

ScreenWise Screening Services

Enrolling Agency and Site: _____

Patient Full Name: _____ Medical Record Number: _____ Date of Birth: _____

	Description	Date of Service	CPT Code (CIRCLE ONE)	Primary Diagnosis Code	Quantity Allowed	Payment/ Amount Charged
Patient Intake	Comprehensive Patient Intake New patient or Established Patient		INTKE 99204 or 99215		1 per patient in 12-month period	\$ 129.95
Patient Results	Patient screening results coordination		RESLT 99080		1 per patient in 12-month period	\$ 33.45
Abnormal Follow Up	Abnormal Follow Up		ABNRM 99213		2 per patient in 12-month period	\$ 65.28
DX Visit	Diagnostic Office Visit Only		DXVST 99214		2 per patient in 12-month period	\$ 92.35
Tele Visit	Telemedicine Visit (fill in CPT code & payment)					
Labs: In Clinic Only	HPV, high-risk types		87624			\$ 24.56
	HPV, types 16 and 18		87625			\$ 28.39
	Pap Test read by Pathologist: Cytopathology		88141			\$ 16.04
	Liquid-based Pap Test		88142			\$ 14.18
	Pap Test: Cytopathology		88143			\$ 16.13
	Conventional Pap test: manual screening		88164			\$ 11.14