SLIDING FEE SCALE – July 2015 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

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GROSS MONTHLY INCREMENTS – July 2015

| POVERTY LEVEL | | | | | | | |
|--|------------|------------|------------|------------|--|--|--|
| Family Size | 150% | 175% | 200% | 250% | | | |
| 1 | \$1,471.25 | \$1,716.46 | \$1,961.67 | \$2,452.08 | | | |
| 2 | \$1,991.25 | \$2,323.13 | \$2,655.00 | \$3,318.75 | | | |
| 3 | \$2,511.25 | \$2,929.79 | \$3,348.33 | \$4,185.42 | | | |
| 4 | \$3,031.25 | \$3,536.46 | \$4,041.67 | \$5,052.08 | | | |
| 5 | \$3,551.25 | \$4,143.13 | \$4,735.00 | \$5,918.75 | | | |
| 6 | \$4,071.25 | \$4,749.79 | \$5,428.33 | \$6,785.42 | | | |
| 7 | \$4,591.25 | \$5,356.46 | \$6,121.67 | \$7,652.08 | | | |
| 8 | \$5,111.25 | \$5,963.13 | \$6,815.00 | \$8,518.75 | | | |
| For each additional family member add: | \$520.00 | \$607.00 | \$693.00 | \$867.00 | | | |

| 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% | \$3.59 | \$7.18 | \$8.98 | | | |
| Annual Breast or Cervical | 99212 | 0% | \$8.04 | \$16.09 | \$20.11 | | | |
| Annual Routine Screening | 99213 | 0% | \$13.52 | \$27.05 | \$33.81 | | | |
| Annual Routine Screening | 99214 | 0% | \$20.19 | \$40.38 | \$50.48 | | | |
| Initial Screening (10 min) | 99201 | 0% | \$8.04 | \$16.09 | \$20.11 | | | |
| Initial Screening (20 min) | 99202 | 0% | \$13.86 | \$27.73 | \$34.66 | | | |
| Initial Screening (30 min) | 99203 | 0% | \$20.38 | \$40.76 | \$50.95 | | | |
| Initial Screening (>30 min)* | 99204, 99205 | 0% | \$20.38 | \$40.76 | \$50.95 | | | |

| 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 | \$17.95 | \$14.36 | \$10.77 | \$8.98 | | | |
| Annual Breast or Cervical | 99212 | \$40.22 | \$31.18 | \$24.13 | \$20.11 | | | |
| Annual Routine Screening | 99213 | \$67.62 | \$54.10 | \$40.57 | \$33.81 | | | |
| Annual Routine Screening | 99214 | \$100.96 | \$80.77 | \$60.58 | \$50.48 | | | |
| Initial Screening (10 min) | 99201 | \$40.22 | \$31.18 | \$24.13 | \$20.11 | | | |
| Initial Screening (20 min) | 99202 | \$69.32 | \$55.46 | \$41.59 | \$34.66 | | | |
| Initial Screening (30 min) | 99203 | \$101.89 | \$81.51 | \$61.13 | \$50.95 | | | |
| Initial Screening (>30 min)* | 99204, 99205 | \$101.89 | \$81.51 | \$61.13 | \$50.95 | | | |

Source: Derived from the Federal Register, Vol. 80, No. 14, January 22, 2015, pp.3236-3237

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

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



