



# **PROVIDER MANUAL**

**June 2013**

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## **SECTION I: PROGRAM OVERVIEW**

### **A. Background**

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.

#### **Tobacco Screening and Cessation Policy**

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 assess 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](http://AlabamaQuitNow.com).

### **B. Eligible Patients for Enrollment:**

- A resident of Alabama
- Age 50-64 years
- Are uninsured, cannot pay co-pays for screenings, or have inadequate insurance\*
- Persons who are under the care of a FITWAY-contracted health care provider located in Alabama
- Have income levels up to 200 percent of the Federal Poverty Guidelines (see *Income Table*, page 7)
- Have no personal history of colorectal cancer or pre-cancerous polyps
- Have no 1<sup>st</sup> degree relative(s), that is, a parent, sibling, or child, diagnosed with colorectal cancer
- Persons who are without significant gastrointestinal complaints- see **significant** symptoms under *Section C. Ineligible Patients*
- NOTE: Persons with hemorrhoids are eligible for enrollment; however, they should wait until the hemorrhoidal flare-up is over before taking the FIT

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

**C. Ineligible Patients: Persons with the following symptoms or conditions are in need of screening by colonoscopy, clinical evaluation and/or subsequent treatment; therefore, the primary health care provider is responsible for services beyond the scope of the FITWAY Program.**

Persons **not** eligible for the FITWAY program include:

- Patients with a personal history of colorectal cancer or adenomas
- Patients with a first degree relative, parent, sibling, or child, who has been diagnosed with CRC
- Patients with medical history of inflammatory bowel disease (e.g., ulcerative colitis, Crohn's disease)

### **Con't., Ineligible Patients**

- Patients with a genetic/ clinical diagnosis or suspicion of Familial Adenomatous Polyposis [FAP] or Lynch Syndrome (previously known as Hereditary Non-Polyposis Colorectal Cancer [HPNCC])
- Clients who have had an initial positive screening test performed outside of the program and who are seeking diagnostic services
- Clients who present with **significant GI symptoms** such as:
  - Consistently small caliber stools (narrow, pencil-sized)
  - Significant, unintentional weight loss of 10% or more of starting body weight
  - Significant blood mixed-in throughout the stool
  - Rectal bleeding, bloody diarrhea, or blood in the stool within the past 6 months unless a clinical evaluation has identified the bleeding as known or suspected hemorrhoids; in which case, the patient is eligible for enrollment. Patient should wait until the hemorrhoidal episode is over before completing the FIT
  - 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

**D-1 Reimbursable Services:** All reimbursements are at current Medicare rates.

#### **For Screening Services:**

- An office visit charge related to screening; **see page 17 for allowable office visit CPT codes for screening**

Note: 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 Screening Coordinator for payment.

- The screening provider will be reimbursed for the completed FIT at the current Medicare rate. **See CPT code listing on page 34 for current reimbursement amounts**

#### **For Diagnostic Services:**

- Office visit related to diagnostic work-up
- Colonoscopy
- Biopsy/polypectomy during colonoscopy
- Moderate sedation for colonoscopy
- Pathology fees

## **D-2 Non-reimbursable Services:**

- CT Colonography (or virtual colonoscopies) as a primary screening test
- Computed Tomography Scan (CTs or CAT scans) requested for staging or other purposes
- Surgery or surgical staging UNLESS specifically required and approved by the MAB for histological diagnosis of cancer
- Any treatment related to the diagnosis of colorectal cancer
- 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

- Evaluation of symptoms for clients who present for CRC screening but are found to have significant GI symptoms
- Diagnostic services to patients who had a positive CRC screening outside of our program
- Management of medical conditions including inflammatory bowel disease (such as surveillance, colonoscopy, and medical therapy)
- Genetic testing for clients who present with a history suggestive of a HNPCC or FAP

- The use of Propofol as anesthesia during endoscopy unless specifically required and approved by the MAB in cases where the client cannot be sedated with standard moderate sedation

#### **E. Service Providers:**

FITWAY enrollees must receive services from ADPH-contracted providers.

#### **F. Treatment for Colorectal Cancer:**

The FITWAY Alabama Colorectal Cancer Prevention Program DOES NOT provide for costs related to staging of or the treatment of colorectal cancer; however, treatment at no charge to the patient will be provided by a voluntary cancer center within the state to those patients who are diagnosed with colorectal cancer through the FITWAY Program.

## **SECTION II: INTRODUCTION**

#### **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.

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.

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 was 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 from 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 III: SCREENING ELIGIBILITY GUIDELINES**

**A. Eligible Population include:**

- A resident of Alabama
- Age 50-64 years
- Are uninsured, cannot pay co-pays for screenings, or have inadequate insurance\*
- Persons who are under the care of a FITWAY-contracted health care provider located in Alabama
- Have income levels up to 200 percent of the Federal Poverty Guidelines (see *Income Table* below)
- Have no personal history of colorectal cancer or pre-cancerous polyps
- Have no 1<sup>st</sup> degree relative(s), that is, a parent, sibling, or child, diagnosed with colorectal cancer
- Persons who are without significant gastrointestinal complaints- see **significant** symptoms under *Section C. page 3, Ineligible Patients*
- NOTE: Persons with hemorrhoids are eligible for enrollment; however, they should wait until the hemorrhoidal flare-up is over before taking the FIT

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

**B. Income Table**- Proof of income is not required. The individual’s declaration statement is sufficient.

<b><u>2013 Income Eligibility Guidelines – 200% of Poverty</u></b>		
At or below 200% of the Federal Poverty Level determines program eligibility.		
<b><u>Household Size</u></b>	<b><u>Annual</u></b>	<b><u>Monthly</u></b>
1	\$22,980	\$1,915
2	\$31,020	\$2,585
3	\$39,060	\$3,255
4	\$47,100	\$3,925
5	\$55,140	\$4,595
6	\$63,180	\$5,265
7	\$71,220	\$5,935
8	\$79,260	\$6,605

For each additional household member add \$8,040 annually or \$670 monthly

Based on DHHS Poverty Guidelines, updated 01/2013

## **SECTION IV: 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](http://www.adph.org), select A-Z Contents, select Colorectal Cancer- and from the web-based Enrollment site, accessed through the web page above.) **This form has been revised from Version-1; see page 29.**



**PROVIDER CONTRACTING  
AND THE  
ROLES OF CONTRACTED  
PROVIDERS**

## **SECTION V: 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 30<sup>th</sup>. 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 Program 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 *Program Coordinator* (Note: All physician licenses in Alabama expire each December 31. Registered nurse licenses expire every other year on December 31)

## **SECTION VI: SCREENING PROVIDER RESPONSIBILITIES**

### **A. Screening Provider Requirements**

#### **1. Program Requirements**

The FITWAY Alabama Colorectal Cancer Prevention Program (FITWAY Program) providers must maintain current and applicable federal and/or state licenses.

- FITWAY Program Screening Providers include: licensed medical providers and non-profit health centers qualified to provide FITWAY Program screening services
- All Screening Providers must agree to accept the program-approved reimbursement fee as payment-in- full for services rendered. That reimbursement, by law, cannot be above the current Medicare reimbursement rate

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

- To purchase their own FIT for testing their patients for colorectal cancer.
- **No guaiac-based test is acceptable** for screening in the FITWAY Program
- For quality of testing, **specimens collected by digit rectal exam (DRE) 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 the stool sample following a bowel movement.
- While the approximate cost for buying the FIT will run from \$4.00 to \$8.00 a test (depending on the test chosen), the FITWAY Program will reimburse at the current Medicare rate of \$22.53 for every completed FIT
- To ask their FITWAY patients about any tobacco-usage and in the event that that the patient uses tobacco, to provide quit line information
- To refer all FIT- positive patients for diagnostic colonoscopy with a contracted gastroenterologist
- To facilitate the timely follow-up for all FITWAY Program participants according to CDC guidelines
- To provide public education and community outreach by working with local partnerships

## 3. Patient Enrollment- Instructions for enrolling a patient in the FITWAY Program can be found at [www.adph.org/earlydetection](http://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](http://www.med-itweb.com)
- Obtain a signed FITWAY Program Informed Consent/Release of Information Form prior to services
- 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 Program Coordinator (Note: all forms can be found on FITWAY Program web site)

## 4. 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.

## 5. 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- to 60-day period. If after two months 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 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.

**6. 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 tobacco quit line when necessary
- 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 tobacco quit line when necessary.
- 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

**7. 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 Program 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
- *NEW:* 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
  - 2) Inform the Program Coordinator of the patient’s failure to have the colonoscopy
  - 3) Documented all contacts in the patient chart

The FITWAY Program Coordinator and 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 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.

**8. 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

## **SECTION VII: DIAGNOSTIC PROVIDER REQUIREMENTS**

The FITWAY Alabama Colorectal Cancer Prevention Program (FITWAY Program) providers must maintain current and applicable federal and/or state licenses. All Diagnostic Providers must agree to

accept the FITWAY Program-approved reimbursement fees as payment in full for services rendered.

**For Missed Colonoscopy Appointments: Diagnostic Providers must contact the Screening Provider if a FIT + patient fails to keep their diagnostic colonoscopy appointment so that the Screening Provider can follow-up with the patient.** A client lost to previous follow-up attempts shall not be denied future screening services.

**A. Colonoscopy Providers:** All colonoscopy providers for the FITWAY Program must:

- Be a physician who is certified in performing colonoscopy and currently licensed in the State of Alabama
- Provide diagnostic colonoscopy upon referral and other related diagnostic procedures as indicated and approved for reimbursement by FITWAY Program
- Maintain all records, pictures, etc. of any diagnostic information for all FITWAY Program patients according to standard procedures
- Provide appropriate and timely follow-up for all FITWAY patients

**B. Reporting Requirements**

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

- 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*
- Provide the FITWAY Program 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 Program Coordinator will make two attempts to get the information from the Diagnostic Provider and/or the patient for any missing information
- Any pathology reports for patients with polyps, etc

**C. 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 on next page.

### 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:

- E. 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?
- F. Review of available funds
- G. Work with hospitals to achieve reduced served rates
- H. If needed, ask for guidance from CDC's CRCCP medical director

#### **D. 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)

**SCREENING AND  
DIAGNOSTIC  
SERVICES**



## **SECTION VIII: SCREENING SERVICES**

### **A. Patient Eligibility Guidelines:**

- A resident of Alabama
- Age 50-64 years
- Are uninsured, cannot pay co-pays for screenings, or have inadequate insurance\*
- Persons who are under the care of a FITWAY-contracted health care provider located in Alabama
- Have income levels up to 200 percent of the Federal Poverty Guidelines (see *Income Table*, page 7)
- Have no personal history of colorectal cancer or pre-cancerous polyps
- Have no 1<sup>st</sup> degree relative(s), that is, a parent, sibling, or child, diagnosed with colorectal cancer
- Persons who are without significant gastrointestinal complaints- see **significant** symptoms under *Section C. Ineligible Patients*, page 3
- NOTE: Persons with hemorrhoids are eligible for enrollment; however, they should wait until the hemorrhoidal flare-up is over before taking the FIT

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

### **B. Screening Services CPT Codes:** By law, FITWAY services are free to the patient.

Acceptable Screening Office Visit CPT Codes:

Code 99201

**New: Code 99202**

Code 99211

**New: Code 99212**

Acceptable CPT reimbursement code for the FIT:

Code G0328 or 82274: Fecal Immunochemical test (FIT) or iFOBT

### **D. FIT Screening:**

- Each screening provider will purchase their FITs for testing their patients for colorectal cancer. [No guaiac-based test is acceptable for screening in the FITWAY Program](#)
- [For quality of testing, specimens collected by digit rectal exam \(DRE\) 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 the stool sample following a bowel movement.](#)
- To ask their FITWAY patients about any tobacco-usage and in the event that that the patient uses tobacco, to provide quit line information
- To refer all FIT- positive patients for diagnostic colonoscopy with a contracted gastroenterologist
- To facilitate the timely follow-up for all FITWAY Program participants according to CDC guidelines
- To provide public education and community outreach by working with local partnerships

### **D. Diagnostic Services Guidelines**

- Colonoscopy
  - If a patient has a positive FIT, the patient must be referred for a diagnostic 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
- Bowel preparation
- 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.
- Pathology fees

## **SECTION IX: SCREENING & DIAGNOSTIC RESULTS**

### **A. FIT Screening Results**

- **Normal Results**

When the FIT is performed and the result is normal/negative, it is the Screening Provider's responsibility to: 1) have a system in place to notify the patient of the results; 2) follow-up with patients who fail to return their FITs; **see page 12, Unreturned FITs**; and 3) have a reminder system in place which allows for notification of patients prior to their due date for annual re-screening

- **Abnormal Results**

It is the responsibility of the Screening Provider to:

- ✓ Notify the patient of any abnormal results
- ✓ Refer any patient with an abnormal FIT to a FITWAY –contracted diagnostic provider for colonoscopy
- ✓ **Follow-up and document all attempts to reach the FIT + patient who fail to keep their diagnostic colonoscopy appointment (See page 13 for referral requirements)**
- ✓ Maintain, as a part of the patient's permanent medical record, all documentation including dates of services, test results, related educational counseling, resulting recommendations, referrals, diagnostic procedure results, and any treatment needed

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

A patient who's FIT is abnormal must be referred for a diagnostic colonoscopy to arrive at a final diagnosis, as defined by the program's Medical Advisory Board (MAB).

- **Timeliness of follow up** for FIT Positive patients: From screening to final diagnosis of either colorectal cancer or no colorectal cancer, the diagnostic work-up must be completed within 90 days.

### **B. 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 any diagnostic test results
- ✓ Have a reminder system in place which allows for continued screening or surveillance of patients as required
- ✓ Alert the FITWAY Program Coordinator of any diagnoses of cancer so that the patient can be referred for immediate treatment. **Note: Treatment must begin 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

If a diagnosis of cancer is made, the Diagnostic Provider must contact the FITWAY Program Coordinator for referral for treatment. **The interval between diagnosis and initiation of treatment for colorectal cancer must be 60 days or less.**

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 controls the funding for the FITWAY Program; however, voluntary cancer treatment facilities will provide treatment for the cancer patient at no charge. 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.

**PROGRAM FORMS**

**AND**

**DATA COLLECTION**

## **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**

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 Program Coordinator within 60 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 Patient Eligibility/Risk Assessment/Screening Form:

- To provide documentation of the eligibility, CRC risk assessment, and the CRC screening results for every patient enrolled in the FITWAY Program
- To serve 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 Program 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

**CASE MANAGEMENT**

**AND**

**PATIENT NAVIGATION**

## **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 in order 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**

Screening Providers will be responsible for informing patients of the availability of case management services when they are enrolled into the FITWAY program. The FITWAY Informed Consent Form addresses case management and the possibility of referral if abnormal screening results occur. If at any time the provider is doing in-house case management and needs assistance, the FITWAY Program Coordinator should be contacted for help. The Program Coordinator would, in turn, contact the Case Management Coordinator, if needed. Providers will be encouraged to refer patients as soon as possible.

The Program Coordinator keeps a log of abnormal results as they are identified from initial or repeat exam data that is sent to them. Patients who are screened by a FITWAY provider and have abnormal FIT results should be assessed for case management needs. A definitive diagnosis of cancer would also require immediate assessment, and in addition, require notification of the Program Coordinator. The Program Coordinator will notify the state FITWAY staff. If the provider believes case management can be accomplished in-house, then the documentation may be done directly in the patient chart.

The Screening Providers must indicate whether the FITWAY case management staff or they will manage the patient's follow-up care. The Program Coordinator will document that information. If the FITWAY staff is to do the case management, the assessment process will be initiated and a patient file will be established in the Program Coordinator's office. A copy of the patient's case management plan will be provided to the primary provider to be included in the medical record.

In the event that no follow-up for an abnormal test was completed, the Program Coordinator will contact the provider. If the Screening Provider prefers to continue with a plan of care, the Program Coordinator should document the Provider's plan and determine the next date the Provider will be contacted for follow-up. That patient will be placed in an ACTIVE file with that provider's name, in the Program Coordinator office, with a copy to the Case Management Coordinator (CMC).

The Program Coordinator will review ACTIVE patients with the Provider's staff on a monthly basis to determine if the case management process is completed. Once the process is complete, it will be documented and the patient will be moved to an INACTIVE file with the Provider's name.



## **B. Assessment**

Assessment is the process of appraising the need for intervention based on information gathered by the case manager (CM) and objective evaluation of relevant data. Once the patient has been identified and it is determined that FITWAY will provide the case management, the Program Coordinator will evaluate to the patient's support system, barriers to care, and cultural concerns. Goals and a plan will be established, with the patient being encouraged to participate. A copy of the plan will be sent to the Screening Provider and a copy maintained in the FITWAY patient file. The Program Coordinator must also validate that a consent form has been signed and is on-file at the Screening Provider's office. If the patient refuses case management, appropriate documentation will be sent to the provider, and a copy maintained in the patient's file.

## **C. Planning**

Planning for the patient's needs based on the assessment is the next essential step in the CM process. A written plan will be developed and documented by the Program Coordinator that will define goals, related time frames, and activities, as well as who is responsible for which activity. This can be accomplished on the phone with the patient being involved in the planning. The Program Coordinator will be responsible for informing the patient in advance whether or not a service is covered by the FITWAY Program. At this point, a copy of the plan will be sent to the Screening Provider, the CMC, and a copy maintained in the patient's FITWAY file.

## **D. Coordination**

Coordination is basically a brokerage, coordination, and referral of services to meet the needs of the patient as outlined in the written plan. The Program Coordinator will work with the providers and the patient to assist with the coordination of services. These may be related but not limited to barriers such as transportation issues, need of an interpreter, child care, elder care, and emotional support.

## **E. Monitoring**

The process of monitoring is an ongoing re-assessment of the quality of care and services provided to the patient and if those services are meeting the patient's needs. The plan will be updated monthly by the Program Coordinator to determine if new and continued needs are being met. A copy of the plan with the updated information will be sent to CMC. If there is a problem in obtaining the goals established in the patient's plan, the CMC should be contacted for additional help.

## **F. Resource Development**

The case manager should work with the patient to promote self-sufficiency and self-determination. To help accomplish this, the CM should work to assure that the patient gains the knowledge, skills, and support needed to obtain necessary services.

Because of the number of individuals that may be involved in the case management process it is imperative that the professionals involved remain in communication with each other. That would involve the faxing, mailing, or phoning of all information and documentation that is available. All efforts and activities of the case management process must be DOCUMENTED and placed in the patient's chart.

# GLOSSARY

ADPH	Alabama Department of Public Health
Program Coordinator	The Program 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

# **Appendices**

# **Appendix A**

## **Program Forms**

## **FITWAY INFORMED CONSENT/RELEASE OF INFORMATION FORM**

### PROGRAM DESCRIPTION

The FITWAY Alabama Colorectal Cancer Prevention Program (FITWAY Program) is a cooperative effort between clinics and doctors, the Alabama Department of Public Health, and the Centers for Disease Control and Prevention (CDC) to encourage recommended colorectal cancer screening among Alabamians. Colorectal cancer is the second leading cause of cancer deaths in Alabama. Yet, with proper screenings and follow-up diagnostic procedures when needed, the incidence and mortality of this cancer can be greatly reduced because pre-cancerous polyps can be identified and removed before they have a chance to develop into cancer.

You will be able to receive colorectal cancer screening and diagnostic services, if needed, for FREE under the FITWAY program if you meet all of the following requirements:

- 1- You are an Alabama resident between the ages of 50-64 years
- 2- You meet current income and medical eligibility requirements for this program
- 3- You currently have no significant GI symptoms
- 4- You are at average risk for developing colorectal cancer
- 5- You currently are enrolled with a health care provider

If you are diagnosed with colorectal cancer through this program, you will be referred to a voluntary cancer treatment facility with in Alabama in order to obtain necessary cancer treatment, at no charge to you.

### CONSENT FOR SERVICES/RELEASE INFORMATION

I have read the above and understand the explanation about the FITWAY Alabama Colorectal Cancer Prevention Program and hereby consent to receive the health services as indicated. By agreeing to take part in this program, I give permission to any and all of my doctors, clinics, diagnostic facilities and/or hospitals to provide all information concerning my colorectal cancer screenings, diagnostic procedures, and treatment procedures to the FITWAY Program which may include referral to case managers employed by the Alabama Department of Public Health. Any information released to the program will remain confidential, which means that the information will be available only to me and the employees of the Alabama Department of Public Health working with this program. The information will be used only to meet the purposes of the program described above, and any published reports which result from this program will not identify me by name. I understand that my participation in this program is voluntary and that I may drop out of the program and withdraw my consent to release information at any time.

**Signature** \_\_\_\_\_

**Clinic/ MD Name** \_\_\_\_\_

**Name** \_\_\_\_\_

(Please Print)      **Last**                                      **First**                                      **MI**

**NOTE: CLINICS/DOCTORS MAY SUGGEST OR OFFER SERVICES WHICH ARE NOT PART OF THE FITWAY PROGRAM. IF YOU DECIDE TO USE THESE SERVICES, THEY WILL NOT BE PAID FOR BY THE FITWAY PROGRAM.**

**FITWAY Patient Eligibility / Risk Assessment/ Screening Form** Tracking #

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

Medical Record #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_ M \_\_\_ F Today's date: \_\_\_\_\_

Name: \_\_\_\_\_ SS #: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_ Residence County: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_  
City/Town State Zip Code

Ethnicity: \_\_\_ Hispanic \_\_\_ non-Hispanic Race: \_\_\_ White \_\_\_ Black \_\_\_ Asian \_\_\_ Native Hawaiian or Other Pacific  
 Islander \_\_\_ American Indian or Alaska Native \_\_\_ Unknown

**Patient Eligibility Criteria**

*All criteria must be met in order to be eligible for FITWAY screening*

1. \_\_\_ No personal history of colorectal cancer or pre-cancerous polyps
2. \_\_\_ No 1<sup>st</sup> degree relative- that is, a parent, sibling, or child- diagnosed with colorectal cancer
3. \_\_\_ No history of inflammatory bowel disease (ulcerative colitis or Crohn's Disease), FAP, or Lynch Syndrome/HNPCC
4. \_\_\_ No unexplained, significant weight loss (10% or more of body weight)
5. \_\_\_ No consistently narrow stools (diameter of a pencil)
6. \_\_\_ No large amount of blood present in the 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)

**Colorectal Cancer Screening Data**

Screening Provider's Name: \_\_\_\_\_ Specialty: Fam. Practice \_\_\_ OB/GYN \_\_\_ Internist \_\_\_

Had prior colorectal cancer screening? \_\_\_ Yes \_\_\_ No

If yes, type of test?

\_\_\_ Take-home FIT \_\_\_ Take-home FOBT \_\_\_ Sigmoidoscopy \_\_\_ Colonoscopy \_\_\_ DCBE \_\_\_ CT colonoscopy \_\_\_ Stool DNA

Tobacco usage? \_\_\_ Yes \_\_\_ No (If yes, refer to Tobacco Cessation Hotline: 1-800-784-8669)

**Date FIT Given:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/ DD/ YYYY)

**Date FIT Returned:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/ DD/YYYY)

**Date FIT Tested:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/ DD/ YYYY)

**FIT Result(s):**

\_\_\_ FIT Negative

\_\_\_ FIT Positive\*; Refer for diagnostic colonoscopy

\*When testing multiple FITs, one positive equates a positive result and requires follow-up with diagnostic colonoscopy

**FIT not returned:** \_\_\_\_\_

**Documented Follow-up for Unreturned FITs:**

___ Phone call	Date: ____/____/____
___ Postcard	Date: ____/____/____
___ Letter	Date: ____/____/____

**Diagnostic Referral**

Diagnostic provider name: \_\_\_\_\_

Date of diagnostic appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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 completed<sup>1</sup>  
 Treatment pending  
 Treatment not indicated due to polypectomy<sup>2</sup>  
 Treatment not recommended due to time lapse<sup>2</sup>  
 Treatment refused<sup>2</sup>  
 Lost to follow-up<sup>2</sup>

<sup>1</sup>Date of Treatment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)  
<sup>2</sup>Close-out Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 03/03/06

IGA  PCA

1. MEDICARE <input type="checkbox"/> (Medicare #)            MEDICAID <input type="checkbox"/> (Medicaid #)            TRICARE-CHAMPUS <input type="checkbox"/> (Sponsor's SSN)            CHAMPVA <input type="checkbox"/> (Member ZIP)            GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID)            FECA BENEFITING <input type="checkbox"/> (SSN)            OTHER <input type="checkbox"/> (ID)		3a. INSURED'S I.D. NUMBER <span style="float: right;">(For Programs in Item 1)</span>	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE <span style="float: right;">SEX</span> MM DO YY    M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street)  CITY    STATE		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
8. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		7. INSURED'S ADDRESS (No., Street)  CITY    STATE	
9. OTHER INSURED'S POLICY OR GROUP NUMBER		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"/>	
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 _____		11. INSURED'S POLICY GROUP OR FECA NUMBER  9. INSURED'S DATE OF BIRTH    SEX MM DO YY    M <input type="checkbox"/> F <input type="checkbox"/> 10. EMPLOYER'S NAME OR SCHOOL NAME 11. INSURANCE PLAN NAME OR PROGRAM NAME 12. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, return to and complete form 3-a-d.	
14. DATE OF CURRENT ILLNESS (First symptom of Injury (Accident) OR PREGNANCY(LMP)) MM DO 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		15. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DO YY TO MM DO YY 16. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DO YY TO MM DO YY	
18. RESERVED FOR LOCAL USE		21. OUTS OF LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer to Items 1, 2, 3 or 4 to Item 24E by Line #)		22. MEDICAR RESUBMISSION CODE    ORIGINAL REF. NO. _____ 23. PRIOR AUTHORIZATION NUMBER _____	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY            B. PLACE OF SERVICE            C. EMG            D. PROCEDURE, SERVICE, OR SUPPLY (Specify Linear Circumference)            E. DIAGNOSIS POINTER		F. CHARGES    G. RATE OR UNIT    H. PROC. PERIOD    I. Q. D. L.    J. BILLING PROVIDER ID. #	
25. FEDERAL TAX I.D. NUMBER    SSN    EIN		26. PATIENT'S ACCOUNT NO.    27. ACCEPT ASSIGNMENT? (For gov. plans, see instructions) YES <input type="checkbox"/> NO <input type="checkbox"/>	
28. TOTAL CHARGE \$ _____    29. AMOUNT PAID \$ _____    30. BALANCE DUE \$ _____		31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (If codify that the statements on the reverse apply to this bill and are made a part thereof.)  SIGNED _____ DATE _____	
32. SERVICE FACILITY LOCATION INFORMATION a. NPI    b. _____		33. BILLING PROVIDER INFO & PH # ( ) a. NPI    b. _____	

NLUCC Instruction Manual available at: www.nlucc.org

PLEASE PRINT OR TYPE  
Printed on Recycled Paper

APPROVED OMB 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	\$21.86
Screening Office Visits		
CPT Code	Current Procedural Description	Reimbursement Rate
99201	New Patient; history, exam, straightforward decision-making; 10 minutes	\$39.98
99202	New Patient; Consultation, <i>expanded</i> history, exam, straightforward decision-making; 20 minutes	\$68.32
99211	Established Patient; evaluation and management, may not require presence of physician; 5 minutes	\$18.53
99212	Established Patient; Consultation, history, exam, straightforward decision-making; 10 minutes	\$39.98
Consultation/Referral Visits		
99203	New Patient; Consultation, <i>detailed</i> history, exam, straightforward decision-making; 30 minutes	\$98.96
99213	Established Patient; Consultation, <i>expanded</i> history, exam, straightforward decision-making; 15 minutes	\$66.99

**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	\$367.76	\$200.78	\$200.78	\$387.92
<b>45378-53*(see Note)</b>	<b>Interrupted</b> diagnostic colonoscopy, flexible, proximal to splenic flexure; with or without collection of specimens by brushing or washing, with or without colon decompression	\$129.61	\$59.42	\$59.42	na
45380	Colonoscopy and biopsy, single or multiple	\$438.74	\$240.09	\$240.09	\$387.92
45381	Colonoscopy, with directed submucosal injection, any substance	\$441.58	\$227.99	\$227.99	\$387.92
45382	Colonoscopy/with control bleeding	\$571.54	\$305.67	\$305.67	\$387.92
45383	Colonoscopy/lesion, polyp(s),tumor removal <b>not</b> amenable to removal by hot biopsy forceps, bipolar cautery or snare	\$530.40	\$311.43	\$311.43	\$387.92
45384	Colonoscopy/lesion, polyp(s),tumor removal <b>with</b> hot biopsy forceps or bipolar cautery	\$436.61	\$250.50	\$250.50	\$387.92
45385	Colonoscopy/ lesion, polyp(s),tumor removal by snare technique	\$494.34	\$284.93	\$284.93	\$387.92
<b>G0105</b>	<b>Surveillance colonoscopy only: for use with FITWAY patients with previous abnormal colonoscopies with adenomas or cancer</b>	<b>\$367.76</b>	<b>\$200.78</b>	<b>\$200.78</b>	<b>\$343.28</b>

**Sigmoidoscopy**

<b>CPT Code</b>	<b>Current Procedural Description</b>	<b>Reimbursement Rate (NF)</b>	<b>Facility Fee (FF)</b>	<b>Facility Surgeon Fee (FS)</b>
45330	Diagnostic sigmoidoscopy	\$129.61	\$59.42	\$59.42
45331	Sigmoidoscopy and biopsy	\$155.84	\$70.71	\$70.71
45333	Sigmoidoscopy & polypectomy	\$282.45	\$102.32	\$102.32
45334	Sigmoidoscopy for bleeding	\$152.05	na	na
45335	Sigmoidoscopy w/submuc inj	\$263.09	\$85.94	\$85.94
45338	Sigmoidoscopy w/tumor, polyp(s) removal by snare	\$303.62	\$130.96	\$130.96
45339	Sigmoidoscopy w/ablation of tumor, polyp(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	\$323.98	\$172.82	\$172.82

**Barium Enema, Note: -26 modifier=Professional component; TC=Technical component**

<b>CPT Code</b>	<b>Current Procedural Description</b>	<b>Reimbursement Rate</b>	<b>Professional-26</b>	<b>Technical</b>
74270	Radiologic exam, colon; contrast barium enema, w or w/o KUB	\$144.37	\$31.59	\$112.78
74280	Radiologic exam, colon; air contrast w high dens. barium , w or w/o glucagon	\$201.93	\$45.24	\$156.69

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

<b>CPT Code</b>	<b>Current Procedural Description</b>	<b>Reimbursement Rate</b>	<b>Professional-26</b>	<b>Technical</b>
88300	Surgical path, gross only	\$12.90	\$4.08	\$8.82
88302	Surgical path, gross and microscopic (review level II)	\$27.45	\$6.38	\$21.07
88304	Surgical path, gross and microscopic (review level III)	\$39.77	\$10.63	\$29.14

88305	Surgical path, gross and microscopic, colon, colorectal polyp biopsy (review level VI)	\$64.37	\$35.24	\$29.14
88307	Surgical path, gross and microscopic, colon, segmental resection other than for tumor (review level V)	\$267.00	\$78.04	\$188.95
88309	Surgical path, gross and microscopic, colon, segmental resection for tumor or total resection (review level VI)	\$404.72	\$137.78	\$266.94
88342	Immunohistochemistry, each antibody	\$104.25	\$40.16	\$64.09

**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.**

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	Nurse	Doctor
810	Anesthesia for lower intestinal endoscopy procedures, endoscope introduced distal to duodenum	\$20.14 per unit [15 min.]	\$10.07	\$10.07
810-1	810-1 is the base amount ( 5 units)	100.70	\$50.35	\$50.35
810-6	Base plus one unit	120.84	\$60.42	\$60.42

**Electrocardiogram**

CPT Code	Current Procedural Description	Reimbursement Rate
93000	Electrocardiogram, complete, at least 12 leads w/interp. and report	\$16.56
93005	routine ECG w/ 12 leads; tracing only w/o interp. and report	\$8.82
93010	routine ECG w/ 12 leads; tracing only with interp. and report	\$7.74

93040	rhythm ECG, 1-3 leads; with interp. and report	\$12.00
93041	rhythm ECG, 1-3 leads; tracing only w/o interp. and report	\$5.24
93042	rhythm ECG, 1-3 leads with interp. and report	\$6.76
<b>Blood Work</b>		
<b>CPT Code</b>	<b>Current Procedural Description</b>	<b>Reimbursement Rate</b>
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	\$14.53
80048	Basic metabolic panel (calcium, total)	\$11.63
85025	Blood count, complete CBC, automated differential WBC count	\$10.69
85027	Blood count, complete CBC	\$8.89
85610	Prothrombin time	\$5.40
85730	PTT; plasma or whole blood	\$8.25

Version:AL2013

# **Appendix C**

## **Medical Advisory Board**

# Medical Advisory Board

<b>Dr. Thomas Bianchi</b>	<b>Dr. Jamie Cannon</b>	<b>Dr. Silvio deMelo</b>
875 Friendship Road	1530 3 <sup>rd</sup> Avenue So., KB 429	1660 Springhill Avenue
Tallassee, AL 36078	Birmingham, AL 35249	Mobile, AL 36604
334-283-3862	205-996-4958	251-665-8000
<b>Dr. Lynn Dyess</b>	<b>Dr. Brian Greene</b>	<b>Dr. Craig Philpot</b>
1660 Springhill Avenue	McClellan Park Medical Mall	One Independence Plaza
Mobile, AL 36604	171 Town Center Drive	Suite 900
251-445-8405	Anniston, AL 36205	Birmingham, AL 35209
	256-237-1624	205-271-8000
<b>Dr. Steven Stokes</b>	<b>Dr. Katisha Vance</b>	
1108 Ross Clark Circle	833 Princeton Avenue SW	
Dothan, AL 36302	Prof. Office Bdg #3, Suite 105A	
334-793-8085	Birmingham, AL 35211	
	205-786-6983	



# **Appendix D**

## **Enrollment Flow Chart**

## 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: \_\_\_\_\_

- An individual with no health insurance
- An individual with insurance which does not cover colorectal cancer services
- Insurance requires a high deductible which patient cannot pay

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: \_\_\_\_\_

(Proof of income is not required. The individual's declaration statement is sufficient.)

### 2013 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	\$22,980	\$1,915
2	\$31,020	\$2,585
3	\$39,060	\$3,255
4	\$47,100	\$3,925
5	\$55,140	\$4,595
6	\$63,180	\$5,265
7	\$71,220	\$5,935
8	\$79,260	\$6,605

For each additional household member add \$8,040 annually or \$670 monthly

Based on DHHS Poverty Guidelines, updated 01/2013

**If answers to q. 1-5 are acceptable, determine patient's medical history eligibility on the FITWAY Patient Eligibility/Risk Assessment/Screening form, see Box 2, page 30.**

**If eligible, go to STEP 8**

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) Hit "Add Client"
- e) See "New patient was successfully added": hit OK

- **If client is already in the system**, Med-it will indicate "**Possible Duplicates**" after you enter the DOB or SS#
- Hit 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.
- Hit "Accept" and give an explanation of what occurred with the client. **Go to Steps f-l**

- f) Go to bottom of the page and hit "Set Appointment"
- g) Answer Eligibility questions; "Accept"
- h) On next screen, fill-in all info, "Appointment Date" (today's date), Provider
- i) Hit "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**

**10. Test the FIT cards immediately upon return.**

**If Negative:**

1. Send report to patient
2. Re-screen in 1 year
3. Turn-in all forms to FITWAY Program Coordinator

**If Positive:**

1. **Refer patient to a diagnostic provider for colonoscopy; See "Referrals" section of the Provider Manual, page 13**
2. Turn in all forms to FITWAY Program Coordinator

All Providers must make every effort to have timely follow-up and referral for any abnormal results. **From screening to final diagnosis, the diagnostic work-up must be completed within 90 days.**

**Diagnostic Provider must let the Screening Provider know if FIT + patient fails to keep their diagnostic appointment.**

- Provide colonoscopy or required procedure for a final diagnosis of cancer or no cancer
- Provide Screening Provider and FITWAY Program Coordinator with outcomes including results, final diagnosis, tumor size and need for treatment, if necessary. **The interval between diagnosis of CRC and initiation of treatment should not exceed 60 days.**
- Return Diagnostic Form with HICF-1500 form to FITWAY Program Coordinator for payment of services

# **Appendix E**

## **Federally-Qualified Health Centers**

**Federally Qualified Health Center's (FQHC's), Provider Based Rural Health Clinics (PBRHC's) and Independent Rural Health Centers (IRHC's) by County revised June, 2012**

**AUTAUGA**

**HEALTH SERVICES, INC (FQHC)**

Autaugaville Family Health Center  
203 Taylor Street  
Autaugaville, Alabama 36003 Phone: 334-365-4524

**BALDWIN**

**FRANKLIN PRIMARY HEALTH CARE (FQHC)**

Loxley Family Medical Center  
1083 East Pelham Drive  
Loxley, Alabama 36551 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 (IRHC)**

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: 334-738-1500

**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

**NORTHEAST REGIONAL CARE CENTER (FQHC)**

309 East 8<sup>th</sup> Street  
Anniston, Alabama 36202 Phone: 256-492-0131

**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 7<sup>th</sup> Avenue  
Atmore, Alabama 36502 Phone: 251-368-8609

**BREWTON DENTAL CLINIC (FQHC)**

1115 Azalea Place  
Brewton, Alabama 36426 Phone: 251-809-3925

**ATMORE FAMILY MEDICINE (IRHC)**

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)**

408 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

**J.W. Stewart Neighborhood Clinic (FQHC)**

1409 Springfield Avenue

Gadsden, Alabama 35901 Phone: 256-439-6383

**Sardis City Medical Center (FQHC)**

1989 Sardis Drive

Boaz, Alabama 35956 Phone: 256-593-2371

**Procure-Colley Homes (FQHC)**

420 North Sixth Street.

Gadsden, Alabama 35901 Phone: 256-546-9907

**Canterberry Family Practice (FQHC)**

502 North 27<sup>th</sup> 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

## **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

### **Stevenson Primary Health Center (FQHC)**

42950 US HWY 72  
Stevenson, Alabama 35772 Phone: 256-437-9962

### **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

### **SCOTTSBORO MEDICAL 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 25<sup>th</sup> Street North  
Birmingham, Alabama 35203 Phone: 205-212-5311

### **BIRMINGHAM HEALTH CARE**

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

### **BIRMINGHAM HEALTH CARE-MOYO CLINIC (FQHC)**

1821 20<sup>th</sup> Street-Ensley  
Birmingham, Alabama 35233 Phone: 205-785-3101

### **NORWOOD MEDICAL PLAZA (FQHC)**

2401 15<sup>th</sup> Av North  
Birmingham, Alabama 35212 Phone: 205-841-7760

### **MARKS VILLAGE HEALTH CENTER (FQHC)**

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

### **SALVATION ARMY YOUTH CENTER (FQHC)**

6001 Crestwood Drive  
Birmingham, Alabama 35212 Phone: 205-212-5602

## **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

**LAUDERDALE****FAMILY HEALTHCARE CLINIC-ROGERSVILLE (FQHC)**

16410 US Hwy 72

Rogersville, Alabama 35652 Phone: 256-247-3154

**FAMILY HEALTHCARE CLINIC-FLORENCE (FQHC)**

216 Marengo St # A

Florence, Alabama 35630 Phone: 256-760-8289

**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

**The Family Medical Center (FQHC)**

8578 US Highway 80

Tyler, Alabama 36785 Phone: 334-872-1966

**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  
**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

**MONTGOMERY con't**

**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 13<sup>th</sup> 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

**PICKENS****ALICEVILLE RURAL HEALTH CLINIC (IRHC)**

1400 Carrollton Road  
Aliceville, Alabama 35442 Phone: 205-373-6323

**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

**WEDOWEE RURAL HEALTH CLINIC (PBRHC)**

209 Main Street  
Wedowee, Alabama 36278 Phone: 256-357-2188

**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 COMPREHENSIVE 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  
**SYLCAUGA 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: 256-362-1699  
**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 51<sup>st</sup> 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 Sipse Road  
Sipsey, 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

**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

**LOWER PEACHTREE MEDICAL CENTER (FQHC)**

2046 County Road 49

Lower Peachtree, Alabama 36769 Phone: 251-578-1163

**WINSTON****WINSTON COUNTY MEDICAL CLINIC (IRHC)**

15341 HWY 278

Double Springs, Alabama 35553 Phone: 205-489-3322

**BOYD J HARRISON (IRHC)**

904 26<sup>th</sup> Street

Haleyville, Alabama 35553 Phone: 205-486-5234

**OUT OF STATE –****MISSISSIPPI****GREATER MERIDIAN HEALTH CLINIC (FQHC)**

Shuqualak-noxubee Health Center (FQHC)

201 Mulberry Street

Shuqualak, Mississippi 39361 Phone: 601-693-0151

**Kemper Family Medical Clinic (FQHC)**

201 Birch Street

Dekalb, Mississippi 39328 Phone: 601-693-0151

**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 14<sup>th</sup> 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



**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 3<sup>RD</sup> Ave  
West Point, Georgia 31833 Phone: 706-645-1046