**FY 2024 KWCSP RATE SHEET**

**Contracted Provider Name\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LHD Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**KENTUCKY WOMEN’S CANCER SCREENING PROGRAM (KWCSP)**

**NEGOTIATED RATES SHEET**

**List below the CPT codes and negotiated rates for this contracted LHD / KWCSP provider. Enter the applicable technical, professional, and global rate for each CPT code.**

**Rate sheet should only include the CPT codes that will be reimbursed to this specific contracted provider.The KWCSP reimburses at the maximum allowable amount. Any negotiated rate greater than the KWCSP's rate will be the responsibility of the LHD. We appreciate your dedication to the health of women in Kentucky.**

**The *Core Service Guide’s (CSG’s)* *Cancer Screening/Follow-Up* section is to be followed by all contracted providers. Link:** [***Core Service Guide - Cabinet for Health and Family Services***](https://chfs.ky.gov/agencies/dph/dpqi/hcab/Pages/ccsguide.aspx)

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| **CPT CODE** | **TECHNICAL ONLY** | **PROFESSIONAL ONLY** | **GLOBAL RATE** |
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