

WEST VIRGINIA BREAST AND CERVICAL CANCER SCREENING PROGRAM
NATIONAL POVERTY LEVEL INCOME GUIDELINES
SLIDING FEE SCALE
JUNE 30, 2023- JUNE 29, 2024

GROSS MONTHLY INCREMENTS				
Family Size	100%	150%	200%	250%
1	\$1,215	\$1,823	\$2,430	\$3,038
2	\$1,643	\$2,465	\$3,286	\$4,108
3	\$2,072	\$3,108	\$4,144	\$5,180
4	\$2,500	\$3,750	\$5,000	\$6,250
5	\$2,928	\$4,392	\$5,856	\$7,320
6	\$3,357	\$5,036	\$6,714	\$8,393
7	\$3,785	\$5,678	\$7,570	\$9,463
8	\$4,213	\$6,320	\$8,426	\$10,533
For each additional family member, add:	\$428	\$749	\$856	\$1,070

PATIENT FEES BASED ON INCOME LEVEL					
	CPT Code	0%	20%	40%	50%
Patient Referral/Enrollment	N/A	\$0	N/A	N/A	N/A
Patient Navigation	N/A	\$0	N/A	N/A	N/A
Repeat Pap or CBE	99211	\$0	\$4.22	\$8.44	\$10.55
Annual Breast or Cervical	99212	\$0	\$10.62	\$21.24	\$26.56
Annual Routine Screening	99213	\$0	\$17.13	\$34.26	\$42.83
Annual Routine Screening	99214	\$0	\$24.30	\$48.60	\$60.75
Periodic Comp Med Exam	99395, 99396	\$0	\$17.13	\$34.26	\$42.83
Initial Screening (20 min)	99202	\$0	\$13.63	\$27.27	\$34.09
Initial Screening (30 min)	99203	\$0	\$21.40	\$42.79	\$53.49
Initial Screening (45-59 min)*	99204	\$0	\$31.89	\$63.79	\$79.74
Initial Screening (60-74 min)*	99205	\$0	\$42.18	\$84.35	\$105.44
Initial Comp Med Exam	99385, 99386	\$0	\$21.40	\$42.79	\$53.49

PROGRAM PAYMENT TO CLINIC					
	CPT Code	0%	80%	60%	50%
Patient Referral/Enrollment	N/A	\$25.00	N/A	N/A	N/A
Patient Navigation	N/A	\$50.00	N/A	N/A	N/A
Repeat Pap or CBE	99211	\$21.10	\$16.88	\$12.66	\$10.55
Annual Breast or Cervical	99212	\$53.11	\$42.49	\$31.87	\$26.56
Annual Routine Screening	99213	\$85.65	\$68.52	\$51.39	\$42.83
Annual Routine Screening	99214	\$121.49	\$97.19	\$72.89	\$60.75
Periodic Com Med Exam	99395, 99396	\$85.65	\$68.52	\$51.39	\$42.83
Initial Screening (20 min)	99202	\$68.17	\$54.54	\$40.90	\$34.09
Initial Screening (30 min)	99203	\$106.98	\$85.58	\$64.19	\$53.49
Initial Screening (45-59 min)	99204	\$159.47	\$127.58	\$95.68	\$79.74
Initial Screening (60-74 min)	99205	\$210.88	\$168.70	\$126.53	\$105.44
Initial Comp Med Exam	99385, 99386	\$106.98	\$85.58	\$64.19	\$53.49

Source: *US Department of Health and Human Services (Federal Poverty Level)*
<https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/detailed-guidelines->

Patient must be at or below 250% of the Federal Poverty Level to meet Program eligibility guidelines. WVBCSP funds must be used as a **last resort** for payment.