

Alabama WISEWOMAN Policy and Procedure Manual



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Alabama WISEWOMAN Program

Section 1: Introduction

Program Purpose:

In 1993, the Centers for Disease Control and Prevention (CDC), within the Division for Heart Disease and Stroke Prevention (DHDSP), was given authority by Congress to facilitate the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program, with the clear aims of helping women ages 35 to 64 years of age to understand:

- Their risk factors for developing cardiovascular disease (CVD) and/or other chronic diseases such as diabetes, hyperlipidemia, and hypertension.
- How to make lifestyle changes to prevent diseases and to produce overall health.

In the summer of 2013, CDC offered the opportunity for federal funding to states with current breast and cervical cancer screening programs to apply for additional funding for WISEWOMAN Program services. The Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) of the Alabama Department of Public Health (ADPH) applied for and was granted funding to conduct the Alabama WISEWOMAN Program, operating from July 01, 2013 through June 29, 2017. CDC then extended funding for an additional year to June 29, 2018. The Alabama WISEWOMAN Program applied for and was awarded funding to continue WISEWOMAN services for an additional 5 years. The current funding cycle operates from September 30, 2023 through September 29, 2028. ADPH is accountable to the CDC for the appropriate use of these funds.

Program Mission:

The mission of the Alabama WISEWOMAN Program is to manage and reduce CVD risk factors among underserved women ages 35 to 64 in Alabama. The program will provide comprehensive CVD risk factor screenings for participants age 35-64 receiving breast and cervical cancer screenings through ABCCEDP. All program components are related to the delivery of screening and diagnostic services, and delivery of support to those in need.

Funding Requirements:

CDC requires 60 percent of ADPH grant funds be used for expenses directly for clinical services such as:

- Screening clinical and blood test with diagnostic testing as needed
- Risk assessment and risk reduction counseling
- Nutritional counseling
- Review and interpretation of clinical and blood tests, both in writing and orally
- Follow up medical appointment

- Health coaching services provided by a licensed social worker
- Referral for community support services used to maximize participation in screening and risk reduction services

CDC also requires no more than 40 percent of grant funds be used for activities/services not directly benefiting participants. Such activities/services include:

- Management activities*
- Recruitment and outreach
- Professional development
- Data management, quality assurance, and quality improvement
- Development and maintenance of partnerships
- Community engagement
- Surveillance and evaluation activities
- Travel
- Education

* No more than 10 percent of ADPH funds can be used for administrative costs. The 10 percent administrative cost are considered part of the 40 percent distribution.

Note: No funds may be used to pay for inpatient hospital services for WISEWOMAN participants.

Section 2: Agency Responsibilities

ADPH Responsibilities:

CDC provides a framework and guidelines that ADPH is charged with following as a recipient of CDC WISEWOMAN funds. These guidelines are implemented through ADPH in combination with ADPH fiscal and programmatic guidelines and establish the basis for contracted providers to plan, implement, and evaluate the provision of services. ADPH is responsible to ensure WISEWOMAN providers provide quality patient care in all facets of the program, including:

- All components of the integrated office visit
- All components of a medical office visits (as allowed and needed)
- All health coaching activities and follow-up services
- All rescreening services at 11-18 months.

ADPH has contracted with three health care agencies - Franklin Primary Health Center (FPHC), Mobile County Health Department (MCHD), and Shelby County Health Department (SCHD) - to provide the WISEWOMAN program, the focus of which is CVD prevention.

- ADPH ensures contracted providers use established CDC approved protocols for service delivery.
- Contracted providers are accountable to ADPH for the appropriate use of funds.
- Supervision of WISEWOMAN staff will be per institutional guidelines and in compliance with state licensure requirements.

In addition to providing financial support, ADPH will assist contracted providers through:

- Guidance in hiring a licensed social worker who will serve as a Health Coach.
- Professional education, program development trainings, data management trainings, and meetings for contracted provider staff.
- Technical assistance with program planning, development, implementation, operations, and evaluation in accordance with federal and state government directives.
- Program guidance in implementing and maintaining an electronic tracking/follow-up referral system for the delivery of program services.
- Technical assistance with quality assurance and improvement activities.
- Assistance with enhancing and/or developing public/participants education activities.
- Assistance with program promotion and recruitment of eligible participants.
- Standardized forms and templates for all mandatory fiscal and programmatic reporting requirements.
- List(s) of allowable current procedural terminology (CPT) codes and reimbursement rates for program services.
- Annual updates of eligibility guidelines including income eligibility.

- Regular program information/updates via e-mail, conference calls, trainings, webinars, meetings, and site visits.

Provider Responsibilities:

The Alabama WISEWOMAN Policy and Procedure Manual provides program guidance for WISEWOMAN providers in delivering appropriate screening services for all participants.

A. Health Insurance Portability and Accountability Act

WISEWOMAN providers are required to follow the U.S. Department of Health and Human Services (DHSS) Privacy Rule and implement the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”) establishes a set of national standards for the protection of certain health information. DHSS issued the Privacy Rule to implement the requirement of HIPAA. The Privacy Rule standards address the use and disclosure of individuals’ health information, referred to as “protected health information,” by organizations subject to the Privacy Rule, referred to as “covered entities,” as well as standards for individuals’ privacy rights to understand and control how their health information is used. Within DHSS, the Office for Civil Rights (OCR) has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

B. Patient Rights

Contracted providers are required to:

- Protect the use/disclosure of any participant’s medical or social information of a confidential nature.
- Consider medical services and information contained in medical records as confidential.
- Disclose the participant’s medical records to contracted ABCCEDP providers or medical facilities accepting the participant.
- Disclose the participant’s medical records to ABCCEDP state office.
- Disclose, in summary or other form, information, which does not identify individuals or providers, if such information is in compliance with applicable federal and state regulations, and the exchange of medical record information is in keeping with established medical standards.

C. Informed Consent

Participants of the program agree to have personal and family history information collected and shared with ADPH.

- By signing consent forms, the participant grants permission to health care providers to report all information concerning screening tests and procedures, treatment, social work services, patient navigation services, and any related care or activity to ADPH.
- The consent form must be signed at the time of enrollment into the WISEWOMAN program.
- A new consent form must be signed at each annual rescreening. Verbal consent at the time of annual rescreening is not acceptable. See *Appendix B: Authorization for Services/Informed Consent/Release of Information Form*.

D. Patient Enrollment

For enrollment into WISEWOMAN, the screening provider must complete the following:

- Determine eligibility based on income, age, and insurance status.
- Patients with a history of hyperlipidemia and/or diabetes will need to be fasting and thus given an early morning appointment. Patients without such history do not need to be fasting.
- Obtain a tracking number for all WISEWOMAN participants through the web-based enrollment site Med-IT (<https://www.med-itweb.com>) during the patient’s initial or annual visit.
 - In order to create a WISEWOMAN tracking number in Med-IT, first select the correct patient or create a new patient and then click “Set Appointment” on the Med-IT Enrollment Page.
 - Then check WISEWOMAN box on the “Screening Guidelines” page along with BCC and create an appointment date.
 - The WISEWOMAN tracking number will have a “W” before the number.

E. Record-Keeping

- Copies of the signed patient consent forms, the Alabama WISEWOMAN Patient Intake Form, and all Health Coaching Contact Forms are to be entered into the patient’s permanent medical record/electronic health record (EHR) maintained by the primary provider.
- The provider must document all education provided to participants.
- The provider must establish a system for tracking participants, which notifies her when it is time for routine screening, follow-ups, rechecks, and rescreening visits.
- Ensure all participants found to have alert values are referred for medical evaluation and treatment immediately or within 7 days, the integrated office visit counting as day 1 and that alert workups are completed and documented in the EHR.
- Ensure all participants found to have ABNORMAL/DISEASE-LEVEL values are referred for medical evaluation and treatment immediately or within 30 days, the integrated office visit counting as day 1, and that this follow-up is complete and documented in the EHR.

F. Reporting Requirements

To receive reimbursement from ADPH, the screening provider will submit the following by the 15th of each month:

- Alabama WISEWOMAN Alabama WISEWOMAN Patient Intake Form
- Alabama WISEWOMAN Clinical Data Collection Form
- Alabama WISEWOMAN Health Coaching Contact Form
- Health Insurance Claim Form (HICF 1500) complete with all service codes and date of service

G. Contract/Reimbursement

- Alabama WISEWOMAN providers must maintain current and applicable federal and/or state licenses.
- 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 over the current Medicare reimbursement rate. See *Appendix G: Reimbursement Table*

H. Quality Assurance/Quality Improvement

Providers are required to participate in quality assurance and quality improvement activities as deemed appropriate by ADPH. This includes compliance with contractual performance measures, participation in scheduled site visits, and professional development trainings.

Section 3: Screening Services

Alabama WISEWOMAN Visit

The program offers currently enrolled ABCCEDP participants, ages 35 to 64, the following:

- CVD risk factor screenings to determine risk factors.
- Risk reduction counseling to help participants understand their risks.
- Health coaching (HC) to support and help participants discover healthy lifestyle behaviors to prevent, minimize, or delay the onset of chronic disease.
- Nutritional counseling.
- A medical follow-up visit if physician deems medically necessary.
- Re-screening visits 4-6 weeks upon the completion of HC.

The program includes a baseline-screening visit followed by a rescreening visit in 11 to 18 months (see *Appendix A: Program Flowchart*). A medical visit and a nutritional counseling appointment are allowed and will be reimbursed on participants with alert or disease level values and/or at the provider's discretion. In addition, a re-screening, month 11-18, ideally however, rescreening is completed 4 to 6 weeks following HC. This visit should repeat all values from baseline screening. Participants will complete page one of the Alabama WISEWOMAN Patient Intake Form, (see *Appendix C: Alabama WISEWOMAN Patient Intake Form*) which is used in program evaluation and must be received prior to reimbursement for the visit. Risk reduction counseling is repeated at this visit, utilizing participant's updated lab values, weight and other measurements, and is paid by the program.

ABCCEDP patients will call to schedule an appointment and will be informed of the Alabama WISEWOMAN program and the benefits of participation. Participants will be asked if they have a history of hyperlipidemia, are taking a cholesterol reducing medication, and/or have a history of diabetes. Women who answer yes to any of these criteria will need to be given an early morning appointment and instructed to be fasting for the appointment.

Should an individual present to the clinic who does have hyperlipidemia and is not fasting, this should be noted on page two of the Clinical Data Collection Form: Baseline/Risk Reduction. The screening can continue if the participant agrees to return to the clinic within 30 days for a fasting lipid panel. All women should be given the Alabama WISEWOMAN Patient Intake Form to complete prior to screening.

The Integrated Office Visit

The Integrated Office Visit consists of four major sections:

- Annual breast and cervical cancer screenings
- CVD risk factor screening tests
- Risk reduction counseling by medical staff
- Health coaching by the Alabama WISEWOMAN social worker

Annual Breast and Cervical Cancer Screening

This screening is completed prior to WISEWOMAN services are initiated. Please refer to the “Breast and Cervical Cancer Early Detection Screening Program Policy and Procedure Manual” for specific details of the annual visit.

CVD Risk Factor Screening Provided

- Blood pressure (two blood pressure readings with a calculated average)
- Total cholesterol (fasting or non-fasting*)
- HDL (fasting or non-fasting*)
- LDL (fasting or non-fasting*)
- Triglycerides (fasting or non-fasting*)
- Glucose
- HbA1c by point of care for diabetic participants, and those who report are not fasting
- Height, weight, and waist measurement
- Smoking status

* Patients with a history of diabetes, and or taking a cholesterol reducing medication must be fasting. The screening can continue if the patient agrees to return to the clinic within 30 days fasting for repeat labs.

The Risk Reduction Counseling Session

The Risk Reduction Counseling session must be completed by the provider on all WISEWOMAN participants, including those with and without risks for CVD. It is preferred that risk reduction counseling be completed at the time of the integrated office visit; however, it must be completed within 7 days of the visit. The provider will be reimbursed for the time spent conducting risk reduction counseling services. Risk Reduction Counseling is billed separately from the office visit. See CPT code list. (*Appendix G: Reimbursement Table*)

The Risk Reduction Counseling Session will include:

- Review of medical history, lab, and clinical results.
- Discussion of CVD risk and importance of a healthy lifestyle to improve risk.
- Determining target blood pressure reading for hypertensive patients.
- Discussing diet and physical activity.
- A referral for health coaching.
- Providing participant with a written copy of their CVD risk. *Appendix H: "My Health Information Sheet"* is provided as an example of what could be utilized to provide this information to the participant.

Initial visit with the Alabama WISEWOMAN Social Worker

Upon completion of the Risk Reduction Counseling Session, participants will meet with the social worker. This visit should occur immediately following risk reduction counseling but must occur within 30 days of risk reduction counseling. The social worker will:

- Review the data collection/risk assessment form to ensure all data has been obtained.
- Review the Risk Reduction Counseling Session to ensure participant understand the results including risk factors for CVD.
- Introduce the WISEWOMAN program and the benefits of HC and offer services.
- Work with participants to establish realistic and achievable health goals.
- Complete any community-based referrals the participant feels are appropriate.
- If appropriate, ensure participants have access to hypertension and other needed medications.
- Provide supportive counseling to encourage daily improvements in working toward a healthier lifestyle.

Section 4: Healthy Behavior Support Services

Health Coaching:

Alabama will offer HC as a Healthy Behavior Support Service (HBSS) to all participants of the WISEWOMAN Program. HC is centered on evidenced-based interventions such as motivational interviewing and goal setting to facilitate healthy and sustainable behavior change. HC utilizes the following strategies/processes:

- Establish relationship
- Motivational interviewing
- Patient's priority in establishing a wellness vision
- Goal setting/case planning

In order to provide support and reinforce lessons learned, HC will include:

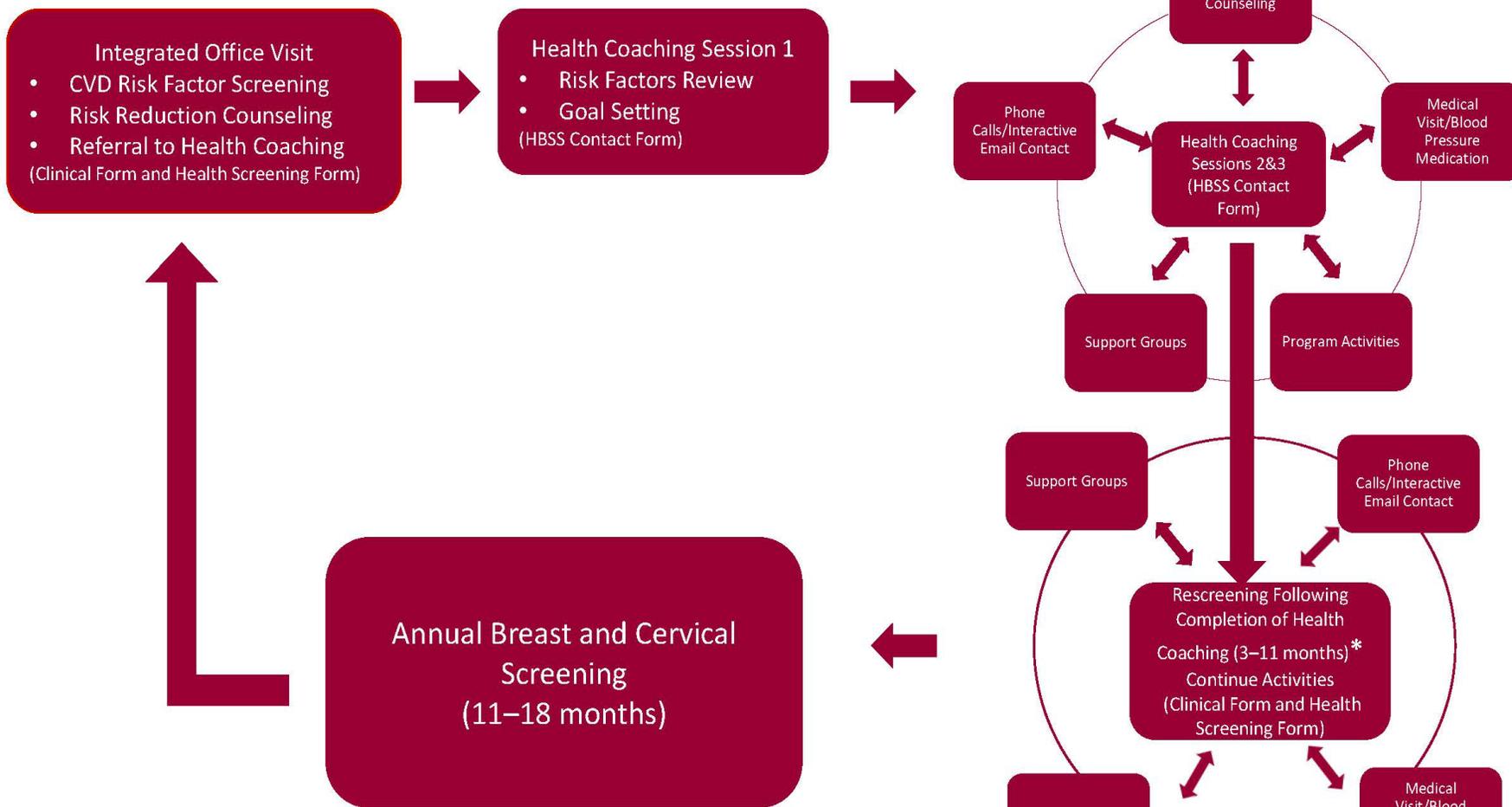
- Motivational interviewing techniques
- Supportive counseling
- Goal setting
- Follow-up on progress toward goals
- Referrals to appropriate community referrals
- An invitation to monthly support meetings held throughout the community
- Follow-up calls to check progress toward goals

A minimum of three sessions are required to complete HC. The first session must be face-to-face, ideally at the screening site following risk reduction counseling. Sessions two and three can be either face-to-face, by phone, or interactive email. Attendance at a monthly support group or WISEWOMAN activity with interaction between the health coach or nutritionist and participant counts as a HC session.

Re-Screening Visit

In order to evaluate short-term progress and to facilitate goal adjustments as needed, participants are encouraged to return to the clinic for a re-screening visit with the provider. This visit should ideally occur 4 to 6 weeks following completion of HC, or months 3-11. In order to be reimbursed for this visit, at a minimum the participant will complete page one of the Clinical Data Collection/Risk Assessment Form, and the provider will complete the Alabama WISEWOMAN Health Coaching Contact Form. (see *Appendix E: Health Coaching Contact Form*). Risk reduction counseling is repeated at this visit, utilizing participant's updated lab values, weight and other measurements, and is paid by the program.

Alabama WISEWOMAN Health Coaching Workflow



* Ideally, rescreening should take place 4–6 weeks after the completion of the final Health Coaching Session.

Section 5: Medical Visits Covered by the Program

The following visits are considered medical visits and are covered by Alabama WISEWOMAN:

- A medical office visit with medical staff for evaluation or other assessment of abnormal values discovered by screening, or for participants starting hypertension medications for the first time.
- A nutritional counseling session.
- A re-screening office visit 4 to 6 weeks upon completion of HC. This visit must include the completion of the Alabama WISEWOMAN Health Coaching Contact Form (see *Appendix E: Health Coaching Contact Form*), risk reduction counseling is repeated at this visit, utilizing participant's updated lab values, weight and other measurements, and is paid by the program.

It is the policy of the Alabama WISEWOMAN Program to limit the number of paid clinic visits to three. One with the medical provider, one with a registered dietician, and one upon completion of HC. However, the program acknowledges that occasionally a participant will require additional visits in order to reach optimum therapeutic results. In these situations, the HC should contact ADPH for reimbursement approval prior to the visit.

Follow-up by Social Worker:

In order to provide support and reinforce lessons learned, social workers are encouraged to continue to provide follow-up once HC contact requirements have been met. These include but are not limited to:

- Supportive counseling and follow-up on progress toward goals.
- An invitation to monthly support meetings held throughout the community.
- Follow-up calls to be made to participants beginning or changing hypertension medication regimen within 10 days.
- Follow-up for all community referrals.
- Follow-up as needed.

Each contact with participants is to be documented in the medical record.

Support Groups

Support groups have proven to be effective in changing health behaviors and is a participant favorite in the WISEWOMAN program. Each social worker will arrange or lead monthly support groups at the clinic or prearranged site. Community partners are encouraged to participate by providing monthly support group/educational meetings. The purpose of the group is to foster friendships and provide learning opportunities that will encourage/motivate participants to live a healthier lifestyle. Support groups also provide participants with a sense of accountability. Participation in a support group can count as an HC session as long as material covered includes healthy living education. Support group activities are posted on the private ALWW Facebook group page. All participants must sign a photo release form prior to participation.

Section 6: Alabama WISEWOMAN Screening Test

- Providers must ensure all participants enrolled in the Alabama WISEWOMAN Program with alert or disease level (abnormal) screening results have access to appropriate medical evaluation in the time frame specified, that it is complete, and that it is documented in the participant's medical record.
- Providers must comply with all ADPH protocols.
- Providers must ensure participants are fasting, to the extent that is possible, for their lab tests. To be considered fasting, a participant must not have eaten or taken in fluids for 9 hours. If patient is not fasting, "non-fasting" must be marked on the Data Collection Form.
- Providers are encouraged to establish a tracking system that includes sending reminders to participants to keep their appointments for the office visit, mammography, laboratory blood tests, and other related screening tests or procedures.

Height/ Weight/BMI/Waist measurements:

Each participant must have a height and weight taken, along with a waist measurement. Waist measurement can be left unanswered if patient refuses.

Fasting Lipid Profile:

- All participants will be screened with a Lipid Profile using a point of care (POC) device. This profile includes a total cholesterol, LDL cholesterol, HDL cholesterol, and triglycerides. Participants with a history of hyperlipidemia and/or on a cholesterol reduction medication must be fasting.

Fasting Glucose:

All non-diabetic participants will be screened for fasting glucose. In the event that a fasting glucose cannot be drawn for a non-diabetic participant, an A1C percentage will be sufficient.

NOTE: A fasting glucose is not done on any participant diagnosed with diabetes; instead, an A1C is drawn.

HbA1c:

Participants previously diagnosed with diabetes will receive an HbA1c.

Blood Pressure:

Each participant must have two blood pressure measurements taken and the average calculated. The averaged blood pressure number is the final blood pressure reading.

NOTE: When the systolic and diastolic blood pressure readings fall into two different categories, the higher category should be used to classify the blood pressure level. For example, 160/80 mm Hg would be Stage 2 hypertension (high blood pressure). The higher reading of the systolic blood pressure of 160 mm Hg determines the classification of Stage 2 hypertension.

Section 7: Hypertension

Detection and Control

Long-term objectives for the WISEWOMAN Program include developing “systems that monitor, improve, and sustain the cardiovascular health of the population served.” Preventing, whenever possible, and controlling hypertension are critical steps in accomplishing that broad goal. The Alabama WISEWOMAN Program has made the detection, treatment, and management of hypertension among participants a major focus. By following screening guidelines required by CDC, we anticipate identifying:

- Un-diagnosed hypertensive participants.
- Hypertensive participants who have been diagnosed in the past but their disease is uncontrolled.
- Diagnosed hypertensive participants who need regular monitoring and maintenance in order to reduce further risk for serious cardiovascular complications.

Management of Stage 1 and Stage 2 hypertension is a complex process involving many health care providers: physicians, nurse practitioners, physician assistants, nurses, social workers, dietary and pharmacy staff, and mental health personnel. These professionals are needed to ensure the best possible outcomes for hypertensive patients, and Alabama WISEWOMAN is designed to involve this team in the instruction and management of its hypertensive participants.

Alert Blood Pressure Value Protocol

Policy

An alert blood pressure value is defined as:

Systolic blood pressure > 180 mmHg or Diastolic of > 120 mmHg

The provider is responsible for ensuring WISEWOMAN participants with alert values are evaluated immediately, i.e., the same day the readings were taken, or within 7 days with the integrated office visit counting as day 1.

- Due to the serious implications that alert blood pressure values represent for the health status of program participants, there are no exceptions to this policy.
- Participants who were seen recently by their clinician or will be seen by their clinician soon are not exceptions to this guideline.
- Providers need to track participants by telephone to ensure that they keep their medical appointment.
- Providers need to ensure that all provider staff is educated/re-educated concerning the management of alert values.

- If participants with alert screening values are not seen in the expected time frame, providers should consider doing an assessment of the referral procedures to identify areas where areas of improvement are needed.
- All participants with alert values should be referred to the WISEWOMAN social worker to provide access to WISEWOMAN services, follow-up on medical management, and assistance with prescription medications.

Documentation for Alert Value Follow-up

Providers must document the following information in the participant's EHR for any patient with an alert value:

- The date the medical evaluation was started and completed.
- All treatment information.
- Any reasons why a participant did not receive medical evaluation and treatment within the 7 business days.

Section 8: Data Collection Forms

Purpose

Alabama WISEWOMAN has mandatory reporting requirements and data elements that are required by the CDC. The data collected from the WISEWOMAN forms provides evidence to the funding agencies that monies used by WISEWOMAN programs are used to:

- Ensure participants receive CVD screening tests in conjunction with ABCCEDP screenings.
- Ensure participants with alert values and disease-level values are followed according to CDC guidelines.
- Ensure the program is reaching the in-need segment of the population.
- Evaluate the effectiveness of the Alabama WISEWOMAN Program.
- Ensure the availability of high-quality data for program planning as well as quality assurance of the program.

General Information Concerning All Forms

- All forms should be complete and accurate.
- The original forms will be sent to the Program Manager with the invoice by the 15th of each month.
- Copies of all forms must be kept in the medical record.
- The results of the lab tests should be carefully recorded so that participants receive adequate follow-up and providers receive proper payment.
- The Alabama WISEWOMAN Consent Form appears on the back of the ABCCEDP Screening Form. The form must be signed before any services are rendered, and the signed document must be maintained in the participant's medical record.

Data Collection Requirements

The Alabama WISEWOMAN Program uses several data collection forms for data reporting.

- Alabama WISEWOMAN Patient Intake Form
- Alabama WISEWOMAN Clinical Data Collection Form
- Alabama WISEWOMAN Health Coaching Contact Form
- HICF 1500 Form

Alabama WISEWOMAN Patient Intake Form

This form should be completed on all WISEWOMAN participants at the initial office visit or integrated office visit. The first page of the form is to be completed by the participant. The second page of the form is to be completed by the provider conducting the risk assessment

screening and risk reduction counseling. Upon completion of HC and at the follow up visit, participants are asked to complete the first page on this form again.

The purpose of the Baseline/Risk Reduction Form:

- To provide documentation of the patient history, health assessment information, baseline lab and clinical values, and risk reduction counseling information.
- To serve as the monthly data report on provider activity and the documentation for billing.
- To track patients regarding medication compliance and lifestyle programs.

Please refer to *Appendix C: Alabama WISEWOMAN Patient Intake Form*

Alabama WISEWOMAN Health Coaching Contact Form

This form is to be completed by the social worker to document all encounters with the participant and on behalf of the participant. The form will be sent to the Program Manager following each encounter. The purpose of this form is to:

- Collect patient participation in healthy behavior support services.
- Track completed sessions.
- Provide documentation of patient referrals to community resources.
- Provide documentation of program resources provided to the participant.
- Provide documentation of the outcome of all community referrals.

Note: This form can be used by the health coaches to document nutritional counseling.

Please refer to *Appendix E: Alabama WISEWOMAN Health Coaching Contact Form*

HICF 1500 Form

This is the standard billing form used to submit charges accrued for Alabama WISEWOMAN services to accurately reimburse providers.

Please refer to *Appendix F: Health Insurance Claim Form 1500.*

How to Change Client Information

If there are changes in client information after you have submitted the screening forms or follow-up forms, notify the WISEWOMAN social worker in writing of the change to be made. The social worker is to mail the corrected information to the Program Manager. So that the correct record is changed, include the following in your note:

- Name that is currently in WISEWOMAN program records
- Social Security number
- Date of birth
- Med-IT tracking number
- Initial office visit date
- Necessary changes

Section 9: Billing and Reimbursement

Requirement:

Providers are required to use appropriate CPT codes as defined by CDC.

Guidance:

CPT is a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by providers. The purpose for the terminology is to provide a uniform language that will accurately describe medical, surgical, and diagnostic services, and will thereby provide an effective means for reliable nationwide communication among providers, patients, and third parties.

- Alabama WISEWOMAN funds can only be used to reimburse for services outlined by CDC as approved procedures and at the current Medicare reimbursement amounts.
- Alabama WISEWOMAN funds cannot be used for treatment services of any kind
NOTE: Treatment services include medication and other highly specialized counseling such as diabetes education programs. Given that no-cost tobacco cessation resources and diabetes education programs are readily available and accessible in the community.
- Alabama WISEWOMAN funds cannot be used to reimburse for these services.
- Alabama WISEWOMAN funds cannot be used to reimburse costs related to alert value medical evaluations such as ambulance transportation or subsequent hospitalizations.

Alabama WISEWOMAN Paid Services:

- Clinical laboratory tests at initial screening
- Risk reduction counseling session with a medical professional.
- A medical visit with a provider regarding screening issues.
- Nutritional counseling visit.
- A re-screening visit with a medical provider following HC (stipulations apply).

The clinical screening portion of the Integrated Office Visit is funded through ABCCEDP. Alabama WISEWOMAN funds pay for lab testing and the risk reduction counseling segment of the Integrated Office Visit.

NOTE: It is the policy of the Alabama WISEWOMAN Program to limit the number of paid clinic visits to three. One with the medical provider, one with a registered dietician, and one upon completion of HC. However, the program acknowledges that occasionally a participant will require additional visits in order to reach optimum therapeutic results. In these situations, the health coach should contact ADPH for reimbursement approval.

Clinical Laboratory Tests:

The Alabama WISEWOMAN Program will pay for the following screening lab tests for WISEWOMAN participants:

Laboratory Test	CPT Code
Routine Venipuncture	36415
Lipid Panel	80061
Total Cholesterol	82465
HDL Cholesterol	83718
Glucose, Quantitative	82947
Glucose, Blood Reagent Strip	82948
Glucose Tolerance Test	82951
Hemoglobin, Glycated (A1c)	83036
Basic Metabolic Profile	80048

NOTE: No fasting glucose is to be performed on any WISEWOMAN participant who has been diagnosed with diabetes.

Risk Reduction Counseling:

CDC protocols require the provision of risk reduction counseling to each WISEWOMAN Program participant, including participants with and without risks for CVD. Providers will be reimbursed for the time spent conducting risk reduction counseling services. Reimbursement should be for the risk reduction counseling that is provided and is billed separately from the time spent conducting the clinical screening services that are part of the office visit. The risk reduction counseling services can take place on the same day as the screening office visit or on a different day but must be billed separately. CDC requires risk reduction counseling to be provided at the office visit, based upon whatever assessments and test results are available. If all test results are available, including blood work, risk reduction counseling is required to take place at the office visit. This is referred to as completed risk reduction counseling at the office visit. If part of the assessments, measurements, and test results are available but not all of them, risk reduction counseling is to be provided on the information that is available at the office visit. This is referred to as partial risk reduction counseling at the office visit. To complete the risk reduction counseling, providers are required to follow-up with participants by telephone or face-to-face. Providers are reimbursed only for completed risk reduction counseling. The use of

POC devices during the office visit allows for risk reduction counseling to be completed during the office visit, eliminating the need to carry out completion at a later time.

CPT reimbursement code 99403 will be used for risk reduction counseling.

Nutritional Counseling:

The Alabama WISEWOMAN Program will pay for individual and/or group nutritional counseling. Reimbursement rates are based on time spent in sessions. Please refer to the following table for CPT codes.

Nutritional Counseling	CPT Code
Medical Nutrition Therapy, initial assessment, 15 minutes	802-1
Medical Nutrition Therapy, initial assessment, 30 minutes	802-2
Medical Nutrition Therapy, initial assessment, 45 minutes	802-3
Group (2 or more), each 30 minutes	804-1
Group (2 or more), each 60 minutes	804-2
Group (2 or more), each 90 minutes	804-3

Medical Follow up Office Visit:

Participants with alert or abnormal screening tests, or who started or changed a hypertension medication should return to the clinic for a medical visit. In addition, the program reimburses for a re-screen visit following HC.

The following CPT codes are to be used.

Medical Follow up Visit	CPT Code
Established Patient: 15 minutes	99213
Established Patient: 10 minutes	99212

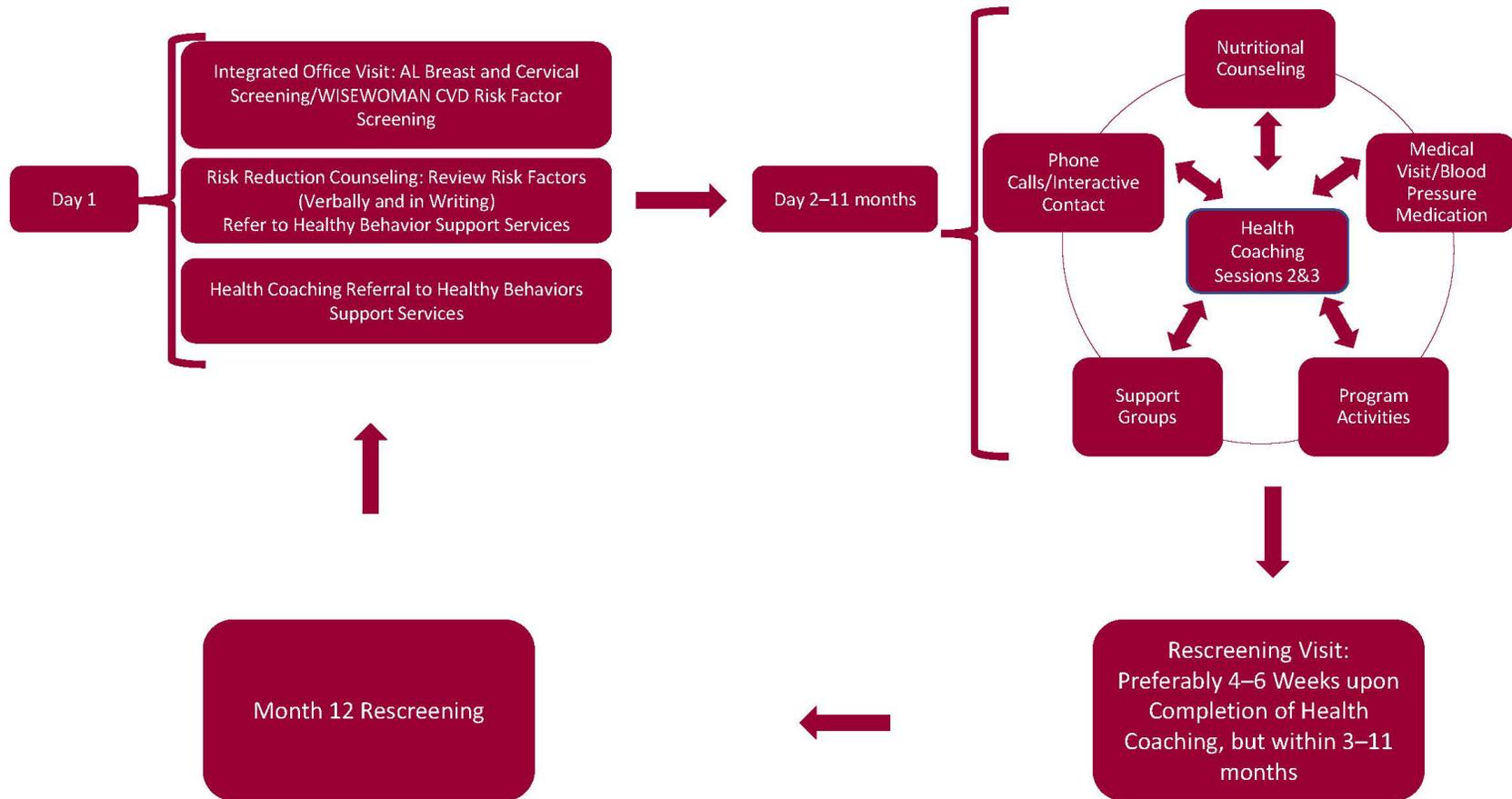
The re-screen office visit occurring following HC must include at a minimum:

- Blood pressure value
- Counseling on smoking cessation (if applicable)
- Weight measurement.
- Completion by the participant of the first page of the Alabama WISEWOMAN Clinical Data Collection Form: Baseline/Risk Reduction

These minimum requirements must be received at ADPH state office prior to reimbursement.

NOTE: It is the policy of the Alabama WISEWOMAN Program to limit the number of paid clinical visits to three. One with the medical provider, one with a registered dietician, and one upon completion of HC. However, the program acknowledges that occasionally a participant will require additional visits in order to reach optimum therapeutic results. In these situations, the health coach should contact ADPH for reimbursement approval.

Appendix A PROGRAM FLOW CHART



Appendix B
Authorization for Services Form/ Informed Consent/Release of Information Consent

PROGRAM DESCRIPTION

The Alabama Breast and Cervical Cancer Early Detection Program, ABCCEDP, is a cooperative effort between clinics and providers, the Alabama Department of Public Health, and the U.S. Centers for Disease Control and Prevention to encourage screening for breast and cervical cancer. The purpose of screening is to detect cancer in the earliest stage so that it can be treated or cured. Screening for breast cancer involves a breast examination and a breast X-ray called a mammogram. Screening for cervical cancer involves a pelvic examination and a scraping from the cervix (opening of the uterus) called a Pap smear.

- You will be able to receive your clinic/provider visit, Pap smear, and/or mammogram for FREE, if you meet the income eligibility requirements of the program and have no insurance or these services are not covered fully by your insurance.
- If you have an abnormal screening test result, the clinic/provider will work with the program to help you obtain further diagnostic tests and treatment. The program can pay for limited diagnostic services but cannot pay for treatment. Your health care provider at the clinic or provider can tell you which specific services can be paid for and which are not covered by the program. In the event that a biopsy is done and it is necessary to do further surgery (at that time) for treatment purposes, the ABCCEDP cannot pay for the treatment portion of the surgery.
- In order to assure that adequate diagnostic and treatment services are available, following abnormal screening results, the ABCCEDP program and/or service provider may need to do additional needs evaluation and assessment with the patient in the form of case management.
- The program will work with this clinic/provider to let you know when you are due for your next Pap smear and/or mammogram.

CONSENT FOR SERVICES/RELEASE INFORMATION

I have read the above and understand the explanation about the Alabama Breast and Cervical Cancer Early Detection 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 providers, clinics, mammography facilities, and/or hospitals to provide all information concerning my Pap smears, breast exams and mammograms, and any related diagnostic treatment procedures to the ABCCEDP, 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.

Privacy Notice:

I have received notice of my privacy rights and I have been given or offered a copy of the "Notice of Privacy Practices" by the Alabama Department of Public Health or your health care provider.

Signature _____ Clinic or MD Name _____

Name _____ Date _____

(Please Print) Last First MI

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

Alabama WISEWOMAN Informed Consent/Release of Information Consent

You may receive WISEWOMAN services if you are an ABCCEDP patient and are between the ages of 40-64. The Program's aim is to help you reduce your risk for developing cardiovascular disease and/or stroke. As a participant, you will receive screening tests to identify your cardiovascular disease risk factors and help in reducing or controlling them. Tests include: 1) blood pressure measurements; 2) taking a small amount of blood (this may cause you some minor discomfort) to check your fasting glucose (or A1C level if you have Diabetes) and your cholesterol/lipid levels; 3) taking your weight, height, your body mass index (BMI), and, if desired, your waist measurements; and 4) you will be asked if you use tobacco products. You will also be asked health questions to determine if you are healthy enough to participate in physical activity*. You will then meet with a doctor or medical professional to discuss your clinical and blood test results. (*Note: It is important to follow your provider's recommendations regarding any physical activity.)

- On the same day, if your blood pressure, glucose/A1C, or cholesterol/lipid levels are high or if you smoke, you will be referred to a Social Worker who will assist you with lifestyle changes designed to reduce your risk factors and will share with you a program called Health Coaching, which is effective in improving cardiovascular health.
- If your results are high, you may be asked to return to the clinic for a follow up office visit with your provider and for a nutritional counseling session with a dietician, the cost of these visits are paid for by the Program. You will also be asked to return for rescreening 4 to 6 weeks following health coaching. This visit will be at no cost to you. **Please note that your provider may recommend additional office visits besides these, which may not be covered by WISEWOMAN.**

RISK OF USING E-MAIL: Information contained in email messages may be privileged and confidential. There is some risk that any protected health information contained in an email may be disclosed to, or intercepted by, unauthorized people. These include, but are not limited to, the following risks:

- a) The Health Insurance Portability and Accountability Act of 1996 recommends that any E-mail containing protected health information should be encrypted. The E-mails sent from the WISEWOMAN screening facility or the Alabama Department of Public Health may not be encrypted, so E-mails may not be secure. Therefore, it is possible that the confidentiality of such communications may be breached by a third party.
- b) E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- c) E-mail senders can easily misaddress an E-mail.
- d) E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- e) E-mail can be used to introduce viruses into computer systems.
- f) E-mail can be used as evidence in court.

I have read the above, understand the explanation about WISEWOMAN, and hereby consent to receive the health services as indicated. I know that I have the right to revoke this permission at any time (except to the extent that action has already been taken). I understand the risks associated with E-mail communications between me and the WISEWOMAN screening facility, staff, OR the Alabama Department of Public Health staff. Any questions I may have had were answered. If I provide my E-mail below, I understand the risks, and give my consent for the WISEWOMAN screening facility or the Alabama Department of Public Health to communicate with me regarding my protected health information by E-mail. This consent will be reaffirmed or discontinued, at my choice, at each clinic visit.

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 hereby give permission to the Alabama WISEWOMAN Program to disclose information about me to social service or community agencies and health care providers for the limited purpose of consultation or referral. This permission may include the disclosure of information about my medical condition but does not include the release of the written medical record.

By signing below, I certify I have read and understand the above information and give consent to authorize one or more of the above-listed services for myself. _____ I understand that I may withdraw from the WISEWOMAN program at any time while continuing to receive screening services via ABCCEDP. Unless otherwise revoked, this authorization will expire 18 months from the date signed.

Patient Signature: _____

Date: _____

_____/_____/_____

Phone # _____ Email Address _____

WISEWOMAN Screening Facility Representative: _____ Date: ____/____/_____

Alabama Department of Public Health Representative: _____ Date: ____/____/_____

The clinic or your provider may suggest or offer services which are not part of Alabama WISEWOMAN. If you decide to use these services, they will not be paid for by ABCCEDP.



Cholesterol (Other prescription)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know/ Not Sure	<input type="checkbox"/> Not Applicable						
Blood Sugar	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know/ Not Sure	<input type="checkbox"/> Not Applicable						
Are you taking aspirin daily to help prevent a heart attack or stroke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know/ Not Sure	<input type="checkbox"/> Not Applicable						
During the past 7 days, how many days did you take prescribed medication for the following conditions:										
High blood pressure	0	1	2	3	4	5	6	7	<input type="checkbox"/> Don't Know/ Not Sure	<input type="checkbox"/> Not Applicable
High cholesterol	0	1	2	3	4	5	6	7	<input type="checkbox"/> Don't Know/ Not Sure	<input type="checkbox"/> Not Applicable
High blood sugar	0	1	2	3	4	5	6	7	<input type="checkbox"/> Don't Know/ Not Sure	<input type="checkbox"/> Not Applicable

SECTION 3: HEALTH BEHAVIORS

Do you measure your blood pressure at home or using or using other calibrated sources in the community?
 Multiple times per day Weekly Don't Know/Not Sure
 Daily Monthly
 A few times a week None

Do you regularly share blood pressure readings with a health care provider for feedback?
 Yes No Don't Know/ Not Sure

How many cups of fruits and vegetables do you eat in an average day? _____Cups None

Do you eat fish at least 2 times a week? Yes No

Think about all the servings of grain products you eat in a typical day. How many are whole grains?
 Less than half Half More than Half

Do you drink less than 36 ounces (450 calories) of sugar sweetened beverages weekly? Yes No

Are you currently watching or reducing your sodium or salt intake Yes No

In the past 7 days, how often have you had a drink containing alcohol? _____Number of Days None

How many alcoholic drinks, on average, do you consume when you drink? _____Number of Drinks None

How many minutes of physical activity (exercise) do you get in a week? _____Number of Minutes None

Do you smoke (includes cigarettes, pipes, cigars, e-cigarettes, vaping)?
 Current Smoker Quit (1 – 2 months ago) Quit (more than 12 months ago) Never smoked

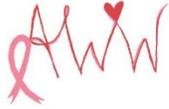
Over the past 2 weeks, how often have you been bothered by any of the following problems?
 Little interest or pleasure in doing things Not at all Several Days More than Half Nearly Every Day
 Feeling down, depressed, or hopeless Not at all Several Days More than Half Nearly Every Day

SECTION 4: SOCIAL QUESTIONS

Do you use any of the following types of computers: desktop/laptop, smartphone, tablet or another portable wireless computer? Yes No Don't know Don't want to answer

Do you or ant member of your household have access to the internet?
 Yes, by paying a cell phone company or internet service provider
 Yes, **without** paying a cell phone company or internet provider
 No access to the internet at home (house, apartment, or mobile home)
 Don't know
 Don't want to answer

During the past 12 months, was there at time when you were worried you would run out of food because of lack of money or other resources?
 Yes
 No
 Don't know
 Don't want to answer



Have you ever missed a doctor's appointment because of a transportation problem?

- Yes
- No
- Don't know
- Don't want to answer

If you are currently using childcare services, please identify the type of services. If none, select Not applicable. Select all that apply.

- Infant (birth to 11 months)
- Toddler (11 to 36 months)
- Preschool (3 to 5 years)
- Afterschool Care (K – 9th Grade)
- Don't know
- Don't want to answer
- Not applicable

Have you ever had any of these childcare related problems during the past year? Select all that apply.

- Cost
- Availability
- Location
- Transportation
- Hours of operation
- Other: _____
- Don't know
- Don't want to answer
- Not applicable

What is your housing situation today?

- I have housing.
- I have housing, but I am worried about losing my housing.
- I don't have housing.
- Don't know
- Don't want to answer

How often does your partner physically hurt you?

- Never
- Rarely
- Sometimes
- Fairly often
- Frequently
- Don't want to answer

How often does your partner insult or talk down to you?

- Never
- Rarely
- Sometimes
- Fairly often
- Frequently
- Don't want to answer

Do you ever forget to take your medicine?

- Yes
- No
- Don't want to answer

Are you careless at times about taking your medicine?

- Yes
- No
- Don't want to answer

When you feel better, do you sometimes stop taking your medicine?

- Yes
- No
- Don't want to answer

Appendix D Clinical Data Collection Form



Alabama WISEWOMAN
Clinical Data Collection: Clinical Measurements
Form 002 Rev Date 02/2024

Patient: _____		DOB: _____		Date: _____	
MED-IT ID:					
CLINICAL MEASUREMENTS					
Height: _____ in.		Weight: _____ lbs.		Waist: _____ in.	
				Fasting (at least 9 hours) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Blood Pressure					
1 st BP Reading:		_____ / _____ mm HG			
2 nd BP Reading:		_____ / _____ mm HG			
Average BP Reading:		_____ / _____ mm HG			
Blood Pressure Alert					
*Alert BP: Systolic >180 mm HG OR Diastolic >120 mm Hg <i>Requires immediate medical evaluation</i>					
Is a medical follow-up for blood pressure reading necessary?					
<input type="checkbox"/> Medically necessary		Date of follow up appointment: ____/____/____			
<input type="checkbox"/> Not medically necessary					
<input type="checkbox"/> Medically necessary follow-up appointment declined					
Cholesterol					
Total Cholesterol:		_____ mg/dl			
HDL Cholesterol:		_____ mg/dl			
LDL Cholesterol:		_____ mg/dl			
Triglyceride:		_____ mg/dl			
Blood Glucose					
Blood Glucose (Fasting)				A1C	
_____ mg/dl				_____ mg/dl	
Risk Reduction Counseling Session:		Start Date: _____		Completion Date: _____	
Health Coaching Referral Date: _____					
Adjusted Medication Plan					
Was patient prescribed a new medication for hypertension today?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not Applicable	
Was patient prescribed a new medication for cholesterol today?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not Applicable	
Was patient prescribed a new medication for diabetes today?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not Applicable	

Appendix E Health Coaching Contact Form



Alabama WISEWOMAN
Health Coaching Contact Form
Form 003 Rev Date 02/2024

Patient: _____ DOB: _____ Date: _____	
MED-IT ID:	
HBSS HEALTH COACH SUMMARY	
Does Patient want to participate in HBSS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, was a Community Resource Book provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Coaching Completion Dates	
First HC Session: Date _____	Type: <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/> Other
Second HC Session: Date _____	Type: <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/> Other
Third HC Session: Date _____	Type: <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/> Other
Referral to Nutritional Counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Coaching Notes: Description, Referrals, Follow-ups, Tools (Include referrals, community and in-house, and food assistance)	
Session 1:	
Session 2:	
Session 3:	
Session 4:	

Appendix F Health Insurance Claim Form 1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PICA										PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																																									
1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK LUNG <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1)																																																																																									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>										4. INSURED'S NAME (Last Name, First Name, Middle Initial)																																																																															
5. PATIENT'S ADDRESS (No., Street)										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										7. INSURED'S ADDRESS (No., Street)																																																																															
CITY					STATE					8. RESERVED FOR NUCC USE					CITY					STATE																																																																															
ZIP CODE					TELEPHONE (Include Area Code) () ()					9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:					11. INSURED'S POLICY GROUP OR FECA NUMBER																																																																															
a. OTHER INSURED'S POLICY OR GROUP NUMBER					b. RESERVED FOR NUCC USE					c. RESERVED FOR NUCC USE					d. INSURANCE PLAN NAME OR PROGRAM NAME					10a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO					10b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) _____					10c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					10d. CLAIM CODES (Designated by NUCC)																																																																
a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>					b. OTHER CLAIM ID (Designated by NUCC)					c. INSURANCE PLAN NAME OR PROGRAM NAME					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>																																																																																				
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any 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 below.										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 _____ DATE _____										SIGNED _____																																																																																									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL _____										15. OTHER DATE MM DD YY QUAL _____										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																																																															
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. _____					17b. NPI _____					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																																																															
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES _____										22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____																																																																															
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))										ICD Ind. _____										23. PRIOR AUTHORIZATION NUMBER _____																																																																															
A. _____		B. _____		C. _____		D. _____		E. _____		F. _____		G. _____		H. _____		I. _____		J. _____																																																																																	
I. _____		J. _____		K. _____		L. _____		M. _____		N. _____		O. _____		P. _____		Q. _____		R. _____																																																																																	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY										B. PLACE OF SERVICE _____										C. EMG _____										D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS _____ MODIFIER _____										E. DIAGNOSIS POINTER _____										F. \$ CHARGES _____										G. DAYS OR UNITS _____										H. EPSON Family Plan _____										I. ID. QUAL _____										J. RENDERING PROVIDER ID. # _____									
1										2										3										4										5										6																																																	
25. FEDERAL TAX I.D. NUMBER _____ SSN EIN _____										26. PATIENT'S ACCOUNT NO _____										27. ACCEPT ASSIGNMENT? (For drugg claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHARGE \$ _____										29. AMOUNT PAID \$ _____										30. Rsvd. for NUCC Use																																																	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										32. SERVICE FACILITY LOCATION INFORMATION										33. BILLING PROVIDER INFO & PH # ()																																																																															
SIGNED _____ DATE _____										a. _____										b. _____										a. _____										b. _____																																																											

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

**Appendix G
Reimbursement Table**

Alabama WISEWOMAN Program			
FY 24 – FY 25 Reimbursement Rate Table			
(Effective for Dates of Service Beginning February 2024)			
Laboratory Test	CPT Code	Global Rate	Modifier – QW Rate
Routine Venipuncture	36415	\$8.83	N/A
Lipid Panel	80061	\$13.39	\$13.39
Total Cholesterol	82465	\$4.35	\$4.35
HDL Cholesterol	83718	\$8.19	\$8.19
Glucose, Quantitative	82947	\$3.93	\$3.93
Glucose, Blood, Reagent Strip	82948	\$5.04	\$5.04
Glucose Tolerance Test	82951	\$12.87	\$12.87
Hemoglobin, Glycated (A1C)	83036	\$9.71	\$9.71
Basic Metabolic Profile	80048	\$8.46	\$8.46
Preventive Medicine Counseling/Risk Reduction Services	CPT Code	Global Rate	Modifier – QW Rate
Risk Factor Reduction	99403	\$50.01	N/A
Medical Follow Up Office Visits	CPT Code	Global Rate	Modifier – QW Rate
Established Patient: expanded history, exam straightforward decision making 15 minutes	99213	\$82.30	N/A
Established Patient: 10 minutes	99212	\$50.80	N/A
Medical Nutrition Therapy	CPT Code	Global Rate	Modifier – QW Rate
Medical Nutrition Therapy: initial assessment, 15 minutes	802-1	\$33.19	N/A
Medical Nutrition Therapy: initial assessment, 30 minutes	802-2	\$66.38	N/A
Medical Nutrition Therapy: initial assessment, 45 minutes	802-3	\$99.57	N/A
Group (2 or more), each 30 minutes	804-1	\$15.20	N/A
Group (2 or more), each 60 minutes	804-2	\$30.40	N/A
Group (2 or more), each 90 minutes	804-3	\$45.60	N/A

Appendix H

My Health Information Sheet

Name: _____

Date: _____

Body Mass Index (BMI)

BMI is a measure of your weight compared to your height. If your BMI is 25 or higher, you could be at risk for diabetes or cardiovascular disease.

Your Height: _____ Your Weight: _____

Your BMI is: _____

You want your BMI to be between 18.5 and 24.9

Fasting Blood Sugar (Glucose):

Glucose is the main source of energy for your body. If your body cannot use sugar or glucose properly, you may be at risk for pre-diabetes or diabetes.

Fasting means you have not eaten or taken in fluids for 9 hours.

Today your fasting blood sugar or glucose is: _____

You want your fasting glucose to be less than 100

A1C Test

If you have diabetes or pre-diabetes, an A1C test is drawn to monitor how well your blood sugar has been controlled during the past 2 to 3 months.

Today your A1C level is: _____%

If you have diabetes, you want your A1C level to be less than 6.5 %

If you have pre-diabetes, you want your A1C to be less than 5.7%

Blood Pressure

Blood pressure is the force of blood pushing through the arteries. When this force is too high, it can cause damage to the inside walls of the arteries. High blood pressure often has no symptoms, so it is important to have your blood pressure checked regularly. If you have high blood pressure and are taking medicine for it, it is important to take your medicine as instructed by your doctor.

Today your blood pressure is:

1st Reading: _____/_____

2nd Reading: _____/_____

Average BP: _____/_____

You want your blood pressure to be less than 120/80

Re-checks:

Date: _____ Reading _____/_____

Cholesterol and Blood Lipids

Total Cholesterol

Cholesterol is a fatty substance that your body makes. You can also find it in foods like meats, eggs and cheeses.

HDL Cholesterol

HDL-Cholesterol is called the “good” cholesterol. It helps your body get rid of the “bad” or LDL cholesterol which blocks arteries.

Triglycerides

Triglycerides are a type of fat found in your bloodstream. Some triglycerides are made naturally by your body and some are there because of what you eat.

Fasting Lipid Panel:

T. Cholesterol: _____mg/dl

You want your total cholesterol to be less than 200

HDL-Cholesterol: _____mg/dl

You want your HDL-cholesterol to be 40 or more

LDL-Cholesterol: _____mg/dl

You want your LDL-cholesterol to be less than 129

Triglycerides: _____mg/dl

You want your triglycerides to be less than 150

