



Stamp/Label Provider Name and Address as it Appears on Contract

Provider FEIN: _____
 Service Month: _____
 Service Year: _____
 Batch Number: _____
 Service Site: _____
 BCC #: _____
 Invoice #: _____

BATCH INVOICE FOR WEST VIRGINIA WISEWOMAN PROGRAM
September 30, 2024 - September 29, 2025

Service Type	CPT Code	Rate	# Of Total Services	Total Services x Rate	Amount Insurance Paid	Equals Total
Evaluation and Management						
New patient- straight forward, 15-29 mins *	99202	\$67.79				
New patient - low complexity, 30-44 mins *	99203	\$105.98				
Established patient - Minimal problem(s) *	99211	\$21.07				
Established patient - Straight forward, 10-19 mins *	99212	\$52.94				
Established patient - Low complexity, 20-29 mins *	99213	\$85.87				
Established patient - Moderate complexity, 30-39 mins *	99214	\$121.49				
Lab Services						
Venipuncture	36415	\$8.83				
Glucose	80061	\$3.93				
A1C	83036	\$9.71				
Lipid Panel (Cholesterol/LDL/HDL/Triglycerides)	80061	\$13.39				
WISEWOMAN CODES						
Health Coaching, 1-15 mins	99401	\$30.00				
Health Coaching, 16-30 mins	99402	\$40.00				
Health Coaching, 31-45 mins	99403	\$50.00				
Health Coaching , 46-60 mins	99404	\$60.00				
Screening Bundle** - includes program forms and enrollment in approved HBSS program	SCRNB	\$25.00				
Partial Completion Bundle** - attended a minimum of at least two approved HBSS sessions, but did not complete the minimum # of sessions. Includes documentation of participation and follow up office visit.	PARTL	\$50.00				
Completion Bundle** - Includes tracking attendance and completion of approved HBSS program, and documentation of follow up office visit 4-6 week after completion.	COMPL	\$100.00				
Tobacco Cessation Counseling, 3-10 mins.	99406	\$14.04				
Tobacco Cessation Counseling, more than 10 mins.	99407	\$26.45				
Medical Nutrition Therapy; intial assessment and intervention, individual, 15 mins	97802	\$33.84				
Medical Nutrition Therapy; reassessment and intervention, 15 mins	97803	\$29.48				
Group nutrition counseling, 30 mins	97804	\$15.65				
<p>*Must include ALL services on Screening, Health History, Health Coaching, and HBSS forms including Venipuncture, Cholesterol (HLD/LDL), Blood Glucose, A1C, Blood Pressure (2 readings), Height, Weight, Waist Circumference and Risk Reduction Counseling.</p> <p>**Forms included for intial visit: Client enrollment , Client Screening, Health History, SDOH, Risk Assessment and Care Plan, Health Coaching</p> <p>**Forms included for follow up and annual: Client Screening, Health History, SDOH, Risk Assessment and Care Plan</p>			TOTAL # OF SERVICES:			
			INVOICE TOTAL: \$			

For payment of services under Agreement with the Bureau for Public Health, Office of Maternal, Child and Family Health, Breast and Cervical Cancer Screening WISEWOMAN Program, I certify this is an original invoice and payment has not been received.

Full Signature for Verification- must be signed in BLUE INK		Title	Date Submitted:
Return to via mail: West Virginia WISEWOMAN 350 Capitol Street, Room 427 Charleston, WV 25301-3714 Return via email (scanned color copy): dhomcfhw@wisewoman@wv.gov		Program Use Only: Invoice verified by documentation, I hereby certify the items listed herein have been received and approved for payment. Name: _____ Date: _____	