



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health

Bill J. Crouch
Cabinet Secretary

Office of Maternal, Child and Family Health

Catherine C. Slemple, MD, MPH
Commissioner & State Health Officer

INFORMATION UPDATE

TO: WV Breast and Cervical Cancer Screening Providers

FROM: Charlene Hickman, Director
WV Breast and Cervical Cancer Screening Program

DATE: June 4, 2020

RE: FY 20-21 Payment Fee Schedule, Sliding Fee Scale,
Batch Invoice Form and Updated Staff Directory

EFFECTIVE DATE: June 30, 2020

Attached are the FY 20-21 Payment Fee Schedule, Sliding Fee Scale and Batch Invoice Form along with an updated staff directory. This information will also be available on the WV Breast and Cervical Cancer Screening Program (WVBCCSP) website at www.wvdhhr.org/bccsp. Please note, per the West Virginia State Auditor's Office, **the Batch Invoice Form must be typed. Handwritten invoices are no longer acceptable.** The new FY 20-21 Batch Invoice Form can be downloaded on our website or you may contact our office to request an electronic copy.

The WVBCCSP grant year ends June 29, 2020. All invoices for dates of service between June 30, 2019 and June 29, 2020 must be submitted to WVBCCSP **no later than August 31, 2020.** Invoices submitted after August 31, 2020 will be returned unpaid.

Invoice submission requirements are outlined in your WVBCCSP Memorandum of Understanding. **All invoices must be submitted within sixty (60) days of the date of service.** Throughout the year, we can allow some flexibility with this requirement; however, closing out our grant with the Centers for Disease Control and Prevention is contingent upon timely submission of provider invoices to the Program.

Thank you for your continued support of the WVBCCSP. Please feel free to contact us at 1-800-642-8522 or 304-558-5388 should you have any questions. You may also reach me by email at Charlene.m.hickman@wv.gov.

Attachments

cc: James Jeffries, Director, Office of Maternal, Child and Family Health
Kathy Cummons, Interim Director, Division of Perinatal and Women's Health
Aimee Bragg, Director, Division of Perinatal and Women's Health
Tara Buckner, Chief Financial Officer, Bureau for Public Health Central Finance
Linda Shaffer, Director, Systems Point of Entry

West Virginia Breast and Cervical Cancer Screening Program

FY 2020-2021 PAYMENT FEE SCHEDULE

Effective Date: June 30, 2020

SCREENING PROCEDURES

Service Description/Procedure	CPT	Allowable Rate	Medicare Rate
	Code		
New Patient, Initial Screening (10 min.)	99201	\$43.08	\$43.08
New Patient, Initial Screening (20 min.)	99202	\$72.25	\$72.25
New Patient, Initial Screening (30 min.)	99203	\$102.87	\$102.87
New Patient, Initial Screening* (45 min.)	99204	\$102.87	\$102.87
New Patient, Initial Screening* (60 min.)	99205	\$102.87	\$102.87
Initial Comprehensive Med Exam (ages 18-39)	99385	\$102.87	\$102.87
Initial Comprehensive Med Exam (ages 40-64)	99386	\$102.87	\$102.87
Repeat Visit (Pap Test or CBE)	99211	\$21.17	\$21.17
Annual Breast or Cervical Screening	99212	\$42.77	\$42.77
Annual Routine Screening (typically 15 minutes)	99213	\$71.39	\$71.39
Annual Routine Screening (typically 25 minutes)	99214	\$103.93	\$103.93
Periodic Comprehensive Med Exam (ages 18-39)	99395	\$71.39	\$71.39
Periodic Comprehensive Med Exam (ages 40-64)	99396	\$71.39	\$71.39
Patient Navigation	99487	\$50.00	\$50.00
Patient Referral/Enrollment	N/A	\$15.00	\$15.00
Patient Referral/Previously Enrolled	N/A	\$10.00	\$10.00

REFERRAL PROCEDURES

Service Description/Procedure	CPT	Allowable Rate	Medicare Rate
	Code		
Mammogram, Screening (Bilateral) (including CAD)	77067	\$124.15	\$124.15
<i>Technical Component</i>		\$85.81	\$85.81
<i>Professional Component</i>		\$38.34	\$38.34
Mammogram, Diagnostic (Unilateral) (including CAD)	77065	\$121.94	\$121.94
<i>Technical Component</i>		\$81.17	\$81.17
<i>Professional Component</i>		\$40.76	\$40.76
Mammogram, Diagnostic (Bilateral) (including CAD)	77066	\$153.23	\$153.23
<i>Technical Component</i>		\$103.44	\$103.44
<i>Professional Component</i>		\$49.78	\$49.78
Screening digital breast tomosynthesis, bilateral	77063	\$51.46	\$51.46
<i>Technical Component</i>		\$21.65	\$21.65
<i>Professional Component</i>		\$29.81	\$29.81
Diagnostic breast tomosynthesis, unilateral or	G0279	\$51.46	\$51.46
<i>Technical Component</i>		\$21.65	\$21.65
<i>Professional Component</i>		\$29.81	\$29.81
Mammary ductogram or galactogram, single duct	77053	\$51.77	\$51.77
<i>Technical Component</i>		\$33.85	\$33.85
<i>Professional Component</i>		\$17.91	\$17.91

REFERRAL PROCEDURES

Service Description/Procedure	CPT	Allowable Rate	Medicare Rate
	Code		
Radiological Exam, Surgical Specimen	76098	\$39.45	\$39.45
<i>Technical Component</i>		\$23.65	\$23.65
<i>Professional Component</i>		\$15.80	\$15.80
Ultrasound, complete examination of breast including axilla, unilateral	76641	\$97.74	\$97.74
<i>Technical Component</i>		\$61.69	\$61.69
<i>Professional Component</i>		\$36.05	\$36.05
Ultrasound, limited examination of breast including axilla, unilateral	76642	\$80.47	\$80.47
<i>Technical Component</i>		\$46.84	\$46.84
<i>Professional Component</i>		\$33.62	\$33.62
Ultrasound Guided Biopsy	76942	\$54.13	\$54.13
<i>Technical Component</i>		\$22.41	\$22.41
<i>Professional Component</i>		\$31.72	\$31.72
Puncture Aspiration of Cyst	19000	\$102.07	\$102.07
Each Additional Cyst	19001	\$27.00	\$27.00
Biopsy of Breast, Needle Core	19100	\$146.86	\$146.86
Breast Biopsy - Incisional	19101	\$324.62	\$324.62
Breast Biopsy - Excisional	19120	\$499.20	\$499.20
Breast Biopsy - Radiological Marker	19125	\$553.59	\$553.59
Each Additional Lesion	19126	\$169.44	\$169.44
Breast Biopsy, with placement of localization device and imaging biopsy specimen, percutaneous; stereotactic guidance; first lesion	19081	\$557.79	\$557.79
Breast Biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	19082	\$443.15	\$443.15
Breast Biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	19083	\$551.24	\$551.24
Breast Biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	19084	\$430.46	\$430.46
Placement of breast localization device, percutaneous; mammographic guidance; first lesion	19281	\$228.15	\$228.15
Placement of breast localization device, percutaneous; mammographic guidance; each	19282	\$158.60	\$158.60
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	19283	\$252.38	\$252.38
Placement of breast localization device, percutaneous; stereotactic guidance; each	19284	\$189.33	\$189.33
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	19285	\$412.48	\$412.48
Placement of breast localization device, percutaneous; ultrasound guidance; each	19286	\$348.34	\$348.34

REFERRAL PROCEDURES

Service Description/Procedure	CPT	Allowable Rate	Medicare Rate
	Code		
Breast Biopsy - Surgical Pathology	88305	\$65.39	\$65.39
<i>Technical Component</i>		\$27.67	\$27.67
<i>Professional Component</i>		\$37.72	\$37.72
Breast Biopsy - Surgical Pathology	88307	\$250.29	\$250.29
<i>Technical Component</i>		\$167.44	\$167.44
<i>Professional Component</i>		\$82.86	\$82.86
Pathology consult during surgery, first tissue block, with frozen section(s), single specimen	88331	\$92.55	\$92.55
<i>Technical Component</i>		\$30.14	\$30.14
<i>Professional Component</i>		\$62.40	\$62.40
Pathology consult during surgery, each additional tissue block, with frozen section(s)	88332	\$50.96	\$50.96
<i>Technical Component</i>		\$19.94	\$19.94
<i>Professional Component</i>		\$31.02	\$31.02
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain	88341	\$83.75	\$83.75
<i>Technical Component</i>		\$55.36	\$55.36
<i>Professional Component</i>		\$28.39	\$28.39
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain	88342	\$95.75	\$95.75
<i>Technical Component</i>		\$60.45	\$60.45
<i>Professional Component</i>		\$35.30	\$35.30
Fine Needle Aspiration Without Imaging Guidance	10021	\$93.75	\$93.75
Evaluation of Fine Needle Aspiration, cytopathology; immediate cytohistologic study to determine adequacy of specimen(s)	88172	\$52.71	\$52.71
<i>Technical Component</i>		\$16.84	\$ 16.84
<i>Professional Component</i>		\$35.87	\$35.87
Evaluation of Fine Needle Aspiration, cytopathology, interpretation and report	88173	\$142.73	\$142.73
<i>Technical Component</i>		\$71.73	\$71.43
<i>Professional Component</i>		\$71.00	\$71.00
Surgical Consultation, Breast Referral (10 min.)	99201	\$43.08	\$43.08
Surgical Consultation, Breast Referral (20 min.)	99202	\$72.25	\$72.25
Surgical Consultation, Breast Referral (30 min.)	99203	\$102.87	\$102.87
Surgical Consultation, Breast Referral* (45 min.)	99204	\$102.87	\$102.87
Surgical Consultation, Breast Referral* (60 min.)	99205	\$102.87	\$102.87
Morphometric analysis, tumor immunochemistry, per specimen; manual	88360	\$113.85	\$113.85
<i>Technical Component</i>		\$71.59	\$71.59
<i>Professional Component</i>		\$42.26	\$42.26
Morphometric analysis, tumor immunohistochemistry, per specimen; using	88361	\$115.91	\$115.91
<i>Technical Component</i>		\$70.97	\$70.97
<i>Professional Component</i>		\$44.94	\$44.94

REFERRAL PROCEDURES

Service Description/Procedure	CPT	Allowable Rate	Medicare Rate
	Code		
Fine needle aspiration biopsy including ultrasound guidance, first lesion	10005	\$122.87	\$122.87
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	10006	\$59.01	\$59.01
Colposcopy without Biopsy	57452	\$117.82	\$117.82
Colposcopy with Biopsy	57454	\$162.91	\$162.91
Colposcopy with Biopsy of Cervix	57455	\$151.96	\$151.96
Colposcopy with Endocervical Curettage	57456	\$142.46	\$142.46
Endometrial Biopsy with Colposcopy	58110	\$50.82	\$50.82
Surgical Pathology, Cervical Biopsy (Limit 2 Specimens)	88305	\$65.39	\$65.39
<i>Technical Component</i>		\$27.67	\$27.67
<i>Professional Component</i>		\$37.72	\$37.72
Colposcopy with loop electrode biopsy(s) of cervix	57460	\$292.35	\$292.35
Colposcopy with loop electrode conization of cervix	57461	\$329.95	\$329.95
Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	57500	\$135.98	\$135.98
Endocervical curettage (not done as part of D&C)	57505	\$122.80	\$122.80
Conization of cervix, with or without fulguration, with or without D&C, with or without repair, cold knife or laser	57520	\$326.69	\$326.69
LEEP	57522	\$282.13	\$282.13
Endometrial sampling (biopsy) performed in conjunction with colposcopy	58110	\$50.82	\$50.82

CYTOLOGY PROCEDURES

Service Description/Procedure	CPT	Allowable Rate	Medicare Rate
	Code		
Cytopathology requiring interpretation by physician	88141	\$24.06	\$24.06
Cytopathology, cervical or vaginal, collected in preservation fluid, automated thin layer preparation; manual screening under physician supervision	88142	\$20.26	\$20.26
Cytopathology, collected in preservative fluid, automated thin layer prep; manual screening and rescreening under physician supervision.	88143	\$23.04	\$23.04
Pap Test, Liquid Based (Reported in Bethesda System)	88174	\$25.37	\$25.37
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	88175	\$26.61	\$26.61
Human Papillomavirus, high-risk types	87624	\$35.09	\$35.09
Human Papillomavirus, types 16 & 18 only	87625	\$40.55	\$40.55

*The WVBCSP realizes that physicians may spend more time with patients, but this is the highest rate that we are authorized to reimburse.

SLIDING FEE SCALE – June 30, 2020
National Poverty Income
Program Guidelines

OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH
BREAST AND CERVICAL CANCER SCREENING PROGRAM
350 Capitol Street, Room 427
Charleston, WV 25301-3714
Phone: (304) 558-5388 or 1-800-642-8522 Fax: (304) 558-7164

GROSS MONTHLY INCREMENTS – June 30, 2020

POVERTY LEVEL				
Family Size	150%	175%	200%	250%
1	\$1,595	\$1,860	\$2,126	\$2,658
2	\$2,156	\$2,515	\$2,874	\$3,593
3	\$2,715	\$3,168	\$3,620	\$4,525
4	\$3,275	\$3,820	\$4,366	\$5,458
5	\$3,836	\$4,475	\$5,114	\$6,393
6	\$4,395	\$5,128	\$5,860	\$7,325
7	\$4,955	\$5,780	\$6,606	\$8,258
8	\$5,516	\$6,435	\$7,354	\$9,193
For each additional family member, add:			\$373.00	

PATIENT FEES BASED ON INCOME LEVEL					
	CPT Code	0%	20%	40%	50%
Patient Referral/Enrollment	N/A	\$0	N/A	N/A	N/A
Repeat Pap or CBE	99211	\$0	\$4.23	\$8.47	\$10.59
Annual Breast or Cervical	99212	\$0	\$8.55	\$17.11	\$21.39
Annual Routine Screening	99213	\$0	\$14.28	\$28.56	\$35.70
Annual Routine Screening	99214	\$0	\$20.79	\$41.57	\$51.97
Periodic Comp Med Exam	99395, 99396	\$0	\$14.28	\$28.56	\$35.70
Initial Screening (10 min)	99201	\$0	\$8.62	\$17.23	\$21.54
Initial Screening (20 min)	99202	\$0	\$14.45	\$28.90	\$36.13
Initial Screening (30 min)	99203	\$0	\$20.57	\$41.15	\$51.44
Initial Screening (>30 min) *	99204, 99205	\$0	\$20.57	\$41.15	\$51.44
Initial Comp Med Exam	99385, 99386	\$0	\$20.57	\$41.15	\$51.44

PROGRAM PAYMENT TO CLINIC					
	CPT Code	0%	20%	40%	50%
Patient Referral/Enrollment	N/A	\$15.00	N/A	N/A	N/A
Repeat Pap or CBE	99211	\$21.17	\$16.94	\$12.70	\$10.59
Annual Breast or Cervical	99212	\$42.77	\$34.22	\$25.66	\$21.39
Annual Routine Screening	99213	\$71.39	\$57.11	\$42.83	\$35.70
Annual Routine Screening	99214	\$103.93	\$83.14	\$62.36	\$51.97
Periodic Comp Med Exam	99395, 99396	\$71.39	\$57.11	\$42.83	\$35.70
Initial Screening (10 min)	99201	\$43.08	\$34.46	\$25.85	\$21.54
Initial Screening (20 min)	99202	\$72.25	\$57.80	\$43.35	\$36.13
Initial Screening (30 min)	99203	\$102.87	\$82.30	\$61.72	\$51.44
Initial Screening (>30 min)*	99204, 99205	\$102.87	\$82.30	\$61.72	\$51.44
Initial Comp Med Exam	99385, 99386	\$102.87	\$82.30	\$61.72	\$51.44

Source: *Federal Register*, February 13, 2020

<https://www.govinfo.gov/content/pkg/FR-2020-02-13/pdf/2020-01824.pdf>

Patient must be at or below Federal Poverty Level to meet Program eligibility guidelines. WVBCCSP funds to be used as a **last resort** for payment. *The WVBCCSP acknowledges that providers may spend more on patients; but this is the highest rate we are federally authorized to reimburse.



TYPED Provider Name and Address as it Appears on W-9

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

WEST VIRGINIA BREAST & CERVICAL CANCER SCREENING PROGRAM 2020-2021 BATCH INVOICE FORM

Visit Type	CPT Code	Patient Fee %	Rate	Number BCCSP Visits	Number of Visits x Rate	Amount Insurance Paid	Total
Initial Screening (10 min)	99201	0%	\$43.08				-
		20%	\$34.46		-		-
		40%	\$25.85		-		-
		50%	\$21.54		-		-
Initial Screening (20 min)	99202	0%	\$72.25		-		-
		20%	\$57.80		-		-
		40%	\$43.35		-		-
		50%	\$36.13		-		-
Initial Screening (30 min)	99203	0%	\$102.87		-		-
		20%	\$82.30		-		-
		40%	\$61.72		-		-
		50%	\$51.44		-		-
Initial Screening (45 min.)*	99204	0%	\$102.87		-		-
		20%	\$82.30		-		-
		40%	\$61.72		-		-
		50%	\$51.44		-		-
Initial Screening (60 min)*	99205	0%	\$102.87		-		-
		20%	\$82.30		-		-
		40%	\$61.72		-		-
		50%	\$51.44		-		-
Initial Comp Med Exam (18-39 yrs.)	99385	0%	\$102.87		-		-
		20%	\$82.30		-		-
		40%	\$61.72		-		-
		50%	\$51.44		-		-
Initial Comp Med Exam (40-64 yrs.)	99386	0%	\$102.87		-		-
		20%	\$82.30		-		-
		40%	\$61.72		-		-
		50%	\$51.44		-		-
Annual Routine Screening (15 min.)	99213	0%	\$71.39		-		-
		20%	\$57.11		-		-
		40%	\$42.83		-		-
		50%	\$35.70		-		-
Annual Routine Screening * (25 min)	99214	0%	\$103.93		-		-
		20%	\$83.14		-		-
		40%	\$62.36		-		-
		50%	\$51.97		-		-
Annual Breast or Cervical	99212	0%	\$42.77		-		-
		20%	\$34.22		-		-
		40%	\$25.66		-		-
		50%	\$21.39		-		-
Repeat Pap or CBE	99211	0%	\$21.17		-		-
		20%	\$16.94		-		-
		40%	\$12.70		-		-
		50%	\$10.59		-		-
Periodic Comp Med Exam (18-39 yrs)	99395	0%	\$71.39		-		-
		20%	\$57.11		-		-
		40%	\$42.83		-		-
		50%	\$35.70		-		-
Periodic Comp Med Exam (40-64 yrs)	99396	0%	\$71.39		-		-
		20%	\$57.11		-		-
		40%	\$42.83		-		-
		50%	\$35.33		-		-
Patient Navigation	99487	NA	\$50.00		-		-
Referral/Enrollment		NA	\$15.00		-		-
Referral/Previously Enrolled		NA	\$10.00		-		-
Total Number of Visits:						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 Program, I certify that this is an original invoice and payment has not been received.

Full Signature for Verification	Title	Date Submitted/WVBCCSP
Return To:	Program Use Only	
WVBCCSP 350 Capitol Street, Room 427 Charleston, WV 25301	Invoice verified by documentation. I hereby certify that the items listed herein have been received and approved for payment.	
	Name:	Date:

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

350 Capitol Street, Room 427 Charleston, WV 25301

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

Main Fax Number: (304) 558-7164

Administration

Charlene Hickman	Program Director	(304) 414-0607	charlene.m.hickman@wv.gov
VACANT	Secretary	(304) 414-0670	
Vanessa Wolfe	Nurse Supervisor	(304) 414-0788	vanessa.c.wolfe@wv.gov
Hamou Soumare	Epidemiologist	(304) 414-0682	hamou.somare@wv.gov

Nursing

Anita Hays	Case Manager	(304) 414-0605	anita.y.hays@wv.gov
Kelly Bowling	Case Manager	(304) 414-0801	kelly.d.bowling@wv.gov
Joni Price	Tracking and Follow-up	(304) 414-0660	joni.l.price@wv.gov
Laurie Ensminger	Tracking and Follow-up	(304) 414-0795	laurie.s.ensminger@wv.gov

Public Education

Elizabeth Austin	WVU Project Assistant	(304) 293-2443	elaustin@has.wvu.edu
Shelly Dusic	PECCL Specialist	(304) 293-2370	sdusic@hsc.wvu.edu
Summer Miller	CCI Supervisor	(304) 293-1875	summer.miller@hsc.wvu.edu
Susan Eason	WVU Cancer Institute	(304) 293-9632	sceason@hsc.wvu.edu

Community-Clinic Interventionists

Zach Jarrett	Community-Clinic Interventionist	(304) 293-8409	zjarrett@hsc.wvu.edu
Anna Reno	Community-Clinic Interventionist	(304) 275-0339	areno@hsc.wvu.edu
Ruthie Watts	Community-Clinic Interventionist	(304) 257-5419	rwatts@hsc.wvu.edu

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VACANT	Program Coordinator	(304) 414-0533	
Michelle Sturgeon	Epidemiologist	(304) 414-0690	michele.m.sturgeon@wv.gov
Barbara Miller	Intervention Specialist	(304) 414-0637	barbara.m.miller@wv.gov
Robin Seabury	Intervention Manager	(304) 414-0671	robin.a.seabury@wv.gov
Kay Cooper	Contract Specialist	(304) 414-0532	colleen.k.cooper@wv.gov