

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
Patient Intake	Comprehensive patient intake		INTKE 99204 or 99215		1 per patient in 12-month period	\$ 154.40
Patient Results	Patient screening results coordination		RESLT 99080		1 per patient in 12-month period	\$ 38.45
Abnormal Follow Up	Abnormal Follow Up		ABNRM 99213		2 per patient in 12-month period	\$ 76.54
DX Visit	Diagnostic Office Visit Only		DXVST 99214		2 per patient in 12-month period	\$ 108.91
Tele Visit	Telemedicine Visit (fill in CPT code & payment)					
	<i>Initial</i> comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18 to 39 years of age		99385		1 per patient in 12-month period	\$ 104.63
	Same as 99385, but 40 to 64 years of age		99386		1 per patient in 12-month period	\$ 120.41
	Same as 99385, but 65 years of age or older		99387		1 per patient in 12-month period	\$ 130.91
	<i>Periodic</i> comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18 to 39 years of age		99395		2 per patient in 12-month period	\$ 94.41
	Same as 99395, but 40-64 years of age		99396		2 per patient in 12-month period	\$ 100.27

	Same as 99395, but 65 years of age or older		99397		2 per patient in 12-month period	\$ 106.77
Labs: In Clinic Only	HPV, high-risk types – Use only if your facility has its own lab to process specimens.		87624			\$ 24.56
	HPV, types 16 and 18-- types – Use only if your facility has its own lab to process specimens.		87625			\$ 28.39
	HPV, reported high-risk types separately and Pooled-- Use only if your facility has its own lab to process specimens.		87626			\$ 49.14
	Liquid-based Pap Test-- Use only if your facility has its own lab to process specimens.		88142			\$ 14.18
	Pap Test: Cytopathology-- Use only if your facility has its own lab to process specimens.		88143			\$ 16.13
	Conventional Pap test: manual screening-- Use only if your facility has its own lab to process specimens.		88164			\$ 12.98