

WEST VIRGINIA BREAST AND CERVICAL CANCER SCREENING PROGRAM
NATIONAL POVERTY LEVEL INCOME GUIDELINE
SLIDING FEE SCALE
JUNE 30, 2022 - JUNE 29, 2023



GROSS MONTHLY INCREMENTS

Family Size	150%	175%	200%	250%
1	\$1,699	\$1,982	\$2,265	\$2,831
2	\$2,289	\$2,670	\$3,052	\$3,815
3	\$2,879	\$3,359	\$3,838	\$4,798
4	\$3,469	\$4,047	\$4,625	\$5,781
5	\$4,059	\$4,735	\$5,412	\$6,765
6	\$4,649	\$5,424	\$6,198	\$7,748
7	\$5,239	\$6,112	\$6,985	\$8,731
8	\$5,829	\$6,800	\$7,772	\$9,715
For each additional family member, add:	\$590	\$688	\$787	\$983

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	\$4.24	\$8.48	\$10.60
Annual Breast or Cervical	99212	\$0	\$10.71	\$21.42	\$26.78
Annual Routine Screening	99213	\$0	\$17.31	\$34.62	\$43.28
Annual Routine Screening	99214	\$0	\$24.44	\$48.88	\$61.10
Periodic Comp Med Exam	99395, 99396	\$0	\$17.31	\$34.62	\$43.28
Initial Screening (20 min)	99202	\$0	\$13.83	\$27.67	\$34.59
Initial Screening (30 min)	99203	\$0	\$21.51	\$43.02	\$53.78
Initial Screening (45-59 min)*	99204	\$0	\$32.22	\$64.44	\$80.55
Initial Screening (60-74 min)*	99205	\$0	\$42.67	\$85.35	\$106.69
Initial Comp Med Exam	99385, 99386	\$0	\$21.51	\$43.02	\$53.78

PROGRAM PAYMENT TO CLINIC

	CPT Code	0%	80%	60%	50%
Patient Referral/Enrollment	N/A	\$25.00	N/A	N/A	N/A
Repeat Pap or CBE	99211	\$21.19	\$16.95	\$12.71	\$10.60
Annual Breast or Cervical	99212	\$53.55	\$42.84	\$32.13	\$26.78
Annual Routine Screening	99213	\$86.55	\$69.24	\$51.93	\$43.28
Annual Routine Screening	99214	\$122.19	\$97.75	\$73.31	\$61.10
Periodic Com Med Exam	99395, 99396	\$86.55	\$69.24	\$51.93	\$43.28
Initial Screening (20 min)	99202	\$69.17	\$55.34	\$41.50	\$34.59
Initial Screening (30 min)	99203	\$107.55	\$86.04	\$64.53	\$53.78
Initial Screening (45-59 min)	99204	\$161.09	\$128.87	\$96.65	\$80.55
Initial Screening (60-74 min)	99205	\$213.37	\$170.70	\$128.02	\$106.69
Initial Comp Med Exam	99385, 99386	\$107.55	\$86.04	\$64.53	\$53.78

Source: US Department of Health and Human Services (Federal Poverty Level)

<https://aspe.hhs.gov/sites/default/files/documents/4b515876c4674466423975826ac57583/Guidelines-2022.pdf>

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.