

# 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<br>99204 or<br>99215 |                        | 1 per patient in 12-month period | \$ 135.95 |
| Patient Results    | Patient screening results coordination                                                                                                                                                                                             |                 | RESLT<br>99080             |                        | 1 per patient in 12-month period | \$ 38.45  |
| Abnormal Follow Up | Abnormal Follow Up                                                                                                                                                                                                                 |                 | ABNRM<br>99213             |                        | 2 per patient in 12-month period | \$ 68.56  |
| DX Visit           | Diagnostic Office Visit Only                                                                                                                                                                                                       |                 | DXVST<br>99214             |                        | 2 per patient in 12-month period | \$ 96.71  |
| Tele Visit         | Telemedicine Visit (fill in <a href="#">CPT code &amp; payment</a> )                                                                                                                                                               |                 |                            |                        |                                  |           |
|                    | <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 | \$ 97.39  |
|                    | Same as 99385, but 40 to 64 years of age                                                                                                                                                                                           |                 | 99386                      |                        | 1 per patient in 12-month period | \$ 112.24 |
|                    | Same as 99385, but 65 years of age or older                                                                                                                                                                                        |                 | 99387                      |                        | 1 per patient in 12-month period | \$ 121.81 |
|                    | <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 | \$ 87.81  |
|                    | Same as 99395, but 65 years of age or older                                                                                                                                                                                        |                 | 99396                      |                        | 2 per patient in 12-month period | \$ 93.33  |

|                             |                                             |  |       |  |                                  |           |
|-----------------------------|---------------------------------------------|--|-------|--|----------------------------------|-----------|
|                             | Same as 99395, but 65 years of age or older |  | 99397 |  | 2 per patient in 12-month period | \$ 100.45 |
| <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 |  |                                  | \$ 18.22  |
|                             | Liquid-based Pap Test                       |  | 88142 |  |                                  | \$ 14.18  |
|                             | Pap Test: Cytopathology                     |  | 88143 |  |                                  | \$ 16.13  |
|                             | Conventional Pap test: manual screening     |  | 88164 |  |                                  | \$ 12.43  |