

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

Stamp/Label Provider Name and Address on Contract

BATCH INVOICE FOR WEST VIRGINIA WISEWOMAN PROGRAM
September 30, 2025 - September 29, 2026

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	82947	\$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	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				
Self-Monitoring Blood Pressure ***	SMBP	\$50.00				
Tobacco Cessation Counseling, 3-10 mins.	99406	\$14.04				
Tobacco Cessation Counseling, more than 10 mins.	99407	\$26.45				
Medical Nutrition Therapy; initial assessment and intervention, individual, 15 mins	97802	\$33.84				
Medical Nutrition Therapy; reassessment and intervention, 15	97803	\$29.48				
Group nutrition counseling, 30 mins	97804	\$15.65				
<div>* If the visit is integrated with WV BCCSP screening visit, bill E&M code to BCCSP. ** Forms included for initial and annual visits: Client enrollment, Client Screening, Health History, Community Health Needs (CHN), Risk Assessment & Care Plan, Health Coaching, and Consent ***Self-Monitoring blood pressure can be billed every 30 days as long as the participant has a minimum of 15 days of blood pressure data in the CareHalo platform</div>			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 via mail: or fax to 866-477-1842 West Virginia WISEWOMAN 350 Capitol Street, Room 427 Charleston, WV 25301-3714 Return via email (scanned color copy): dhomefhwwisewoman@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: _____			

