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# *General Administration*

## *Section I*

- 1.0 Purpose
- 2.0 Introduction
- 3.0 Mission
- 4.0 Program Goals

## **SECTION I      GENERAL ADMINISTRATION**

### **1.0    PURPOSE**

The purpose of this ***Referral Provider Manual*** is to define eligibility and reimbursement guidelines for eligible participants of the West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP), the West Virginia Breast and Cervical Cancer Diagnostic and Treatment Fund (D&T Fund), and the West Virginia Medicaid Treatment Act (MTA).

**This manual is not intended to be a set of clinical guidelines for the general U.S. population. Rather, it provides programmatic and reimbursement guidance for the WVBCCSP, the D&T Fund, and the MTA.**

### **2.0    INTRODUCTION**

#### **WVBCCSP**

Title XV of the Public Health Service Act, known as the *Breast and Cervical Cancer Mortality Prevention Act of 1990* (Public Law 101-354) established a program of cooperative agreements awarded to states for the detection and control of breast and cervical cancer. The cooperative agreements are awarded to states by the CDC through a competitive application process. The purpose of the funding is to provide early detection, screening, and referral services for breast and cervical cancers with special emphasis placed on the participation of women of low-income, women never or rarely screened for cervical cancer, and older women. Recipients of the grant funds are required by law to provide a comprehensive statewide public health screening program.

In 1992, the West Virginia Legislative Code 16-33-3 enacted the Breast and Cervical Cancer Prevention and Control Act which statutorily created the Program within the West Virginia Department of Health and Human Resources (WVDHHR), Bureau for Public Health (BPH), Office of Maternal, Child, and Family Health (OMCFH).

#### **WV Diagnostic & Treatment Fund**

In 1996, the West Virginia Legislative Codes 16-33-2 and 16-33-7 through 16-33-12 established the WV Breast and Cervical Cancer Diagnostic and Treatment Fund. This D&T Fund provides financial assistance for WV women who are in need of diagnostic or treatment services for breast and cervical cancer, specifically women who meet certain income guidelines and do not have health insurance. OMCFH is designated to administer

the D&T Fund. The WVBCCSP Medical Advisory Committee is responsible for establishing procedures and requirements for participation.

### **Medicaid Treatment Act**

The Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA) of 2000, Public Law 106-354, amends Title XIX of the Social Security Act to give states enhanced matching funds to provide Medicaid eligibility to a new group of individuals previously not eligible under the program. The new option allows states to provide full Medicaid benefits to uninsured women under age 65 who are identified through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are in need of treatment for breast or cervical cancer, including pre-cancerous conditions and early stage cancer. The BCCPTA also allows states to extend presumptive eligibility to applicants in order to ensure that needed treatment begins as early as possible. The West Virginia BCCPTA, commonly referred to as the Medicaid Treatment Act (MTA), became effective April 1, 2001.

## **3.0 MISSION**

The mission of the WVBCCSP is to prevent unnecessary disease, disability, and premature death due to cancer of the breast and/or cervix.

The key to reducing illness and death from these cancers is early detection and timely follow-up and treatment. Routine screening can detect many cancers at early stages when more treatment options are available and the likelihood of survival is improved.

For early detection of breast cancer, the technology of choice among medical professionals, cancer specialists, and public health experts alike is mammography. The universal screening tool for cervical cancer in asymptomatic women is the Pap test. Both of these screening technologies have been shown to have a significant impact on mortality. Essentially all estimated deaths from cervical cancer would be prevented if women were routinely screened. Studies show that early detection of breast cancer can save lives. Timely mammography, every 1-2 years for women aged 40 years and older, can reduce mortality by approximately 20%-25% during a period of 10 years.

## **4.0 PROGRAM GOALS**

- To ensure access to breast and cervical cancer screening services for all women who meet income, age and medical eligibility guidelines with an emphasis on older, minority and never or rarely screened women.

- To ensure that all women screened by the WVBCCSP receive appropriate and timely follow-up, diagnosis, treatment, and case management.
- To broaden statewide public education to promote breast and cervical cancer screening in West Virginia, with an emphasis on reducing morbidity and mortality from breast and cervical cancer by reaching eligible populations.
- To determine the educational needs of health professionals involved with breast and cervical cancer screening and diagnosis.
- To offer educational opportunities to health professionals involved with breast and cervical cancer screening.
- To monitor and assess trends in breast and cervical cancer incidence, mortality and screening rates for West Virginia women in order to develop effective health promotion strategies.
- To establish linkages and partnerships with a broad range of stakeholders to bring additional resources to the WVBCCSP. These partnerships will provide access to and information about the priority populations to expand upon the efforts of the WVBCCSP.
- To maintain and establish mechanisms through which the state can enhance quality assurance monitoring of screening procedures for breast and cervical cancer.
- To provide full Medicaid benefits to women under the age of 65, with no credible coverage, who are identified through the WVBCCSP and are in need of treatment for breast or cervical cancer.

# ***Breast Services Referral Providers***

## ***Section II***

- 5.0 Mammography Provider
- 6.0 Ultrasound Provider
- 7.0 Breast Consultation Provider
- 8.0 Fine Needle Aspiration Provider
- 9.0 Breast Biopsy Provider

*(Breast Services Referral Form and  
Breast Algorithms are included at  
the end of Section II)*

## **SECTION II    BREAST SERVICES REFERRAL PROVIDER**

### **5.0    MAMMOGRAPHY PROVIDER**

#### **5.1    Mammography Provider Qualifications**

- Certification under requirements of the Mammography Quality Standards Act (MQSA) final regulations, effective April 28, 1999
- Bound by written agreement with WVBCCSP to provide mammography services for WVBCCSP eligible patients

#### **5.2    Mammography Provider Responsibilities**

- A contracted mammography provider is bound by written agreement with the WVBCCSP to provide mammography services for program eligible patients referred by a WVBCCSP screening provider.
- Notify patients of their mammography results according to MQSA requirements.
- Bill third party payors when appropriate prior to billing WVBCCSP. (The WVBCCSP is the payor of last resort.)
- The mammography provider agrees to accept WVBCCSP payment as full compensation for services and will not balance bill the patient.
- Bill the WVBCCSP within 60 days of the date of service.
- Maintain records and films for five (5) years from date of service.



### 5.3 Reimbursable Mammography CPT Codes

**The following mammography CPT codes are approved for reimbursement through the WVBCCSP:**

Mammogram, Screening	Global (TC and 26) (* Replaced 76092)	77057 *
	Technical Professional	77057-TC 77057-26
Mammogram, Diagnostic Unilateral	Global (TC and 26) (* Replaced 76090)	77055 *
	Technical Professional	77055-TC 77055-26
Mammogram, Diagnostic Bilateral	Global (TC and 26) (* Replaced 76091)	77056 *
	Technical Professional	77056-TC 77056-26

If the professional component is billed separate from the technical component, add the appropriate CPT code modifier (TC or 26). Please make sure that the facility responsible for the Professional component is notified to bill the WVBCCSP and not the patient.

**Note: Computer Aided Detection (CAD) is not a reimbursable procedure under the WVBCCSP.**

*Refer to Section VI for Payment Fee Schedule.*

### 5.4 Proof of Patient Enrollment in the WVBCCSP

- To ensure that the patient is enrolled in the WVBCCSP, the patient must present a copy of the Breast Services Referral form (Y202) at the time of service.
- Routinely, the patient is given a copy of this form by her screening provider and is instructed to take it to the mammography facility.
- If the patient does not have this form with her, please call the screening provider and verify her enrollment in the Program and

request that a copy of the form be faxed to your facility prior to performing the service.

## 5.5 Invoicing Procedures

In order to receive prompt payment, the following required paperwork must be submitted at the same time to the WVBCCSP. **The reimbursement process is slowed when the paperwork is sent separately.**

**Note: Only WVBCCSP approved CPT codes will be reimbursed through the Program.**

### a. Mammography Report Form (Y204) and Narrative

- The Mammography Report form information is reported to the CDC and is used for tracking and follow-up of patient care. The form must be completed in its entirety and signed by the interpreting physician.
- A copy of the Mammography Report Form and Narrative must be sent to each organization/facility involved in the patient's care:
  - White original – WVBCCSP office
  - Yellow – screening provider
  - Pink – keep for patient's medical record

### b. A copy of the Breast Services Referral Form (Y202).

### c. Original Insurance Claim Form – CMS 1500 or UB92

- The invoice must be clean and without alterations such as white-out, scratch-outs, or handwritten information.

**Note: If a third party payor is billed, a copy of the Explanation of Benefits (EOB) must be attached to the original insurance claim form.**

### d. Bill the WVBCCSP within 60 days of the date of service

### e. Submit invoices and required paperwork to: WV Breast and Cervical Cancer Screening Program 350 Capitol Street, Room 427 Charleston, West Virginia 25301-3714

## 6.0 ULTRASOUND PROVIDER

The WVBCCSP cannot reimburse for ultrasound unless it is done in conjunction with a mammogram, as required by CDC policy. This includes short term follow-up ultrasounds.

### 6.1 Ultrasound Provider Qualifications

- Bound by written agreement with WVBCCSP to provide ultrasound services for WVBCCSP eligible women

### 6.2 Ultrasound Provider Responsibilities

- A contracted ultrasound provider is bound by written agreement with the WVBCCSP to provide ultrasound services for program eligible patients referred by a WVBCCSP screening provider.
- Bill third party payors when appropriate prior to billing WVBCCSP. (The WVBCCSP is the payor of last resort.)
- The ultrasound provider agrees to accept WVBCCSP payment as full compensation for services provided and will not balance bill the patient.
- Bill the WVBCCSP within 60 days of the date of service.
- Maintain records and films for five (5) years from date of service.

### 6.3 Reimbursable Ultrasound CPT Codes

**The following ultrasound CPT codes are approved for reimbursement through the WVBCCSP:**

Ultrasound, Echography of Breast	Global (TC and 26)	76645
	Technical	76645-TC
	Professional	76645-26

If the professional component is billed separate from the technical component, add the appropriate CPT code modifier (TC or 26). Please make sure that the facility responsible for the Professional component is notified to bill the WVBCCSP and not the patient.

*Refer to Section VI for Payment Fee Schedule.*

#### 6.4 Proof of Patient Enrollment in the WVBCCSP

- To ensure that the patient is enrolled in the WVBCCSP, the patient must present a copy of the Breast Services Referral form (Y202) at the time of service.
- Routinely, the patient is given a copy of this form by her screening provider and is instructed to take it to the ultrasound facility.
- If the patient does not have this form with her, please call the screening provider and verify her enrollment in the Program and request that a copy of the form be faxed to your facility prior to performing the service.

#### 6.5 Invoicing Procedures

In order to receive prompt payment, the following required paperwork must be submitted at the same time to the WVBCCSP. **The reimbursement process is slowed when the paperwork is sent separately.**

**Note: Only WVBCCSP approved CPT codes will be reimbursed through the Program.**

##### a. Ultrasound Narrative of Radiologic Findings

- The ultrasound narrative information is reported to the CDC and is used for tracking and follow-up of patient care.
- The ultrasound narrative must be completed in its entirety and signed by the interpreting physician.
- A copy of the ultrasound narrative must be sent to each organization/facility involved in the patient's care:
  - Copy – WVBCCSP office
  - Copy – screening provider
  - Original – keep for patient's medical record

b. Original Insurance Claim Form – CMS 1500 or UB92

- The invoice must be clean and without alterations such as white-out, scratch-outs, or handwritten information.

**Note: If a third party payor is billed, a copy of the Explanation of Benefits (EOB) must be attached to the original insurance claim form.**

c. Bill the WVBCCSP within 60 days of the date of service

d. Submit invoices and required paperwork to:

WV Breast and Cervical Cancer Screening Program  
350 Capitol Street, Room 427  
Charleston, West Virginia 25301-3714

**PLEASE NOTE: ULTRASOUND WILL BE APPROVED FOR REIMBURSEMENT ONLY WHEN USED AS AN ADJUNCT TO MAMMOGRAPHY. ULTRASOUND WILL NOT BE APPROVED FOR REIMBURSEMENT WHEN IT IS USED AS A DIAGNOSTIC OR SCREENING PROCEDURE SEPARATE FROM MAMMOGRAPHY.**

## 7.0 BREAST CONSULTATION PROVIDER

### 7.1 Breast Consultation Provider Qualifications

- Board certified surgeon who agrees to accept a patient referred from a WVBCCSP screening provider and to accept the Program approved fee as payment in full for services rendered.

### 7.2 Breast Consultation Provider Responsibilities

- A contracted breast surgeon is bound by written agreement with the WVBCCSP to provide breast surgical consultation services for program eligible patients referred by a WVBCCSP screening provider.
- Provide surgical evaluation of abnormal breast or mammogram findings for women referred by WVBCCSP screening providers.
- Bill third party payors when appropriate prior to billing WVBCCSP. (The WVBCCSP is the payor of last resort.)
- The breast surgeon agrees to accept WVBCCSP payment as full compensation for services and will not balance bill the patient.
- Maintain records for five (5) years from date of service.

### 7.3 Reimbursable Breast Consultation CPT Codes

**The following breast consultation CPT codes are approved for reimbursement through the WVBCCSP:**

Surgical Consultation, Breast Referral (15 minutes)	99241
Surgical Consultation, Breast Referral (30 minutes)	99242
Surgical Consultation, Breast Referral (40 minutes)	99243

*Refer to Section VI for Payment Fee Schedule.*

**Note: WVBCCSP will pay for two (2) consultations each year per breast problem (initial consultation plus one follow-up consultation).**

#### 7.4 Proof of Patient Enrollment in the WVBCCSP

- To ensure that the patient is enrolled in the WVBCCSP, the patient must present a copy of the Breast Services Referral form (Y202) at the time of service.
- Routinely, the patient is given a copy of this form by her screening provider and is instructed to take it to the breast surgeon.
- If the patient does not have this form with her, please call the screening provider and verify her enrollment in the Program and request that a copy of the form be faxed to your facility prior to performing the service.

#### 7.5 Invoicing Procedures

In order to receive prompt payment, the following required paperwork must be submitted at the same time to the WVBCCSP. **The reimbursement process is slowed when the paperwork is sent separately.**

**Note: Only WVBCCSP approved CPT codes will be reimbursed through the Program.**

##### a. Breast Surgeon Consultation Narrative

- The breast surgeon's consultation narrative information is reported to the CDC and is used for tracking and follow-up of patient care.
- The breast surgeon's consultation narrative must be completed in its entirety and signed by the surgeon.
- A copy of the breast surgeon's consultation narrative must be sent to each organization/facility involved in the patient's care:
  - Copy – WVBCCSP office
  - Copy – screening provider
  - Original – keep for patient's medical record

b. Original Insurance Claim Form – CMS 1500 or UB92

- The invoice must be clean and without alterations such as white-out, scratch-outs, or handwritten information.

**Note: If a third party payor is billed, a copy of the Explanation of Benefits (EOB) must be attached to the original insurance claim form.**

b. Bill the WVBCCSP within 60 days of the date of service.

c. Submit invoices and required paperwork to:

WV Breast and Cervical Cancer Screening Program  
350 Capitol Street, Room 427  
Charleston, West Virginia 25301-3714

## **7.6 Abnormal Breast Results Requiring Surgical Consultation**

All abnormal CBEs and abnormal mammogram/ultrasound results require a referral to a contracted breast surgeon.

- Abnormal CBE results which require a breast surgical consultation must be documented on the WVBCCSP Breast Services Referral form by the patient's screening provider as one of the following:
  - Discrete Palpable Mass (Suspicious of Cancer)
  - Bloody or Serous Nipple Discharge
  - Nipple or Areola Scaliness
  - Skin Dimpling or Retraction

**Note: WVBCCSP will pay for two (2) breast surgical consultations each year per breast problem (initial consultation plus one follow-up consultation).**

### **WVBCCSP Screening Provider Algorithm for Abnormal CBE Referral:**

WVBCCSP women 25-34 years of age	Refer immediately to a breast surgeon for evaluation who will then determine if diagnostic mammogram is necessary
WVBCCSP women 35-64 years of age	Refer for diagnostic mammogram and then to breast surgeon for evaluation



## **8.0 FINE NEEDLE ASPIRATION (FNA) PROVIDER**

### **8.1 Fine Needle Aspiration (FNA) Provider Qualifications**

- Board certification as a surgeon

#### **AND**

- Bound by written agreement with WVBCCSP to provide fine needle aspiration services for women referred by WVBCCSP screening providers

### **8.2 Fine Needle Aspiration Provider Responsibilities**

- A contracted FNA provider is bound by written agreement with the WVBCCSP to provide FNA of breast lesions for program eligible patients referred by a WVBCCSP screening provider.
- Bill third party payors when appropriate prior to billing WVBCCSP. (The WVBCCSP is the payor of last resort.)
- The fine needle aspiration provider agrees to accept WVBCCSP payment as full compensation for services provided and will not balance bill the patient.
- Bill the WVBCCSP within 60 days from the date of service.
- Maintain records for five (5) years from date of service.

### **8.3 Reimbursable FNA CPT Codes**

**The following CPT codes are approved for reimbursement through the WVBCCSP:**

Evaluation of FNA	Global (TC and 26)	88172
	Technical	88172-TC
	Professional	88172-26
Interpretation and Report, FNA	Global (TC and 26)	88173
	Technical	88173-TC
	Professional	88173-26

Puncture Aspiration of Cyst	19000
Each Additional Cyst	19001
Fine Needle Aspiration without Imaging Guidance	10021
Fine Needle Aspiration with Imaging Guidance	10022

If the professional component is billed separate from the technical component, add the appropriate CPT code modifier (TC or 26). Please make sure that the facility responsible for the Professional component is notified to bill the WVBCCSP and not the patient.

*Refer to Section VI for Payment Fee Schedule.*

#### **8.4 Proof of Patient Enrollment in the WVBCCSP**

- To ensure that the patient is enrolled in the WVBCCSP, the patient must present a copy of the Breast Services Referral form (Y202) at the time of service.
- Routinely, the patient is given a copy of this form by her screening provider and is instructed to take it to the FNA facility.
- If the patient does not have this form with her, please call the screening provider and verify her enrollment in the Program and request that a copy of the form be faxed to your facility prior to performing the service.

#### **8.5 Invoicing Procedures**

In order to receive prompt payment, the following required paperwork must be submitted at the same time to the WVBCCSP. **The reimbursement process is slowed when the paperwork is sent separately.**

**Note: Only WVBCCSP approved CPT codes will be reimbursed through the Program.**

- a. A copy of the patient's Breast Services Referral form (Y202)
  - This form must be copied and submitted along with the invoice.
  - This form ensures WVBCCSP that the patient is currently enrolled in the program and was referred by a contracted screening provider.

b. The FNA pathology report or surgeon's clinical note

- The FNA pathology or surgeon's clinical note information is reported to the CDC and is used for tracking and follow-up of patient care.
- A copy of the FNA pathology or surgeon's clinical note must be sent to each organization/facility involved in the patient's care:
  - Copy – WV BCCSP office
  - Copy – screening provider
  - Original – keep for patient's medical record

c. Original Insurance Claim Form – CMS 1500 or UB92

- The invoice must be clean and without alterations such as white-out, scratch-outs, or handwritten information.

**Note: If a third party payor is billed, a copy of the Explanation of Benefits (EOB) must be attached to the original insurance claim form.**

d. Bill the WV BCCSP within 60 days of the date of service.

e. Submit invoices and required paperwork to:

WV Breast and Cervical Cancer Screening Program  
350 Capitol Street, Room 427  
Charleston, West Virginia 25301-3714

***Note: If your facility uses the WV BCCSP's Fine Needle Aspiration Report form (Y210), please send a copy of the pathology report along with the form. If there is no pathology, please send a copy of the clinical note.***

## **9.0 BREAST BIOPSY PROVIDER**

### **9.1 Breast Biopsy Provider Qualifications:**

- Board certified surgeon

**AND**

- Bound by written agreement with WVBCCSP to provide breast biopsy services for women referred by WVBCCSP breast consultation providers

### **9.2 Breast Biopsy Provider Responsibilities**

- The contracted breast surgeon is bound by written agreement with the WVBCCSP to provide breast biopsies for program eligible women referred by a breast consultation provider.
- Bill third party payors when appropriate prior to billing WVBCCSP. (The WVBCCSP is the payor of last resort.)
- The breast biopsy provider agrees to accept WVBCCSP payment as full compensation for services provided and will not balance bill the patient.
- Bill WVBCCSP within 60 days of the date of service.
- Maintain records for five (5) years from date of service.
- If the biopsy is done at a facility other than the surgeon's office, it is the responsibility of the referring surgeon to notify that facility that the woman is a participant of the WVBCCSP and bills should be submitted to the WVBCCSP.

### **9.3 Reimbursable Breast Biopsy CPT Codes**

**Pre-operative procedures are not covered through the WVBCCSP (e.g. chest x-ray, EKG, and lab work).**

WVBCCSP will pay for two (2) consultations each year per abnormal CBE/mammogram finding (initial consultation plus a follow-up consultation). **The post operative office visit is considered part of the breast biopsy global CPT code.**

**The following CPT codes are approved by the CDC for reimbursement through the WVBCCSP:**

Breast Biopsy-Needle Core, Not Using Imaging Guidance	19100
Breast Biopsy-Incisional	19101
Breast Biopsy-Needle Core, Using Imaging Guidance	19102
Breast Biopsy-Device, Using Imaging Guidance	19103
Breast Biopsy-Excisional	19120
<i>(Excision of cyst, fibroadenoma, or other benign or malignant tumors, breast tissue, duct lesion, nipple lesion or areolar lesion, open, one or more lesions).</i>	
Breast Biopsy-Radiological Marker	19125
<i>(Excision of Breast lesion by preoperative placement of radiological marker of a single lesion).</i>	
Each Additional Lesion	19126
Needle Localization – Wire	19290
<i>(Radiological Supervision and Interpretation)</i>	
Needle Localization – Additional Lesion	19291
Image Guided Placement, Metallic Localization Clip, Percutaneous, During Breast Biopsy	19295
Breast Biopsy Stereotactic Localization	Global (TC and 26) 77031 *
	(* Replaced 76095)
	Technical 77031-TC
	Professional 77031-26
Needle Localization Radiologic Interpretation	Global (TC and 26) 77032 *
	(* Replaced 76096)
	Technical 77032-TC
	Professional 77032-26
Radiological Examination, Surgical Specimen	Global (TC and 26) 76098
	Technical 76098-TC
	Professional 76098-26
Ultrasonic Guided Biopsy	Global (TC and 26) 76942
	Technical 76942-TC
	Professional 76942-26

Breast Biopsy-Surgical Pathology	Global (TC and 26)	88305
	Technical	88305-TC
	Professional	88305-26
Breast Biopsy – Surgical Pathology	Global (TC and 26)	88307
	Technical	88307-TC
	Professional	88307-26
Fine Needle Aspiration Without Imaging Guidance		10021
Fine Needle Aspiration With Imaging Guidance		10022
Evaluation of Fine Needle Aspiration	Global (TC and 26)	88172
	Technical	88172-TC
	Professional	88172-26
Interpretation and Report, FNA	Global (TC and 26)	88173
	Technical	88173-TC
	Professional	88173-26

If the professional component is billed separate from the technical component, add the appropriate CPT code modifier (TC or 26). Please make sure that the facility responsible for the Professional component is notified to bill the WVBCCSP and not the patient.

*Refer to Section VI for Payment Fee Schedule.*

#### **9.4 Proof of Patient Enrollment in the WVBCCSP**

- To ensure that the patient is enrolled in the WVBCCSP, the patient must present a copy of the Breast Services Referral form (Y202) at the time of service.
- Routinely, the patient is given a copy of this form by her screening provider and is instructed to take it to the surgical facility.

- If the patient does not have this form with her, please call the screening provider and verify her enrollment in the Program and request that a copy of the form be faxed to your facility prior to performing the service.

## 9.5 Invoicing Procedures

In order to receive prompt payment, the following required paperwork must be submitted at the same time to the WVBCCSP. **The reimbursement process is slowed when the paperwork is sent separately.**

**Note: Only WVBCCSP approved CPT codes will be reimbursed through the Program.**

### a. A copy of the patient's Breast Services Referral Form (Y202)

- This form must be copied and submitted to the WVBCCSP along with the invoice.
- This form ensures WVBCCSP that the patient is currently enrolled in the program and was referred by a contracted screening provider.

### b. Breast Biopsy Pathology Report or Clinical Note

- If it is deemed that a biopsy is necessary, the **pathology** (not operative) report is required. This information is reported to the CDC and is used for tracking and follow-up of patient care. **Note: Do not send a copy of the operative notes.**
- If the biopsy is not done, please send a copy of the clinical note.

### c. Original Insurance Claim Form – CMS 1500 or UB92

- The invoice must be clean and without alterations such as white-out, scratch-outs, or handwritten information.

**Note: If a third party payor is billed, a copy of the Explanation of Benefits (EOB) must be attached to the original insurance claim form.**

### d. Bill the WVBCCSP within 60 days of the date of service

- e. Submit invoices and required paperwork to:

WV Breast and Cervical Cancer Screening Program  
350 Capitol Street, Room 427  
Charleston, West Virginia 25301-3714

#### **9.6 General Anesthesia Services**

General anesthesia (CPT Code 00400) services are not a covered procedure through the WVBCCSP, but may be accessed through the WV D&T Fund for eligible West Virginia residents. Refer to Section IV.

#### **9.7 Additional Diagnostic Testing and Treatment Information**

If additional breast diagnostic testing or treatment is indicated, the patient may be eligible for further services through the D&T Fund or the MTA. See Sections IV and V of this manual for further information on enrollment and eligibility guidelines for these programs.



***Breast Services  
Referral Form and  
Breast Algorithms***

# Breast Services Referral Form

## Reminder

**All Results must be mailed to the Referring Provider and a copy must be forwarded with the invoice to WVBCCSP.**

### Stamp, Write or Place Label Here:

Referring Clinic WVBCCSP # : \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Referral MUST originate at WVBCCSP Provider Facility

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Referral Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yy

Referring Clinician: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Provider to Whom Referred:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Date of Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
mm/dd/yy

## Referral For:

- ☐ Mammography Screening CPT Code 76092  
☐ Mammography Diagnostic Bilateral CPT Code 76091  
☐ Mammography Diagnostic Unilateral CPT Code 76090  
☐ Surgical Consultation CPT Code 99242

- ☐ Fine Needle Aspiration CPT Code 10021  
☐ Ultrasound CPT Code 76645  
☐ Puncture Aspiration Cyst CPT Code 19000  
☐ Breast Biopsy CPT Code (See Below)

## WVBCCSP approved Procedures and CPT Codes

10021 Lab-Needle Biopsy

19100 Breast Biopsy – Needle Core

19101 Breast Biopsy -Incisional

19102 Breast Biopsy Localization Clip

19103 Breast Biopsy Device

19120 Breast Biopsy – Excisional

Excision of cyst, Fibroadenoma, tumor, breast tissue, duct lesion, nipple lesion

19125 Breast Biopsy –Radiological Marker

Excision of Breast lesion by preoperative placement of radiological marker of a single lesion

19126 Each Additional Lesion

19290 Preoperative placement of needle localization wire

19291 Preoperative placement of needle localization, wire, breast each additional lesion

76095 Breast Biopsy Stereotactic Localization

76096 Needle Localization Radiologic Interpretation

76098 Radiological examination, surgical specimen

76942 Ultrasonic Guided Biopsy

88305 Lab-Surgical pathology breast tissue biopsy

88307 Surgical Pathology, gross & microscopic exam

88172 Evaluation of Fine Needle Aspiration

88173 Interpretation & Report, Fine Needle Aspiration

## Patient Information:

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Maiden) \_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
mm/dd/yy

Address: \_\_\_\_\_ City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_

### CBE Results

Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yy

- ☐ Normal Exam  
☐ Benign Finding  
☐ Discrete Palpable Mass (Dx benign)  
☐ Discrete Palpable Mass (Suspicious of Cancer)  
☐ Bloody or Serous Nipple Discharge  
☐ Nipple or Areola Scaliness  
☐ Skin Dimpling or Retraction  
☐ Not Done – Normal CBE / past 12 months  
☐ Not Done / Unknown  
☐ Refused

Paid for by WVBCCSP ☐ Yes ☐ No

### Mammography Results

Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yy

- ☐ Negative  
☐ Benign Findings  
☐ Probably Benign  
☐ Suspicious Abnormality (Consider Bx)  
☐ Highly Suggestive for Malignancy  
☐ Assessment Incomplete  
☐ Unsatisfactory  
☐ Done recently elsewhere, **Non-Funded**  
☐ Results unknown, presumed Abnormal, **Non-Funded**  
☐ Needed but **not performed**  
☐ Results pending  
☐ Refused

### Radiologist's Recommendations

- ☐ Additional Mammographic Views  
☐ Biopsy  
☐ Definitive Treatment  
☐ Fine Needle Aspiration  
☐ Follow Routine Screening  
☐ Repeat Mammography Immediately  
☐ Short Term Follow-Up \_\_\_\_months  
☐ Surgical Consultation  
☐ Ultrasound

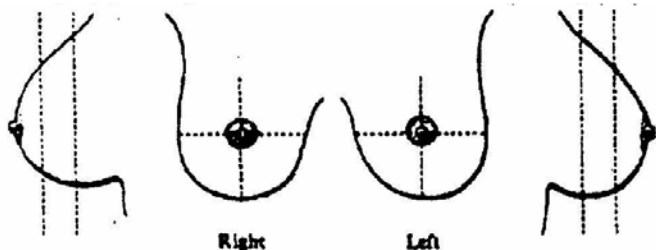
## Notice to Patient

I understand that I have met eligibility for the Breast and Cervical Cancer Screening Program. I may have insurance coverage and still be eligible for this referral to be paid for by the WVBCCSP. However, my insurance will be billed first. If the procedure for which I am referred is not fully paid for by my insurance, then the WVBCCSP will pay the unpaid balance of the program allowable charge for this service. I understand that I will not be billed for any part of the charges covered by the program. I also understand the program will not cover any pre-operative testing. I will take this referral form to the physician / facility named above when I keep the appointment.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Mammography Report

<b>Name:</b> (Last)_____ (First):_____ (M.I.): _____ (Maiden):_____	
<b>SSN:</b> _____ - _____ - _____	<b>Date of Birth:</b> _____/_____/_____ mm/dd/yyyy
<b>Referring Clinic Name</b> _____ <b>WVBCCSP#:</b> _____	
<b>Mammography Provider Name:</b> _____ <b>Type of Exam:</b> <input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic	
_____ <b>Date of Exam</b> ____/____/_____ mm/dd/yyyy	
<b>Comparison with Previous Exam</b>  <input type="checkbox"/> Yes <b>Date of Previous Exam</b> ____/____/_____ mm/dd/yyyy	<b>Views Taken</b> <input type="checkbox"/> Additional View in CC <input type="checkbox"/> Unilateral-Lt <input type="checkbox"/> Additional View in ML <input type="checkbox"/> Unilateral-Rt <input type="checkbox"/> Bilateral <input type="checkbox"/> Spot Compression <input type="checkbox"/> Magnification Spot
<b>FINDINGS (Check ONE Category ONLY)</b>	<b>Radiologist's Recommendations</b>
<input type="checkbox"/> <b>Assessment Incomplete</b> Needs additional radiologic/imaging evaluation: <input type="checkbox"/> Spot Compression <input type="checkbox"/> Additional View in CC <input type="checkbox"/> Magnification Spot <input type="checkbox"/> Additional View in ML Compression	<input type="checkbox"/> Additional Mammographic Views  <input type="checkbox"/> Biopsy: └─→ <input type="checkbox"/> Excisional Breast Biopsy <input type="checkbox"/> Incisional Breast Biopsy <input type="checkbox"/> Needle Core Biopsy <input type="checkbox"/> Sterotactic Localization <input type="checkbox"/> US Guided Needle Biopsy
<input type="checkbox"/> <b>Negative (NEG)</b> There is nothing to comment on. The breasts are symmetrical and no masses, architectural disturbances or suspicious calcifications are present.	<input type="checkbox"/> Decision for Biopsy based on Clinical Concern
<input type="checkbox"/> <b>Benign Findings-Negative (B9)</b> There is nothing to suggest cancer, but there are findings that, although benign, may warrant reporting. Included in this category are benign inflammatory lymph nodes, involuting, calcifying fibroadenomas, and fat containing lesions such as oil, cysts, etc.	<input type="checkbox"/> Fine Needle Aspiration (for Palpable Mass)
<input type="checkbox"/> <b>Probably Benign Finding (PBF)</b> Short Interval Follow-Up Suggested. A finding placed in this category should have a very high probability of being benign. It is not expected to change over the follow-up interval, but the radiologist would prefer to establish its stability.	<input type="checkbox"/> Routine Follow-Up in 1 year
<input type="checkbox"/> <b>Suspicious Abnormality</b> There are lesions that DO NOT have the characteristic morphologies of breast cancer but have a definite probability of being malignant. The radiologist has sufficient concern to urge a biopsy.	<input type="checkbox"/> Routine Follow-Up in 2 year
<input type="checkbox"/> <b>Highly Suggestive of Malignancy (MAL)</b> These lesions have a high probability of being cancer.	<input type="checkbox"/> Short Interval Follow-Up (return in _____ mos.)
<input type="checkbox"/> <b>Unsatisfactory</b> Cannot be interpreted. Must be repeated.	<input type="checkbox"/> Surgical Referral for Clinical Correlation
	<input type="checkbox"/> Ultrasound
	<b>Diagnostic Work-Up Planned</b>
	<input type="checkbox"/> Not Planned <input type="checkbox"/> Not Determined
	<input type="checkbox"/> Planned



Remarks:

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<b>Interpreting Physician:</b> _____ <b>Date:</b> ____/____/____ The percentage of false/negative mammography is approximately 10%. Management of a palpable abnormality must be based on clinical grounds. _____ mm/dd/yyyy			
<b>Original:</b> WVBCCSP	<b>Yellow:</b> Referring Clinic	<b>Pink:</b> Mammography Facility	<b>OMCFH/WVBCCSP Form #Y204 Rev. 02/01</b>

# Fine Needle Aspiration Report

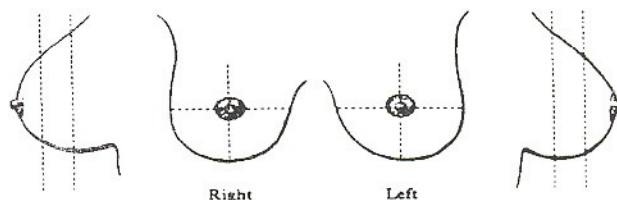
Office of Maternal & Child Health  
West Virginia Breast and Cervical Cancer  
Screening Program

Clinic Name: \_\_\_\_\_ Clinic ID#: BCC \_\_\_\_\_ Date of Service \_\_\_\_\_  
 SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Maiden) \_\_\_\_\_  
 Surgeon's Name: \_\_\_\_\_  
 Surgeon's Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Surgeon's Telephone: \_\_\_\_\_

## Clinical Findings (*check all that apply*)

- |  |   |
|--|---|
| <input type="checkbox"/> Less than 1 cm    | <input type="checkbox"/> Well circumscribed   |
| <input type="checkbox"/> Greater than 1 cm | <input type="checkbox"/> Poorly circumscribed |
| <input type="checkbox"/> Firm              | <input type="checkbox"/> Tender               |
| <input type="checkbox"/> Soft              | <input type="checkbox"/> Non-tender           |
| <input type="checkbox"/> Mobile            | <input type="checkbox"/> Skin changes         |
| <input type="checkbox"/> Fixed             | <input type="checkbox"/> Gritty               |

## Location of Mass



## Clinical Impression (*check only one*)

- ☐ Negative  
☐ Indeterminate  
☐ Suspicious for Malignancy

## Type of Material

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Clear Yellow                | <input type="checkbox"/> Bloody       |
| <input type="checkbox"/> Thick Brown                 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> No Fluid or Tissue Obtained |                                       |

## Recommendations for Follow-up

- ☐ Routine screening mammogram follow-up in one year if >50  
☐ Routine screening mammogram if <50 (Not payable through BCCSP)  
☐ Open biopsy for diagnosis  
☐ Minimally invasive breast biopsy  
☐ Therapeutic surgery

## FNA Cytology Results (*check only one*)

- ☐ Negative  
☐ Indeterminate; probably benign  
☐ Indeterminate; atypical or suspicious for malignancy  
☐ Positive for adenocarcinoma  
☐ Non-diagnostic; Requires further evaluation

## Comments

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Please Check One

- ☐ Disposed of Aspirate  
☐ Aspirate and/or slides sent to lab

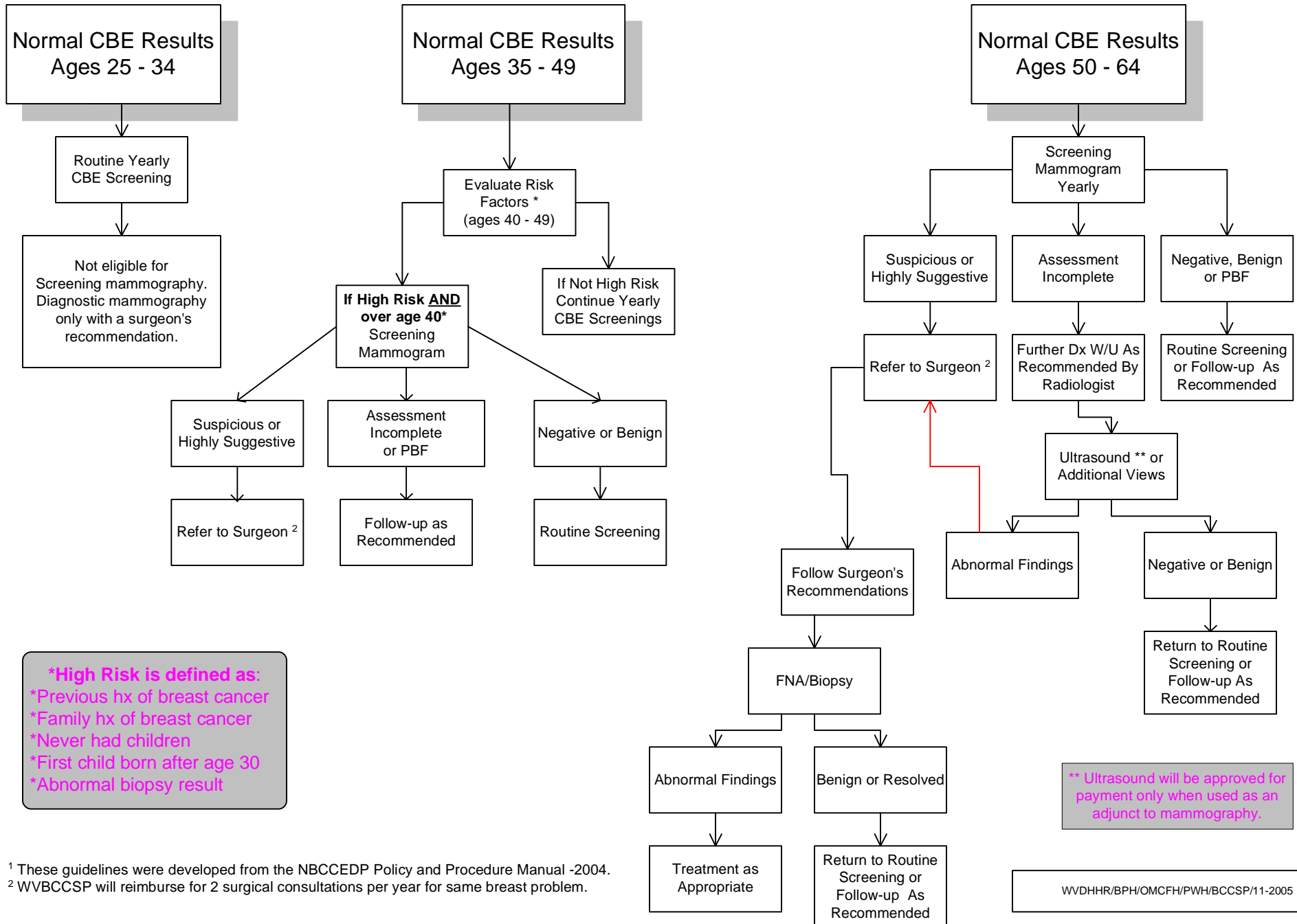
Name of Laboratory: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

Authorized Signature

Date

# West Virginia Breast and Cervical Cancer Screening Program Reimbursement for Management of Breast Screening<sup>1</sup>

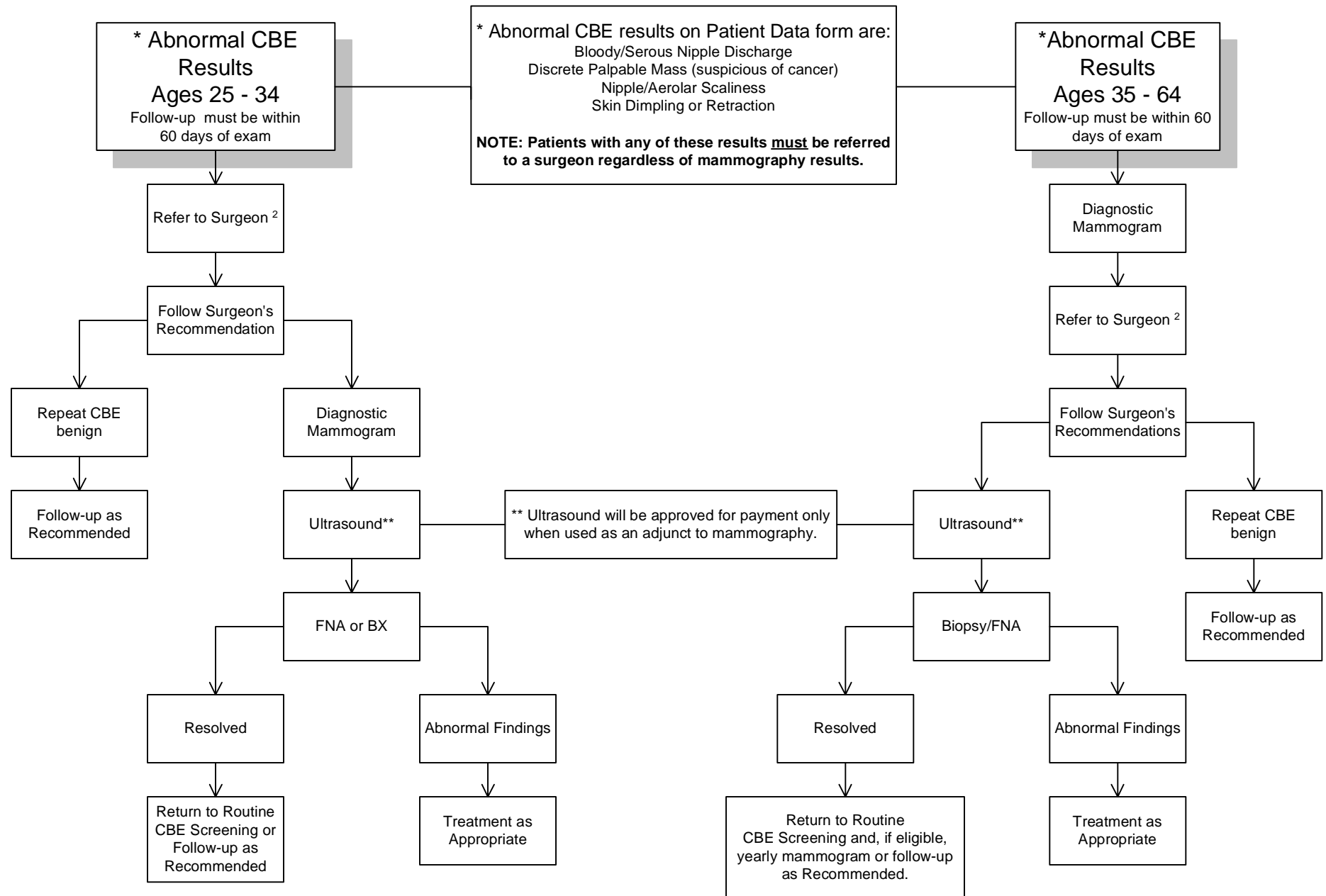


<sup>1</sup> These guidelines were developed from the NBCCEDP Policy and Procedure Manual -2004.

<sup>2</sup> WVBCSP will reimburse for 2 surgical consultations per year for same breast problem.

# West Virginia Breast and Cervical Cancer Screening Program

## Reimbursement for Management of Abnormal CBE<sup>1</sup>



<sup>1</sup>These guidelines were developed from the NBCCEDP Policy and Procedure Manual - 2004.

<sup>2</sup> WVBCSP will reimburse for two surgical consultations per year for same breast problem.

# *Colposcopy Referral Provider*

## *Section III*

### 10.0 Colposcopy Referral Provider

*(Colposcopy Referral, Colposcopy  
Report Forms and Pap Test  
Screening Protocol Algorithm is  
included at the end of Section III)*

## **SECTION III COLPOSCOPY REFERRAL PROVIDER**

### **10.0 COLPOSCOPY REFERRAL PROVIDER**

#### **10.1 Colposcopy Provider Qualifications:**

- A contracted colposcopy provider is bound by written agreement with the WVBCCSP to provide colposcopy for program eligible women referred by WVBCCSP screening providers.
  - Board certification or eligibility as an Obstetrician-Gynecologist
- OR**
- Board certification or eligibility in Family Practice with training in colposcopy in a family practice residency training program or satisfactory completion of the first tier of the comprehensive colposcopy training course of the American Society for Colposcopy and Cervical Pathology or completion of similar first tier comprehensive colposcopy training course by a certified Continuing Medical Education provider which is verified in writing by their Program Director
- OR**
- Clinician other than Obstetrician-Gynecologist and family physician, as stated above, may be considered for colposcopy approval by the WVBCCSP under the following conditions:
    - ☐ Significant need determined to exist in a particular region
    - ☐ Unsuccessful recruitment of gynecologist colposcopist
    - ☐ Satisfactory documentation from a non-gynecologist demonstrating training and experience in performing colposcopy, as follows:
      1. Complete at least a three (3) day ASCCP accredited course in colposcopy, including hands-on experience.
      2. Perform a minimum of 25 colposcopic procedures under direct supervision of a current WVBCCSP colposcopy provider or



physician certified in Obstetrics and Gynecology. At least ten (10) of these procedures must be performed on patients with high-grade lesions. Clinical correlation must be completed on each patient.

3. Document the 25 direct-supervised colposcopies in a log book containing the following information:

- ☐ Date
- ☐ Patient name
- ☐ Pap test result
- ☐ Colposcopic impression
- ☐ Biopsy results
- ☐ Treatment plan

**AND**

4. Provide the chairperson of the Medical Advisory Committee, or designee, a copy of the aforementioned log for review and approval.

## **10.2 Colposcopy Provider Responsibilities**

- A contracted colposcopy provider is bound by written agreement with the WVBCCSP to provide colposcopy services for Program eligible women referred by WVBCCSP screening providers.
- Bill third party payors when appropriate to billing WVBCCSP. (The WVBCCSP is the payor of last resort.)
- The colposcopy provider agrees to accept WVBCCSP payment as full compensation for services and will not balance bill the patient.
- Bill the WVBCCSP within 60 days of the date of service.
- Maintain records for five (5) years from date of service

## **10.3 Reimbursable Colposcopy CPT Codes**

The following colposcopy CPT codes are approved for reimbursement through the WVBCCSP:

• Colposcopy without Biopsy	57452
• Colposcopy with Biopsy and Endocervical Curettage	57454
• Colposcopy with Biopsy of Cervix	57455
• Colposcopy with Endocervical Curettage	57456
• Surgical Pathology, Cervical Biopsy (limit two specimens)	Global (TC and 26) 88305
	Technical 88305-TC
	Professional 88305-26

If the professional component is billed separate from the technical component, add the appropriate CPT code modifier. Please make sure that the facility responsible for the Professional component is notified to bill the WVBCCSP and not the patient.

*Refer to Section VI for Payment Fee Schedule.*

#### **10.4 Proof of Patient Enrollment in the WVBCCSP**

- To ensure that the patient is enrolled in the WVBCCSP, the patient must present a copy of the Colposcopy Referral form (Y301) at the time of service.
- Routinely, the patient is given a copy of this form by her screening provider and is instructed to take it to the colposcopy provider.
- If the patient does not have this form with her, please call the screening provider and verify her enrollment in the Program and request that a copy of the form be faxed to your facility prior to performing the service.

#### **10.5 Invoicing Procedures**

In order to receive prompt payment, the following required paperwork must be submitted at the same time to the WVBCCSP. **The reimbursement process is slowed when the paperwork is sent separately.**

**Note: Only WVBCCSP approved CPT codes will be reimbursed through the Program.**

a. Colposcopy Report Form (Y304)

- The Colposcopy Report form information is reported to the CDC and is used for tracking and follow-up of patient care.
- The form must be completed in its entirety and signed by the interpreting physician.
- A copy of the Colposcopy Report form must be sent to each organization/facility involved in the patient's care:
  - White original – WVBCCSP office
  - Yellow – screening provider
  - Pink – keep for patient's medical record

b. Original Insurance Claim Form – CMS 1500 or UB92

- The invoice must be clean and without alterations such as white-out, scratch-outs, or handwritten information.

**Note: If a third party payor is billed, a copy of the Explanation of Benefits (EOB) must be attached to the original insurance claim form.**

- c. Bill the WVBCCSP within 60 days of the date of service
- d. Submit invoices and required paperwork to:

WV Breast and Cervical Cancer Screening Program  
350 Capitol Street, Room 427  
Charleston, West Virginia 25301-3714

**Note: Please send a copy of the pathology with the Colposcopy Report Form (Y304).**

## 10.6 Additional Diagnostic Testing and Treatment Information

- Gynecologic consultations are not reimbursable through the WVBCCSP.
- WVBCCSP does not reimburse for a follow-up colposcopy. Refer the patient back to her screening provider for a repeat Pap test. Reimbursement for further diagnostic follow-up is generated from that Pap test result according to the WVBCCSP Pap Test Algorithm.

- WVBCCSP does not reimburse for follow-up colposcopy in the absence of a repeat Pap test.
- WVBCCSP will not reimburse the colposcopy provider to do a follow-up Pap test; the patient must return to her screening provider for a repeat Pap test.
- If additional cervical diagnostic testing or treatment is indicated, the patient may be eligible for further services through the D&T Fund or the MTA. See Sections IV and V of this manual for further information on enrollment and eligibility guidelines for these programs.

***Colposcopy Referral  
Form and Pap Test  
Screening Protocol  
Algorithm***

# Colposcopy Referral Form

STAMP, WRITE, OR PLACE ADDRESS LABEL HERE:

Clinic Name: \_\_\_\_\_ Clinic ID#: WVBCCSP \_\_\_\_\_

SSN: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yyyy

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Maiden) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Referred By: \_\_\_\_\_ Insurance: ☐ Yes ☐ No

## Most Recent Pap Test

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Facility \_\_\_\_\_  
mm/dd/yyyy ☐ Normal ☐ Abnormal **If Abnormal** Treatment Provided: ☐ Yes ☐ No

## Indications for Colposcopy

- ☐ Visualized Cervical lesion (Even in absence of abnormal pap)
- ☐ Two Atypical Squamous Cells of Undetermined Significance (ASCUS) within a 12 month period.
- ☐ Atypical Glandular Cells of Undetermined Significance (AGUS)  
(Atypical Endocervical Cells)
- ☐ Low Grade Squamous Intraepithelia Lesion (LGSIL)
- ☐ High Grade Squamous Intraepithelia Lesion (HGSIL)
- ☐ Squamous Cell Carcinoma
- ☐ Adenocarcinoma

## Physician to Whom Referred For Colposcopy

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Appointment: : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yyyy Time of Appointment \_\_\_\_\_

## Notice to Patient

I understand that I have met eligibility for the Breast and Cervical Cancer Screening Program. I may have insurance coverage and still be eligible for this referral to be paid for by the WVBCCSP. However, my insurance will be billed first. If the procedure for which I am referred is not fully paid for by my insurance, then the WVBCCSP will pay the unpaid balance of the program allowable charge for this service. I understand that I will not be billed for any part of the charges covered by the program. I also understand the program will not cover any pre-operative testing. I will take this referral form to the physician / facility named above when I keep the appointment.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yyyy

## Note to Colposcopy Provider

Colposcopy Report Form must be mailed to the Referring Provider and a copy **must be forwarded with the invoice** to:

WVBCCSP  
350 Capitol Street, Room 427  
Charleston, WV 25301-3714

# Colposcopy Report

Referring Clinic Name: \_\_\_\_\_ Referring Clinic I.D. #BCC \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Name:(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Maiden) \_\_\_\_\_

Colposcopy Provider Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

G: \_\_\_\_\_ P: \_\_\_\_\_ LMP: \_\_\_\_\_

## Menstrual Status

- ☐ Having Regular Periods  
☐ Post Menopausal  
(HRT ☐ Yes ☐ No)  
☐ S/P Hysterectomy  
☐ Abnormal Vaginal Bleeding  
☐ S/P Supracervical Hysterectomy  
☐ Pregnant \_\_\_\_ # of Weeks

## Indications for Colposcopy

- ☐ Abnormal Pap  
Date: \_\_\_\_\_  
☐ Abnormal Vaginal Bleeding  
(Post Coital Bleeding)  
☐ Visualized Lesion

## Results of Abnormal PAP

- ☐ Atypical Squamous Cells  
☐ Condyloma (HPV)  
☐ LGSIL (CIN I)  
☐ HGSIL (CIN II)  
☐ HGSIL (CIN III)  
☐ Squamous Cancer  
☐ Atypical Glandular Cells  
☐ Endometrial Cells Out of Cycle  
☐ Adenocarcinoma  
☐ Other: (specify) \_\_\_\_\_  
☐ Unsatisfactory

## Previous History

- ☐ Abnormal Pap Date: \_\_\_\_\_  
☐ Condyloma Date: \_\_\_\_\_  
☐ SIL (CIN) Date: \_\_\_\_\_  
☐ Cancer Date: \_\_\_\_\_  
☐ Treatment Date: \_\_\_\_\_

## Comments

## Colposcopy

- SJC  
Acetowhite Epi  
Mosaic  
Punctuation  
Abnormal Vessels  
Biopsy Site  
External OS



- ☐ Satisfactory ☐ Without or  
# Quadrants Involved: \_\_\_\_\_  
Cervical Biopsy: \_\_\_\_\_  
Other Biopsies: \_\_\_\_\_  
**Colposcopic Impression**  
☐ Normal/Metaplasia ☐ CIN I ☐ CIN III ☐ Vaginal Condyloma ☐ Vulvar Dystrophy  
☐ Condyloma ☐ CIN II ☐ Cancer ☐ Vulvar Condyloma ☐ VIN ☐ VAIN
- ☐ With Spreader ☐ Not Satisfactory  
☐ None ☐ One ☐ Two ☐ Three ☐ Four ☐ Vagina  
☐ None ☐ One ☐ Two ☐ Three or More ☐ LEEP  
☐ ECC ☐ Vagina ☐ Vulvar ☐ EMB ☐ Repeat Pap

## Results of Biopsy

- |   |  |                                       |                                       |                                       |
|---|--|---------------------------------------|---------------------------------------|---------------------------------------|
| <b>Cervix:</b>                                  | <b>ECC:</b>  | <b>Vagina:</b>                        | <b>Vulva:</b>                         | <b>EMB:</b>                           |
| <input type="checkbox"/> Normal/Inflammation    | <input type="checkbox"/> Negative  | <input type="checkbox"/> Negative     | <input type="checkbox"/> Negative     | <input type="checkbox"/> Negative     |
| <input type="checkbox"/> Insufficient           | <input type="checkbox"/> Insufficient                                    | <input type="checkbox"/> Insufficient | <input type="checkbox"/> Insufficient | <input type="checkbox"/> Insufficient |
| <input type="checkbox"/> Condyloma/Kailocytosis | <input type="checkbox"/> Condyloma/CIN I                                 | <input type="checkbox"/> Condyloma    | <input type="checkbox"/> Condyloma    | <input type="checkbox"/> Hyperplasia  |
| <input type="checkbox"/> Atypical Condyloma     | <input type="checkbox"/> Cin II  | <input type="checkbox"/> VAIN         | <input type="checkbox"/> Dystrophy    | <input type="checkbox"/> Cancer       |
| <input type="checkbox"/> Other                  | <input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> CIN III | <input type="checkbox"/> Other        | <input type="checkbox"/> VIN          |                                       |
- Specify: \_\_\_\_\_ Specify: \_\_\_\_\_

## Final Diagnosis

Are Pap, Colposcopic Impression and Biopsy Concordant? (+One Degree) ☐ Yes ☐ No

- |   |                                    |                                    |                                      |
|---|------------------------------------|------------------------------------|--------------------------------------|
| <b>Cervix:</b>  | <b>Vagina:</b>                     | <b>Vulva:</b>                      | <b>Endometrium:</b>                  |
| <input type="checkbox"/> Normal <input type="checkbox"/> CIN I <input type="checkbox"/> Adeno in Situ               | <input type="checkbox"/> Normal    | <input type="checkbox"/> Negative  | <input type="checkbox"/> Normal      |
| <input type="checkbox"/> Cervicitis <input type="checkbox"/> CIN II <input type="checkbox"/> Micro-Invasion         | <input type="checkbox"/> Condyloma | <input type="checkbox"/> Condyloma | <input type="checkbox"/> Hyperplasia |
| <input type="checkbox"/> Atrophy <input type="checkbox"/> CIN III <input type="checkbox"/> Squamous Cancer          | <input type="checkbox"/> VAIN      | <input type="checkbox"/> Dystrophy | <input type="checkbox"/> Cancer      |
| <input type="checkbox"/> Condyloma <input type="checkbox"/> Atypical Glands <input type="checkbox"/> Adenocarcinoma | <input type="checkbox"/> Other     | <input type="checkbox"/> VIN       | <input type="checkbox"/> Other       |

## Plan

- Date of Therapy: \_\_\_\_\_ Therapy Provider: \_\_\_\_\_  
☐ Cryotherapy ☐ Laser Vaporization ☐ TCA ☐ 5FU  
☐ Conization ☐ LEEP ☐ D&C ☐ No Treatment  
☐ Other (Specify: \_\_\_\_\_)

## Follow-Up

- ☐ Pap q 6 mos. x 2 yrs then q. yr. ☐ Routine F/U  
☐ Pap q 6 mos. x 3 yrs then q. yr. ☐ Cervigram @ \_\_\_\_ Mos.  
☐ Repeat Colpo @ \_\_\_\_ Mos.  
☐ Other (Specify: \_\_\_\_\_)

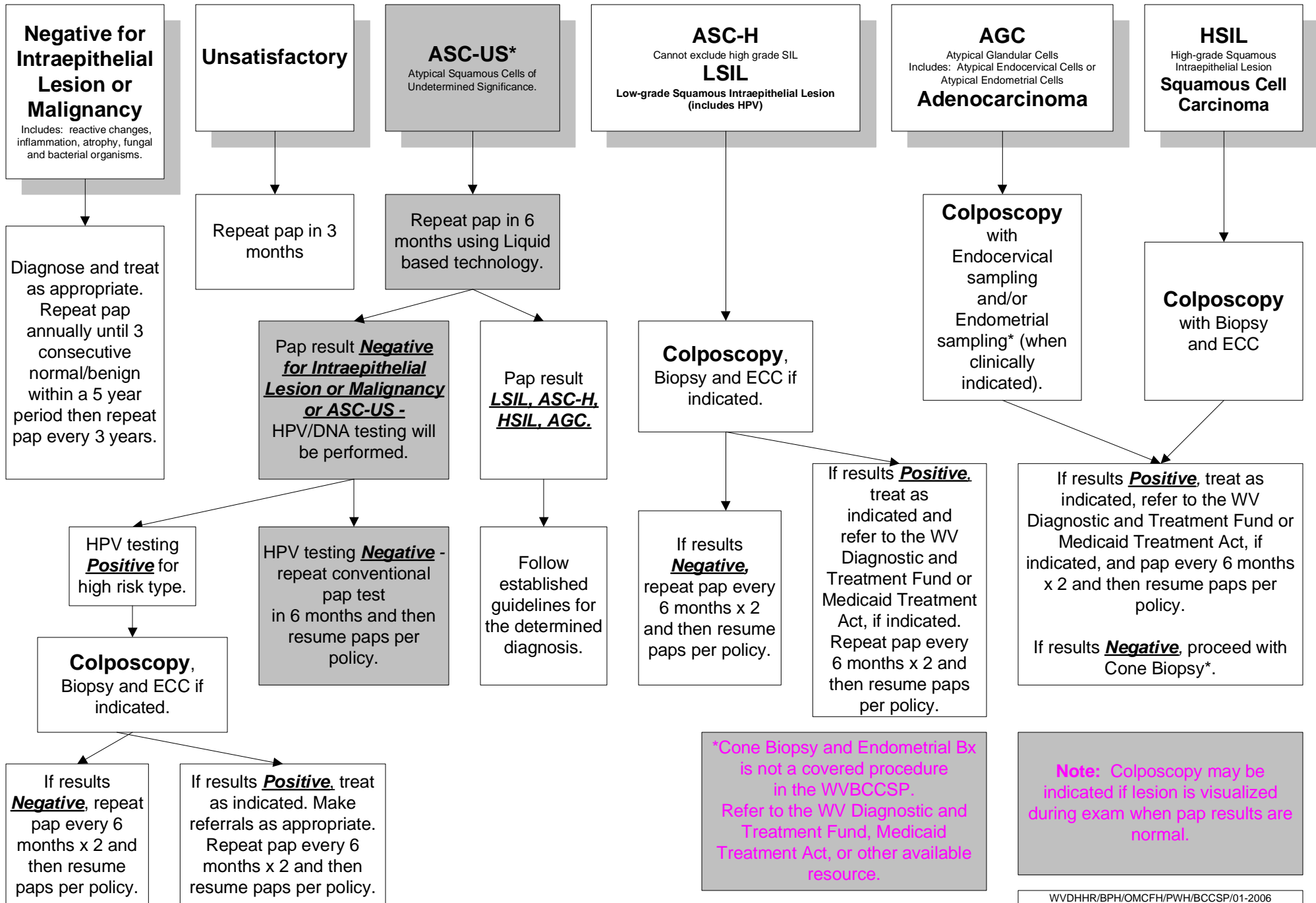
Signature/Title: \_\_\_\_\_

Original: BCCSP Yellow: Screening Provider Pink: Colposcopy

Date: \_\_\_\_\_

DHHR/BPH/OMCFH/BCCSP Form #Y304 Rev 6/02

# West Virginia Breast and Cervical Cancer Screening Program Pap Test Screening Protocol





# ***WV Breast and Cervical Cancer Diagnostic & Treatment Fund***

## ***Section IV***

### **11.0 WVBC CSP Diagnostic & Treatment Fund**

*(WVBC CSP Diagnostic &  
Treatment Fund Application  
included at the end of Section IV)*

## **SECTION IV WV BREAST AND CERVICAL CANCER DIAGNOSTIC AND TREATMENT FUND**

### **11.0 Purpose of the Fund**

The WV Breast and Cervical Cancer Diagnostic and Treatment Fund (D&T Fund), established in 1996 by WV State Legislation, is designed to provide financial assistance for West Virginia women who are in need of diagnostic and/or treatment services for breast and cervical cancer. The D&T Fund provides breast and cervical cancer diagnostic and treatment services for WV women who meet eligibility guidelines. The WV BCCSP administers the D&T Fund within the Bureau for Public Health, Office of Maternal, Child, and Family Health.

### **11.1 Provider Responsibility**

The provider agrees to accept the payment from the D&T Fund as payment in full and will not balance bill the patient.

**Note: The D & T Fund is to be used as a “last resort” for payment.**

### **11.2 Eligibility Guidelines**

An applicant does not have to be enrolled in the WVBCCSP to access the D&T Fund; however, she must meet the following eligibility guidelines:

- Be a WV resident
- Have Income at or below 200% of the Federal Poverty Level (FPL)  
(Refer to Section VI)
- Have no health insurance, including Medicare, Medicaid or HMO.
- Have a condition strongly suspicious of cancer which requires diagnostic services to confirm the preliminary diagnosis or has a positive pathology report indicating diagnostic or treatment services are needed.
- Have been screened or evaluated for breast or cervical cancer or both by a WVBCCSP provider or a WV licensed physician, hospital or laboratory.

*Note: Referral providers who are located in bordering states may also utilize the D&T Fund for women who are West Virginia residents.*

### 11.3 D&T Fund CPT Codes/Procedures Covered

A limited number of procedures are available for reimbursement through the D&T Fund. **Only the CPT codes/procedures listed below are covered for reimbursement.** The WV BCCSP's Medical Advisory Committee determined covered services primarily based on availability of funds and data which showed the most frequently recommended procedures.

#### **Breast**

00400 General anesthesia (diagnostic breast procedure)

#### **Cervical**

57460 Loop electrode excision procedure (LEEP)  
57500 Biopsy of excision of lesion  
57505 Endocervical curettage  
57511 Cryocautery of cervix  
57513 Laser surgery of cervix  
57520 Conization of cervix with or without repair  
57522 Conization with LEEP  
58120 Dilation and curettage-diagnostic and/or therapeutic  
00940 General anesthesia (diagnostic cervical procedure)

### 11.4 Procedures Not Covered

- Advise patients that pre-operative procedures are not covered through the D&T Fund such as: chest x-rays, EKG and lab work.
- Encourage patients to speak with a financial counselor regarding assistance with payment if other procedures are necessary which are not covered through the D&T Fund.

### 11.5 How to Access the D&T Fund

- Obtain a *"Diagnostic and Treatment Fund Application"* from the WV BCCSP. (A copy of the application is located at the end of this section.)
- Determine applicant's eligibility.
- Refer to the list of covered procedures (11.3) to determine if payment will be allowed through the D&T Fund.
- The application must be completed by the physician/surgeon and submitted to the WV BCCSP for approval **prior** to performing the procedure.

- Fax the completed application to:

WV Diagnostic and Treatment Fund  
Breast & Cervical Cancer Screening Program  
**Fax: 304-558-1773**

*Note: Applications will not be accepted directly from a patient.*

- Information contained in the application is confidential. Applications will be reviewed for eligibility and returned by fax to the physician/surgeon.
- **To ensure reimbursement, please wait until the application has been faxed back, marked *Approved*, prior to performing the procedure.**
- **All approvals are subject to availability of funds as determined by the OMCFH Division of Financial Services.**

#### **11.6 How to Invoice for Payment**

- Submit an invoice to the WV BCCSP Diagnostic and Treatment Fund using a CMS 1500 or UB92 billing form listing the procedure and corresponding approved CPT code.
- Attach procedure results/narrative to the invoice in order to receive payment.
- Bill within sixty (60) days of the date of service.
- The current Medicare rate will determine the amount of payment.

*(Payment Fee Schedule located in Section VI)*

- Submit the invoice and procedure results to:

WV Diagnostic and Treatment Fund  
WV Breast and Cervical Cancer Screening Program  
350 Capitol Street, Room 427  
Charleston, West Virginia 25301-3714

## **11.7 Questions Regarding the D & T Fund**

Questions about patient eligibility or procedures covered through the D&T Fund should be directed to:

WV Diagnostic and Treatment Fund  
WV Breast and Cervical Cancer Screening Program  
350 Capitol Street, Room 427  
Charleston, West Virginia 25301-3714  
Telephone: (304) 558-5388  
Toll Free: 1-800-642-8522

***WV Breast and  
Cervical Cancer  
Diagnostic &  
Treatment Fund  
Application***



West Virginia Department of Health and Human Resources  
West Virginia Bureau for Public Health  
Office of Maternal, Child and Family Health  
**West Virginia Diagnostic and Treatment Fund Application**



**Patients who have Insurance, Medicare, Medicaid, HMO or Out-of State residents are not eligible.**

**Patient Information** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Family Size: \_\_\_\_\_ Income: \_\_\_\_\_ Sex: M F

Telephone Number: \_\_\_\_\_ Medical Eligibility: Y N Positive Cervical Biopsy indicating need for treatment

Medicaid Eligible: Y N Other Insurance: Y N WV Resident? Y N (If no, stop, the patient is not eligible)

**ONLY THE PROCEDURES LISTED BELOW ARE COVERED. TELEPHONE APPROVALS CAN NOT BE ACCEPTED.**

**BREAST REQUEST**

\_\_\_\_\_ (00400) General anesthesia Dx breast procedure \_\_\_\_\_

**BCCSP  
APPROVED**

**CERVICAL REQUEST**

\_\_\_\_\_ (57460) Loop electrode excision procedure (LEEP) \_\_\_\_\_

\_\_\_\_\_ (57500) Biopsy of excision of lesion \_\_\_\_\_

\_\_\_\_\_ (57505) Endocervical curettage \_\_\_\_\_

\_\_\_\_\_ (57511) Cryocautery of cervix \_\_\_\_\_

\_\_\_\_\_ (57513) Laser surgery of cervix \_\_\_\_\_

\_\_\_\_\_ (57520) Conization of cervix with or without repair \_\_\_\_\_

\_\_\_\_\_ (57522) Conization with LEEP \_\_\_\_\_

\_\_\_\_\_ (58120) Dilation & curettage-diagnostic and/or therapeutic \_\_\_\_\_

\_\_\_\_\_ (00940) General anesthesia Dx cervical procedure \_\_\_\_\_

**THIS APPLICATION FOR SERVICES HAS BEEN:**

☐ Approved \* ☐ Denied (see comments)

**\*SUBJECT TO AVAILABILITY OF FUNDS**

**By Financial Office:**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician submitting application: (fax number required)**

Name: \_\_\_\_\_

FEIN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Date procedure scheduled: \_\_\_\_\_

Person submitting application: \_\_\_\_\_

Return to Diagnostic and Treatment Fund  
Breast & Cervical Cancer Screening Program  
350 Capitol Street, Room 427  
Charleston, WV 25301-3714  
Phone: 1-800-642-8522 or (304) 558-5388  
Fax: (304) 558-1773

**Information contained in this application is confidential.**

**Facility (where procedure will be done):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Pathology:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Anesthesiology:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Other:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

***Breast and Cervical  
Cancer Prevention &  
Treatment Act  
(Medicaid Treatment Act)***

***Section V***

12.0 Medicaid Treatment Act



## **SECTION V BREAST AND CERVICAL CANCER PREVENTION & TREATMENT ACT (MEDICAID TREATMENT ACT)**

### **12.0 Purpose of the Medicaid Treatment Act (MTA)**

West Virginia was one of the first states to take advantage of the implementation of the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA), Public Law 106-354. This law authorized each State the option to extend Medicaid eligibility and full Medicaid benefits to otherwise uninsured women under age 65 who are identified through the NBCCEDP Grantee (WVBCCSP) as being in need of treatment for breast or cervical cancer (including pre-cancerous conditions).

West Virginia Medicaid provides full benefit coverage to women diagnosed with breast and/or cervical cancer including pre-cancerous conditions who meet the following eligibility guidelines.

### **12.1 Eligibility Guidelines**

- Must be a West Virginia resident
- Must be under age 65
- Must be enrolled in the WVBCCSP but does not have to meet income guidelines  
*Note: There are no income or asset tests for this special population of women to receive Medicaid.*
- Must be in need of treatment for breast and/or cervical cancer or eligible pre-cancerous condition (breast or cervix must be primary site of cancer). Refer to *Section 12.2, MTA Eligible Diagnoses*.
- Must be uninsured or without credible insurance coverage as determined by Medicaid.

### **12.2 MTA Eligible Diagnoses**

- Breast or Cervical Cancer
- Pre-Cancerous Breast - (excisional biopsy)
  - Atypical Ductal Hyperplasia

- Pre-Cancerous Cervical – (\*based on Colposcopy result, not Pap test)
  - CIN I, II, III; CIS, LSIL, HSIL
  - AGC, ASC-H
  - Squamous cell carcinoma
  - Adenocarcinoma

**\* Note: Pap test results do not qualify a woman for MTA enrollment.**

### **12.3 Screening Provider Responsibility for MTA Referral**

When a West Virginia woman has been diagnosed with breast or cervical cancer, including a pre-cancerous condition as listed above, and meets the eligibility guidelines for MTA, the screening provider will complete the following:

- Enroll the woman in WVBCSP if not previously enrolled.
- Give her a CDC Certificate of Diagnosis form to be completed by the diagnosing physician with an eligible diagnosis.
- Give her the BCC Medicaid Application (OFS-BCC-1)
- Instruct her to take or mail completed CDC Certificate and BCC Medicaid Application to the DHHR office in her county of residence.
- Fax or mail completed Case Management Referral form to the WVBCSP Nurse Supervisor. Refer to 12.7 for address and fax number.

(A copy of these forms is located at the end of this section).

**Note: A woman diagnosed by a provider who does not participate in the WVBCSP must be referred to a WVBCSP screening provider for enrollment.**

### **12.4 DHHR Responsibility**

- Verify that the woman has a CDC Certificate of Diagnosis and BCC Medicaid application.
- Verify age is under 65 years
- Verify woman has no credible insurance
- Verify woman is a West Virginia resident
- Fax completed forms to the WVBCSP Nurse Supervisor at (304) 558-7164

**Note: Patient does not have to prove income.**

## **12.5 MTA Confirmation**

Most applicants will get immediate confirmation of their application and are immediately eligible for coverage of their treatment.

- A Medicaid card is sent by mail within 7 to 10 days.
- Coverage begins the first day of the month in which the diagnosis was made.

**OR**

- Coverage begins up to three months retroactively for women who are eligible.
- Coverage continues until active treatment ends as determined by the treating physician(s).

## **12.6 Case Management Responsibilities**

Once the WVBCCSP receives notification from the DHHR of the woman's enrollment, the WVBCCSP Case Manager will:

- Complete a needs assessment with the patient
- Obtain pathology reports
- Confirm active treatment with physician documentation
- Assist the woman in overcoming barriers to treatment
- Disenroll from MTA after active treatment has been completed with physician verification.
- Encourage the woman to return to the WVBCCSP screening program

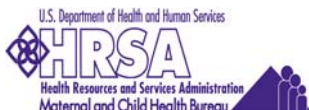
## **12.7 Questions Regarding MTA**

Questions about patient eligibility or enrollment into the MTA should be directed to:

WVBCCSP Nurse Supervisor  
350 Capitol Street, Room 427  
Charleston, West Virginia 25301-3714  
Telephone: (304) 558-5388  
Toll Free: 1-800-642-8522

# ***CDC Certificate of Diagnosis***

<b>CDC CERTIFICATE OF DIAGNOSIS</b> <b>Medicaid Referral Form</b>		<b>Breast &amp; Cervical Cancer Screening Program</b> <b>West Virginia Department of Health &amp; Human Resources</b> <b>Office of Maternal, Child and Family Health</b>	
<b>This Patient is a Breast and Cervical Cancer Screening Participant.</b>			
<b>Facility Clinic:</b>			
<b>Client Name:</b>		<b>SSN#</b>	
<b>Diagnosis Date:</b>			
<b>Diagnosis:</b>			
<b>(Please Print) Physician's Name</b>		<b>Physician's Signature</b>	<b>Date</b>
<b>Original: Physician    Pink: BCCSP    Yellow: Screening Provider    Goldenrod: Patient</b>			
<b>WVDHHR/BPH/OMCFH/PWH/BCCSP</b>		<b>Y602 Rev. 7/02</b>	



***Payment Fee  
Schedule & Federal  
Poverty Level Income  
Guidelines***

***Section VI***

# *Payment Fee Schedule*

**2006 PAYMENT FEE SCHEDULE**

**REFERRAL PROCEDURES**

<b>Service/Description/Procedure</b>	<b>CPT Code</b>	<b>July 1, 2006 Allowable Rate</b>
Mammogram, Screening	76092 or G0202	\$74.18
	Technical Component	\$40.36
	Professional Component	\$33.82
Mammogram, Diagnostic - (unilateral)	76091 or G0204	\$84.74
	Technical Component	\$42.73
	Professional Component	\$42.01
Mammogram, Diagnostic – (bilateral)	76090 or G0206	\$68.29
	Technical Component	\$34.47
	Professional Component	\$33.82
Ultrasound, Echography of Breast	76645	\$60.46
	Technical Component	\$34.47
	Professional Component	\$25.99
Puncture Aspiration of Cyst	19000	\$93.83
Each Additional Cyst	19001	\$24.84
Breast Biopsy - Needle Core	19100	\$116.82
Breast Biopsy - Incisional	19101	\$270.50
Breast Biopsy - Device	19103	\$491.61
Breast Biopsy - Localization Clip	19102	\$193.96
Breast Biopsy - Excisional	19120	\$376.45
Breast Biopsy – Radiological Marker	19125	\$405.57
Each Additional Lesion	19126	\$156.89
Pre-op Placement of Needle Localization Wire	19290	\$134.60
Needle Localization - Each Additional Lesion	19291	\$60.88
Image Guided Placement, Metallic Localization Clip, Percutaneous, During Breast Biopsy	19295	\$80.56
Sterotactic Localization - Breast Biopsy	76095	\$311.41
	Technical Component	\$233.44
	Professional Component	\$77.97
Needle Localization – Radiological Interpretation	76096	\$69.44
	Technical Component	\$42.73
	Professional Component	\$26.71
Radiological Examination, Surgical Specimen	76098	\$21.39
	Technical Component	\$13.56
	Professional Component	\$7.83
Ultrasound Guided Biopsy	76942	\$121.59
	Technical Component	\$89.15
	Professional Component	\$32.44
Lab-Needle Biopsy (FNA)	10021	\$115.54
Evaluation of Fine Needle Aspirate	88172	\$45.57
	Technical Component	\$15.04
	Professional Component	\$30.53
Interpretation & Report, Fine Needle Aspirate	88173	\$117.61
	Technical Component	\$47.04
	Professional Component	\$70.57



2006 Payment Fee Schedule

Page 2 of 2

Service/Description/Procedure	CPT Code	July 1, 2006 Allowable Rate
Lab- Surgical Pathology Breast Tissue Biopsy	88305	\$87.64
	Technical Component	\$49.05
	Professional Component	\$38.59
Surgical Pathology, gross & microscopic exam	88307	\$157.87
	Technical Component	\$76.84
	Professional Component	\$81.03
Surgical Consultation, Breast Referral (15 min)	99241	\$44.91
Surgical Consultation, Breast Referral (30 min)	99242	\$83.08
Surgical Consultation, Breast Referral (40 min)	99243	\$110.68
Surgical Consultation, Breast Referral *	99244	\$156.51
Colposcopy without Biopsy	57452	\$102.26
Colposcopy with Biopsy & Endocervical Curretage	57454	\$148.55
Colposcopy with Biopsy of Cervix	57455	\$136.39
Colposcopy with Endocervical Curretage	57456	\$128.13
Pathology, Cervical Biopsy	88305	\$87.64
(Limit 2 specimens)	Technical Component	\$49.05
	Professional Component	\$38.59
Office Visit, New Patient	99202	\$58.04
Pap Smear reported in Bethesda System Conventional	88164	\$14.76 (Contract Price)
Pap Test, Liquid based in Bethesda System	88174	\$29.85
Hybrid Capture II from Digene	87621	\$49.04
=HPV Test (High Risk Typing Only)		

\* Highest rate that WVBCSP is authorized to reimburse.

**DIAGNOSTIC & TREATMENT FUND PROCEDURES**

Service/Description/Procedure	CPT Code	July 1, 2006 Allowable Rate
General Anesthesia (diagnostic breast procedure)	00400	\$16.69 per (unit = 15 min)
Loop electrode excision procedure (LEEP)	57460	\$295.04
Biopsy of excision of lesion	57500	\$117.36
Endocervical curettage	57505	\$92.34
Cryocautery of cervix	57511	\$135.83
Laser surgery of cervix	57513	\$132.57
Conization of cervix with or without repair	57520	\$289.95
Conization with LEEP	57522	\$237.77
Dilation & curettage – diagnostic and/or therapeutic	58120	\$208.57
General Anesthesia (diagnostic cervical procedure)	00940	\$16.69 per (unit = 15 min)

# ***Federal Poverty Income Guidelines***

**GROSS MONTHLY INCREMENTS – July 2006**

POVERTY LEVEL			
Family Size	150 %	150 + % - 175%	175 + % - 200%
1	\$1,225	\$1,226- \$1,429	\$1,430- \$1,633
2	\$1,650	\$1,651- \$1,925	\$1,926- \$2,200
3	\$2,075	\$2,076- \$2,421	\$2,422- \$2,767
4	\$2,500	\$2,501- \$2,917	\$2,918- \$3,333
5	\$2,925	\$2,926- \$3,413	\$3,414- \$3,900
6	\$3,350	\$3,351- \$3,908	\$3,909- \$4,467
7	\$3,775	\$3,776- \$4,404	\$4,405- \$5,033
8	\$4,200	\$4,201- \$4,900	\$4,901- \$5,600
Each additional family member, add:	\$283		

**PATIENT FEES BASED ON INCOME LEVEL**

	CPT Code	0%	20%	40%
Patient Referral/Enrollment	N/A	0	N/A	N/A
Repeat Pap or CBE	99211	0	\$3.65	\$7.31
Annual Breast or Cervical	99212	0	\$6.79	\$13.58
Annual Routine Screening*	99213, 99214	0	\$9.27	\$18.54
Initial Screening (10 min)	99201	0	\$6.50	\$12.99
Initial Screening (20 min)	99202	0	\$11.61	\$23.22
Initial Screening (30 min)	99203	0	\$17.40	\$34.80
Initial Screening (>30 min)*	99204, 99205	0	\$17.40	\$34.80

**PROGRAM PAYMENT TO CLINIC**

	CPT Code	0%	20%	40%
Patient Referral/Enrollment	N/A	\$15.00	N/A	N/A
Repeat Pap or CBE	99211	\$18.27	\$14.62	\$10.96
Annual Breast or Cervical	99212	\$33.96	\$27.17	\$20.38
Annual Routine Screening*	99213, 99214	\$46.36	\$37.09	\$27.82
Initial Screening (10 min)	99202	\$32.48	\$25.98	\$19.49
Initial Screening (20 min)	99203	\$58.04	\$46.43	\$34.82
Initial Screening (30 min)	99204	\$86.99	\$69.59	\$52.19
Initial Screening (>30 min)*	99204, 99205	\$86.99	\$69.59	\$52.19

Federal Register/Volume 71 January 24, 2006

Patient must be at or below Federal Poverty Level to meet program income eligibility guidelines. WVBCSP funds are to be used as last resort for payment.

\*The WVBCSP acknowledges that providers may spend more time with patients, but this is the highest rate we are federally authorized to reimburse.

# *Referral Provider Letters of Agreement*

## *Section VII*

# *Letters of Agreement*

**LETTER OF AGREEMENT  
BETWEEN  
THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR PUBLIC HEALTH  
OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH  
BREAST AND CERVICAL CANCER SCREENING PROGRAM  
and  
(PROVIDERS OFFICIAL BUSINESS NAME)**

This Letter of Agreement (LOA) is between the West Virginia Department of Health and Human Resources (WVDHHR), Bureau for Public Health (BPH), Office of Maternal, Child and Family Health (OMCFH), Breast and Cervical Cancer Screening Program (BCCSP) hereafter "Program" and **(PROVIDERS OFFICIAL BUSINESS NAME)**, hereafter "Provider." The Letter of Agreement is for the provision of (description of services) as further described in **Exhibit A**.

WHEREAS, the Program has identified a public need;

WHEREAS, the Program has selected the Provider to implement activities and services as described herein to accomplish a public purpose of support or stimulation authorized by Federal/State statutes and regulations;

WHEREAS, the Program will provider funds available for these activities and services;

NOW, THEREFORE the parties mutually agree as follows:

**I. PROGRAM SERVICES TO BE PROVIDED**

**1.01 Scope:**

The Provider agrees to provide the services and activities under the terms and conditions in the approved Statement of Work attached as **Exhibit A**.

**II. LETTER OF AGREEMENT TERM**

**2.01 Time Period of Letter of Agreement:**

This Letter of Agreement will remain in effect, beginning on July 1, 2004 unless otherwise terminated in writing by either party.

**III. PAYMENT TERMS AND CONDITIONS**

**3.01 Payment methodology:**

The payment methodology and invoice procedures guidance, attached as **Exhibit B**, shall constitute the manner whereby payments are made by the Program to the Provider.

**3.02 Payment of an invoice:**

The payment of an invoice by the program shall not prejudice the Program's right to object to or question any invoice or matter relating to this Letter of Agreement.

Such payment by Program shall not be construed as acceptance of any part of the work or service provided nor as an approval of any of the costs invoiced.

**3.03 Unallowable Costs:**

The Provider's invoice shall be subject to reduction for amounts included in any invoice or prior payment made which are determined by the Program not to constitute allowable costs on the basis of audits, reviews, or monitoring of this Letter of Agreement.

**IV. REPORTS AND RECORDS**

**4.01 Required Reports:**

A listing of all reports and reporting requirements is attached as **Exhibit C**. The Provider certifies it is familiar with and agrees to comply with these requirements.

**4.02 Record Retention:**

The Provider agrees to retain patient records pertaining to this agreement for 5 years from date of service.

**4.03 Access to Records:**

The Provider agrees to allow the review and copying of any records pertinent to agreement by the Program or its designees. Such review will be conducted at the Provider facility. The Program will notify the Provider of the date of such a review two calendar weeks in advance.

**V. STANDARD TERMS AND CONDITIONS**

**5.01 Required Approvals:**

The Program is not bound by this Letter of Agreement until it is approved and signed by all parties listed on the signature page.

**5.02 Termination:**

This letter of Agreement may be cancelled by either party at any time with or without cause, upon thirty (30) days notice in writing, and delivered by mail or in person. During the interim between notice and the effective date of cancellation, both parties are to fulfill the responsibilities of the Letter of Agreement.

**5.03 Completeness:**

5.03(a) This Letter of Agreement is complete and contains the entire understanding between the parties relating to this Letter of Agreement.

5.03(b) This Letter of Agreement supersedes all prior understandings, representations, negotiations, and agreements between the parties written or oral.

#### **5.04 Licensure and Registrations:**

The Provider certifies that it is registered and licensed to do business in the State of West Virginia. The Provider and its employees shall be licensed pursuant to all applicable federal, state and local laws, ordinances, rules, and regulations and shall upon request provide proof of all licenses.

### **VI. COMMUNICATIONS AND CONTACTS:**

#### **6.01 Notices:**

Any notice, request, demand, communications required under this Letter of Agreement shall be in writing and shall be deemed sufficiently given upon delivery, if delivered by hand (signed receipt obtained), or three (3) days after posting if properly addressed and sent certified mail return receipt requested. These notices shall become effective on the date of receipt or the date specified within the notice, whichever comes later.

### **VII. ASSURANCES & PUBLIC POLICY REQUIREMENTS**

#### **7.01 Civil Rights:**

The Provider shall comply with all Federal and State laws, rules and regulations which prohibit any unlawful discrimination or violations of civil rights. Such laws, rules and regulations shall include, but not be limited to: Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), the Americans with Disabilities Act of 1990, all requirements imposed by applicable United States Program of Health and Human Services (45 C.F.R. § 84), and guidelines and interpretations issued pursuant thereto, the Age Discrimination Act of 1972. Provider shall insert a similar provision in all subcontracts for activities covered under the Letter of Agreement.

#### **7.02 Program Fraud Civil Remedies Act:**

The authorized official signing for the Provider certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees the Provider organization will comply with all terms and condition of the Letter of Agreement.

### **VIII. OTHER TERMS AND CONDITIONS**

#### **8.01 Confidentiality of Records:**

8.01(a) Strict standards of confidentiality of records shall be maintained in accordance with State and Federal laws. Both Program and the Provider shall assure that medical services to, and information contained in medical records of persons served under this agreement, or other such recorded information required to be held confidential by federal or state law, rule, or regulation in connection with the provision of services or other activity under this agreement, shall be privileged communication, shall be held confidential, and shall not be divulged without the written consent of either the patient or a person responsible for the patient, except



as may be otherwise required by applicable law or regulation. Such information may be disclosed in summary, statistical, or other form that does not directly or indirectly identify particular individuals. It is expressly understood and agreed that obligations set forth in this section shall survive the Letter of Agreement.

8.01(b) Within the scope of confidentiality provision in this Letter of Agreement and governing laws, the Program and Provider shall both have unlimited, non-exclusive rights to use, disclose, duplicate or publish for any purpose whatsoever, the results of activities under this Letter of Agreement.

**8.02 State and Federal Compliance:**

The Provider shall comply with all applicable State and Federal laws and regulations in the performance of this Letter of Agreement.

**8.03 Organization and/or Personal Changes:**

Provider agrees to inform the Department of any changes of key personnel or organizational structure affecting the operation of the Provider agency.

**8.04 Contacts:**

**Grantee Contacts**

NAME	ADDRESS/CITY/ST/ZIP	TELEPHONE	FAX	EMAIL

**Department Contacts**

NAME	ADDRESS/CITY/ST/ZIP	TELEPHONE	FAX	EMAIL
Christina Mullins, Program Director	350 Capitol Street, Room 427 Charleston, WV 25301-3714	558-5388	558-7164	Christina Mullins@ wvdhhr.org

## AGREEMENT ACCEPTANCE BY SIGNATURE

\_\_\_\_\_  
Signature Line

Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Person Signing

Title \_\_\_\_\_  
Title of Person Signing

**(Providers Official Business Name  
and Address)**

\_\_\_\_\_  
Christina Mullins, Program Director  
Breast and Cervical Cancer Screening Program  
350 Capitol Street, Room 427  
Charleston, West Virginia 25301-3714

Date \_\_\_\_\_

\_\_\_\_\_  
Anne Williams, Director  
Division of Perinatal & Women's Health  
Office of Maternal, Child & Family Health  
350 Capitol Street, Room 427  
Charleston, West Virginia 25301-3714

Date \_\_\_\_\_

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**EXHIBIT A**  
**STATEMENT OF WORK**

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**Services To Be Provided:**

The Provider agrees to perform mammography and/or ultrasound services for WVBCCSP patient, enrollees, if required. These services will be provided to women referred by WVBCCSP Program Screening Providers. A list of the Screening Providers is on file with the WVBCCSP Program.

**The Mammography/Ultrasound Provider Agrees To:**

- Submit evidence that the physician or medical practitioner performing the mammography or ultrasound; (1) is certified under the requirements of the Mammography Quality Standards Re-Authorization Act of 1998 and; (2) has received specialized training in performing mammography or ultrasounds
- The mammography facility must achieve and maintain accreditation by the American College of Radiology (ACR) and Mammography Quality Standards Act (MQSA) certification from the Food and Drug Administration (FDA). The facility agrees to notify the Program of any change in its accreditation and certification status.
- Only dedicated mammography equipment can be used for patients in the BCCSP Program.
- Accept from participating Program screening sites referrals of income and age eligible, medical indigent women for screening and/or diagnostic mammography and/or ultrasound services.
- Send a copy of the results of each client's mammography, ultrasound and narrative to the referring Program screening provider and the WVDHHR/BPH/OMCFH/BCCSP using the BCCSP Mammography Report Form Y203.
- Allow the review and copying of each client's mammography, ultrasound and narrative to the designees. Such review will be conducted at the Provider facility. The Program will notify the Provider of the date of such review two calendar weeks in advance.

**Program Covered Services are defined as:**

- Screening Mammogram (CPT Code 76092): for asymptomatic women which consists of the standard bilateral two-view screening mammogram.
  - Technical component
  - Professional component
- Diagnostic Mammogram (CPT Code 76090): Unilateral Mammogram, (CPT Code 76091) for symptomatic women, may consist of the standard bilateral mammographic views or mammographic spot compression and magnification views.
  - Technical component
  - Professional component

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**EXHIBIT A**  
**STATEMENT OF WORK**

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- Ultrasound (CPT Code 76645): to be used as an adjunct to mammography, when an abnormally detected on mammography is not palpable or when palpable mass is partially or poorly seen mammographically. Ultrasound would not be approved for reimbursement by Program when it is used as a diagnostic procedure separate from mammography.
  - Technical component
  - Professional component

**Program agrees to:**

- To pay for Program covered mammography and ultrasound services at the Medicare established rate, as follows:
  - The approved rate is inclusive of the X-ray imaging and radiologist interpretation.
  - A component split of 37% for professional services and 63% for the technical services applies.
  - Separate invoices for technical and professional components may be submitted and will be processed and paid according to the instructions of the contracting mammography facility.
- Supply the Provider with forms for reporting the results of the mammography and/or ultrasound and instruct the Provider in the use of the forms.
- Pay for services provided under the terms of the LOA per the current rate of reimbursement.

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**EXHIBIT B**  
**PAYMENT METHODOLOGY**

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**Payment Methodology:**

After receipt of the fully executed Letter of Agreement, the Provider shall submit invoices for payment in accordance to the West Virginia Medicare Part B Locality Fee Schedule for services provided. The Provider may submit invoices as often as deemed appropriate for the volume of services being delivered, but no less frequently than monthly. Original invoices must be submitted as an original and must conform to the Program's invoicing instructions.

Invoices are to be submitted to the address below:

Breast and Cervical Cancer Screening Program  
Office of Maternal, Child & Family Health  
350 Capitol Street, Room 427  
Charleston, WV 25301-3714

**Provider's Invoicing Procedures:**

- **The established rate of reimbursement is based on the West Virginia Medicare Part B Locality Fee Schedule which is updated on a yearly basis. Refer to current BCCSP policy statement for reimbursement rates. The Provider is not allowed to bill the BCCSP patient for the difference between the invoiced amount and the amount paid by the Program.**
- The provider will treat the Program as a payor of last resort by first billing the appropriate third party payer for the services rendered. Program may be billed for denied claims or partial payments that do not exceed the Program allowable rate. An Explanation of Benefits (EOB) must be submitted with the invoice.
- Invoice for services on the UB92 or HCFA-1500 Form. Submit the invoice and the results of the procedure to Program within 45 days of the date the procedure is performed. **Invoices received after 45 days of the date of service will be returned unpaid. All invoices for services rendered up to and including June 26, 2005, must be submitted by August 15, 2005, if the invoices are not received by August 15, 2005, they will be returned unpaid.**
- Record results on each mammography, screening and/or diagnostic and ultrasound on the Program prescribed Mammography Report Form (see Exhibit C) Y203. The Mammography report must also accompany the results of the ultrasound. These results must accompany the invoice submitted to the Program for payment to be made.

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**EXHIBIT C**  
**REQUIRED REPORTS**

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**Required reporting information for BCCSP services:**

**Mammography**

1. Mammography Report Form Y203
2. Narrative Report

**Ultrasound**

1. Narrative Report

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**EXHIBIT A**  
**STATEMENT OF WORK**

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**Service To Be Provided:**

The Provider agrees to perform fine needle aspiration (FNA) and/or breast biopsy for WVBCCSP patient enrollees, if required. All procedures are to be performed per the current American College of Services (ACS) standards of practice. These services will be provided to women referred by WVBCCSP Program Screening Providers. A list of these Screening Providers is on file with the Providers and the WVBCCSP Program.

**The FNA/Breast Biopsy Provider Agrees To:**

- Submit evidence that the physician/surgeon performing the fine needle aspiration of the breast or breast biopsy: (1) is certified by the American Board of Surgeons and (2) has received specialized training in performing fine needle aspiration and/or breast biopsy.
- Accept referrals from participating Program screening sites. All Program screening providers will be instructed to furnish the Provider with a report of the patient's clinical breast examination and mammography results and a copy of the referral form as evidence of program eligibility. The referral form is on file with the Provider.
- Use CLIA-approved laboratories for surgical pathologies.
- Send a copy of the results of each client's services to the referring Program screening provider and the WVDHHR/BPH/OMCFH/BCCSP using the appropriate BCCSP form: Y210 Fine Needle Aspiration Report for FNA and/or physician's narrative report for breast biopsy.
- Allow the review and copying of records pertinent to this agreement by Program or its designees. Such review will be conducted at the Provider facility. Program will notify the Provider of the date of such a review two calendar weeks in advance.

**Program covered services are defined as:**

- Surgical Consultation (CPT Code 99242)
- Puncture Aspiration of Cyst of Breast (CPT Code 19000)
- Each Additional Cyst (CPT Code 19001)
- Fine Needle Aspiration, with/without preparation of smears (CPT Code 10021)
- Ultrasonic guidance for needle biopsy, radiological supervision and interpretation (CPT Code 76942)
  - Technical component
  - Professional component
- Evaluation of Fine Needle Aspirate with/without preparation of smear (CPT Code 88172)
  - Technical component
  - Professional component

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**EXHIBIT A**  
**STATEMENT OF WORK**

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- Interpretation and Report of Fine Needle Aspirate (CPT Code 88173)
  - Technical component
  - Professional component
- Breast biopsy, precutaneous, needle core, not using imaging guidance (CPT Code 19100)
- Breast biopsy, open, incisional (CPT Code 19101)
- Biopsy of breast; precutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance (CPT Code 19103)
- Excision of cyst, fibro adenoma, or other benign or malignant tumor, aberrant breast tissue duct lesion, nipple or areolar lesion, open..., one or more lesions (CPT Code 19120)
- Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion (CPT Code 19125)
- Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (CPT Code 19126)
- Preoperative placement of needle localization wire, breast (CPT Code 19290)
- Preoperative placement of needle localization wire, breast; each additional lesion (CPT Code 19295)
- Follow-up visit after procedure – outpatient (CPT Code 99242)
- Stereotactic localization guidance for breast biopsy or needle placement (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation (CPT Code 76095)
  - Technical component
  - Professional component
- Preoperative placement of needle localization wire, breast, radiological supervision, and interpretation (CPT Code 76096)
  - Technical component
  - Professional component
- Radiological examination, surgical specimen (CPT Code 76098)
  - Technical component
  - Professional component

***A Facility Fee will be reimbursable on an outpatient basis only.***

**No preoperative procedures/services will be covered.**



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**EXHIBIT A**  
**STATEMENT OF WORK**

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**The Program Agrees to:**

- Supply the Provider with applicable forms for reporting the results of the procedures and instruct the Provider in the use of these forms.
- Pay for services provider under the terms of this LOA per the current rate of reimbursement.

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**EXHIBIT B**  
**PAYMENT METHODOLOGY**

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**Payment Methodology:**

After receipt of the fully executed Letter of Agreement, the Provider shall submit invoices for payment in accordance to the West Virginia Medicare Part B Locality Fee Schedule for services provided. The Provider may submit invoices as often as deemed appropriate for the volume of services being delivered, but no less frequently than monthly. Original invoices must be submitted as an original and must conform to the Program's invoicing instructions.

Invoices are to be submitted to the address below:

Breast and Cervical Cancer Screening Program  
Office of Maternal, Child & Family Health  
350 Capitol Street, Room 427  
Charleston, WV 25301-3714

**Provider's Invoicing Procedures:**

- **The established rate of reimbursement is based on the West Virginia Medicare Part B Locality Fee Schedule which is updated on a yearly basis. Refer to current BCCSP policy statement for reimbursement rates. The Provider is not allowed to bill the BCCSP patient for the difference between the invoiced amount and the amount paid by the Program.**
- The provider will treat the Program as a payor of last resort by first billing the appropriate third party payer for the services rendered. Program may be billed for denied claims or partial payments that do not exceed the Program allowable rate. An Explanation of Benefits (EOB) must be submitted with the invoice.
- Invoice for services on the UB92 or HCFA-1500 Form. Submit the invoice and the results of the procedure to Program within 45 days of the date the procedure is performed. **Invoices received after 45 days of the date of service will be returned unpaid. All invoices for services rendered up to and including June 26, 2005, must be submitted by August 15, 2005, if the invoices are not received by August 15, 2005, they will be returned unpaid.**
- Record results on each fine needle aspiration on Form Y210 and/or breast biopsy with the Pathology Report. The pathology report must also accompany the results of the biopsy. All results must accompany the invoice submitted to the Program for payment to be made.

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**EXHIBIT C**  
**REQUIRED REPORTS**

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**Required reporting information for the BCCSP services:**

1. Fine Needle Aspiration Form Y210
2. Pathology Report – if sample is sent to the lab

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**EXHIBIT A**  
**STATEMENT OF WORK**

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**Service to Be Provided:**

The Provider agrees to perform colposcopy and/or colposcopy-directed biopsy for WVBCCSP patient enrollees, if required. All procedures are to be performed per the current ACOG Standards of practice. These services will be provided to women referred by the WVBCCSP Program Screening Providers. A list of Screening Providers is on file with the WVBCCSP Program.

**The Colposcopy Provider Agrees To:**

- Submit evidence that the physician or medical practitioner performing the colposcopy and/or colposcopy-directed biopsy: (1) is certified by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology and; (2) has received specialized training in performing colposcopy examinations and colposcopy-directed biopsy or; (3) has met the requirements established by the Program Medical Advisory Committee. These requirements are on file with the Provider, Such evidence must be submitted to the Program when the Provider returns the signed copy of this agreement. The Program will not process the agreement until these requirements have been met and the certification has been verified.
- Accept referrals from Program screening providers. Program screening providers will be instructed to furnish the Provider with a report of the patient's Pap smear results and a copy of the referral form as evidence of program eligibility. The referral form is on file with the Provider.
- Use CLIA approved laboratories for surgical pathologies.
- Send a copy of the results of each client's colposcopy and/or colposcopy-directed biopsy to the referring Program screening provider and the WVDHHR/BPH/OMCFH/BCCSP using the BCCSP Colposcopy Report Form Y304.
- Allow the review and copying of records pertinent to this agreement by the Program or its designees. Such review will be conducted at the Provider facility. The Program will notify the Provider of the date of such a review two calendar weeks in advance.

**Program Covered Services are defined as:**

- Colposcopy without biopsy (CPT Code 57452)
- Colposcopy with biopsy and/or endocervical curettage (CPT Code 57454) (Surgical Procedure Only)
- Colposcopy with biopsy or cervix (CPT Code 57455)
- Colposcopy with endocervical curettage (CPT Code 57456)
- Colposcopy biopsy, interpretation – surgical pathology, (CPT Code 88305) gross and microscopic examination 2 specimens maximum

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**EXHIBIT A**  
**STATEMENT OF WORK**

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- Technical component
  - Professional component
- New Patient Visit (CPT Code 99202)

**Program agrees to:**

- Supply the Provider with forms for reporting the results of the colposcopy and/or colposcopy-directed biopsy and instruct the Provider in the use of the forms.
- Pay for services provided under the terms of the LOA per the current rate of reimbursement.

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**EXHIBIT B**  
**PAYMENT METHODOLOGY**

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**Payment Methodology:**

After receipt of the fully executed Letter of Agreement, the Provider shall submit invoices for payment in accordance to the West Virginia Medicare Part B Locality Fee Schedule for services provided. The Provider may submit invoices as often as deemed appropriate for the volume of services being delivered, but no less frequently than monthly. Original invoices must be submitted as an original and must conform to the Program's invoicing instructions.

Invoices are to be submitted to the address below:

Breast and Cervical Cancer Screening Program  
Office of Maternal, Child & Family Health  
350 Capitol Street, Room 427  
Charleston, WV 25301-3714

**Provider's Invoicing Procedures:**

- **The established rate of reimbursement is based on the West Virginia Medicare Part B Locality Fee Schedule which is updated on a yearly basis. Refer to current BCCSP policy statement for reimbursement rates. The Provider is not allowed to bill the BCCSP patient for the difference between the invoiced amount and the amount paid by the Program.**
- The provider will treat the Program as a payor of last resort by first billing the appropriate third party payer for the services rendered. Program may be billed for denied claims or partial payments that do not exceed the Program allowable rate. An Explanation of Benefits (EOB) must be submitted with the invoice.
- Invoice for services on the UB92 or HCFA-1500 Form. Submit the invoice and the results of the procedure to Program within 45 days of the date the procedure is performed. **Invoices received after 45 days of the date of service will be returned unpaid. All invoices for services rendered up to and including June 26, 2005, must be submitted by August 15, 2005, if the invoices are not received by August 15, 2005, they will be returned unpaid.**
- Record results on each colposcopy and colposcopy-directed biopsy on the Program prescribed Colposcopy Report Form Y304. The pathology report must also accompany the results of the colposcopy-directed biopsy. These results must accompany the invoice submitted to the Program for payment to be made.

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**EXHIBIT C**  
**REQUIRED REPORTS**

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**Required reporting information for BCCSP services:**

1. Colposcopy Report Form Y304
2. Pathology Report(s) – for biopsy

# ***Provider Directories***

## ***Section VIII***

***Screening Provider Directory  
Mammography/Ultrasound Directory  
FNA/Breast Surgeon Directory  
Colposcopy Provider Directory  
WVBCCSP Staff Listing***



**BUREAU FOR PUBLIC HEALTH, OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH  
WV BREAST AND CERVICAL CANCER SCREENING PROGRAM  
SCREENING PROVIDER DIRECTORY**

<b>COUNTY-REGION-CIS</b>	<b>PROVIDER SITE-ADDRESS-BCC NO.</b>	<b>CONTACT-TELEPHONE-FAX</b>
Barbour 7 Kathy Osborn Helmick	Barbour County Health Department 23 Wasbash Avenue Phillippi, WV 26416 BCC0389	<i>Contact:</i> Rochelle Sutton, RN or <i>Telephone:</i> 457-1670 <i>Fax:</i> 457-1296 <i>Administrator:</i> Robin Kershner
Barbour 7 Kathy Osborn Helmick	Belington Community Medical Services 210 Sturmer Street Belington, WV 26250 BCC00940	<i>Contact:</i> Amy Lawrence <i>Telephone:</i> 823-2800 <i>Fax:</i> 823-2703 <i>Administrator:</i> Tom Harvard, PA
Barbour 7 Kathy Osborn Helmick	Broadus Hospital Association Rt. 199 S Manfield Hill Box 930 Phillippi, WV 26416 BCC0025	Clinicare #1 Healthcare Drive <i>Contact:</i> Susan Ketchem <i>Telephone:</i> 457-8166 <i>Fax:</i> 457-6072 <i>Administrator:</i> Jeff Powelson, CEO
Berkeley 8 Ruthie Watts	Berkeley County Health Department 800 Emmett Rousch Drive Martinsburg, WV 25401 BCC0290	<i>Contact:</i> April Reynolds, RN <i>Telephone:</i> 263-5131 <i>Fax:</i> 263-1067 <i>Administrator:</i> Frank Hamilton, MD
Berkeley 8 Ruthie Watts	Shenandoah Valley Family Health Care PO Box 1567 Inwood, WV 25423 BCC0043 (Satellite of Shenandoah Valley Medical Systems)	102 Hovatter Drive <i>Contact:</i> Diane Inkley, FNP or R <i>Telephone:</i> 263-0300 <i>Fax:</i> 229-7772 <i>Administrator:</i> Karen Young
Berkeley 8 Ruthie Watts	Shenandoah Valley Medical Systems PO Box 1146 Martinsburg, WV 25402 BCC0150	99 Tavern Road <i>Contact:</i> Dena Bowers, RN <i>Telephone:</i> 263-4999 <i>Fax:</i> 267-6418 <i>Administrator:</i> Steve Herring, CFO/ Dave East, CEO
Berkeley 8 Ruthie Watts	Shenandoah Women's Health PO Box 6100 Martinsburg, WV 25402 BCC0155 (Satellite of Shenandoah Valley Medical System)	99 Tavern Road <i>Contact:</i> Sissy Poland <i>Telephone:</i> 263-8964 <i>Fax:</i> 263-9187 <i>Administrator:</i> Dr. Wanger

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Boone	Boone County Health Department	<i>Contact:</i> Kay Tackett, RN
3	PO Box 209	<i>Telephone:</i> 369-7967
Jodi Waugh	Madison, WV 25130	<i>Fax:</i> 369-2832
	BCC0133	<i>Administrator:</i> John M. Snyder, DO
Boone	Raleigh-Boone Medical Center	<i>Contact:</i> Denise Gobble, FNP
3	PO Box 187	<i>Telephone:</i> 854-1321
Jodi Waugh	Whitesville, WV 25209	<i>Fax:</i> 949-4495
	BCC1642	<i>Administrator:</i> Margaret Martin
Boone	Wharton Medical Center	<i>Contact:</i> Nancy Price, LPN
3	PO Box 89	<i>Telephone:</i> 247-6202
Jodi Waugh	Wharton, WV 25208	<i>Fax:</i> 247-6203
	BCC1652	<i>Administrator:</i> Margaret Martin
Braxton	Braxton County Health Department	<i>Contact:</i> Kathleen Frame/Conni
4	495 Old Turnpike Road	<i>Telephone:</i> 765-2851
Sharon Cope	Sutton, WV 26601	<i>Fax:</i> 765-2020
	BCC0397	<i>Administrator:</i> Connie Mollahan, RN
Braxton	Elk Memorial Clinic	<i>Contact:</i> Penny Fulks
4	262 Elk Street	<i>Telephone:</i> 364-2401
Sharon Cope	Gassaway, WV 26624	<i>Fax:</i>
	BCC0463	<i>Administrator:</i>
	(Satellite of United Physicians Care, Inc.)	
Brooke	Brooke County Health Department	<i>Contact:</i> Sand Rogers, RN
6	Courthouse, 632 Main Street	<i>Telephone:</i> 737-3665
Melissa Mealy	Wellsburg, WV 26070	<i>Fax:</i> 737-3689
	BCC0699	<i>Administrator:</i> Karen McClain, RN
Cabell	Cabell-Huntington Health Department	<i>Contact:</i> Jennifer Walls, RN
2	703 7th Avenue	<i>Telephone:</i> 523-6483
Benda Thomas	Huntington, WV 25701	<i>Fax:</i> 697-0365
	BCC0800	<i>Administrator:</i> Harry K. Tweel, MD

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Cabell	Dept. of OB/GYN	University Physicians and Surg
2	1600 Medical Center Dr., Suite 4500	
Brenda Thomas	Huntington, WV 25701	
	BCC1521	
		<i>Contact:</i> Joan Fry, LPN
		<i>Telephone:</i> 691-1400
		<i>Fax:</i> 691-1461
		<i>Administrator:</i> Karyn Kimball, RN
Cabell	Ebenezer Medical Outreach, Inc.	
2	1448 10th Avenue, Suite 100	
Brenda Thomas	Huntington, WV 25701-3554	
	BCC1561	
		<i>Contact:</i> Nancy Doll, RN
		<i>Telephone:</i> 529-0753
		<i>Fax:</i> 529-0591
		<i>Administrator:</i> Stephen Petrany, MD
Cabell	Valley Health Associates	
2	1301 Hal Greer Blvd	
Brenda Thomas	Huntington, WV 25701	
	BCC1531	
	(Satellite of Valley Health Systems)	
		<i>Contact:</i> Charlotte Spurlock, RN
		<i>Telephone:</i> 525-0572
		<i>Fax:</i> 529-1119
		<i>Administrator:</i> Steven Shattls
Cabell	Valley Health Systems, Inc.	
2	2585 3rd Avenue	
Brenda Thomas	Huntington, WV 25703	
		<i>Contact:</i> Sharon Madison
		<i>Telephone:</i> 525-3334
		<i>Fax:</i> 525-3338
		<i>Administrator:</i> Steven Shattls
Cabell	Valley Health-A Woman's Place	
2	1630 13th Avenue	
Brenda Thomas	Huntington, WV 25701	
	BCC1571	
	(Satellite of Valley Health Systems, Inc)	
		<i>Contact:</i> Joy Hakala, RNC
		<i>Telephone:</i> 697-2014
		<i>Fax:</i> 697-2017
		<i>Administrator:</i> Steven Shattls
Cabell	Valley Health-Carl Johnson Medical Cen	
2	307 Fifth Avenue	
Brenda Thomas	Huntington, WV 25702	
	BCC1237	
	(Satellite of Valley Health Systems)	
		<i>Contact:</i> Brenda Thomas, Therri
		<i>Telephone:</i> 529-4734
		<i>Fax:</i> 697-1364
		<i>Administrator:</i> Christie Keeney, RN, or Debbie Zuberbuhler
Cabell	Valley Health-Grant Medical Center	
2	308 E. Main Street	
Brenda Thomas	Milton, WV 25541	
	BCC1164	
	(Satellite of Valley Health Systems)	
		<i>Contact:</i> Debbie Zuberbuhler, R
		<i>Telephone:</i> 743-4444
		<i>Fax:</i> 743-4470
		<i>Administrator:</i> Debbie Zuberbuhler, RN

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Cabell	Valley Health-Harmony House	<i>Contact:</i> Jan Wilson, FNP
2	624 4th Avenue	<i>Telephone:</i> 523-2764
Brenda Thomas	Huntington, WV 25701	<i>Fax:</i> 524-3368
	BCC1077	<i>Administrator:</i> Steven Shattls
	(Satellite of Valley Health Systems)	
Calhoun	Minnie Hamilton Health Care	<i>Contact:</i> Rita Laughlin
5	186 Hospital Drive	<i>Telephone:</i> 354-9244
Harriet Dial	Grantsville, WV 26147	<i>Fax:</i> 354-6616
	BCC0012	<i>Administrator:</i> Barbara Lay
Clay	Big Otter Clinic	<i>Contact:</i> Christy Butcher, LPN
3	HC 75 Box 150	<i>Telephone:</i> 286-4200
Jodi Waugh	Ivydale, WV 25113	<i>Fax:</i> 286-2107
	BCC0300	<i>Administrator:</i> Gary Johnson
	(Satellite of Clay Primary Care Systems, Inc)	
Clay	Clay Co. Primary Health Care Center	<i>Contact:</i> Vickie Dobbins, FNP
3	PO Box 147	<i>Telephone:</i> 587-7301
Jodi Waugh	Clay, WV 25043	<i>Fax:</i> 587-2464
	BCC0030	<i>Administrator:</i> Rick Simon, CEO
Clay	Clay County Health Department	<i>Contact:</i> Dawn Fitzwater
3	PO Box 36	<i>Telephone:</i> 587-4269
Jodi Waugh	Clay, WV 25043	<i>Fax:</i> 587-7415
	BCC0907	<i>Administrator:</i> Linda Klotzbach
Doddridge	Doddridge County Health Department	<i>Contact:</i> Cathy McClain, RN
7	RR 2 Box 54	<i>Telephone:</i> 873-1531
Judith Hedrick	West Union, WV 26456-9212	<i>Fax:</i> 873-2994
	BCC0451	<i>Administrator:</i> Debbie Davis
Doddridge	Doddridge Family Medicine	<i>Contact:</i> Jo Ann Nutter, FNP
7	302 Columbia Street	<i>Telephone:</i> 873-2590
Judith Hedrick	West Union, WV 25456	<i>Fax:</i> 873-1792
	BCC0063	<i>Administrator:</i> Barbara Knight
	(Satellite of United Physicians Care, Inc)	

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Fayette	Fayette County Health Department	<i>Contact:</i> Bonnie Fernet or Nora
4	202 Church Street	<i>Telephone:</i> 574-1617
Sharon Cope	Fayetteville, WV 25840	<i>Fax:</i> 574-2817
	BCC0006	<i>Administrator:</i> Linda Shieler
Fayette	Mt. Hope School Based Wellness Cente	<i>Contact:</i> Tammy Campbell, FNP
4	408 Lincoln Street	<i>Telephone:</i> 877-9133
Sharon Cope	Mt. Hope, WV 25580	<i>Fax:</i> 877-2165
	BCC0057	<i>Administrator:</i> Tammy Campbell, RN, MS
	(Satellite of New River Health Assoc)	N. CENB
Fayette	New River Health - North Fayette	<i>Contact:</i> Bobbi Stover
4	221 West Maple Avenue	<i>Telephone:</i> 574-3960
Sharon Cope	Fayetteville, WV 25880	<i>Fax:</i> 574-3651
	BCC1351	<i>Administrator:</i> Dave Sotak
	(Satellite of New River Health Assoc)	
Fayette	New River Health - Scarbro	<i>Contact:</i> Barbara Astuto
4	337 Old Scarbro Road	<i>Telephone:</i> 469-2905
Sharon Cope	Scarbro, WV 25917	<i>Fax:</i> 465-5486
	BCC0915	<i>Administrator:</i> Dave Sotak
	(Satellite of New River Health Assoc)	
Fayette	New River Health - Whipple	<i>Contact:</i> Sue Workman
4	RR. 2 Box 615 A	<i>Telephone:</i> 469-3345
Sharon Cope	Scarbro, WV 25917	<i>Fax:</i> 469-2981
	BCC0007	<i>Administrator:</i> Dave Sotak
	(Satellite of New River Health Assoc)	
Gilmer	Gilmer County Health Department	<i>Contact:</i> Iris Tallhammer, RN
7	809 Mineral Road	<i>Telephone:</i> 462-7351
Judith Hedrick	Glenville, WV 26351	<i>Fax:</i> 469-2981
	BCC0567	<i>Administrator:</i> Carl E Nichols
Gilmer	Gilmer Primary Care Center	<i>Contact:</i> Julie Beckner, CM
7	PO Box 640	<i>Telephone:</i> 462-7322
Judith Hedrick	Glenville, WV 26351-9525	<i>Fax:</i> 462-4052
	BCC0082	<i>Administrator:</i> Barbara Lay
	(Satellite of Minnie Hamilton Health Care)	

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Grant	Grant County Health Department	<i>Contact:</i> Sandra Glasscock, RN
8	PO Box 608 Hospital Drive	<i>Telephone:</i> 257-4922
Ruthie Watts	Petersburg, WV 26847	<i>Fax:</i> 257-2422
	BCC0532	<i>Administrator:</i> Julia M. Kerns
Grant	Grant Memorial Hospital, Outpatient	<i>Contact:</i> Donna Rumer
8	PO Box 1019	<i>Telephone:</i> 257-1026
Ruthie Watts	Petersburg, WV 26847	<i>Fax:</i> 257-2538
	BCC1591	<i>Administrator:</i> Robert L. Harmon
Greenbrier	Greenbrier County Health Department	<i>Contact:</i> Gay Sebert, RN
4	9207 Seneca Trail, South	<i>Telephone:</i> 645-1787
Sharon Cope	Ronceverte, WV 24902	<i>Fax:</i> 645-3630
	BCC0826	<i>Administrator:</i> Dr. Ash
Greenbrier	Meadow Bridge Clinic	<i>Contact:</i> Theresa Williams, LPN
4	PO Box 120	<i>Telephone:</i> 484-7755
Sharon Cope	Meadow Bridge, WV 25976	<i>Fax:</i> 484-6205
	BCC0019	<i>Administrator:</i> Floyd Price
	(Satellite of Rainelle Medical Center)	
Greenbrier	Rainelle Medical Center, Inc.	<i>Contact:</i> Debbie Ailstock
4	645 Kanawha Avenue	<i>Telephone:</i> 438-6188
Sharon Cope	Rainelle, WV 25962	<i>Fax:</i> 438-7430
	BCC1148	<i>Administrator:</i> Floyd Price
Greenbrier	Rupert Clinic	<i>Contact:</i> Shaina Miller, PA
4	PO Box 128	<i>Telephone:</i> 392-1040
Sharon Cope	Rupert, WV 25984	<i>Fax:</i> 438-7430
	BCC0031	<i>Administrator:</i> Floyd Price
	(Satellite of Rainelle Medical Center)	
Greenbrier	Williamsburg Health Clinic	<i>Contact:</i> Colleen Roshau, PA, H
4	PO Box 10	<i>Telephone:</i> 645-7872
Sharon Cope	Williamson, WV 24991	<i>Fax:</i> 645-0175
	BCC0931	<i>Administrator:</i> Violet Burdette

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Greenbrier 4 Sharon Cope	WVSOM, Robert C Byrd Clinic 400 N Jefferson Street Lewisburg, WV 24901 BCC0014	<i>Contact:</i> Melissa Mayo, RN <i>Telephone:</i> 645-3220 <i>Fax:</i> 645-4103 <i>Administrator:</i> Michael Painter
Hampshire 8 Ruthie Watts	Hampshire County Health Department HC 71 Box 9 Augusta, WV 26704 BCC0541	<i>Contact:</i> Judith Cox, RN <i>Telephone:</i> 496-9640 <i>Fax:</i> 496-9650 <i>Administrator:</i> Jerry Hahn, MD
Hancock 6 Melissa Mealy	Family Medical Care (former Brancazio) Change, Inc. 3032 West Street Weirton, WV 25062 BCC0092 The Health Care Center	<i>Contact:</i> Debbie Savage <i>Telephone:</i> 797-7767 <i>Fax:</i> 797-0002 <i>Administrator:</i> Judy Raveaux
Hancock 6 Melissa Mealy	Hancock County Health Department PO Box 578 New Cumberland, WV 26047 BCC0591	<i>Contact:</i> Tina Richards, RN <i>Telephone:</i> 564-3343 <i>Fax:</i> 564-3410 <i>Administrator:</i> Joseph Endrich, MD
Hardy 8 Ruthie Watts	E A Hawse Health Center, Inc. PO Box 97 Baker, WV 26801-0097 BCC1451	<i>Contact:</i> Cindy Rudolph <i>Telephone:</i> 897-5915 <i>Fax:</i> 897-7068 <i>Administrator:</i> Gary Johnson
Hardy 8 Ruthie Watts	Hardy County Health Department 411 Spring Avenue, Suite 101 Moorefield, WV 26536 BCC0630	<i>Contact:</i> Patricia Williams <i>Telephone:</i> 530-6355 <i>Fax:</i> 530-7684 <i>Administrator:</i> D F Bensenhaver, MD
Hardy 8 Ruthie Watts	Mathias Branch PO Box 132 Mathias, WV 26812 BCC1451 (Satellite of E A Hawse Health Center)	<i>Contact:</i> Jean Waters, FNP <i>Telephone:</i> 897-7400 <i>Fax:</i> 897-7410 <i>Administrator:</i> Gary Johnson

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Harrison	Harrison-Clarksburg Health Department	<i>Contact:</i> Kavin Richardson, RN
7	330 West Main Street	<i>Telephone:</i> 623-9308
Judith Hedrick	Clarksburg, WV 26301	<i>Fax:</i> 623-9364
	BCC0672	<i>Administrator:</i> Paul E. Gordon, MD
Harrison	Health Access, Inc.	<i>Contact:</i> Sandi Harlow, CFNP
7	916 W. Pike Street	<i>Telephone:</i> 622-2708
Judith Hedrick	Clarksburg, WV 26301	<i>Fax:</i> 623-9302
	BCC1601	<i>Administrator:</i> Sandra Gans, RN ED
Jackson	Jackson County Health Department	<i>Contact:</i> Stephanie DeWees, R
5	504 S Church Street	<i>Telephone:</i> 372-2634
Harriet Dial	Ripley, WV 25271	<i>Fax:</i> 372-1096
	BCC0222	<i>Administrator:</i> Susan Hosaflook, RN
Jackson	River Valley Health and Wellness Cente	<i>Contact:</i> Robin Green
5	606 Washington Street	<i>Telephone:</i> 273-1033
Harriet Dial	Ravenswood, WV 26164	<i>Fax:</i> 273-1034
	BCC0142	<i>Administrator:</i> Debbie O'Neill
	(Satellite of Wirt Co Health Services Assoc)	
Jefferson	Jefferson County Health Department	<i>Contact:</i> Marie Howell, RN
8	1948 Wiltshire Road, Suite 1	<i>Telephone:</i> 728-8416
Ruthie Watts	Kearneysville, WV 25430	<i>Fax:</i> 728-3319
	BCC0257	<i>Administrator:</i> Rosemarie Cannarella, MD
Kanawaha	Valley Health-Upper Kanawha Valley As	<i>Contact:</i> Rosemary Willis, RN
3	PO Box F 408 Alexander Street	<i>Telephone:</i> 595-1700
Jodi Waugh	Cedar Grove, WV 25039	<i>Fax:</i> 595-3298
	BCC1481	<i>Administrator:</i> Steven Shattls
	(Satellite of Valley Health Systems)	
Kanawha	Cabin Creek Health Center, Inc.	<i>Contact:</i> Becky Williams, LPN
3	PO Box 70 Route 79	<i>Telephone:</i> 595-5006
Jodi Waugh	Dawes, WV 25054	<i>Fax:</i> 720-5571
	BCC0176	<i>Administrator:</i> Craig Robinson



COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Kanawha 3 Jodi Waugh	Clendenin Health Center 301 Elk River Rd South Clendenin, WV 25045 BCC1473 (Satellite of Cabin Creek Health Systems)	<i>Contact:</i> Kelly Hall <i>Telephone:</i> 548-7272 <i>Fax:</i> 548-7149 <i>Administrator:</i> Craig Robinson, CEO
Kanawha 3 Jodi Waugh	Family Enrichment Center 1705 5th Avenue, Box 5 Charleston, WV 25312 BCC0115 (Satellite of WomenCare, Inc)	<i>Contact:</i> Melba Rodriguez <i>Telephone:</i> 414-4499 <i>Fax:</i> 414-4498 <i>Administrator:</i> JD Simpson or Jennifer Ra nson
Kanawha 3 Jodi Waugh	Kanawha-Charleston Health Departmen PO Box 927 Charleston, WV 25323 BCC0656	<i>Contact:</i> Vickie Klerrert, RN <i>Telephone:</i> 348-0700 <i>Fax:</i> 346-4756 <i>Administrator:</i> Janet Briscoll, RN
Kanawha 3 Jodi Waugh	Riverside Health Center 1 Warrior Way, Suite 103 Belle, WV 25015 BCC0085 (Satellite of Cabin Creek Health Center)	<i>Contact:</i> Frances Smaltz, FNP <i>Telephone:</i> 949-3591 <i>Fax:</i> 949-3791 <i>Administrator:</i> Sandra Mitchell, COO
Kanawha 3 Jodi Waugh	Sissonville Health Center 7133 Sissonville Drive Sissonville, WV 25320 BCC1150 (Satellite of Cabin Creek Health Systems)	<i>Contact:</i> Becky Oxley, RN <i>Telephone:</i> 984-1576 <i>Fax:</i> 984-1565 <i>Administrator:</i> Craig Robinson, CEO or Sa ndra Mitchell, COO
Kanawha 3 Jodi Waugh	West Virginia Health Right, Inc 1520 Washington Street E. Charleston, WV 25302 BCC0207	<i>Contact:</i> Gloria Fridell, RN <i>Telephone:</i> 343-7000 <i>Fax:</i> 343-7009 <i>Administrator:</i> Pat White, CEO
Kanawha 3 Jodi Waugh	Women's Health Center of WV, Inc. 510 West Washington Street Charleston, WV 25311-2511 BCC0893	<i>Contact:</i> Susan Patton, FNP <i>Telephone:</i> 344-9834 <i>Fax:</i> 344-1756 <i>Administrator:</i> Sharon Lewis

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Lewis	Lewis County Health Department	<i>Contact:</i> Ginny Ruble, RN
7	PO Box 1750	<i>Telephone:</i> 269-8218
Judith Hedrick	Weston, WV 26452	<i>Fax:</i>
	BCC0419	<i>Administrator:</i> Bennett A. Orvick, MD
Lincoln	Lincoln County Health Department	<i>Contact:</i> Robin Brock, RN
2	PO Box 527 8008 Court Avenue	<i>Telephone:</i> 824-3330
Brenda Thomas	Hamlin, WV 25523	<i>Fax:</i> 824-3334
	BCC0273	<i>Administrator:</i> J Loren Smith, DO
Lincoln	Lincoln Primary Care Center, Inc.	<i>Contact:</i> Pam Frye, RNC, NP or
2	7400 Lynn Avenue	<i>Telephone:</i> 824-5806
Brenda Thomas	Hamlin, WV 25523	<i>Fax:</i> 824-5804
	BCC0125	<i>Administrator:</i> Brian Crist
Lincoln	Tri-State Medical Clinic	<i>Contact:</i> Twana Dial, MA
2	PO Box 10 St Rt. 10 Lincoln Plaza	<i>Telephone:</i> 824-7700
Brenda Thomas	West Hamlin, WV 25601	<i>Fax:</i> 824-7701
	BCC0058	<i>Administrator:</i> Kirti Jain, MD
	(Satellite of Area Health Systems)	
Lincoln	Valley Health-Harts Health Center	<i>Contact:</i> Caroline Culver
2	222 Fleming Drive	<i>Telephone:</i> 855-4595
Brenda Thomas	Harts, WV 25524	<i>Fax:</i> 855-9377
	BCC1181	<i>Administrator:</i> Steven Shattls
	(Satellite of Valley Health Systems)	
Logan	Community Health Foundation of Logan	<i>Contact:</i> Julie Gibson, Office Ma
2	HC 68 Box 1000 601 Holden Road	<i>Telephone:</i> 239-3888
Brenda Thomas	Logan, WV 25601	<i>Fax:</i> 239-3811
	BC0049	<i>Administrator:</i> Robert R. Mays, III
	Community Health Foundation of Man	
Logan	Community Health Foundation of Man	<i>Contact:</i> Jo Ann Cline, Dir of Nu
2	600 E. McDonald Avenue	<i>Telephone:</i> 583-6541
Brenda Thomas	Man, WV 25635	<i>Fax:</i> 583-6018
	BCC0211	<i>Administrator:</i> Robert R. Mays, III

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Logan 2 Brenda Thomas	Logan County Health Department PO Box 1316 Logan, WV 25601 BCC0061	Room 203, Courthouse <i>Contact:</i> Sandra Davis, RN or EI <i>Telephone:</i> 792-8630 <i>Fax:</i> 792-8635 <i>Administrator:</i> Sandra Davis, RN
Marion 7 Judith Hedrick	John Manchin Sr. Health Care Center 401 Guffy Street Fairmont, WV 26554 BCC1130	<i>Contact:</i> Karen Diercks, RN <i>Telephone:</i> 363-2500 <i>Fax:</i> 363-0263 <i>Administrator:</i> Carol Merrill
Marion 7 Judith Hedrick	Marion County Health Department 300 2nd Street Fairmont, WV 26554 BCC0834	<i>Contact:</i> Joyce Valentine <i>Telephone:</i> 366-3360 <i>Fax:</i> 363-8217 <i>Administrator:</i> Govind Patel, MD
Marshall 6 Melissa Mealy	Cameron Community Health Center Rd #4 Box 19 Wilson Drive Cameron, WV 26033 BCC0017	<i>Contact:</i> Kim Anderson, RN <i>Telephone:</i> 686-3376 <i>Fax:</i> 686-3646 <i>Administrator:</i> Jay E Prager
Marshall 6 Melissa Mealy	Marshall County Health Department PO Box 429 Moundsville, WV 26041 BCC0206	6th Street & Court Street <i>Contact:</i> Patricia Owens, RN, B <i>Telephone:</i> 845-7840 <i>Fax:</i> 843-9837 <i>Administrator:</i> Kenneth J. Allen, MD (Health Officer) or Brenda France
Mason 2 Brenda Thomas	Mason County Health Department 216 5th Street Point Pleasant, WV 25550 BCC0842	<i>Contact:</i> Diana Riddle <i>Telephone:</i> 675-3050 <i>Fax:</i> 675-4801 <i>Administrator:</i> Diana Riddle, RNC, FNP
McDowell 1 Thelma Workman	Bradshaw Medical Clinic PO Box 240 Bradshaw, WV 24817 BCC0725	Dr. Patel <i>Contact:</i> Lori Dobbs <i>Telephone:</i> 967-5034 <i>Fax:</i> 815-377-3542 <i>Administrator:</i> Dr. Patel

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
McDowell	McDowell County Health Department	<i>Contact:</i> Helen Smith, RN
1	PO Box 218, Rt 103	<i>Telephone:</i> 448-2174
Thelma Workman	Wilcoe, WV 24895	<i>Fax:</i>
	BCC0141	<i>Administrator:</i> Charito T. Flores, MD
McDowell	Tug River Health Association of North F	<i>Contact:</i> Cathy Webb
1	PO Box 877 US 52, House 15	<i>Telephone:</i> 862-2588
Thelma Workman	Northfork, WV 24868	<i>Fax:</i> 862-2244
	BCC0788	<i>Administrator:</i> Tim Crofton
McDowell	Tug River Health Clinic of Gary	<i>Contact:</i> Brenda Blevins, CMA
1	PO Box 507 US Route 103 Supply Str	<i>Telephone:</i> 448-2101
Thelma Workman	Gary, WV 24836	<i>Fax:</i> 448-3978
	BCC1431	<i>Administrator:</i> Tim Crofton
McDowell	Welch Community Hospital	<i>Contact:</i> Sharon Kennedy, LPN
1	454 McDowell Street	<i>Telephone:</i> 436-8678
Thelma Workman	Welch, WV 24801	<i>Fax:</i> 436-6380
	BCC1229	<i>Administrator:</i> Walter J. Garrett
McDowell	Yukon Medical Center	<i>Contact:</i> Lori Stacey
1	HC 32, Box 400	<i>Telephone:</i> 875-2302
Thelma Workman	Bradshaw, WV 24892	<i>Fax:</i> 815-377-3542
	BCC0726	<i>Administrator:</i> Dr. Patel
	(Satellite of Bradshaw Medical Clinic)	
Mercer	Bluestone Health Center	<i>Contact:</i> Jennifer Riff, PAC
1	3997 Beckley Road	<i>Telephone:</i> 431-5499
Thelma Workman	Princeton, WV 24740	<i>Fax:</i> 431-3400
	BCC1270	<i>Administrator:</i> Linda Hutchens
Mercer	Mercer County Board of Health	<i>Contact:</i> Ethel Yopp or Melody
1	Rt. 2 Box 382	<i>Telephone:</i> 324-8851
Thelma Workman	Bluefield, WV 24801	<i>Fax:</i> 324-8843
	BCC0775	<i>Administrator:</i> Melody Rickman, RN

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Mercer	Prudich Medical Center	<i>Contact:</i> Gail Griffith, Office Man
1	PO Box 736	<i>Telephone:</i> 589-3251
Thelma Workman	Montcalm, WV 26726	<i>Fax:</i> 589-5363
	BCC0041	<i>Administrator:</i> Linda Hutchens
	(Satellite of Bluestone Health Center)	
Mineral	Mineral County Health Department	<i>Contact:</i> Cindy Brown, RN
8	Rt. 3 Box 3045	<i>Telephone:</i> 788-1321
Ruthie Watts	Harley O Staggers, Sr. D	<i>Fax:</i> 788-6023
	Keyser, WV 26726	<i>Administrator:</i> Carl A. Liebig, MD
	BCC0559	
Mingo	Gilbert Medical Center	<i>Contact:</i> Cherri Hatfield, PAC
2	PO Box 925	<i>Telephone:</i> 664-3223
Brenda Thomas	Rt. 80 Main Street	<i>Fax:</i> 664-3284
	Gilbert, WV 25621	<i>Administrator:</i> Ron Mays III
	BCC0213	
	(Satellite of Community Health Found of Man)	
Mingo	Mingo County Health Department	<i>Contact:</i> Nancy Johnson, CRNP
2	PO Box 1096	<i>Telephone:</i> 235-3570
Brenda Thomas	1st Avenue & Logan Stre	<i>Fax:</i> 235-2654
	Williamson, WV 25561	<i>Administrator:</i> Cathy Headon
	BCC0346	
Monongalia	Clark K. Sleeth Family Medicine Ctr	<i>Contact:</i> Cheryl Kurilla or Kim Bi
7	PO Box 9152	<i>Telephone:</i> 598-6900
Judith Hedrick	Morgantown, WV 26506	<i>Fax:</i> 598-6902
	BCC1603	<i>Administrator:</i> Cheri Bayles
	dba University Health Associates	
Monongalia	Clay-Batelle Community Health Center	<i>Contact:</i> Karen Campbell, FNP
7	PO Box 72	<i>Telephone:</i> 432-8211
Judith Hedrick	Rt 7 5934 Mason Dixon	<i>Fax:</i> 432-8244
	Blacksville, WV 26521	<i>Administrator:</i> Joe Tuttle
	BCC0040	
Monongalia	Dept of OB/GYN	<i>Contact:</i> Lova Oliver
7	PO Box 782	<i>Telephone:</i> 598-6850
Judith Hedrick	4th Floor Physicians Offi	<i>Fax:</i> 598-4900
	Morgantown, WV 26507	<i>Administrator:</i> Susie Wiltrout
	BCC1602	
	dba University Health Associates	

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX		
Monongalia	Medical Group Practice	WV University Medical Corp/U	Contact:	Charlotte Seese
7	PO Box 782	3rd Floor Physician Offic	Telephone:	598-4853
Judith Hedrick	Morgantown, WV 26506		Fax:	598-6902
	BCC1604		Administrator:	Charlotte Seese
	dba University Health Associates			
Monongalia	Milan Puskar Health Right, Inc.		Contact:	Jessie Blaney, RN
7	PO Box 1519	154 Pleasants Street	Telephone:	292-8234
Judith Hedrick	Morgantown, WV 26505		Fax:	284-0133
	BCC0008		Administrator:	Laura Jones
Monongalia	Monongalia County Health Department		Contact:	Ann Pahl, RN
7	453 Van Vorhis Road		Telephone:	598-5109
Judith Hedrick	Morgantown, WV 26505		Fax:	598-5198
	BCC0664		Administrator:	Vincent P. Kolanko, MD or Jim Stroup, RN
Monroe	Monroe Health Center		Contact:	Mercedes Weikle, CN
1	Box 590 Health Center Drive		Telephone:	772-3064
Thelma Workman	Union, WV 24983		Fax:	772-5671
	BCC0851		Administrator:	Roger Brady
Monroe	Petersburg Clinic		Contact:	Katrina Shires
1	PO Box 580	591 US Highway 219	Telephone:	753-4336
Thelma Workman	Peterstown, WV 24963		Fax:	753-4097
	BCC0203		Administrator:	Howard L. Stallard
	(Satellite of Monroe Health Center)			
Morgan	Morgan County Health Department		Contact:	Angel Bloom, RN or Ca
8	187 S Green Street, Suite 2		Telephone:	258-1513
Ruthie Watts	Berkeley Springs, WV 25411		Fax:	258-6148
	BCC0613		Administrator:	Donald Straus, MD or Kare n Dougan, RN
Morgan	Mountaineer Community Health Center		Contact:	Shay Lewis, RN
8	PO Box 2	783 Winchester St.	Telephone:	947-5500
Ruthie Watts	Paw Paw, WV 25434		Fax:	947-5563
	BCC0053		Administrator:	Joe Tuttle

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Nicholas 4 Sharon Cope	Central WV Community Health Center PO Box 524 Summersville, WV 26651 BCC0319 (Satellite of Camden-on Gauley)	<i>Contact:</i> Karen Barker <i>Telephone:</i> 872-1663 <i>Fax:</i> 872-1804 <i>Administrator:</i> Judy Hamrick
Nicholas 4 Sharon Cope	Nicholas County Health Department #1 Stevens Road Summersville, WV 26651 BCC0621	<i>Contact:</i> Marsha Bailes, RN <i>Telephone:</i> 872-5329 <i>Fax:</i> 872-5362 <i>Administrator:</i> Mark Wentz, MD
Ohio 6 Melissa Mealy	Wheeling Health Right 61 29th Street Wheeling, WV 26003 BCC0045	<i>Contact:</i> Lindia Singer, AFNP-C <i>Telephone:</i> 233-9323 <i>Fax:</i> 233-3869 <i>Administrator:</i> Kathie Brown
Ohio 6 Melissa Mealy	Wheeling-Ohio Co Health Department 1500 Chapline Street, Room 106 Wheeling, WV 26003 BCC0109	<i>Contact:</i> Becky Beckett, RN- Nu <i>Telephone:</i> 234-3682 <i>Fax:</i> 234-6405 <i>Administrator:</i> William C. Mercer, MD
Pendleton 8 Ruthie Watts	North Fork Primary Care Clinic Rt 38/28 Riverton, WV 26814-0101 BCC1335 (Satellite of Pendleton Community Care)	<i>Contact:</i> Jennifer Williams <i>Telephone:</i> <i>Fax:</i> <i>Administrator:</i> Jennifer Williams
Pendleton 8 Ruthie Watts	Pendleton Community Care PO Box 100 Franklin, WV 26807 BCC0130	<i>Contact:</i> Gail Wright, RN <i>Telephone:</i> 358-2355 <i>Fax:</i> 358-3054 <i>Administrator:</i> Jennifer Williams
Pendleton 8 Ruthie Watts	Pendleton County Health Department PO Box 520 Franklin, WV 26807 BCC0478	<i>Contact:</i> Carmen Rexrode, MD <i>Telephone:</i> 358-7565 <i>Fax:</i> 358-2471 <i>Administrator:</i> Raymond R. Harr, RS

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Pocahontas	Family Health Care	<i>Contact:</i> Lora Malcomb or Donn
4	Rt. 2 Box 386	<i>Telephone:</i> 799-4404
Sharon Cope	Marlinton, WV 24954	<i>Fax:</i> 799-4425
	BCC0162	<i>Administrator:</i> Sarita Bennett, DO
Pocahontas	Northern Pocahontas Co Health Clinic	<i>Contact:</i> Tina Walther
4	PO Box 253 250 Main Street	<i>Telephone:</i> 456-5115
Sharon Cope	Durbin, WV 26264	<i>Fax:</i> 456-5118
	BCC000410	<i>Administrator:</i>
	Satellite of Tri-County Health Clinic)	
Pocahontas	Pocahontas County Health Department	<i>Contact:</i> Linda McCoy, RN
4	900 10th Avenue	<i>Telephone:</i> 799-4154
Sharon Cope	Marlinton, WV 24954	<i>Fax:</i> 799-7490
	BCC0494	<i>Administrator:</i> Luis Sonano, MD
Preston	Cindy Brown, CNM, LLC	<i>Contact:</i> Kim Hoover
7	60 Albright Road, Suite 1	<i>Telephone:</i> 329-3850
	Kingwood, WV 26537	<i>Fax:</i> 329-4653
	BCC0118	<i>Administrator:</i> Cindy Brown, CNM, LCC
Preston	Eglon Clinic	<i>Contact:</i> Stephanie Burns
7	PO Box 8 State Route	<i>Telephone:</i> 735-3155
Judith Hedrick	Eglon, WV 26716	<i>Fax:</i> 735-3409
	BCC0702	<i>Administrator:</i> Linda Shriver
	(Satellite of Preston Taylor Comm Hth Center)	
Preston	Newburg Clinic	<i>Contact:</i> Peggy Phillips, RN, CF
7	PO Box 159 Morgantown Street	<i>Telephone:</i> 892-2812
Judith Hedrick	Newburg, WV 26410	<i>Fax:</i> 892-2814
	BCC0605	<i>Administrator:</i> Linda Shriver
	(Satellite of Preton Taylor Comm Hth Center)	
Preston	Preston County Health Department	<i>Contact:</i> Shirley Perrill, RN
7	425 E Main Street, Unit 413	<i>Telephone:</i> 329-0096
Judith Hedrick	Kingwood, WV 26537	<i>Fax:</i> 329-3103
	BCC0231	<i>Administrator:</i> Denise Knoebel



COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Preston	Preston Family Health Center	<i>Contact:</i> Julie Shrout
7	411 Morgantown Street	<i>Telephone:</i> 329-0555
Judith Hedrick	Kingwood, WV 26537	<i>Fax:</i> 329-0556
	BCC0771	<i>Administrator:</i> Michael Parsons, MD
Preston	Preston Taylor Community Hth Center, I	<i>Contact:</i> Carla Scharf, PA
7	PO Box 399 725 N Pike Street	<i>Telephone:</i> 265-0312
Judith Hedrick	Grafton, WV 26354	<i>Fax:</i> 265-0314
		<i>Administrator:</i> Linda Shriver
Preston	Rowlesburg Clinic	<i>Contact:</i> Ginger Smith
7	PO Box 565 Renaissance Square	<i>Telephone:</i> 454-2421
Judith Hedrick	Rowlesburg, WV 26425	<i>Fax:</i> 454-9690
	BCC1253	<i>Administrator:</i> Linda Shriver
	(Satellite of Preston Taylor Comm Hth Center)	
Putnam	Family Care WomenCare, Inc.	<i>Contact:</i> Janice Amburgey
3	301-6 Great Teays Blvd	<i>Telephone:</i> 757-6999
Jodi Waugh	Scott Depot, WV 25560	<i>Fax:</i> 757-3252
	BCC1391	<i>Administrator:</i> Martha Cook Carter
Putnam	Putnam County Health Department	<i>Contact:</i> Jane Hensley, Rn
3	1401 Hospital Drive, Suite 304 Seville Professional Bldg	<i>Telephone:</i> 757-2541
Jodi Waugh	Hurricane, WV 25526	<i>Fax:</i> 757-8348
	BCC0869	<i>Administrator:</i> Samuel Henson, MD
Putnam	University OB/GYN	<i>Contact:</i> Belinda Stevenson, RN
3	1401 Hospital Drive, Suite 101	<i>Telephone:</i> 757-6891
Jodi Waugh	Hurricane, WV 25526	<i>Fax:</i> 757-8348
	BCC1035	<i>Administrator:</i> Karyn Kimball, RN
	(Satellite of University Phys & Surgeons)	
Raleigh	Access Health/Associates in OB/GYN	<i>Contact:</i> Greg Dunbar
1	410 Carriage Drive	<i>Telephone:</i> 255-1541
Thelma Workman	Beckley, WV 25801	<i>Fax:</i> 253-7067
	BCC0124	<i>Administrator:</i> Charles Hunt
	(Satellite of Community Health Systems)	

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Raleigh 1 Thelma Workman	Access Health/Carriage Drive Clinic 200 Carriage Drive Beckley, WV 25801 BCC0663 (Satellite of Community Health Systems)	<i>Contact:</i> Whitney Monk, RN <i>Telephone:</i> 250-0333 <i>Fax:</i> <i>Administrator:</i> Charles Hunt
Raleigh 1 Thelma Workman	Access Health/Clear Fork Clinic PO Box 147 Dorothy, WV 25060 BCC1334 (Satellite of Community Health Systems)	<i>Contact:</i> Tammy Burton <i>Telephone:</i> 854-1324 <i>Fax:</i> 854-1996 <i>Administrator:</i> Charles Hunt
Raleigh 1 Thelma Workman	Access Health/Daniels 2157 Ritter Drive Daniels, WV 25832 BCC0020 (Satellite of Community Health Systems)	<i>Contact:</i> Mandy Patton, RN <i>Telephone:</i> 763-4326 <i>Fax:</i> 763-4581 <i>Administrator:</i> Rodney L. Fink, DO
Raleigh 1 Thelma Workman	Access Health/Rural Health Clinic 252 Rural Acres Drive Beckley, WV 25801 BCC0508 (Satellite of Community Health Systems)	<i>Contact:</i> Angie Foster, RN <i>Telephone:</i> 252-8555 <i>Fax:</i> 255-5304 <i>Administrator:</i> Charles Hunt
Raleigh 1 Thelma Workman	Access Health/Stanaford Drive Clinic 201 Woodcrest Drive Beckley, WV 25801 BCC0508 (Satellite of Community Health Systems)	<i>Contact:</i> Angie Wood, LPN <i>Telephone:</i> 250-0272 <i>Fax:</i> 250-0275 <i>Administrator:</i> Charles Hunt
Raleigh 1 Thelma Workman	Beckley-Raleigh Co Board of Health 1602 Harper Road Beckley, WV 25801 BCC0780	<i>Contact:</i> Candy Hurd <i>Telephone:</i> 252-8531 <i>Fax:</i> 252-0466 <i>Administrator:</i> Stan Walls
Randolph 7 Judith Hedrick	Little Meadow Health Center PO Box 27 Helvetia, WV 26224 BCC0982 (Satellite of Tri-Co Health Clinic)	<i>Contact:</i> Sue Haddox or Nancy <i>Telephone:</i> 924-5453 <i>Fax:</i> 924-5496 <i>Administrator:</i> Rick Simons

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Randolph	Randolph-Elkins Health Department	<i>Contact:</i> Pam Starcher, RN
7	201 Henry Avenue	<i>Telephone:</i> 636-0396
Judith Hedrick	Elkins, WV 26241	<i>Fax:</i> 637-5902
	BCC0516	<i>Administrator:</i> Mary Boyd, MD
Randolph	Valley Health Care, Inc.	<i>Contact:</i> Mary Murphy, NP
7	PO Box 247 Rt. 219 & 250 South	<i>Telephone:</i> 335-2050
Judith Hedrick	Mill Creek, WV 26280	<i>Fax:</i> 335-6158
	BCC0135	<i>Administrator:</i> G Michael Hinchman, CEO
Ritchie	Harrisville Medical Center	<i>Contact:</i> Ann Hammer, FNP
5	1401 Pearl Street	<i>Telephone:</i> 643-2957
Harriett Dial	Harrisville, WV 26362	<i>Fax:</i> 643-2958
	BCC0064	<i>Administrator:</i> Barbara Knight
	(Satellite of United Physicians Care)	
Ritchie	Pennsboro Medical Center	<i>Contact:</i> JoAnn Nutter, FNP
5	304 Masonic Avenue	<i>Telephone:</i> 659-2986
Harriet Dial	Pennsboro, WV 25415	<i>Fax:</i> 659-2988
	BCC0065	<i>Administrator:</i> Barbara Knight
	(Satellite of United Physicians Care)	
Ritchie	Ritchie County Primary Care Associatio	<i>Contact:</i> Pat Jones, RN
5	PO Box 373 135 S Penn Avenue	<i>Telephone:</i> 643-4005
Harriet Dial	Harrisville, WV 26362	<i>Fax:</i> 643-4007
	BCC0047	<i>Administrator:</i> Bill Snyder
Roane	Roane County Family Health Care, Inc.	<i>Contact:</i> Consuelo Esparza
5	146 Williams Drive	<i>Telephone:</i> 927-1495
Harriet Dial	Spencer, WV 25276	<i>Fax:</i> 927-8197
	BCC1581	<i>Administrator:</i> Larry Dent
Roane	Roane General Medical Clinic	<i>Contact:</i> Brenda Miller
5	200 Hospital Drive	<i>Telephone:</i> 927-6822
Harriet Dial	Spencer, WV 25276	<i>Fax:</i> 927-6393
	BCC1265	<i>Administrator:</i> Kenneth Seen, MD

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Roane	Southern Roane Medical Clinic	<i>Contact:</i> Tami Nicholds
5	200 Hospital Drive	<i>Telephone:</i> 565-3151
Harriet Dial	1 Library Lane Suite 2, L Spencer, WV 25251	<i>Fax:</i>
	BCC0122	<i>Administrator:</i> Erlinda Ambrosio, MD
	(Satellite of Roane Gen Medical Clinic)	
Summers	Summers Co ARH	<i>Contact:</i> Betty Butler
1	Rural Health Clinic	<i>Telephone:</i> 466-1000
Thelma Workman	PO Box 940	<i>Fax:</i>
	Hinton, WV 25951	<i>Administrator:</i>
	BCC0005	
Summers	Summers County Health Department	<i>Contact:</i> Sandra Ball, RN
1	PO Box 898	<i>Telephone:</i> 466-3388
Thelma Workman	151 PLeasants	<i>Fax:</i> 466-1230
	Hinton, WV 25951	<i>Administrator:</i> S K Shammaa, MD
	BCC0095	
Taylor	Medical Center of Taylor Co	<i>Contact:</i> Carla Scharf, PA
7	425 N Pike Street	<i>Telephone:</i> 265-4909
Judith Hedrick	Grafton, WV 26354	<i>Fax:</i> 265-4915
	BCC0011	<i>Administrator:</i> Linda Shriver
	(Satellite of Preston Taylor Comm Hth Center)	
Taylor	Pinewood Medical Center	<i>Contact:</i> Judy Lipscomb, C-FNP
7	401 N Pike Street	<i>Telephone:</i> 265-1320
Judith Hedrick	Grafton, WV 26354	<i>Fax:</i> 265-0295
	BCC0267	<i>Administrator:</i> James Malone, DO
Taylor	Tygart Valley Total Care Clinic	<i>Contact:</i> Sherry Johnson, RN
7	500 Market Street	<i>Telephone:</i> 265-6416
Judith Hedrick	Grafton, WV 26354	<i>Fax:</i> 265-6417
	BCC0013	<i>Administrator:</i> Jeff Lilley
Tucker	Mountaintop Health Center	<i>Contact:</i> Joyce Arnold
7	PO Box 250	<i>Telephone:</i> 258-5588
Judith Hedrick	Williams Avenue	<i>Fax:</i> 259-5503
	Davis, WV 26260	<i>Administrator:</i> Linda Shriver
	BCC0923	
	(Satellite of Preston Taylor Comm Hth Center)	

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Tucker	St. George Medical Clinic, Inc.	<i>Contact:</i> Michelle Putnam
7	R. 1 Box 208 Slip Hill Road	<i>Telephone:</i> 478-3339
Judith Hedrick	St. George, WV 26290	<i>Fax:</i> 478-3311
	BCC1370	<i>Administrator:</i> Sarah Hunt
Tucker	Tucker County Health Department	<i>Contact:</i> Kimberly D. Ledden, R
7	206 1/2 3rd Street	<i>Telephone:</i> 478-3572
Judith Hedrick	Parsons, WV 26287	<i>Fax:</i> 478-3864
	BCC0026	<i>Administrator:</i> James Snyder
Tyler	Wetzel-Tyler Co Health Department	<i>Contact:</i> Karen Cain, RN
6	PO Box 273 425 S 4th Avenue	<i>Telephone:</i> 337-2001
Melissa Mealy	Paden City, WV 26159	<i>Fax:</i> 478-3864
	BCC0026	<i>Administrator:</i> Thomas Gilligan, DO
Upshur	Associates for Women's Health	<i>Contact:</i> Kimberly Farry, MD
7	56 East Main Street	<i>Telephone:</i> 472-7473
Judith Hedrick	Buckhannon, WV 26201	<i>Fax:</i> 472-0533
	BCC0139	<i>Administrator:</i>
Upshur	Tri-County Health Clinic, Inc.	<i>Contact:</i> Lynn Williams, LPN
7	PO Box 217 Rt. 4 & 20 South	<i>Telephone:</i> 924-6262
Judith Hedrick	Rock Cave, WV 26159	<i>Fax:</i> 924-6699
	BCC0024	<i>Administrator:</i> Rick Simon
Wayne	Valley Health-Fort Gay Family Health C	<i>Contact:</i> Nancy Waller, RN
2	3329 Bridge Street	<i>Telephone:</i> 648-5544
Brenda Thomas	Fort Gay, WV 25514	<i>Fax:</i> 648-5989
	BCC1245	<i>Administrator:</i> Steven Shattls
	(Satellite of Valley Health Systems)	
Wayne	Valley Health-Stepptown Community He	<i>Contact:</i> Lori Browning or Joyce
2	PO Box 716 #3 Ardena Drive	<i>Telephone:</i> 393-4090
Brenda Thomas	Kermit, WV 25674	<i>Fax:</i> 393-4091
	BCC0021	<i>Administrator:</i> Steven Shattls
	(Satellite of Valley Health Systems)	

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Wayne	Valley Health-Wayne Health Services	<i>Contact:</i> Kelley Willis, LPN
2	PO Box 697 594 Railroad Avenue	<i>Telephone:</i> 272-5136
Brenda Thomas	Wayne, WV 25570	<i>Fax:</i> 272-6261
	BCC1421	<i>Administrator:</i> Steven Shattls
	(Satellite of Valley Health Systems)	
Wayne	Wayne County Health Department	<i>Contact:</i> Tracey Sebastian, RN
2	PO Box 368 590 Railroad Avenue	<i>Telephone:</i> 272-6761
Brenda Thomas	Wayne, WV 25570	<i>Fax:</i> 272-6763
	BCC0435	<i>Administrator:</i> Kevin McCann, MD
Webster	Camden-on-Gauley Medical Center	<i>Contact:</i> Karen Barker, RN
4	1003 Webster Road Box 69	<i>Telephone:</i> 226-5725
Sharon Cope	Camden-on-Gauley, WV 26208	<i>Fax:</i> 226-3274
	BCC0052	<i>Administrator:</i> Judy Hamrick, CEO
	(Satellite of Central WV Community Health Center)	
Wetzel	Community Health of NE Wetzel County	<i>Contact:</i> Diane Bartrug
7	PO Box 24	<i>Telephone:</i> 775-4671
Melissa Mealy	Burton, WV 26562	<i>Fax:</i>
	BCC0638	<i>Administrator:</i> Janice Morris, DDS
	(Satellite of Clay-Batelle Health Services Assoc)	
Wetzel	Ian Thomas Leggat, MD Wetzel County Hospital	<i>Contact:</i> Ian Thomas Leggat, M
6	297 N State Route 2	<i>Telephone:</i> 455-6291
Melissa Mealy	New Martinsville, WV 26155	<i>Fax:</i> 455-6293
	BCC0068	<i>Administrator:</i> George Couch, CEO
Wetzel	Wetzel-Tyler Health Right, Inc	<i>Contact:</i> Lindia Singer, AFNPC
6	400 Main Street	<i>Telephone:</i> 455-3961
Melissa Mealy	New Martinsville, WV 26149	<i>Fax:</i>
	BCC0045	<i>Administrator:</i> Kathie Brown
	(Satellite of Wheeling Hth Right)	
Wirt	Wirt County Health Services Associatio	<i>Contact:</i> Charity Higgins
5	PO Box 609 716 Washington Street	<i>Telephone:</i> 275-3301
Harriet Dial	Elizabeth, WV 26143	<i>Fax:</i> 275-4798
	BCC0075	<i>Administrator:</i> Dee Scritchfield

COUNTY-REGION-CIS	PROVIDER SITE-ADDRESS-BCC NO.	CONTACT-TELEPHONE-FAX
Wood	Athena Health Center, LLC	<i>Contact:</i> Kimberly Holmes & Kat
5	115 Rosemar Road, Suite 1	<i>Telephone:</i> 422-5600
Harriet Dial	Parkersburg, WV 26104	<i>Fax:</i> 422-5993
	BCC0218	<i>Administrator:</i> Cathy Carroll & Kimberly Holmes
Wood	Good Samaritan Clinic, Inc.	<i>Contact:</i> Jennifer Thomas
5	911 Emerson Avenue	<i>Telephone:</i> 422-7357
Harriet Dial	Parkersburg, WV 26101	<i>Fax:</i> 422-7374
	BCC0661	<i>Administrator:</i> Cindy Moore
Wood	Planned Parenthood, of WV	<i>Contact:</i> Leigh Linger
5	522 Grand Central Avenue	<i>Telephone:</i> 295-3331
Harriet Dial	Vienna, WV 26105	<i>Fax:</i> 295-4924
	BCC0401	<i>Administrator:</i> Walter Klausmier
Wyoming	Glen Rogers-Ravencliff Clinic	<i>Contact:</i> Karen Sigmon
1	PO Box 214	<i>Telephone:</i> 294-8133
Thelma Workman	Ravencliff, WV 25913	<i>Fax:</i> 294-8134
	BCC1381	<i>Administrator:</i> Dr. Juli Brehm
	(Satellite of Communtiy Health Systems)	
Wyoming	Oceana Medical Center	Hygeia Facilities Foundation <i>Contact:</i> Kim Brown
1	PO Box 400	Rt 10 Cook Parkway <i>Telephone:</i> 682-6247
Thelma Workman	Oceana, WV 24870	<i>Fax:</i> 949-4525
	BC1632	<i>Administrator:</i> Margaret Martin
Wyoming	Wyoming County Health Department	<i>Contact:</i> Dorothy Hrko
1	Box 1679 Courthouse Annex	Bank & Cedar Street <i>Telephone:</i> 732-7941
Thelma Workman	Pineville, WV 24874	<i>Fax:</i> 732-6709
	BCC0362	<i>Administrator:</i> Dorothy Hrko

**BUREAU FOR PUBLIC HEALTH, OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH  
WV BREAST AND CERVICAL CANCER SCREENING PROGRAM  
MAMMOGRAPHY DIRECTORY**

<b>County-City-Region</b>	<b>Facility Name-Address</b>	<b>Service-Telephone-Fax</b>
Barbour Philippi 7	Broaddus Hospital PO Box 930 #1 Health Care Drive Philippi WV 26416	Mammography, Ultrasound 457-1760 ext. 166 457-6072
Berkeley Martinsburg 5	Martinsburg Radiology Associates 295 Rock Cliff Drive Martinsburg WV 263-496	Radiology 263-4967
Boone Madison 3	Boone Memorial Hospital 701 Madison Avenue Madison WV 369-123	Mammography, Ultrasound
Braxton Burnsville 4	Braxton Promary Health Care/Antoine Katiny, MD 100 Municipal Street, PB 42 Burnsville WV 26335	Ultrasound Only 853-2278
Braxton Gassaway 4	Braxton Memorial Hospital 100 Hoylman Drive Gassaway WV 26624	Mammography, Ultrasound 364-5156
Cabell Huntington 2	Area Health Systems, Inc./Kirti Jain, MD 2628 5th Avenue Huntington WV 25702	Mammography, Ultrasound 529-0000 525-0780
Cabell Huntington 2	Cabell Huntington Hospital 1340 Hal Greer Blvd Huntington WV 25701	Mammography, Ultrasound 526-2120 526-4846
Cabell Huntington 2	St. Mary's Hospital 2900 First Avenue Huntington WV 25702	Mammography, Ultrasound 526-1009 526-1021
Fayette Oak Hill 4	Plateau Medical Center 430 Main Street Oak Hill WV 25901	Mammography, Ultrasound 469-8600 455-8075



County-City-Region	Facility Name-Address	Service-Telephone-Fax
Grant Petersburg 8	Grant Memorial Hospital PO Box 1019 Petersburg WV 26847	Mammography, Ultrasound 257-1026 257-2537
Grant Petersburg 8	South Branch Surgical Assoc, Inc., Anil Makani, MD PO Box 788 Petersburg WV 26847	Ultrasound Only
Greenbrier Lewisburg 4	Avalon Radiology, Inc. PO Box 1697 Lewisburg WV 24901	Radiology
Greenbrier Rainelle 4	Rainelle Medical Center 645 Kanawha Avenue Rainelle WV 25962	Mammography 438-6188 438-4037
Greenbrier Ronceverte 7	Greenbrier Valley Medical Center PO Box 497 Ronceverte WV 24970-0	Mammography, Ultrasound 647-4411
Hampshire Romney 8	Hampshire Memorial Hospital 549 Center Avenue Romney WV 26757-1	Mammography, Ultrasound 822-4561 822-7809
Hancock Weirton 6	Weirton Medical Center 601 Colliers Way Weirton WV 26062-5	Mammography, Ultrasound 797-6023 797-6038
Hardy Moorefield 8	Love Memorial Clinic 112 Kuykendall Lane, Box 1 Moorefield WV 26836	Mammography, Ultrasound 530-7755 530-7756
Harrison Clarksburg 7	United Hospital Center #3 Hospital Plaza Clarksburg WV 26301	Mammography, Ultrasound 624-2558 624-1918
Jackson Ripley 5	Jackson General Hospital PO Box 720, Pinnell Street Ripley WV 25271	Mammography, Ultrasound 372-2731 Ext 331 372-1747

County-City-Region	Facility Name-Address	Service-Telephone-Fax
Jefferson	Jefferson Memorial Hospital	Mammography, Ultrasound
Ranson	300 South Preston Street	728-1684
8	Ranson WV 25438	725-9492
Kanawha	Associated Radiologists, Inc.	Radiology
Charleston	1120 Kanawha Blvd. E PO Box 11137 (2533	344-3457
3	Charleston WV 25301	344-3480
Kanawha	Kanawha Valley Radiologists	Radiology
Charleston	PO Box 3428	343-4625
3	Charleston WV 25334	343-4626
Kanawha	Mountaineer Imaging	Radiology
Charleston	PO Box 1111	720-9729
3	Charleston WV 25324	720-9730
Kanawha	Mountaineer Radiologists, Inc.	Radiology
Charleston	PO Box 1942, Dept 2524	720-9729
3	Charleston WV 25327	
Kanawha	St. Frances Hospital/Advance Women's Imaging	Mammography, Ultrasound
Charleston	400 Court St, Suite 201	388-7350
3	Charleston WV 25322	388-6488
Kanawha	Women & Childrens Hospital/CAMC/Women's Comp Care	Mammography, Ultrasound
Charleston	830 Pennsylvania Avenue	388-7350
3	Charleston WV 25302	388-3912
Kanawha	David W. Ranson, MD	Ultrasound Only
South Charleston	401 Division Street, Suite 30	766-3761
3	South Charleston WV 25309	
Kanawha	H J Thomas Memorial Hospital	Mammography, Ultrasound
South Charleston	4605 MacCorkle Avenue S	766-3761
3	South Charleston WV 25309	
Kentucky	Three Rivers Medical Center	Mammography, Ultrasound
Louisa	PO Box 769	606-638-9451
	Louisa KY 41230	

County-City-Region	Facility Name-Address	Service-Telephone-Fax
Kentucky	Mingo Pike Radiology	Mammography, Ultrasound
South Williamson	PO Box 507                      411 Central Avenue	606-237-6300
	South Williamson      KY      41503-4	606-237-7444
Lewis	Stonewall Jackson Hospital	Mammography, Ultrasound
Weston	230 Hospital Plaza	269-8000
7	Weston                      WV      26452	269-8090
Lincoln	Lincoln County Primary Care Ctr	Mammography, Ultrasound
Hamlin	7400 Lynn Avenue	824-5806
2	Hamlin                      WV      25523	
Logan	Logan Regional Medical Center	Mammography, Ultrasound
Logan	PO Box 780                      20 Hospital Drive	831-1186
2	Logan                      WV      25601	831-1633
Logan	CommunityHth Foundation of Man	Mammography, Ultrasound
Man	600 E McDonald Avenue	583-6541 ext 33
2	Man                      WV      25635	
Marion	Fairmont General Hospital	Mammography, Ultrasound
Fairmont	1325 Locust Avenue	367-7464
7	Fairmont                      WV      26554	
Marion	John Manchin Sr. Health Care Center	Mammography, Ultrasound
Fairmont	401 Guffey Street	363-2500
7	Fairmont                      WV      26554	363-0263
Marion	Monongahela Val Assoc of Hth Ctrs dba Fairmont Clinic	Mammography, Ultrasound
Fairmont	PO Box 1112	366-0700
7	Fairmont                      WV      26555-1	366-9529
Marion	Radiological Physicians Associates	Radiology
Fairmont	700 Village Drive	366-2600
7	Fairmont                      WV      26554	
Marion	Manchin Clinic	Mammography, Ultrasound
Farmington	PO Box 29                      100 Main Street	825-6554
7	Farmington                      WV      26571	825-1371

County-City-Region	Facility Name-Address	Service-Telephone-Fax
Marshall Glen Dale 6	Reynolds Memorial Hospital, Inc. 800 Wheeling Avenue Glen Dale WV 26038	Mammography, Ultrasound 843-3310 843-3475
Maryland Cumberland	The Imaging Center PO Box 1692 Cumberland MD 21501	Mammography, Ultrasound 301-759-3417
Mason Point Pleasant 2	Pleasant Valley Hospital 2520 Valley Drive Point Pleasant WV 25550	Mammography, Ultrasound 675-4340 675-2607
McDowell Welch 1	Welch Community Hospital 454 McDowell Street Welch WV 24801	Mammography, Ultrasound 436-8678 436-6380
Mercer Bluefield 1	Bluefield Regional Medical Center 500 Cherry Street Bluefield WV 24701	Mammography, Ultrasound 327-1551 325-1966
Mercer Bluefield 1	Community Radiology of Virginia, Inc 2000 Leatherwood Lane Bluefield WV 24605	Mammography, Ultrasound 326-1215 326-1518
Mercer Bluefield 1	St Lukes Princeton LLC PO Box 1190 Bluefield WV 24701	Mammography, Ultrasound 327-2969
Mercer Princeton 1	David Mullins, MD & Eric Hopkins, MD General Vascular Surgery 201 12 Street Extens Princeton WV 27740	Breast Biopsies, Ultrasounds 425-1852 431-3756
Mercer Princeton 1	Princeton Community Hospital PO Box 1369 Clinical Lab Princeton WV 24740	Mammography, Ultrasound 487-7000 487-7370
Mercer Princeton 1	Professional Imaging PO Box 1559 Princeton WV 26726	Radiology 787-1076

County-City-Region	Facility Name-Address	Service-Telephone-Fax
Mineral Keyser 8	Potomac Valley Hospital 167 South Mineral Street Keyser WV 26726	Mammography, Ultrasound 788-3141 788-7864
Mingo Williamson 2	Health Mgmt Assoc of WV Inc, Williamson Mem Hospital PO Box 1980 Williamson WV 25661	Mammography, Ultrasound 235-2500
Monongalia Morgantown 7	Amerirad, Inc (formerly Palmaris Imaging) PO Box 1645 Morgantown WV 26507-1	Radiology
Monongalia Morgantown 7	Betty Puskas Breast Care Center RCBHS of WV Medical Center Drive Morgantown WV 26507	Mammography, Ultrasound 598-4252
Monongalia Morgantown 7	WVU Hospital PO Box 1227 Medical Center Dr Morgantown WV 26507	Mammography, Ultrasound 598-4032 598-4379
Monongalia Morgantown 7	WVU Medical Corp dba UHA PO Box 897 Morgantown WV 26501	Radiology
Morgan Berkeley Springs 8	War Memorial Hospital 109 War Memorial Drive Berkeley Springs WV 25411	Mammography, Ultrasound 258-6531 258-6127
Nicholas Summersville 4	Professional Medical Ultrasonics 1020 Broad Street Summersville WV 26651	Mammography, Ultrasound 1-800-617-4777
Nicholas Summersville 4	Summersville Memorial Hospital 400 Fairview Heights Rd Summersville WV 26651	Mammography, Ultrasound 872-2891 872-8417
Ohio Wheeling 6	Ohio Valley Medical Center 2000 Eoff Street Wheeling WV 26003	Mammography, Ultrasound 234-8399 234-8264

County-City-Region	Facility Name-Address	Service-Telephone-Fax
Ohio Wheeling 6	Radiology Associates PO Box 1131 Wheeling WV 26003	Radiology 243-3070 243-3078
Ohio Wheeling 6	Valley Radiologists PO Box 6825 2000 Eoff St Wheeling WV 26003	Radiology
Ohio Wheeling 6	Wheeling Hospital Medical Park Wheeling WV 26003	Mammography, Ultrasound 243-3270 243-3130
Out of State Ashland	Physicians Imaging PSC PO Box 1006 Ashland KY 41101	Mammography, Ultrasound 606-638-1507
Out of State Cumberland	Advanced Diagnostic Radiology 952 Seton Drive Cumberland MD 21502	Mammography, Ultrasound 301-777-3522 301-7771902
Out of State Marietta	Marietta Memorial Hospital 401 Matthew Street Marietta Ohio 45750	Mammography, Ultrasound 740-374-1400
Preston Kingwood 7	Preston Memorial Hospital 300 S Price Street Kingwood WV 26537	Mammography, Ultrasound 329-2830 791-3737
Putnam Hurricane 3	Jane A Kurucz, MD 3667 Teays Valley Rd Hurricane WV 25526	Ultrasound Only
Putnam Hurricane 3	Putnam General Hospital PO Box 900 1400 Hospital Drive Hurricane WV 25526	Mammography, Ultrasound 757-1851 757-1892
Raleigh Beckley 1	Beckley Appalachian Reg Hospital 306 Stanaford Rd Beckley WV 25801	Mammography, Ultrasound 255-3306 255-3545

County-City-Region	Facility Name-Address	Service-Telephone-Fax
Raleigh Beckley 1	Beckley Oncology Associates, Inc. 275 Dry Hill Road Beckley WV 25801	Mammography, Ultrasound 253-6080 253-6086
Raleigh Beckley 1	Professional Medical Ultrasonics 200 Carriage Drive Beckley WV 25801	Mammography, Ultrasound 252-0609 252-0646
Raleigh Beckley 1	Raleigh General Hospital 1710 Harper Road Beckley WV 25801	Mammography, Ultrasound 256-4101 256-4009
Raleigh Beckley 1	Raleigh X-Ray Diagnostic 275 Dry Hill Road Beckley WV 25801	Radiology 253-6080 253-6086
Raleigh Daniels 1	Kelly Medical Corporation 1 Pavilion Drive Daniels WV 25832	Radiology 763-4253 763-2722
Randolph Elkins 7	Davis Mamorial Hospital PO Box 1484 Elkins WV 26341	Mammography, Ultrasound 637-3125 637-3435
Roane Spencer 5	Roane General Hosptial 200 Hospital Drive Spencer WV 25276	Mammography, Ultrasound, N 927-4444 927-6837
Summers Hinton 1	Summers County ARH PO Box 940 Hinton WV 25951	Mammography, Ultrasound
Taylor Grafton 7	Grafton City Hospital 500 Market Street Grafton WV 26354	Mammography, Ultrasound 265-6411 265-6419
Tyler Sistersville 5	Sistersville General Hospital 314 South Wells Street Sistersville WV 26175	Mammography, Ultrasound 652-2611 652-1448

County-City-Region	Facility Name-Address	Service-Telephone-Fax
Upshur Buckhannon 7	St Joseph's Hospital #1 Amalia Drive Buckhannon WV 26201	Mammography, Ultrasound 472-1600 472-6382
Upshur Elkins 7	Buckhannon Medical Care PO Box 2630 Elkins WV 26241	Mammography, Ultrasound 472-1600
Virginia Roanoke	Radiology Associates of Roanoke PO Box 12668 Roanoke VA 24027-2	Radiology 540-772-2280
Webster Webster Springs 4	Webster County Memorial Hospital Po Box 312 Webster Springs WV 26288	Mammography, Ultrasound 847-5682 847-5686
Wetzel New Martinsville 6	Wetzel County Hospital 3 East Benjamin Drive New Martinsville WV 26155	Mammography, Ultrasound 455-8000 455-8075
Wood Parkersburg 5	Camden Clark Memorial Hospital PO Box 718 800 Garfield Avenue Parkersburg WV 26101	Mammography 424-2111 424-2489
Wood Parkersburg 5	Camden Clark Radiologists (Park Radiology Service) PO Box 779 Parkersburg WV 26102	Radiology
Wood Parkersburg 5	Gynecologic Associates 405 Garfield Avenue, Suite Parkersburg WV 26101	Ultrasound Only Pending MOU 422-2499
Wood Parkersburg 5	St. Joseph's Hospital 1824 Murdock Avenue Parkersburg WV 26101	Mammography, Ultrasound 424-4111 424-4516
Wood Parkersburg 5	St. Joseph's Radiologists (Roentgen Diagnostics) PO Box 1385 Parkersburg WV 26101	Radiology 485-9293



**BUREAU FOR PUBLIC HEALTH, OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH  
WEST VIRGINIA BREAST AND CERVICAL CANCER SCREENING PROGRAM  
FNA AND SURGEON'S DIRECTORY**

<b>County-City-Region</b>	<b>Facility Name-Address</b>	<b>Surgeon-Telephone-Fax</b>
St Clairsville	Shackelford and Associates 109 Plaza West, Suite A-2 St Clairsville OH 43950	Howard Shakelford, MD 740-695-2443 740-695-2511
Winchester	Winchester Surgical Clinic, Ltd 20 S Stewart Street Winchester WV 22601	Winchester Surgical Clinic, 540-662-0377
Berkeley Martinsburg 8	James Carrier, MD 1004 Sushruta Drive, Suite C Martinsburg WV 25401	James Carrier, MD 263-4374 263-4930
Cabell Huntington 2	Douglas Henson, MD 1415 Hal Greer Blvd Huntington WV 25701	Douglas Henson, MD 523-7070 522-8666
Cabell Huntington 2	Edwards Comprehensive Cancer Ce 1340 Hal Greer Boulevard Huntington WV 25701	Jack Traylor, MD 399-6500 399-6500
Cabell Huntington 2	Edwards Comprehensive Cancer Ce 1340 Hal Greer Boulevard Huntington WV 25701	Shawn McKinney, MD 399-6500 399-6500
Cabell Huntington 2	University Surgical Associates P.O. Box 1365 Huntington WV 25701	Jodie Cisco, MD 792-1847 792-1849
Fayette Montgomery 4	Montgomery General Hospital 401 6th Avenue Montgomery WV 25136	Kevin Hibbitt, MD 442-4331 442-1243
Grant Petersburg 8	Anil K. Makani, MD PO Box 788 Petersburg WV 26847	Anil K. Makani, MD 257-4331 257-2891
Greenbrier Ronceverte 4	Greenbrier Physicians 200 Maplewood Avenue Ronceverte WV 24970	Allan Lee, DO 647-1160 647-3807

County-City-Region	Facility Name-Address	Surgeon-Telephone-Fax
Greenbrier Ronceverte 4	Greenbrier Physicians 200 Maplewood Avenue Ronceverte WV 24970	Christopher Downing, DO 647-1175 647-3807
Greenbrier Ronceverte 4	Ray L. Jones, DO PO Box 266 Ronceverte WV 24970	Ray L. Jones, DO 647-4968 647-4987
Hancock Weirton 8	John Mitchell, MD 651 Colliers Way, Suite 5111 Weirton WV 26062	John Mitchell, MD 723-2730 723-3600
Hancock Weirton 8	Manual Ballas, MD 601 Colliers Way Weirton WV 26062	Manual Ballas, MD 797-6433
Hancock Weirton 8	Samuel Licata, MD 701 Colliers Way Weirton WV 26062	Samuel Licata, MD 723-3200 723-3210
Harrison Clarksburg 7	Carl R. Fischer, III, MD 300 Davisson Run Road, Suite 20 Clarksburg WV 26301	Carl R. Fischer, III, MD 622-0267 622-5211
Harrison Bridgeport 7	Gaspar Z. Barcinas, MD 103 Doctors Way Bridgeport WV 26330	Gaspar Z. Barcinas, MD 842-5161 842-5175
Jackson Ripley 5	Jackson General Hospital/ Surgical PO Box 587 Ripley WV 25271	Ibrahim Hanna, MD 372-2731
Kanawha South Charleston 3	David W. Ranson, MD 401 Division Street, Suite 303 South Charleston WV 25309	David W. Ranson, MD 768-7347 768-9380
Kanawha Charleston 3	Hatem Hossino 415 Morris Street Charleston WV 25301	Hatem Hossino 343-8181 342-8247
Kanawha South Charleston 3	James Pollack, MD 4607 MacCorkle Ave, SW, Suite 3 South Charleston WV 25309	James Pollack, MD 767-7900 767-7905

<b>County-City-Region</b>	<b>Facility Name-Address</b>	<b>Surgeon-Telephone-Fax</b>
Kanawha Charleston 3	Raheem Nader, MD 4008 MacCorkle Ave SE #2 Charleston WV 25304	Raheem Nader, MD 925-6979 925-3837
Kanawha Charleston 3	Steven M. Zekan, MD 1208 Kanawha Blvd, East Charleston WV 25302	Steven M. Zekan, MD 343-7559 343-1219
Kanawha Charleston 3	Tyshaun James-Hart, MD 500 Donnally Street, Suite 203 Charleston WV 25301	Tyshaun James-Hart, MD 347-6700
Kanawha Charleston 3	WV Health Right, Inc. 1520 Washinton Street, East Charleston WV 25311	Al Capinpin, M.D. 343-7000 343-7009
Kanawha Charleston 3	WV Health Right, Inc. 1520 Washington Street, East Charleston WV 25311	Daniel Foster, M.D. 343-7000 343-7009
Kanawha Charleston 3	WV Health Right, Inc. 1520 Washington Street, East Charleston WV 25311	Gregg Clarke, M.D. 343-7000 343-7009
Kanawha Charleston 3	WV Health Right, Inc. 1520 Washington Street East Charleston WV 25311	Robert Leadbetter, MD 343-7000 343-7009
Kanawha Charleston 3	WV Health Right, Inc. 1520 Washington Street, East Charleston WV 25311	Todd Witsberger, M.D. 343-7000 343-7009
Lewis Weston 7	John J. Thomas 66 Hospital Plaza, Suite 102 Weston WV 26452	John J. Thomas 269-6004 269-6026
Lewis Weston 7	Salvatore Lanasa, MD 29 Hospital Plaza, Suite B Weston WV 26452	Salvatore Lanasa, MD 269-0030 269-0034
Logan Logan 2	Chanchai Tivimahaisoon, MD 38 Hospital Drive Logan WV 25601	Chanchai Tivimahaisoon, M 831-1255 831-1679

County-City-Region	Facility Name-Address	Surgeon-Telephone-Fax
Logan Logan 2	Judith Brendemuehl, MD 140 Stollings Avenue Suite 5 Logan WV 25601	Judith Brendemuehl, MD 752-2770 752-2772
Logan Logan 2	Krienghria Kitiphongspattana, MD 20 Hospital Drive Logan WV 25601	Krienghria Kitiphongspattana 722-1254 792-1255
Marion Fairmont 7	John Manchin Sr. Health Care 401 Guffey Street Fairmont WV 26554	Stanard Swihart, MD 363-2500
Marshall Moundsville 6	Romeo Tan, MD 1601 3rd Avenue Moundsville WV 26042	Romeo Tan, MD 845-2330 845-2397
Mason Point Pleasant 2	Pleasant Valley Hospital 2520 Valley Drive Point Pleasant WV 25550	Art George Asrian, MD 675-2781 675-2447
Mason Point Pleasant 2	Pleasant Valley Hospital 2520 Valley Drive, Suite 214 Point Pleasant WV 25550	Mark W. Nolan, MD 675-1666 675-2944
Mercer Princeton 1	General & Vacular Surgeon 201 12th Street Ext. Princeton WV 24740	David A. Mullins, MD 425-1852 431-3756
Mercer Princeton 1	General & Vacular Surgery 201 12th Street Ext. Princeton WV 24740	Eric Hopkins, MD 425-1852 431-3756
Mercer Bluefield 1	General Vacular Surgery 512 Cherry Street Bldg 1 Bluefield WV 24701	Michael T. Hedstrom, MD
Mercer Princeton 1	Izhar A. Rana, MD PO Box 5049 Princeton WV 24740	Izhar A. Rana, MD 425-7127 425-8707
Mercer Princeton 1	Medical Arts Blvd PO Box 1374 Princeton WV 24740	Generoso Duremdes, MD 425-2310 487-3675

County-City-Region	Facility Name-Address	Surgeon-Telephone-Fax
Mercer Princeton 1	Medical Arts Building PO Box 1374 Princeton WV 24740	Gene B. Duremdes, MD 425-2310 487-3675
Monongalia Morgantown 1	Heiskell King & Burns Surgical Asso 4000 Hampton Center Morgantown WV 26505	William H. Burns, MD 598-2200 599-2674
Monongalia Morgantown 1	Robert C. Byrd Hth Sciences Ctr PO Box 9238 Morgantown WV 26506	Bradford Mitchell, MD 293-0668
Monongalia Morgantown 7	Heiskell King & Burns Surgical Asso 4000 Hampton Center Morgantown WV 26505	Andrew Heiskell, MD 598-2200 599-2674
Monongalia Morgantown 7	Heiskell King & Burns Surgical Asso 4000 Hampton Center Morgantown WV 26505	Roger E. King, MD 598-2200 599-2674
Monongalia Morgantown 7	Heiskell King & Burns Surgical Asso 4000 Hampton Center Morgantown WV 26505	Todd E. Tallman, MD 598-2200 599-2674
Morgan Berkeley Springs 8	Berkeley Springs Surgical 83 War Memorial Drive Berkeley Springs WV 25411	Kevin McLaughlin, DO 258-1070 258-7749
Nicholas Summersville 1	Summersville Surgical Associates 400 Fairview Heights Road Summersville WV 26651	Yancy Short, MD 872-8404 872-0409
Nicholas Richwood 4	Richwood Area Community Hospital 75 Avenue B Richwood WV 26261	Clemente Diaz, MD 743-2573 846-9562
Nicholas Summersville 4	Summersville Surgical Associates 400 Fairview Heights Road Summersville WV 26651	Stephen Wilson, MD 872-8404 872-0409
Ohio Wheeling 6	Cross & Saracco, MD 2115 Chapline Street Wheeling WV 26003	Richard Cross, MD 234-8300 243-1523

County-City-Region	Facility Name-Address	Surgeon-Telephone-Fax
Ohio Wheeling 6	John Battalingo, MD 20 Medical Park Wheeling WV 26003	John Battalingo, MD 242-7801
Out of State Cumberland	Advanced Diagnostic Radiology, LL 952 Seton Drive Cumberland MD 21502	David Issacs, MD 301-777-3522 301-777-1902
Out of State Cumberland	Advanced Diagnostic Radiology, LL 952 Seton Drive Cumberland MD 21502	Jong Kim, MD 301-777-3522 301-777-1902
Out of State Cumberland	Advanced Diagnostic Radiology, LL 952 Seton Drive Cumberland MD 21502	Myung-Sup Kim, MD 301-777-3522 301-777-1902
Out of State Cumberland	Advanced Diagnostic Radiology, LL 952 Seton Drive Cumberland MD 21502	Stephen Eagles, MD 301-777-3522 301-777-1902
Preston Kingwood 7	Timothy C. Miller, MD 301 South Price Street, Suite 1 Kingwood WV 26537	Timothy C. Miller, MD 329-3300 329-3301
Putnam Hurricane 3	Alex Alexa 3667 Teays Valley Road Hurricane WV 25526	Jane Kurucz, MD 201-3226
Putnam Hurricane 3	Leonard A. Fichter, M.D., Inc. 3661 Teays Valley Road Hurricane WV 25526	Leonard A. Fichter, M.D. 757-2518 757-3271
Raleigh Beckley 1	Beckley Area Medical Clinic 1828 Harper Road Beckley WV 25801	Elias Issac, MD 253-5690 255-4608
Raleigh Beckley 1	Beckley Area Medical Clinic 1828 Harper Road Beckley WV 25801	RC Shah, MD 253-5690 255-4608
Raleigh Beckley 1	Beckley Area Surgical Associates 230 George Street, Suite 2 PO Box 207 Beckley WV 25801	Kevin Dickerson, MD 256-0770

County-City-Region	Facility Name-Address	Surgeon-Telephone-Fax
Raleigh Daniels 1	Kelly Medical Corp 1 Pavillion Drive Daniels WV 25832	Antonio Dy, MD 763-4253 763-2722
Raleigh Daniels 1	Kelly Medical Corp 1 Pavillion Drive Daniels WV 25832	Chandra Sharma, MD 763-4253 763-2722
Raleigh Daniels 1	Kelly Medical Corp 1 Pavillion Drive Daniels WV 25832	Davin Ells, MD 763-4253 763-2722
Raleigh Beckley 1	Professional Medical Ultrasonics 200 Carriage Drive Beckley WV 25801	Robert Pulliam, MD 252-0600 252-0646
Raleigh Beckley 1	Surgical Associates 1828 Harper Road Beckley WV 25801	Angel Rosa, MD 253-5690 252-0646
Randolph Elkins 7	Betty Kierstead, MD 909 Gorman Avenue, Suite 6 Elkins WV 26241	Betty Kierstead, MD 637-1811 637-1153
Randolph Elkins 7	Nityananda Santra, MD 911 Gorman Avenue Elkins WV 26241	Nityananda Santra, MD 636-5229
Randolph Elkins 7	Robert A Rose, MD 911 Gorman Avenue, Suite 203 Elkins WV 26241	Robert A Rose, MD 636-2817 636-9457
Roane Spencer 5	Alex DeSouza, MD 200 Hospital Drive Spencer WV 25276	Alex DeSouza, MD 927-6844 927-6259
Roane Spencer 5	Hong-Kin Ng, MD 200 Hospital Drive Spencer WV 25276	Hong-Kin Ng, MD 927-6844 927-6259
Roane Spencer 5	Pedro F. Lo, MD 200 Hospital Drive Spencer WV 25276	Pedro F. Lo, MD 927-6844 927-6259

County-City-Region	Facility Name-Address	Surgeon-Telephone-Fax
Summers Hinton 1	Summers Co ARH Rural Health Clini PO Box 940 Hinton WV 25951	Livio Romani, MD 466-2905 466-2943
Summers Hinton 1	Summers County Clinic PO Box 940 Hinton WV 25951	Elias Issac, MD 466-2952 327-8337
Summers Hinton 1	Summers County Clinic PO Box 940 Hinton WV 25951	RC Shah, MD 466-2952 327-8337
Upshur Buckhannon 7	Upshur Medical Management Servic 10 Amalia Drive Buckhannon WV 26201	Susan Long, MD 473-2303 473-2213
Wood Parkersburg 5	Paul G. Modie, MD 1122 Market Street Parkersburg WV 26101	Paul G. Modie, MD 485-5531 485-9596
Wood Parkersburg 5	Robert L. Rudolph II, MD 705 Garfield Avenue, Suite 440 Parkersburg WV 26102	Robert L. Rudolph II, MD 424-2102



**BUREAU FOR PUBLIC HEALTH, OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH  
WEST VIRGINIA BREAST AND CERVICAL CANCER SCREENING PROGRAM  
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<b>County-City-Region</b>	<b>Facility Name-Address</b>	<b>Provider-Telephone-Fax #</b>
Berkeley	H. Alexander Wanger, MD	H. Alexander Wanger, MD
Martinsburg	99 Tavern Road	263-4999
8	Martinsburg WV 25401-2890	263-9187
Berkeley	James Brown, MD	James Brown, MD
Martinsburg	2010 Oats Drive, Suite 106	264-4412
8	Martinsburg WV 25401	
Berkeley	Shenandoah Women's Health	Krista Hopkins, MD
Martinsburg	PO Box 6100 99 Tavern Road	263-8964
8	Martinsburg WV 25402	264-0660
Berkeley	Michael S. Kikken, MD	Michael S. Kikken, MD
Martinsburg	99 Tavern Road	263-4999
8	Martinsburg WV 25401-9187	263-9187
Braxton	Partners Primary Care Women's Health & Resource Ctr	Sally R Stewart DO
Gassaway	100 Holyman Drive	363-1093
4	Gassaway WV 26624	364-1050
Cabell	United Health Professional, Inc.	Allan S. Chamberlain, MD
Huntington	2866 First Avenue, Suite 501	697-2035
2	Huntington WV 25702	
Cabell	United Health Professional, Inc.	Amber Kuhl, MD
Huntington	2866 First Avenue, Suite 501	697-2035
2	Huntington WV 25702	
Cabell	University OB/GYN	Ben Edwards, MD
Huntington	1600 Medical Center Drive, Suite	291-1400
2	Huntington WV 25701	691-1461

<b>County-City-Region</b>	<b>Facility Name-Address</b>	<b>Provider-Telephone-Fax #</b>
Cabell	University OB/GYN	Brenda Dawley, MD
Huntington	1600 Medical Center Drive, Suite	691-1400
2	Huntington WV 25701	691-1461
Cabell	Valley Health-A Woman's Place	Brian Bower, III MD
Huntington	1630 13th Avenue	697-2014
2	Huntington WV 25701	697-2017
Cabell	Dept of Family Hth & Comm Health University Family Practice	Charles Clements, MD
Huntington	1600 Medical Center Drive, Suite	
2	Huntington WV 25701-3655	
Cabell	University OB/GYN	David Jude, MD
Huntington	1600 Medical Center Drive, Suite	691-1400
2	Huntington WV 25701	691-1461
Cabell	Dept of Family Hth & Comm Health University of Family Practice	Dilip Nair, MD
Huntington	1600 Medical Center Drive, Suite	
2	Huntington WV 25701-3655	
Cabell	Dept of Family & Community Hth University Family Practice	Douglas W. Henson, MD
Huntington	1600 Medical Center Drive, Suite	
2	Huntington WV 25701-3655	
Cabell	University OB/GYN	Gary Gene Gilbert, MD
Huntington	1600 Medical Center Drive, Suite	691-1400
2	Huntington WV 25701	691-1461
Cabell	University OB/GYN	Gerald Oakley, MD
Huntington	1600 Medical Center Drive, Suite	691-1400
2	Huntington WV 25701	691-1461
Cabell	Valley Health-A Woman's Place	Herb Myers, DO
Huntington	1630 13th Avenue	697-2014
2	Huntington WV 25701	697-2017

<b>County-City-Region</b>	<b>Facility Name-Address</b>	<b>Provider-Telephone-Fax #</b>
Cabell Huntington 2	Dept of Family Hth & Comm Health    University Family Practice 1600 Medical Center Drive, Suite Huntington                      WV      25701-3655	Hyla Harvey, MD
Cabell Huntington 2	Dept of Family Hth & Comm Health    University Family Practice 1600 Medical Center Drive, Suite Huntington                      WV      25701-3655	Kathy O'Hanlon, MD
Cabell Huntington 2	University OB/GYN 1600 Medical Center Drive, Suite Huntington                      WV      25701	Kevin J Conaway, MD 691-1400 691-1461
Cabell Huntington 2	Dept of Family Hth & Comm Health    University Family Practice 1600 Medical Center Drive, Suite Huntington                      WV      25701-3655	Linda Savory, MD
Cabell Huntington 2	University OB/GYN 1600 Medical Center Drive, Suite Huntington                      WV      25701	Lisa Burke, MD 691-1400 691-1461
Cabell Huntington 2	Valley Health-A Woman's Place 1630 13th Avenue Huntington                      WV      25701	Rafael Molina, MD 697-2014 697-2017
Cabell Huntington 2	Valley Health-A Woman's Place 1630 13th Avenue Huntington                      WV      25701	Richard Booth, Jr., MD 297-2014 297-2017
Cabell Huntington 2	University OB/GYN 1600 Medical Center Drive, Suite Huntington                      WV      25701	Robert C Nerwood, MD 691-1400 691-1461
Cabell Huntington 2	Dept of Family Hth & Comm Health    University Family Practice 1600 Medical Center Drive, Suite Huntington                      WV      25701-3655	Ross Patton, MD

<b>County-City-Region</b>	<b>Facility Name-Address</b>	<b>Provider-Telephone-Fax #</b>
Cabell Huntington 2	Dept of Family & Community Hth      University Family Practice 1600 Medical Center Drive, Suite, Huntington                      WV      25701-3655	Stephen Petrany, MD
Cabell Huntington 2	Dept of Family Hth & Comm Health      University Family Practice 1600 Medical Center Drive, Suite Huntington                      WV      25701-3655	Susann Apgar, MD
Cabell Huntington 2	Dept of Family Hth & Comm Health      University of Family Practice 1600 Medical Center Drive, Suite Huntington                      WV      25701-3655	Tammy Bannister, MD
Cabell Huntington 2	University OB/GYN 1600 Medical Center Drive, Suite Huntington                      WV      25701	Ted E Haddox, MD 691-1400 691-1461
Cabell Huntington 2	Dept of Family Hth & Comm Health      University Family Practice 1600 Medical Center Drive, Suite Huntington                      WV      25701-3655	Warren M Shaver, MD
Cabell Huntington 2	Dept of Family Hth & Comm Health      University Family Practice 1600 Medical Center Drive, Suite Huntington                      WV      25701-3655	Wayne Thacker, MD
Fayette Scarbrough 2	New River Women's Hth & Birth Rt. 1 Box 615 Scarbrough                      WV      25917	Juddson Lindley, MD 469-3345 469-2981
Grant Petersburg 8	Grant Memorial Hospital, dba      Potomac Valley Phys for Women PO Box 248                      Hospital Lane, Suite 104 Petersburg                      WV      26847	John L. Hahn, MD 257-2152 257-2928
Greenbrier Ronceverte 4	Greenbrier Physicians, Inc. 200 Maplewood Avenue Ronceverte                      WV      24970	Chris Downing, DO 647-5115

County-City-Region	Facility Name-Address	Provider-Telephone-Fax #
Greenbrier Ronceverte 4	Greenbrier Physicians, Inc. 200 Maplewood Avenue Ronceverte WV 24970	Connier Perkins, DO 6475115
Greenbrier Ronceverte 4	Greenbrier Physicians, Inc. 200 Maplewood Avenue Ronceverte WV 24970	Lori Tucker, DO 647-5115
Greenbrier Ronceverte 4	Greenbrier Physicians, Inc. 200 Maplewood Avenue Ronceverte WV 24970	Robert L. Wheeler, MD 647-5115
Grrenbrier Lewisburg 4	WVSOM Robert C. Byrd Clinic 400 North Jefferson Street Lewisburg WV 25901	George F. Boxwell, DO 645-3220
Hampshire Romney 8	Romney Medical Associates PO Box 1737 Sunrise Building Romney WV 26757	John L. Hahn, MD 822-3838
Hancock Weirton 8	Women's Health Center 601 Colliers Way Weirton WV 26062	Weirton Medical Center Gerald Szczaiel, DO 797-6433
Hancock Weirton 8	Women's Health Center 601 Colliers Way Weirton WV 26062	Weirton Medical Center Kara O'Karma, DO 797-6433
Hancock Weirton 8	Women's Health Center 601 Colliers Way Weirton WV 26062	Weirton Medical Center Manuel Ballas, DO 797-6433
Hardy Baker 8	E A Hawse Health Center PO Box 97 Baker WV 26801	Elizabeth Smith, MD 897-5915

County-City-Region	Facility Name-Address	Provider-Telephone-Fax #
Hardy Mathias 8	E A Hawse Health Center-Mathias Rt. 1 Box 8-C-1 Mathias WV 26812	Elizabeth Smith, MD 897-5915
Hardy Moorefield 8	Love Memorial Clinic PO Box 180 112 Kuykendall Lane Moorefield WV 26836	Michael P. Riggelman, MD 538-7755
Hardy Moorefield 8	Love Memorial Clinic PO Box 180 112 Kuykendall Lane Moorefield WV 26836	Patricia B. Krauskopf, CFNP 538-7755
Hardy Wardenville 8	Wardensville Medical Associates PO Box 209 325 E Main Street Wardenville WV 26851	John L. Hahn, MD 847-4012
Harrison Bridgeport 7	Woman's Health (Pending) 902 Lodgeville Road Bridgeport WV 26553	Kelley Stoddard, M.D. 842-0801 842-0806
Harrison Bridgeport 7	Woman's Health (Pending) 902 Lodgeville Road Bridgeport WV 26553	Richard King, M.D. 842-0801 842-0806
Harrison Clarksburg 7	Ali Rahimian, MD 300 Division Run Road, Suite 20 Clarksburg WV 26301	Ali Rahimian, MD 622-1264 622-0204
Harrison Clarksburg 7	Ferenc Gyimesi, MD 300 Division Run Road, Suite 30 Clarksburg WV 26301	Ferenc Gyimesi, MD 623-0496 623-4207
Harrison Clarksburg 7	Family Practice Center PO Box 2290 1 Hospital Plaza Clarksburg WV 26301	Nancy Joseph, MD 624-7589

County-City-Region	Facility Name-Address	Provider-Telephone-Fax #
Jackson Ravenswood 5	River Valley Health and Wellness Center 606 Washington Street Ravenswood WV 26164	273-1033
Jefferson Ranson 8	T A Nathan, MD 127 E 2nd Avenue Ranson WV 25438	T A Nathan 725-0705 728-3050
Kanawha Charleston 3	WV Gynecologic Oncology Assoc 13 Courtney Drive Charleston WV 25302	Allan S. Chamberlain, MD 343-5595 925-4200
Kanawha Charleston 3	West Virginia Health Right, Inc. 510 West Washington Street Charleston WV 25312	Bernard Greisman, MD 343-7000
Kanawha Charleston 3	West Virginia Health Right, Inc. 510 West Washington Street Charleston WV 25312	Coy Flowers, MD 343-7000
Kanawha Charleston 3	Family Enrichment Center 1701 5th Avenue, Box 5 Charleston WV 25312	WomenCare, Inc. Devin Ciliberti, MD 414-4499 414-4498
Kanawha Charleston 3	Lisa Skinner, MD 830 Pennsylvania Avenue, Suite Charleston WV 25302	Lisa Skinner, MD 414-3200 414-3203
Kanawha Charleston 3	Michael Schiano, M.D. #1 Courtney Drive Charleston WV 25304	Michael Schiano, MD 925-4200 925-0483
Kanawha Charleston 3	Women's Health Center 510 W Washington Street Charleston WV 25302	Pamela K Maddox, FNP 344-5595 344-1756

<b>County-City-Region</b>	<b>Facility Name-Address</b>	<b>Provider-Telephone-Fax #</b>
Kanawha Charleston 3	WV Gynecologic Oncology Assoc 13 Courtney Drive Charleston WV 25302	Reed Haywood, MD 343-5595 925-4200
Kanawha Charleston 3	Women's Health Center 510 W Washington Street Charleston WV 25302	Scott Naegele, MD 344-9834 344-1756
Kanawha Charleston 3	West Virginia Health Right, Inc. 510 West Washington Street Charleston WV 25312	Stephen Bush, MD 343-7000
Kanawha Charleston 3	West Virginia Health Right, Inc. 510 West Washington Street Charleston WV 25312	Susan Pahl, MD 343-7000
Kanawha Charleston 3	WV Physicians for Women, Ltd. 4408 MacCorkle Avenue SE Charleston WV 25304	Ujjal Sandhu, MD FACOG 925-1218
Kanawha Charleston 3	Family Enrichment Center 1701 5th Avenue Charleston WV 25312	WomenCare, Inc. Viki Endres, CNM 414-4499 414-4498
Lewis Buckhannon 7	Mountaineer Hth Care for Women 12 Hartman Plaza Buckhannon WV 26201	Serge Cormier, MD 473-0670 472-5255
Lewis Weston 7	Mountaineer Hth Care for Women 66 Hospital Plaza, Suite 103 Weston WV 26452	Tony Naim, MD 269-3108 269-3109
Lincoln Hamlin 2	Lincoln Primary Care Center 7400 Lynn Avenue Hamlin WV 25523	Pamela Frye, FNC 824-5806



County-City-Region	Facility Name-Address	Provider-Telephone-Fax #
Lincoln Hamlin 2	Lincoln Primary Care Center 7400 Lynn Avenue Hamlin WV 25523	Regina Grome, PA-C 524-5806
Logan Logan 2	Edmond Darroux, MD 70 Hospital Drive Logan WV 25601	Edmond Darroux, MD 792-1695
Logan Logan 2	Olan Women's Healthcare Center Box 536 Logan WV 25601	Olan Comprehensive Healthcare Center Emanuel Soyoola, MD 752-6780
Logan Man 2	Community Hth Foundation of Man 600 East McDonald Avenue Man WV 25635	Randall Walters, MD 583-6541 583-6018
Logan Man 2	Community Hth Foundation of Man 600 East McDonald Avenue Man WV 25635	Suthipan Chevy, MD 583-6541 583-6018
Marion Fairmont	Rita Payne, M.D. 1840 Locust Avenue Fairmont WV 26554	Rita Payne, M.D.
Marion Fairmont 7	Woman Care 1703 Locust Avenue Fairmont WV 26554	Elizabeth T. Jarem, MD 366-6100 366-2220
Marion Fairmont 7	Woman Care 1703 Locust Avenue Fairmont WV 26554	Patrick Bonasso, MD 366-6100 366-2220
Marion Fairmont 7	Woman Care 1703 Locust Avenue Fairmont WV 26554	Staci K. Stewart, MD 366-6100 366-2220

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Marion Fairmont 7	John Manchin Sr. Health Care 401 Guffey Street Fairmont WV 26554	Stanard Swihart, MD 363-0263 363-2500
Marshall Glen Dale 6	John Batich, MD 426 8th Street, Suite 304 Glen Dale WV 26038	John Batich, MD 843-1100
Marshall Moundsville 6	Elisa Irisari, M.D. 119 Jefferson Avenue Moundsville WV 26041	Elisa Irisari, M.D. 845-8555 843-1008
Mason Point Pleasant 2	Pleasant Valley Hospital Valley Drive, Suite 214 Point Pleasant WV 25550	Mark W. Nolan, MD 675-3405
McDowell Gary 1	Tug River Health Association PO Box 507 Gary WV 24836	Ross M. Patton, MD 448-2101
McDowell Welch 1	Welch Community Hospital 454 McDowell Street Welch WV 24836	Dennis C. Tumbokon, MD 436-8678 436-6380
Mercer Bluefield 1	Women's Care Center of Virginias 510 Cherry Street, Suite 206 Bluefield WV 24701	Amir Eschel, MD 327-1807 327-1806
Mineral Keyser 8	Charles D. Bess Rt 3 Box 3267 Keyser WV 26726	Charles D Bess, MD 788-6462
Mineral Keyser 8	John L. Hahn, MD Rt 3 Box 3267 Keyser WV 26726	John L. Hahn, MD 788-6462

County-City-Region	Facility Name-Address			Provider-Telephone-Fax #
Monongalia	Robert C. Byrd HSC of WVU	Dept of OB/GYN		Allison Alexander, MD
Morgantown	Box 9186			293-5381
7	Morgantown	WV	26506-9186	293-4291
Monongalia	Robert C. Byrd HSC of WVU	Dept Of OB/GYN		Jabin Janoo, MD
Morgantown	Box 9186			293-5381
7	Morgantown	WV	26506-9186	293-4291
Monongalia	Partners in Women's Health Care			Julie Armistead, RNC, WHNP
Morgantown	1000 JD Anderson Dr., Suite 403			598-6811
7	Morgantown	WV	26505	
Monongalia	Robert C. Byrd HSC of WVU	Dept of OB/GYN		M Yusof Dawood, MD
Morgantown	Box 9186			293-5381
7	Morgantown	WV	26506-9186	293-4291
Monongalia	Robert C. Byrd HSC of WVU	Dept of OB/GYN		Michael Rollins, MD
Morgantown	Box 9186			293-5381
7	Morgantown	WV	26506-9186	293-4291
Monongalia	Robert C. Byrd HSC of WVU	Dept of OB/GYN		Pamela Courtney, NP
Morgantown	Box 9186	200 Wedgewood Dr. #201		599-6353
7	Morgantown	WV	26506-9186	598-3608
Monongalia	Women's Health Care of Mgrtown			Richard S. Kerr, MD
Morgantown	200 Wedgewood Drive, Suite 201			599-6353
7	Morgantown	WV	26505	598-3608
Monongalia	Robert C. Byrd HSC of WVU	Dept of OB/GYN		Robert Shapiro, MD
Morgantown	Box 9186			293-5381
7	Morgantown	WV	26506-9186	293-4291
Monongalia	Women's Health Care of Mgrtown			Robert W. Smith, MD
Morgantown	200 Wedgewood Drive, Suite 201			599-6353
7	Morgantown	WV	26505	598-3608

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Monongalia Morgantown 7	Robert C. Byrd HSC of WVU Box 9186 Morgantown WV 26506-9186	Dept of OB/GYN Roger Toffle, MD 293-5381 293-4291
Monongalia Morgantown 7	Partners in Women's Health Care 1000 JD Anderson Dr., Suite 403 Morgantown WV 26505	Thomas Harmon, MD 598-6811
Monongalia Morgantown 7	Robert C. Byrd HSC of WVU Box 9186 Morgantown WV 26506-9186	Dept of OB/GYN Wanda Hembree, MD 293-5381 293-4291
Nicholas Summersville 4	Carlotta R. Evans, MD 702 Professional Park Dr., Suite Summersville WV 26651-1711	1020 Broad Street Carlotta R. Evans, MD 872-2450
Nicholas Summersville 4	Summersville Memorial Hospital 400 Fairview Heights Road Summersville WV 26651	Summersville Womens Health Lukasz Rostocki, MD 872-5381 872-8213
Nicholas Summersville 4	Summersville Memorial Hospital 400 Fairview Heights Road Summersville WV 26651	Summersville Womens Health Michael Lassere, MD 872-5381 876-8213
Ohio Wheeling 6	Cathy Evans, MD 1079 National Road Wheeling WV 26003	Cathy Evans, MD 243-6390
Ohio Wheeling 6	Wheeling Health Right, Inc. 61 29th Street Wheeling WV 26003	Charles Porter, MD 233-6323
Ohio Wheeling 6	Women's Health Specialists, Inc. 2101 Jacob Street, Suite 201 Wheeling WV 26003	Jessica Ybanez-Morano, MD, MP H 234-8700 234-8881

County-City-Region	Facility Name-Address	Provider-Telephone-Fax #
Ohio Wheeling 6	John Battaglino, MD 20 Medial Park, Suite 301 Wheeling WV 26003	John Battaglino, MD 242-7801 242-7804
Ohio Wheeling 6	Peter Bala, MD 30 Medical Park, Suite 301 Wheeling WV 26003	Peter Bala, MD 243-7160
Ohio Wheeling 6	Wheeling Health Right, Inc. 61 29th Street Wheeling WV 26003	Peter Bala, MD 233-6323
Preston Reedsville 7	West Preston Women's Health PO Box 928 Rt. 7 Valley Professional Plaza Reedsville WV 26547	James Holehouse, MD 864-0552 864-2827
Preston Terra Alta 7	Cranberry Medical Clinic 603 B W State Avenue Terra Alta WV 26764	Roger A. Lewis, MD 789-2457 789-6812
Putnam Scott Depot 3	Family Care 301-6 Great Teays Blvd Scott Depot WV 25560	WomenCare Devin Ciliberti, MD 757-6999 757-3252
Putnam Scott Depot 3	Family Care 301-6 Great Teays Blvd Scott Depot WV 25560	WomenCare Vicki Endres, CNM 757-6999 757-3252
Raleigh Beckley 1	Associates in OB/GYN 410 Carriage Drive Beckley WV 25801	Angel Rosas, MD 255-1541 253-7067
Raleigh Beckley 1	Associates in OB/GYN 410 Carriage Drive Beckley WV 25801	David Rainey, MD 255-1541 253-7067

<b>County-City-Region</b>	<b>Facility Name-Address</b>	<b>Provider-Telephone-Fax #</b>
Raleigh	Associates in OB/GYN	Juddson Lindley, MD
Beckley	410 Carriage Drive	255-1541
1	Beckley WV 25801	253-7067
Raleigh	Associates in OB/GYN	Michael Webb, MD
Beckley	410 Carriage Drive	255-1541
1	Beckley WV 25801	253-7067
Raleigh	Associates in OB/GYN	Norma Sigel, MD
Beckley	410 Carriage Drive	255-1541
1	Beckley WV 25801	253-7067
Raleigh	Professional Medical Ultrasonics	Robert Pulliam, MD
Beckley	200 Carriage Drive	252-0600
1	Beckley WV 25801	252-0646
Raleigh	Associates in OB/GYN	Roy R. Wolfe, MD
Beckley	410 Carriage Drive	255-1541
1	Beckley WV 25801	253-7067
Raleigh	Associates in OB/GYN	Todd C. Resley, MD
Beckley	410 Carriage Drive	255-1541
1	Beckley WV 25801	253-7067
Raleigh	Vidya Puranik, MD	Vidya Puranik, MD
Beckley	250 Stanaford Road	250-0345
1	Beckley WV 25801	
Raleigh	Associates in OB/GYN	William Scaring, MD
Beckley	410 Carriage Drive	255-1541
1	Beckley WV 25801	253-7067
Randolph	Betty Kierstead, MD	Betty Kierstead, MD
Elkins	909 Gorman Avenue, Suite 6	637-1811
7	Elkins WV 26241	

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Randolph Elkins 7	Ernes Flores, MD 19 Main Street, Suite 3 Elkins WV 26241	Ernes Flores, MD 635-0110
Randolph Elkins 7	Women's Health Care 911 Gorman Avenue, Suite303 Elkins WV 26241	James Xenophon, MD 637-3771
Randolph Elkins 7	Women's Health Care 911 Gorman Avenue, Suite303 Elkins WV 26241	Joseph deCourten, MD 637-3771
Randolph Elkins 7	Women's Health Care 911 Gorman Avenue, Suite303 Elkins WV 26241	Mary Scott, MD 637-3771
Roane Spencer 5	Roane County Family Health Care PO Box 30 146 Williams Drive Spencer WV 25276	Carroll Christiansen, MD 927-1495 927-8196
Roane Spencer 5	Roane General Medial Clinic Primary Care Center 200 Hospital Drive Spencer WV 25276	Ginger, Sims, MD 927-6822 927-6393
Roane Spencer 5	Roane General Medial Clinic Primary Care Center 200 Hospital Drive Spencer WV 25276	Kathy Nixxel, CFNP 927-6822 927-6393
Roane Spencer 5	Roane General Medial Clinic Primary Care Center 200 Hospital Drive Spencer WV 25276	Maria Kessell, MD 927-6822 927-6393
Tucker St. George 7	St. George Medial Clinic, Inc. RR-1 Box 208 St. George WV 26287	Amy Pearson, MD 478-3339 478-3311

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Upshur Buchkannon 7	Associates for Women's Health 56 East Main Street Buchkannon WV 26301	Arlie Swailes, CNM 472-7473 472-6293
Upshur Buchkannon 7	Associates for Women's Health 56 East Main Street Buchkannon WV 26301	Christina Hines, CNM 472-7473 472-6293
Upshur Buchkannon 7	Associates for Women's Health 56 East Main Street Buchkannon WV 26301	Karen Vorderberg, CNM 472-7473 472-6293
Upshur Buchkannon 7	Associates for Women's Health 56 East Main Street Buchkannon WV 26301	Kimberly Farry, MD 472-7473 472-6293
Upshur Buchkannon 7	Associates for Women's Health 56 East Main Street Buchkannon WV 26301	Mary Alice Milnes, NP 472-7473 472-6293
Upshur Buckhannon 7	Upshur Medical Mgmt Services dba St Josephs Medical Plaza 10 Amalia Drive Buckhannon WV 26201	J. Michael Rollins, MD 473-2200
Upshur Buckhannon 7	Upshur Medical Mgmt 10 Amelia Drive Buckhannon WV 26201	James Lawrence, DO 473-2200
Upshur Buckhannon 7	Mountaineer Hth Care for Women 12 Hartman Plaza Buckhannon WV 26201	Serge Cormier, MD 4760670
Upshur Buckhannon 7	Upshur Medical Mgmt 10 Amelia Drive Buckhannon WV 26201	Susan Long, MD 473-2200



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Wetzel	Wetzel County Hosptial	dba Ian Thomas Leggat, MD
New Martinsville	297 N State Rt. 2	455-6291
6	New Martinsville WV 26155	455-6293
Wirt	Wirt Co Health Services Assoc	
Elizabeth	PO Box 609	716 Washington Street
5	Elizabeth WV 26143	275-3301
Wood	Eric Lowden, MD	Eric Lowden, MD
Parkersburg	705 Garfield Avenue, Suite 420	888-811-0667
5	Parkersburg WV 26101	424-7333
Wood	Heather Irving, MD	Heather Irving, MD
Parkersburg	600 18th Street, Suite 402	Physicians Care of St. Josephs
5	Parkersburg WV 26101	424-4135
Z	Gus Mouhlas, MD	Gus Mouhlas, MD
St. Clairsville	111 North Marietta Street	740-695-9234
Out of State	St. Clairsville OH 43950-1217	

## **West Virginia Breast and Cervical Cancer Screening Program**

WVBCCSP Main Extension: (304) 558-5388 or 1-800-642-8522

WVBCCSP Main Fax Number: (304) 558-7164

### ***Administration***

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Staats, Beth	Nurse Supervisor	(304) 558-5388	<a href="mailto:bethstaats@wvdhhr.org">bethstaats@wvdhhr.org</a>

### ***Tracking and Follow-Up***

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Payne, Cathy	Tracking and Follow-Up Nurse	(304) 558-5388	<a href="mailto:cathypayne@wvdhhr.org">cathypayne@wvdhhr.org</a>
VanHoff, Cris	Tracking and Follow-Up Nurse	(304) 558-5388	<a href="mailto:crisvanhoff@wvdhhr.org">crisvanhoff@wvdhhr.org</a>
Watkins, Susan	Tracking and Follow-Up Nurse	(304) 558-5388	<a href="mailto:susanwatkins@wvdhhr.org">susanwatkins@wvdhhr.org</a>

### ***Case Managers***

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Nelson, Kyla	Case Manager	(304) 558-5388	<a href="mailto:kylanelson@wvdhhr.org">kylanelson@wvdhhr.org</a>
Poling, Janet	Case Manager	(304) 637-5560	<a href="mailto:janetpoling@wvdhhr.org">janetpoling@wvdhhr.org</a>
Vacant	Case Manager	(304) 558-5388	

### ***Public Education***

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Kennedy, Stephenie	WVU Principal Investigator	(304) 293-0489	<a href="mailto:skennedy@hsc.wvu.edu">skennedy@hsc.wvu.edu</a>

### ***Cancer Information Specialists***

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Dial, Harriett	Cancer Information Specialist	(304) 422-1515	<a href="mailto:hdial@hsc.wvu.edu">hdial@hsc.wvu.edu</a>
Helmick, Kathy	Cancer Information Specialist	(304) 622-2852	<a href="mailto:kathyhelmick@wvdhhr.org">kathyhelmick@wvdhhr.org</a>
Mealy, Melissa	Cancer Information Specialist	(304) 234-3720	<a href="mailto:melissamealy@wvdhhr.org">melissamealy@wvdhhr.org</a>
Mervine, Cally	Cancer Information Specialist	(304) 636-1576	<a href="mailto:callymervine@wvdhhr.org">callymervine@wvdhhr.org</a>
Thomas, Brenda	Cancer Information Specialist	(304) 691-1457	<a href="mailto:thomasb@marshall.edu">thomasb@marshall.edu</a>
Watts, Ruthie	Cancer Information Specialist	(304) 257-5419	<a href="mailto:rjwatts@mountain.net">rjwatts@mountain.net</a>
Waugh, Jody	Cancer Information Specialist	(304) 558-5388	<a href="mailto:jodywaugh@wvdhhr.org">jodywaugh@wvdhhr.org</a>
Workman, Thelma	Cancer Information Specialist	(304) 324-2841	<a href="mailto:mbrcancercenter@citlink.net">mbrcancercenter@citlink.net</a>