

# ScreenWise Screening Services

Enrolling Agency and Site: \_\_\_\_\_

Patient Full Name: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

	Description	Date of Service	CPT Code	Primary Diagnosis Code	Quantity Allowed	Payment
<b>Patient Intake</b>	Comprehensive patient intake		INTKE 99204 or 99215		1 per patient in 12 month period	\$ 113.80
<b>Patient Results</b>	Patient screening results coordination		RESLT 99080		1 per patient in 12 month period	\$ 33.45
<b>Abnormal Follow Up</b>	Abnormal Follow Up		ABNRM 99213		2 per patient in 12 month period	\$ 51.92
<b>DX Visit</b>	Diagnostic Office Visit Only		DXVST 99214		2 per patient in 12 month period	\$ 75.41
	Telemedicine Visit					
<b>Labs: In Clinic Only</b>	HPV, high-risk types		87624			\$ 24.56
	HPV, types 16 and 18		87625			\$ 28.39
	Pap Test read by Pathologist: Cytopathology		88141			\$ 18.05
	Liquid-based Pap Test		88142			\$ 14.18
	Pap Test :Cytopathology		88143			\$ 16.13
	Conventional Pap test: manual screening		88164			\$ 10.58