45378	Diagnostic colonoscopy, flexible, proximal to splenic flexure; with or without collection of specimens by brushing or washing, with or without colon decompression	\$357.30	\$204.37	\$204.37	\$415.51
45378-53*(see Note)	<u>Interrupted</u> diagnostic colonoscopy, flexible, proximal to splenic flexure; with or without collection of specimens by brushing or washing, with or without colon decompression	\$124.44	\$59.67	\$59.67	na
45380	Colonoscopy and biopsy, single or multiple	\$425.81	\$244.45	\$244.45	\$415.51
45381	Colonoscopy, with directed submucosal injection, any substance	\$426.86	\$231.91	\$231.91	\$415.51
45382	Colonoscopy/with control bleeding	\$553.32	\$310.98	\$310.98	\$415.51
45383	Colonoscopy/lesion, polyp(s), tumor removal not amenable to removal by hot biopsy forceps, bipolar cautery or snare	\$518.47	\$318.16	\$318.16	\$415.51

45384	Colonoscopy/lesion, polyp(s), tumor removal with hot biopsy forceps or bipolar cautery	\$426.49	\$255.88	\$255.88	\$415.51
45385	Colonoscopy/ lesion, polyp(s), tumor removal by snare technique	\$481.30	\$290.46	\$290.46	\$415.51
G0105	Surveillance colonoscopy only: for use with FITWAY patients with previous abnormal colonoscopies with adenomas or cancer	\$357.30	\$204.37	\$204.37	\$344.85

Sigmoidoscopy

CPT Code	Current Procedural Description	Reimbursement Rate (NF)	Facility Fee (FF)	Facility Surgeon Fee (FS)
45330	Diagnostic sigmoidoscopy	\$124.44	\$59.67	\$59.67

Pathology, Note: -26 modifier=Professional component; TC=Technical component

Surgery or surgical staging may be required to provide a histological diagnosis of cancer. All surgery for diagnostic purposes must be approved in advance by the FITWAY MAB

CPT Code	Current Procedural Description	Reimbursement Rate	Professional-26	Technical
88300	Surgical path, gross only	\$13.05	\$4.32	\$8.73
88302	Surgical path, gross and microscopic (review level II)	\$26.85	\$6.75	\$20.10
88304	Surgical path, gross and microscopic (review level III)	\$38.92	\$10.92	\$28.00
88305	Surgical path, gross and microscopic, colon, colorectal polyp biopsy (review level VI)	\$65.17	\$36.86	\$28.31
88307	Surgical path, gross and microscopic, colon, segmental resection other than for tumor (review level V)	\$260.46	\$80.49	\$179.97
88309	Surgical path, gross and microscopic, colon, segmental resection for tumor or total resection (review	\$397.55	\$142.30	\$255.24

	level VI)			
G0461	Immunohist/cyto 1 st stain	\$80.21	\$29.47	\$50.75
G0462	Immunohist/cyto 2 nd stain	\$61.12	\$11.95	\$49.17

Anesthesia

NOTE: 1-The use of Propofol will not be reimbursed.

2-If a client fails standard moderate sedation, anesthesia may be used to complete the endoscopic procedure. Documentation should be provided to support the use of anesthesia on a case-by-case basis.

CPT Code	Current Procedural Description	Reimbursement Rate	Nurse	Doctor
810	Anesthesia for lower intestinal endoscopy procedures, endoscope introduced distal to duodenum	\$21.02 per unit [15 min.]	\$10.60	\$10.60
810-1	810-1 is the base amount (5 units)	\$105.10	\$52.55	\$52.55
810-6	Base plus one unit	\$126.12	\$63.06	\$63.06

Electrocardiogram

93000	Electrocardiogram, complete, at least 12 leads w/interp. and report	\$15.33		
93005	routine ECG w/ 12 leads; tracing only w/o interp. and report	\$7.15		
93010	routine ECG w/ 12 leads; tracing only with interp. and report	\$8.18		
93040	rhythm ECG, 1-3 leads; with interp. and report	\$11.77		
93041	rhythm ECG, 1-3 leads; tracing only w/o interp. and report	\$4.93		

93042	rhythm ECG, 1-3 leads with interp. and report	\$6.83
Blood Work		
CPT Code	Current Procedural Description	Reimbursement Rate
80053	Comprehensive metabolic panel- must include albumin, total bilirubin, calcium, CO2 (bicarbonate), chloride, creatinine, glucose, alkaline phosphatase, potassium, total protein, sodium, transferase-Alanine amino, transferase-Aspartate amino, urea nitrogen	\$14.41
80048	Basic metabolic panel (calcium, total)	\$11.54
85025	Blood count, complete CBC, automated differential WBC count	\$10.61
85027	Blood count, complete CBC	\$6.32
85610	Prothrombin time	\$5.37
85730	PTT; plasma or whole blood	\$8.19

Version:AL2014

Appendix C

Federally-Qualified Health Centers

INDEPENDENT RURAL HEALTH CENTERS (IRHC'S) BY COUNTY REVISED MARCH 2013

BALDWIN

FRANKLIN PRIMARY HEALTH CARE (FQHC)

Loxley Family Medical Center

1083 East Pelham Drive

Loxley, Alabama 36551 Phone: 251-964-4011

NORTH BALDWIN FAMILY HEALTH CENTER (FQHC)

201 Dolive St.

Bay Minette, Alabama 36507 Phone: 251-964-4011

BALDWIN FAMILY HEALTH CENTER (FQHC)

1628 No. McKenzie St. Ste. 102

Foley, Alabama 36535 Phone: 251-947-1083

Loxley Family Dental Center (FQHC)

3147 First Avenue

Loxley, Alabama 36551 Phone: 251-964-2404

BARBOUR

SOUTHEAST ALABAMA RURAL HEALTH (FQHC)

Clayton Medical Center

7 Western Bypass

Clayton, Alabama 36016 Phone: 334-775-3235

Health Services Inc (FQHC)

Eufaula Internal Medicine

826 W. Washington Street

Eufaula, Alabama 36027 Phone: 334-687-8051

MCB Family Clinic (PBRHC)

31 Railroad St.

Louisville, Alabama 36048 Phone: 334-266-5110

BIBB

WHATLEY HEALTH SERVICES, INC (FQHC)

West Blocton Family Health Center

345 Magnolia Street

West Blocton, Alabama 35184 Phone: 205-938-9508

BIBB MEDICAL ASSOC RURAL HEALTH (PBRHC)

405 Belcher Street

Centreville, Alabama 35042 Phone: 205-926-4694

CAHABA MEDICAL CARE (FQHC)

195 Hospital Dr.

Centreville, Alabama 35042 Phone: 205-926-2992

BLOUNT

BHC-BLOUNT AND ETOWAH (IRHC)

180 Medical Street

Snead, Alabama 35952 Phone: 205-466-7114

BHC-BLOUNT AND ETOWAH (IRHC)

150 Gilbreath Dr. Suite 201

Oneonta, Alabama 35121 Phone: 205-274-8198

BLOUNT COUNTY QUALITY HEALTH CARE (FQHC)

1000 Lincoln Avenue – Suite A-2

Oneonta, Alabama 35121 Phone: 205-274-9799

BULLOCK

PERFECT KIDS AND FAMILY CARE (PBRHC)

308 No. Prairie St

Union Springs, Alabama 36089 Phone: 334-738-1499

FAMILY HEALTH CLINIC OF UNION SPRINGS (IRHC)

309 No Prairie St

Union Springs, Alabama 36089 Phone: 334-738-2146

BUTLER

TRI-COUNTY MEDICAL CENTER, INC (FQHC)

Georgiana Clinic
138 West Jones St.

Georgiana, Alabama 36033 Phone: 334-376-0078

GREENVILLE PEDIATRICS (IRHC)

84 LV Stabler Drive

Greenville, Alabama 36037 Phone: 334-382-9760

SOUTH BUTLER MEDICAL CLINIC (PBRHC)

125 Church Street

Georgiana, Alabama 36033 Phone: 334-376-2291

CALHOUN

ANNISTON QUALITY HEALTH CARE (FQHC)

1316 Noble Street

Anniston, Alabama 36201-1202 Phone: 256-236-0221

CHAMBERS

CENTRAL ALABAMA COMPREHENSIVE (FQHC)

LaFayette Health Center

404 B. Ninth Ave. SouthEast

LaFayette, Alabama 36862 Phone: 334-727-6880

CHEROKEE

CHEROKEE QUALITY HEALTH CARE (FQHC)

4055 Al Highway 9 – Suite 8

Cedar Bluff, Alabama 35959 Phone: 256-779-6057

CHEROKEE CLINIC (IRHC)

395 Northwood Drive

Centre, Alabama 35960 Phone: 256-927-4900

CHOCTAW

FRANKLIN MEMORIAL HEALTH CENTER (FQHC)

Gilbertown Clinic

140 Front Street Suite 4

Gilbertown, Alabama 36908 Phone: 251-843-5537

CHOCTAW URGENT CARE (PBRHC)

One Independence Sq. # 1C

Butler, Alabama 36904 Phone: 205-459-4488

CLARKE

COFFEEVILLE MEDICAL CLINIC (PBRHC)

12 Long Avenue

Coffeeville, Alabama 36524 Phone: 251-276-0147

GROVE HILL HEALTH CARE (PBRHC)

295 South Jackson Street

Grove Hill, Alabama 36451 Phone: 251-275-3173

IMC-FAMILY MEDICAL OF JACKSON, PC (IRHC)

227 Hospital Drive

Jackson, Alabama 36545 Phone: 251-246-4446

FULTON FAMILY MEDICAL (IRHC)

218 Main Street

Fulton, Alabama 36446 Phone: 334-636-4823

CLEBURNE

CLEBURNE QUALITY HEALTH CARE (FQHC)

242 Brockford Road

Heflin, Alabama 36264 Phone: 256-463-2021

COFFEE

SOUTHEAST ALABAMA RURAL HEALTH ASSOCIATION (FQHC)

Enterprise Children's Center
105 East Watts Street
Enterprise, Alabama 36330 Phone: 334-393-5437

COLBERT

FAMILY HEALTH CARE CLINIC (FQHC)

102 Physicians Drive Suite B
Muscle Shoals, Alabama 35616 Phone: 256-389-9797

CONECUH

TRI-COUNTY MEDICAL CENTER (FQHC)

Evergreen Clinic
316 South Main Street
Evergreen, Alabama 35401 Phone: 251-578-1163

COOSA

MERIT HEALTHCARE INC. GOODWATER (PBRHC)

1229 South Main Ave
Goodwater, Alabama 35072 Phone: 256-839-5900

GOODWATER FAMILY (FQHC)

625 So. Main St.
Goodwater, Alabama Phone: 256-839-1758

COVINGTON

TRI-COUNTY MEDICAL CENTER (FQHC)

Red Level Clinic
29080 Smiley Street
Red Level, Alabama 36474 Phone: 334-469-5311

COVINGTON PEDIATRICS RURAL HEALTH (IRHC)

614 West Bypass
Andalusia, Alabama 36420 Phone: 334-222-0119

THREE NOTCH RURAL HEALTH INC (IRHC)

835 S. Three Notch Street
Andalusia, Alabama 36420 Phone: 334-222-8421

CRENSHAW

SOUTHEAST ALABAMA RURAL HEALTH ASSOC (FQHC)

Dozier Family Health Center
18131 Dozier Hwy
Dozier, Alabama 36028 Phone: 334-496-3521

CRENSHAW FAMILY CARE (PBRHC)

58 Roy Beall Dr.
Luverne, Alabama 36049 Phone: 334-335-1192

CULLMAN

CULLMAN QUALITY HEALTH (FQHC)

2016 Main Avenue, SW
Cullman, Alabama 35055 Phone: 256-775-0230

CULLMAN INTERNAL MEDICINE (IRHC)

1890 Al Hwy 157 Suite 300
Cullman, Alabama 35058 Phone: 256-738-8000

DALE

SOUTHEAST ALABAMA RURAL HEALTH ASSOC (FQHC)

Newton Medical Center
193 Oates Street
Newton, Alabama 36352 Phone: 334-299-3592

DEKALB

NORTHEAST ALABAMA RURAL HEALTH (FQHC)

34617 Al Highway 75

Fyffe, Alabama 35971 Phone: 256-623-5242

DEKALB CLINIC (IRHC)

415 Medical Center Dr.

Fort Payne, Al 35968 Phone: 256-997-2820

SOUTH DEKALB FAMILY MED ASSOC (IRHC)

15239 All HWY 68 West

Crossville, Alabama 35962 Phone: 256-528-7173

DEKALB QUALITY HEALTH CARE (FQHC)

12062 Hwy 227

Geraldine, Alabama 35974 Phone: 256-492-0131

FORT PAYNE PRIMARY HEALTH CENTER (FQHC)

3840 Gault Avenue

Fort Payne, Alabama 35967 Phone: 256-844-4978

VALLEY HEAD CLINIC (IRHC)

126 Commerce Ave.

Valley Head, Alabama Phone: 256-635-6600

ELMORE

ELMORE COMMUNITY RURAL HEALTH (PBRHC)

41 Cambridge Ct

Wetumpka, Alabama 36092 Phone: 334-567-2882

WETUMPKA FAMILY RURAL HEALTH CLINIC (PBRHC)

815 Jackson Trace

Wetumpka, Alabama 36092 Phone: 334-567-4311

ESCAMBIA

LOWER ALABAMA PEDIATRICS (IRHC)

1205 Belleville Avenue

Brewton, Alabama 36426 Phone: 251-867-3608

POARCH CREEK INDIAN HEALTH DEPARTMENT (FQHC)

5811 North Jack Springs Road

Atmore, Alabama 36502 Phone: 251-368-9136

TRI-COUNTY MEDICAL CENTER (FQHC)

Atmore Medical Center

209 7th Avenue

Atmore, Alabama 36502 Phone: 251-368-8609

ACH PRIMARY CARE (PBRHC)

402 Medical Park Drive

Atmore, Alabama 36502 Phone: 251-368-7974

ACH FAMILY PHYSICIANS (PBRHC)

611 East Laurel Street

Atmore, Alabama 36502 Phone : 251-368-8001

FLOMATON MEDICAL CENTER (PBRHC)

174 Hwy 113

Flomaton, Alabama 36441 Phone: 251-296-2456

ACH MED PLUS (PBRHC)

406 Medical Park Dr.

Atmore, Alabama 36502 Phone: 251-368-6245

ETOWAH

Roberta Watts (FQHC)

1020 Tuscaloosa Ave

Gadsden, Alabama 35902-0097 Phone: 256-492-0131

Procure-Colley Homes (FQHC)

420 North Sixth Street.

Gadsden, Alabama 35901 Phone: 256-546-9907

Canterberry Family Practice (FQHC)

502 North 27th Street

Gadsden, Alabama 35904 Phone: 256-546-0073

Quality of Life Health Complex (FQHC)

1411 Piedmont Cutoff
Gadsden, Alabama 35903 Phone: 256-492-0131
W. T. Scruggs Medical (FQHC)
4350 Cleveland Avenue
Walnut Grove, Alabama 35990 Phone: 205-589-6361
Gadsden Family & Student Health (FQHC)
927 Raley Street
Gadsden, Alabama 35903 Phone: 256-439-6384

FRANKLIN
FAMILY HEALTHCARE CLINIC-RUSSELLVILLE (FQHC)
318 Coffee Avenue
Russellville, Alabama 35653 Phone: 256-332-1629
PHIL CAMPBELL MEDICAL CLINIC (IRHC)
2930 HWY 237
Phil Campbell, Alabama 35581 Phone: 205-993-5642
NABERS FAMILY MEDICAL CLINIC (IRHC)
219 Hospital Road
Red Bay, Alabama 35582 Phone: 256-356-9537
LAKESHORE PEDIATRICS (IRHC)
603 Gandy St. NE
Russellville, Alabama 35653 Phone: 256-331-5055

GENEVA
SLOCUMB FAMILY HEALTH CENTER (FQHC)
162 So Dalton St
Slocumb, Alabama 36375 Phone: 334-886-3023

GREENE
WHATLEY HEALTH SERVICES (FQHC)
Eutaw Health Center
200 Morrow Avenue
Eutaw, Alabama 35462 Phone: 205-372-0011
GREENE COUNTY HOSPITAL PHYSICIANS CLINIC (PBRHC)
607 Wilson Ave.
Eutaw, Alabama 35462 Phone: 25-272-4035

HALE
WHATLEY HEALTH SERVICES (FQHC)
Hale County Health Center
800 Hall St.
Greensboro, Alabama 36744 Phone: 334-624-7270
HALE COUNTY HOSPITAL CLINIC (PBRHC)
508 Greene Street
Greensboro, Alabama 36744 Phone: 334-624-4442

HENRY
Abbeville Family Health Center (FQHC)
615 Ozark Rd.
Abbeville, Alabama 36310 Phone: 334-585-1171

HOUSTON
SOUTHEAST ALA RURAL HEALTH (FQHC)
Dothan Family Health Center
1450 Ross Clark Circle Ste 400
Dothan, Alabama 36301 Phone: 334-446-0076

JACKSON
NORTHEAST ALA RURAL HEALTH (FQHC)
Section Primary Health Center
302 S. Main Street
Section, Alabama 35771-0205 Phone: 256-228-3471

Paint Rock Valley Primary Health Center (FQHC)

311 County Road 106
Trenton, Alabama 35774-0026 Phone: 256-776-2949

Scottsboro Primary Health Center (FQHC)

70 Freedom Drive
Scottsboro, Alabama 35769 Phone: 256-574-5508

Skyline Primary Health Center (FQHC)

21680 Alabama Hwy 79
Scottsboro, Alabama 35768 Phone: 256-587-3050

North Sand Mountain Primary (FQHC)

29810 Alabama Hwy 71
Bryant, Alabama 35971 Phone: 256-597-4114

SCOTTSBORO QUICK CARE (IRHC)

1603 South Broad St.
Scottsboro, Alabama 35765 Phone: 256-259-3778

VALLEY HEAD CLINIC (IRHC)

506 Harley Street
Scottsboro, Alabama 35768 Phone: 256-574-6157

PISGAH MEDICAL CLINIC (IRHC)

6110 County Road 88
Pisgah, Alabama 35765 Phone: 256-451-1250

JEFFERSON

BIRMINGHAM HEALTH CARE FOR THE HOMELESS (FQHC)

712 25th Street North
Birmingham, Alabama 35203 Phone: 205-212-5311

BIRMINGHAM HEALTH CARE

1600 20th St. S
Birmingham, Alabama 35205 Phone: 205-212-5699

BIRMINGHAM HEALTH CARE-MOYO CLINIC (FQHC)

1821 20th Street-Ensley
Birmingham, Alabama 35233 Phone: 205-785-3101

NORWOOD MEDICAL PLAZA (FQHC)

2401 15th Av North
Birmingham, Alabama 35212 Phone: 205-841-7760

MARKS VILLAGE HEALTH CENTER (FQHC)

7524 Georgia Road
Birmingham, Alabama 35212 Phone: 205-212-5700

LAMAR

MILLPORT FAMILY PRACTICE CLINIC (IRHC)

13530 Hwy 96
Millport, Al 35576 Phone: 205-662-5784

VERNON HEALTH CENTER (FQHC)

230 Hospital Drive
Vernon, Alabama 35592 Phone: 205-695-0450

SULLIGENT MEDICAL CLINIC

478 Elm St
Sulligent, Alabama 35586 Phone: 205-698-7111

LAUDERDALE

FAMILY HEALTHCARE CLINIC-ROGERSVILLE (FQHC)

16410 US Hwy 72
Rogersville, Alabama 35652 Phone: 256-247-3154

LAWRENCE

FAMILY HEALTHCARE CLINIC-TOWNCREEK (FQHC)

1841 HWY 20
Town Creek, Alabama 35672 Phone: 256-685-3336

LAWRENCE RURAL HEALTH CLINIC (PBRHC)

350 Tennessee Street
Courtland, Alabama 35618 Phone: 256-637-8033

LAWRENCE RURAL HEALTH CLINIC (PBRHC)

10939 Alabama Hwy 157
Moulton, Alabama 35650 Phone: 256-974-3390

LIMESTONE

CENTRAL ALABAMA COMPHRENSIVE (FQHC)

Central Health Care-Athens
1005 West Market Street
Athens, Alabama 35611 Phone: 256-534-8659

Central Pediatrics (IRHC)

707 W. Market Street
Athens, Alabama 35611 Phone: 256-233-0712

LOWNDES

HEALTH SERVICES, INC (FQHC)

Lowndes County Health Services
1000 Oak Street
Hayneville, Alabama 36040 Phone: 334-548-2516

YEARWOOD MEDICAL CLINIC-FQHC

1 Milner Street
Fort Deposit, Alabama 36032 Phone: 334-227-9991

MACON

CENTRAL ALABAMA COMPHRENSIVE HEALTH CARE (FQHC)

203 West Lee Street
Tuskegee, Alabama 36083 Phone: 334-727-6880

MADISON

CENTRAL NORTH ALABAMA HEALTH SERVICES (FQHC)

North Huntsville Community Health Center
751 Pleasant Row
Huntsville, Alabama 35816 Phone: 256-533-6311

MOUNTAIN VIEW FAMILY MEDICINE (PBRHC)

5995 B. Highway 72 East
Gurley, Alabama 35748 Phone: 256-776-2094

MARION

MORROW CLINICS, INC (IRHC)

34885 HWY 43
Hackleburg, Alabama 35564 Phone: 205-935-3744

MARSHALL

MED-ASSIST (IRHC)

3442 US Hwy 431
Albertville, Alabama 35950 Phone: 256-593-1234

GUNTERSVILLE FAMILY PRACTICE (IRHC)

1241 Blount Avenue
Guntersville, Alabama 35976 Phone: 256-582-6377

DOUGLAS MEDICAL CENTER (FQHC)

8225 Highway 75
Horton, Alabama 35980 Phone: 256-593-3804

ARAB FAMILY HEALTHCARE (IRHC)

121 Golfview Dr. NE
Arab, Alabama 35016 Phone: 256-586-1900

PREFERRED FAMILY HEALTHCARE (IRHC)

312 Sand Mountain Drive
Albertville, Alabama 35950 Phone: 256-878-1053

PREMIER FAMILY CARE (IRHC)

2017 Obrig Ave
Guntersville, Alabama Phone: 256-582-2324

MOBILE

FAMILY ORIENTED PRIMARY HEALTH CARE CLINIC (FQHC)

251 North Bayou Street
Mobile County Health Department
Mobile, Alabama 36652 Phone: 251-690-8889

North Mobile Health Center (FQHC)

950 Coy Smith Hwy
Mount Vernon, Alabama 36560 Phone: 251-829-9884

USA After Hours Clinic (FQHC)

1700 Center Street
Mobile, Alabama 36652 Phone: 251-690-8158

Eight Mile Clinic (FQHC)

4547 St. Stephens Road
Prichard, Alabama 36613 Phone: 251-456-1399

The Women's Center (FQHC)

248 Cox St #B
Mobile, Alabama 36604 Phone: 251-690-8930

School Based Clinic (FQHC)

800 Whitley Avenue
Plateau, Alabama 36652 Phone: 251-456-2276

Newburn Clinic (FQHC)

248 Cox Street #A
Mobile, Alabama 36604 Phone: 251-405-4525

Wellness Express Van-Big Creek (FQHC)

13140 Moffett Road
Wilmer, Alabama 36587 Phone: 251-690-8889

Southwest Mobile Health Center (FQHC)

5580 Inn Road
Mobile, Alabama 36619 Phone: 251-666-7413

Semmes Clinic (FQHC)

3810 Wolff Road
Semmes, Al 36575 Phone: 251-445-0582

Citronelle Clinic (FQHC)

19250 Mobile Street
Mobile, Alabama 36522-0218 Phone: 251-866-7454

FRANKLIN MEMORIAL PRIMARY HEALTH CENTER (FQHC)

CLINIC & Medical/Dental Express Van (FQHC)
1303 MLK Blvd

Mobile, Alabama 36652-2048 Phone: 251-432-4117

Maysville Medical Center (FQHC)

1956 Duval Street
Mobile, Alabama 36652-2048 Phone: 251-471-3747

Aiello/Buskey Medical Center (FQHC)

424 South Wilson Avenue
Prichard, Alabama 36610 Phone: 251-452-1442

H.E. Savage Memorial Health Center (FQHC)

553 Dauphin Street
Mobile, Alabama 36602 Phone: 334-697-1801

Dr. Albert Thomas Family Health (FQHC)

1904 Bishop Avenue
Mobile, Alabama 36610 Phone: 251-452-1010

Hadleys Medical Center (FQHC)

572 Stanton Road
Mobile, Alabama 36652 Phone: 251-450-8055

Springhill Health Center (FQHC)

1201 Springhill Avenue
Mobile, Alabama 36640 Phone: 251-694-0070

Central Plaza Health Towers Health Center (FQHC)

300 Bayshore Avenue
Building 306 Suite 1

Mobile, Alabama 36640 Phone: 251-476-4926

West Mobile Family Medical (FQHC)

801 D. University Blvd
Mobile, Alabama 36640 Phone: 251-344-1964
MOSTELLAR MEDICAL CENTER- Irvington Clinic (FQHC)
12701 Padgett Switch Road
Irvington, Alabama 36544-9611 Phone: 334-824-2174
BAYOU CLINIC, INC (FQHC)
13833 Tapia Lane
Bayou La Batre, Alabama 36509 Phone: 251-824-4985

MONTGOMERY
HEALTH SERVICES INCORPORATED (FQHC)
Lister Hill Health Center
1845 Cherry St
Montgomery, Alabama 36106 Phone: 334-420-5001
Ramer Health Clinic (FQHC)
Highway 94
Ramer, Alabama 36069 Phone: 334-562-3229
Montgomery Primary Health Care Center (FQHC)
3060 Mobile Highway
Montgomery, Alabama 36108 Phone: 334-293-6670
Chisholm Family Health Center (FQHC)
329 Vandiver Blvd
Montgomery, Alabama 36110 Phone: 334-832-4338

Southside Family Center (FQHC)
2611 Woodley Park Dr
Montgomery, Alabama 36107 Phone: 334-288-0009

MONROE
Vrendenberg Health Center (FQHC)
588 County Road 56
Vrendenberg, Al 36448-1000 Phone: 334-337-4787
TRI-COUNTY MEDICAL CENTER (FQHC)
Uriah Medical Clinic
210 Highway 59 South
Uriah, Alabama 36480 Phone: 251-862-2431
FRISCO CITY MEDICAL CENTER (FQHC)
53 Mulberry Street
Frisco City, Alabama 36445 Phone: 251-267-3900

MORGAN
Family Health Care Clinic-Decatur (FQHC)
1304 13th Avenue SE Suite A
Decatur, Alabama 35601 Phone: 256-340-1251
BRINDLEE MOUNTAIN FAMILY PRACTICE (IRHC)
4258 US HWY 231 Suite 5
Laceys Spring, Alabama 35175 Phone: 256-582-6377

PERRY
RURAL HEALTH MEDICAL PROGRAM (FQHC)
Uniontown Clinic
330 Old Hamburg Road
Uniontown, Al 334-628-2651 Phone: 334-628-2651
Marion Health Center (FQHC)
1310 Washington Street
Marion, Alabama 36756 Phone: 334-683-2073
MARION CLINIC (PBRHC)
Hwy 45 South Rt 2 Box 4D
Marion, Alabama 36756 Phone: 334-683-9085

PIKE**SOUTHEAST ALABAMA RURAL HEALTH ASSOCIATION (FQHC)**

Southeast Alabama Rural Health Association
1300 Highway 231 Bypass
Troy, Alabama 36081-0928 Phone: 334-566-7600

RANDOLPH**TRICOUNTY FAMILY PRACTICE (IRHC)**

149 Chesnut Street
Roanoke, Alabama 36274 Phone: 334-863-5484

WADLEY CORNERSTONE CLINIC (FQHC)

203 Tallapoosa Street
Wadley, Alabama 36276 Phone: 256-395-4157

ROANOKE RURAL HEALTH CLINIC (PBRHC)

469 Price Street
Roanoke, Alabama 36274 Phone: 334-863-2311

WOODLAND FAMILY HEALTHCARE (IRHC)

76 County Rd 64 Ste 3
Woodland, Alabama 36280 Phone: 256-449-2001

RUSSELL**CENTRAL ALABAMA COMPHRENSIVE HEALTH CARE (FQHC)**

Hurtsboro Clinic
242 Long Street
Hurtsboro, Alabama 36860 Phone: 334-667-7734

FORT MITCHELL CLINIC (IRHC)

2 Gilmore Road
Fort Mitchell, Alabama 36856 Phone: 334-664-1960

SHELBY**SOUTHERN FAMILY HEALTH LLC (IRHC)**

201 Old HWY 25 East
Columbiana, Alabama 35051 Phone: 205-669-4884

ST. CLAIR**MAIN STREET MEDICAL CLINIC (IRHC)**

1508 Cogswell Avenue
Pell City, Alabama 35125 Phone: 205-814-1598

SUMTER**WHATLEY HEALTH SERVICES, INC (FQHC)**

Sumter County Health Center
415 Derby Drive
York, Alabama 36925 Phone: 205-349-3250

RUSH MEDICAL GROUP-LIVINGSTON (PBRHC)

1221 North Washington Street
Livingston, Alabama 35470 Phone: 205-652-9575

HILL HOSPITAL PHYSICIANS CLINIC (PBRHC)

724 Derby Drive
York, Alabama 36925 Phone: 205-392-7060

TALLADEGA**BHC MUNFORD HEALTH CLINIC (IRHC)**

48 North Cedars Road
Munford, Alabama 36268-0019 Phone: 256-358-4553

BHC-LINCOLN (IRHC)

47344 US HWY 78
Lincoln, Alabama 35096 Phone: 205-763-7848

BHC-TALLADEGA (IRHC)

320 East Coosa Street
Talladega, Alabama 35160 Phone: 256-362-3636

SYALCAUGA PEDIATRIC CLINIC (IRHC)
115 West Clay Street
Sylacauga, Alabama 35150-3413 Phone: 256-245-3267

BHC-TALLADEGA PEDIATRICS (IRHC)
722 Stone Avenue
Talladega, Alabama 35160 Phone: 256-362-1725

TALLADEGA PRIMARY AND URGENT CARE (IRHC)
803 North Street East
Talladega, Alabama 35160 Phone: 256-362-1600

TALLADEGA QUALITY HEALTHCARE (FQHC)
110 Spring Street
Talladega, Alabama 35160 Phone: 256-492-0131

TALLAPOOSA
LAKE MARTIN FAMILY MEDICINE (PBRHC)
301 Mariarden Road Ste D
Dadeville, Alabama 36853 Phone: 256-825-7871

TUSCALOOSA
WHATLEY HEALTH SERVICES (FQHC)
Maude L. Whatley Center
2731 Martin Luther King Blvd
Tuscaloosa, Alabama 35403 Phone: 205-349-3250
Crescent East Health Center (FQHC)
120 B 51st Ave East
Tuscaloosa, Alabama 35404 Phone: 205-349-3250
JAMES O ELLIS HEALTH CENTER (FQHC)
3532 Greensboro Avenue
Tuscaloosa, Alabama 35401 Phone: 250-752-1087

WALKER
OAKMAN HEALTH CENTER (FQHC)
10290 Main Street
Oakman, Alabama 35579 Phone: 205-622-2830
SIPSEY HEALTH CENTER (FQHC)
3805 Sipseey Road
Sipseey, Alabama 35581 Phone: 205-648-5337
CAPSTONE RURAL HEALTH CENTER (FQHC)
5947 Highway 269
Parrish, Alabama 35580 Phone: 205-686-5113
HMC RURAL HEALTH CLINIC-JASPER (IRHC)
2201 North Airport Road
Jasper, Alabama 35504 Phone: 205-221-8773

WASHINGTON
MILLRY PEDIATRIC CLINIC (IRHC)
75 Fifth Avenue
Millry, Alabama 36558 Phone: 251-846-3233
15
WASHINGTON con't
CHATOM PRIMARY CARE-PC (IRHC)
14714 St. Stephens Avenue
Chatom, Alabama 36518 Phone: 251-847-6262
MOSTELLAR MEDICAL CENTER (FQHC)
Southwest Alabama Health Services
7777 Highway 43 North
McIntosh, Alabama 36553 Phone: 334-944-2842

WILCOX
Pineapple Clinic (FQHC)
867 County Highway 59

Pine Apple, Alabama 36768 Phone: 334-746-2197
Yellow Bluff Clinic (FQHC)
Highway 10
Pine Hill, Alabama 36769 Phone: 334-963-4201

WINSTON

WINSTON COUNTY MEDICAL CLINIC (IRHC)
15341 HWY 278
Double Springs, Alabama 35553 Phone: 205-489-3322
BOYD J HARRISON (IRHC)
904 26th Street
Haleyville, Alabama 35553 Phone: 205-486-5234

OUT OF STATE – MISSISSIPPI

ARTHUR E WOOD MEDICAL CLINIC (PBRHC)
920 Matthew Drive Suite D
Waynesboro, Mississippi 39367 Phone: 601-735-3918
WAYNESBORO FAMILY MEDICINE (PBRHC)
920 Matthew Drive Suite A
Waynesboro, Mississippi 39367 Phone: 601-735-2401
NORTH HILLS FAMILY MEDICAL (PBRHC)
5009 HWY 493
Meridian, Mississippi 39305 Phone: 601-484-6180
IMMEDIATE CARE (PBRHC)
1710 14th Street
Meridian, Mississippi 39301 Phone: 601-703-1485

FLORIDA

JAY MEDICAL CLINIC (IRHC)
14088 Alabama Street
Jay, Florida 32565 Phone: 850-675-4546

GEORGIA

VALLEY HEALTHCARE SYSTEM, INC
3473 N Lumpkin Rd Bldg C
Columbus, Georgia 31903 Phone: 706-322-9599
16
VALLEY HEALTHCARE SYSTEM, INC (FQHC)
1315 Delauney Avenue #201
Columbus, Georgia 31901 Phone: 706-322-9599
QUITMAN HEALTH CARE (FQHC)
23 Old School Road
Georgetown, Georgia 39854 Phone: 229-334-9353
SOUTHWEST GEORGIA HEALTH CARE, INC (FQHC)
220 Alston Street
Richland, Georgia 31825 Phone: 229-887-3324
WEST CARROLL FAMILY HEALTHCARE (IRHC)
1125 East Hwy 166
Bowdon, Georgia 30108 Phone: 770-258-5424
ANGELITE FAMILY CLINIC (IRHC)
1009 3RD Ave
West Point, Georgia 31833 Phone: 706-645-1046