

GROSS MONTHLY INCREMENTS – July 2010

POVERTY LEVEL			
Family Size	150%	150%-175%	175%-200%
1	\$1,353	\$1,354-\$1,579	\$1,580-\$1,805
2	\$1,821	\$1,822-\$2,124	\$2,125-\$2,428
3	\$2,288	\$2,289-\$2,670	\$2,671-\$3,052
4	\$2,759	\$2,760-\$3,215	\$3,216-\$3,675
5	\$3,223	\$3,224-\$3,761	\$3,762-\$4,298
6	\$3,691	\$3,692-\$4,306	\$4,307-\$4,922
7	\$4,158	\$4,159-\$4,851	\$4,852-\$5,545
8	\$4,626	\$4,627-\$5,397	\$5,398-\$6,160
For each additional family member add:	\$467	\$545	\$623

PATIENT FEES BASED ON INCOME LEVEL

	CPT Code	0%	20%	40%
Patient Referral/Enrollment	N/A	0	N/A	N/A
Repeat Pap or CBE	99211	0	\$3.35	\$6.70
Annual Breast or Cervical	99212	0	\$6.82	\$13.64
Annual Routine Screening*	99213, 99214	0	\$11.40	\$22.81
Initial Screening (10 min)	99201	0	\$6.76	\$13.52
Initial Screening (20 min)	99202	0	\$11.79	\$23.57
Initial Screening (30 min)	99203	0	\$17.23	\$34.45
Initial Screening (>30 min)*	99204, 99205	0	\$17.23	\$34.45

PROGRAM PAYMENT TO CLINIC

	CPT Code	0%	20%	40%
Patient Referral/Enrollment	N/A	\$15.00	N/A	N/A
Repeat Pap or CBE	99211	\$16.76	\$13.41	\$10.06
Annual Breast or Cervical	99212	\$34.10	\$27.28	\$20.46
Annual Routine Screening*	99213, 99214	\$57.02	\$45.62	\$34.21
Initial Screening (10 min)	99201	\$33.80	\$27.04	\$20.28
Initial Screening (20 min)	99202	\$58.93	\$47.14	\$35.36
Initial Screening (30 min)	99203	\$86.13	\$68.90	\$51.68
Initial Screening (>30 min)*	99204, 99205	\$86.13	\$68.90	\$51.68

Source: Derived from Federal Register, Vol. 74, No. 14, January 23, 2009, pp.4199-4201

Patient must be at or below Federal Poverty Level to meet Program income eligibility guidelines. WVBCSP funds are to be used as a last resort for payment.

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

