

**SLIDING FEE SCALE – June 30, 2021**  
**National Poverty Level Income 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, 2021**

POVERTY LEVEL				
Family Size	150%	175%	200%	250%
1	\$1,610	\$1,878	\$2,147	\$2,683
2	\$2,178	\$2,540	\$2,903	\$3,629
3	\$2,745	\$3,203	\$3,660	\$4,575
4	\$3,313	\$3,865	\$4,417	\$5,521
5	\$3,880	\$4,527	\$5,173	\$6,467
6	\$4,448	\$5,189	\$5,930	\$7,413
7	\$5,015	\$5,851	\$6,687	\$8,358
8	\$5,583	\$6,513	\$7,443	\$9,304
For each additional family member, add:			\$378.00	

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	\$4.15	\$8.31	\$10.39
Annual Breast or Cervical	99212	\$0	\$10.57	\$21.14	\$26.43
Annual Routine Screening	99213	\$0	\$17.39	\$34.78	\$43.48
Annual Routine Screening	99214	\$0	\$24.75	\$49.50	\$61.87
Periodic Comp Med Exam	99395, 99396	\$0	\$15.67	\$31.33	\$39.17
Initial Screening (20 min)	99202	\$0	\$13.83	\$27.66	\$34.57
Initial Screening (30 min)	99203	\$0	\$21.46	\$42.92	\$53.66
Initial Screening (45-59 min)*	99204	\$0	\$32.28	\$64.56	\$80.71
Initial Screening (60-74 min)*	99205	\$0	\$42.70	\$85.41	\$106.76
Initial Comp Med Exam	99385, 99386	\$0	\$21.46	\$42.92	\$53.66

PROGRAM PAYMENT TO CLINIC					
	CPT Code	0%	80%	60%	50%
Patient Referral/Enrollment	N/A	\$15.00	N/A	N/A	N/A
Repeat Pap or CBE	99211	\$20.77	\$16.62	\$12.46	\$10.39
Annual Breast or Cervical	99212	\$52.86	\$42.29	\$31.72	\$26.43
Annual Routine Screening	99213	\$86.96	\$69.57	\$52.18	\$43.48
Annual Routine Screening	99214	\$123.74	\$98.99	\$74.24	\$61.87
Periodic Com Med Exam	99395, 99396	\$78.33	\$62.66	\$47.00	\$39.17
Initial Screening (20 min)	99202	\$69.14	\$55.31	\$41.48	\$34.57
Initial Screening (30 min)	99203	\$107.31	\$85.85	\$64.39	\$53.66
Initial Screening (45-59 min)	99204	\$161.41	\$129.13	\$96.85	\$80.71
Initial Screening (60-74 min)	99205	\$213.52	\$170.82	\$128.11	\$106.76
Initial Comp Med Exam	99385, 99386	\$107.31	\$85.85	\$64.39	\$53.66

Source: *Federal Register*, February 1, 2021

<https://www.federalregister.gov/documents/2021/02/01/2021-01969/annual-update-of-the-hhs-poverty-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.