

Sage Screening Programs: Breast and Cervical Cancer Screening Program

Sage Program Staff

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Objectives

- Program eligibility criteria is defined and reviewed.
- Covered services (both screening and diagnostic) are reviewed and explained.
- Required forms are reviewed.
- Form submission process is demonstrated.
- The process for following up on an abnormal screening result is explained.
- Billing information is provided.
- Opportunity for questions is provided.

- The Sage Screening Program is part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
- Minnesota was one of the first four states to receive federal funding to develop a program to provide free breast and cervical cancer screening to uninsured or under-insured, lower income individuals.

Background Continued...

Since 1991:

- **176,614** women have received services through Sage.
- **3,181** breast cancers (invasive and in-situ) have been detected.
- **127** cervical cancers and **8,530** cervical pre-cancers have been detected.

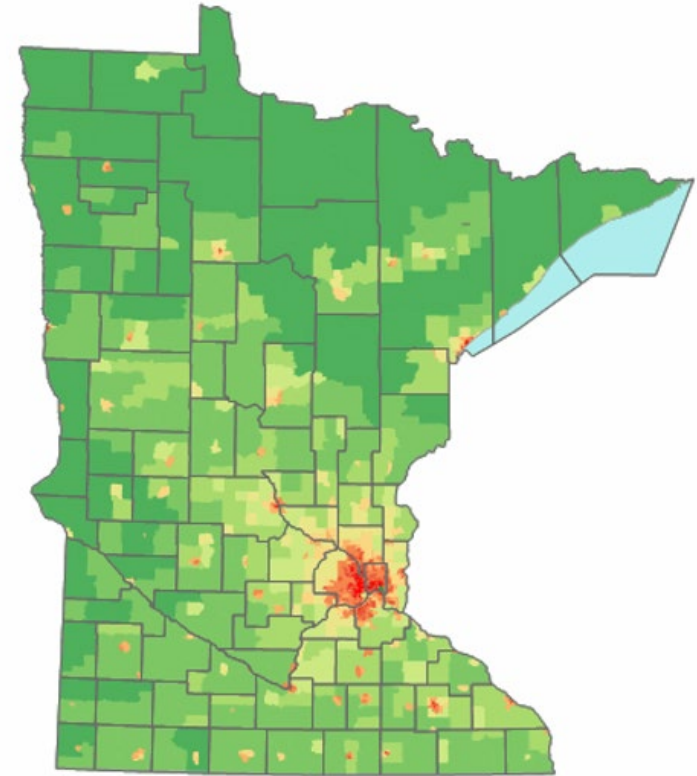
Program Basics

- The Sage Screening Program provides free screening for breast and cervical cancer and includes breast and cervical diagnostic services for the underserved Minnesota population.
- The program has been active since 1991, and individuals can access services in over 400 clinics.
- Individuals qualify for Sage program based on age, income and family size, and insurance status.

Patients may take part in the free breast and cervical cancer screening program if:

- They are 30 – 64 years old
 - 40 – 64 for breast cancer screening including mammogram
 - 30 – 64 for cervical cancer screening including Pap, Human Papillomavirus (HPV) tests
- They do not have health insurance or
 - They have health insurance but have a co-pay or unmet deductible or
 - Their health insurance does not cover Pap, HPV tests, or mammograms
- Their household income is within guidelines (250% of the Federal Poverty Level)
 - Self-employed or farmers may take income after business expenses are removed

- The Sage Breast and Cervical Cancer Screening Program serves Minnesota residents. The Sage Breast and Cervical Cancer Screening Program serves Minnesota residents.
 - Immigration status is not considered.
- Every state has a program like Sage.
 - Individuals from other states should access services through their state of residence



What Constitutes “Under-Insured”?

Patients with insurance may qualify for Sage if:

- Their insurance does not cover breast or cervical cancer screening or diagnostic tests
- They have an unmet deductible (including individuals who have coverage for their screening services, but must meet their deductible before their insurance will cover breast or cervical **diagnostic** services)
- They have excessive co-payments

- Based on patient self-report
- 250% of FPL (see income guidelines on next slide) and changes yearly
- Income is based on an individual's gross income
- Self-employed or farmers should use their net income *after* deducting business expenses.

2025 Income Guidelines

Household Size	Monthly Income	Yearly Income
1	\$3,261	\$39,125
2	\$4,407	\$52,875
3	\$5,553	\$66,625
4	\$6,698	\$80,375
5	\$7,844	\$94,125
6	\$8,990	\$107,875
Add for each additional	\$1,146	\$13,750

Self-employed or farmers: use household net income (after business expenses)

Which Screening Services are Covered?

- Office visits for breast and cervical exam and/or breast health education
- Screening mammogram
 - Breast exam recommended
- Pap test
 - Pap smear every three years, or a Pap accompanied by HPV co-testing every five years
 - HPV test

Which Diagnostic Services are Covered?

- Office visit to review abnormal screening results
 - Breast surgical consult
 - Diagnostic mammogram
 - Fine needle aspiration of breast lump, including pathology reading
 - Colposcopy, including biopsy
 - Endometrial Biopsy (when done as a follow-up for a Pap with abnormal result of Endometrial cells or Adenocarcinoma)
 - High Risk HPV Panels (when done as a follow-up for a Sage-covered Pap as follow-up per ASCCP algorithm)
 - Note: low risk panel is not reimbursable
 - Breast ultrasound
 - Breast biopsy
- Note:** *Treatment for non-insured, Sage patients may be covered by the Medical Assistance for Breast or Cervical Cancer (MA-BC).*

Which Services are NOT Covered?

- Sage can only pay for the breast and cervical cancer screening and diagnostic tests mentioned on previous slides
- If a provider wants to order a non-covered service, the patient must agree to pay for the testing/services
- Examples of non-covered services include
 - Breast MRIs, cholesterol check, urinalysis, STD tests, removal of cervical polyp, pelvic ultrasound, etc.
- If you are uncertain if a test will be covered, contact the Sage Program at 651-201-5600

Determining Eligibility

- Your clinic can determine if a patient qualifies for Sage services.
 - Clinic staff should determine patient eligibility prior to Enrollment Form completion
- *Providers must not charge enrolled patients for Sage-covered services. If a clinic enrolled a patient into Sage but they are not deemed eligible by Sage staff, the clinic is responsible for any patient bill.*
- The Sage phone center can determine whether an individual qualifies for Sage and can connect them to a Sage clinic.

Sage Phone Center: 1-866-643-2584

- All eligibility criteria and services covered can be found on [Sage Cancer Screenings Covered Services and Eligibility](#)

Form Completion

Three important forms:

- Sage Enrollment Form
- Sage Imaging Summary Form
- Sage Pap Summary Form

Download and print forms at [Sage Forms and Encounter Labels](#)

Sage encounter number (e.g., ABC123)

- Each time a patient returns for a new episode of care for Sage services (i.e., yearly) they get a **new** encounter number
- Colposcopies require a new encounter number

Sage Enrollment Form

- Needs to be completed at each new visit
- The patient completes pages 1 – 3 of the Sage Enrollment Form, and the clinician, nurse, or other clinic staff completes page 4 “Visit Summary”
- Clinic assigns an encounter number to the Sage paperwork

Sage Consent/Enrollment Form

Version 4.0

Sage Encounter Number
Assign a new number for each visit

The Minnesota Department of Health (MDH) manages the Sage Colorectal Cancer Program, the Sage Breast and Cervical Cancer Screening Program, and SagePlus (Well Integrated Screening and Evaluation for Women Across the Nation/"WISEWOMAN"). These programs are collectively called "Sage Programs" (we/us/our/Sage). Sage Programs are paid for by the Centers for Disease Control and Prevention (CDC) and the State of Minnesota.

Please read and sign this consent form to receive program-covered services paid for by Sage Programs.

How to participate. Sage Programs needs to collect some medical and personal information from you and your Sage providers. Federal and state laws protect the information that we collect, create, or maintain about you. All of your private information will be kept securely and we will not disclose it to others except as permitted by you in this form, or as allowed or required by law.

You are not required to provide any information to us, however, if you do not provide all of the requested information, you may not be able to receive certain services from Sage Programs.

Sage Programs will use your information to:

- Determine your eligibility for the program
- Assure that you receive appropriate preparation, screening, and diagnostic follow-up
- Help connect you to resources to support your treatment (if needed)
- Manage and evaluate the program
- Remind you about upcoming screenings and alert you to other program opportunities

If you agree to sign up, you give permission for your Sage providers to give the following to Sage Programs:

- Personal information, including your name, date of birth, address, and phone number
- Contact information for your doctors and other health care providers
- Medical information collected while participating in the program
- Cost data related to services covered by Sage Programs

You also give Sage Programs permission to share information it has about you with your Sage providers. If you need additional coverage for treatment, you also authorize Sage Programs to release this information to your state and county human services agencies.


You may withdraw from Sage Programs and cancel the permissions given in this consent form at any time. In order to cancel your permission, you must send a letter to Sage Programs. The letter must include the date, your name, date of birth, a statement canceling your permission to release your information, and your signature. **PLEASE NOTE: If you cancel your permission, you will no longer be enrolled in Sage Programs and may be financially responsible for any outstanding medical costs incurred while you were enrolled.**

I choose to participate in the services offered by Sage Programs and agree to the conditions described above.

Patient Name: (printed) _____ Date of Birth: _____ (mo.) _____ (day) _____ (yr.)

Patient Signature: _____ Signature Date: _____ (mo.) _____ (day) _____ (yr.)



Note to health care providers: This document complies with the requirements of HIPAA (Health Insurance Portability and Accountability Act), the Federal Privacy Act of 1974, the Minnesota Government Data Practices Act, and the Minnesota Health Records Act, regarding authorizations to disclose protected health information. See C.F.R. § 164.508(c) (1); 5 U.S.C. 552a; Minn. Stat. §§ 13.05, subd. 4(d), 144.291 to 144.298.

Pg. 1

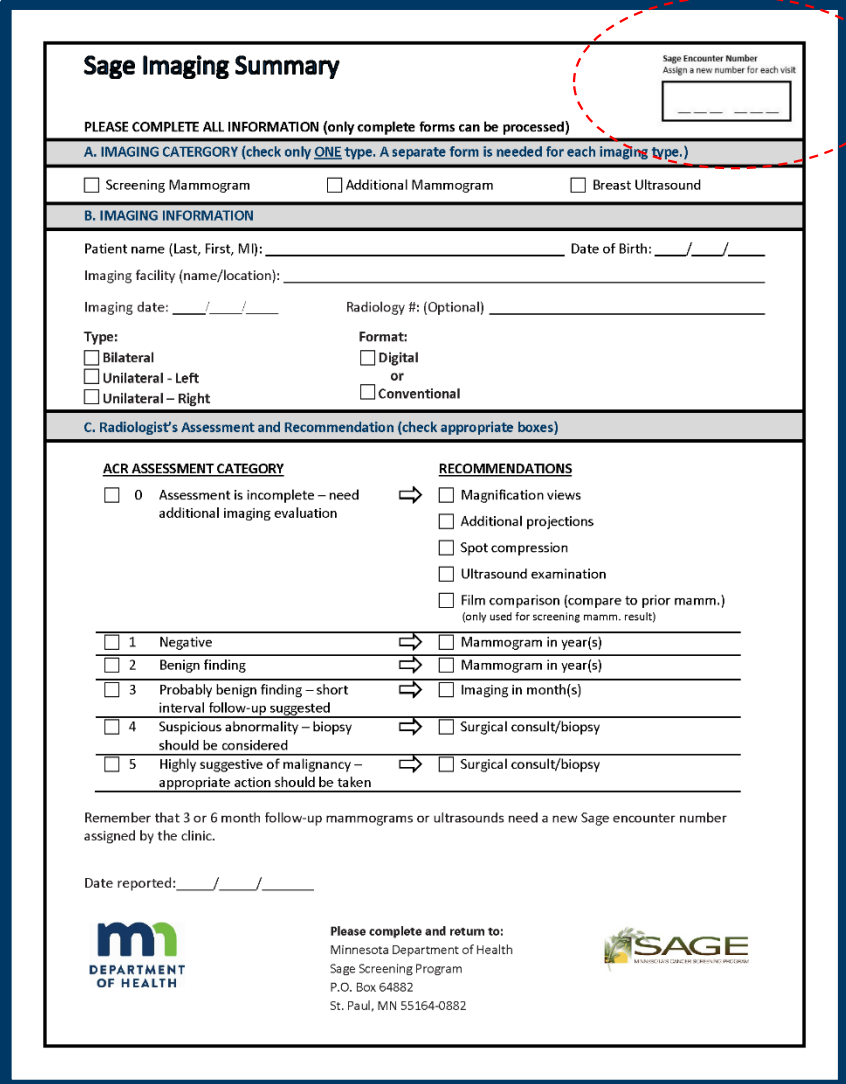
Sage Pap Summary Form

- The Sage Pap Summary form gets sent with the patient's pap specimen to the lab and needs to include the Sage encounter number.
- Sage pap summary is required to track a patient's results as well as to be able to pay for the service.

Sage Pap Summary		Sage Encounter Number Assign a new number for each visit: _____
A. PAP TEST INFORMATION (To be completed by clinic staff)		
Patient name (Last, First, MI): _____		Date of Birth: ____/____/____
Date specimen collected: ____/____/____ month day year		Specimen Type: <input type="checkbox"/> Conventional <input type="checkbox"/> Liquid-based
B. PAP TEST INFORMATION (To be completed by cytotechnologist or pathologist)		
Lab name: _____		Specimen #: _____ Optional
SPECIMEN ADEQUACY		
<input type="checkbox"/> Satisfactory for evaluation (describe other quality indicators) _____ <input type="checkbox"/> Unsatisfactory		
C. INTERPRETATION RESULT (To be completed by cytotechnologist or pathologist)		
<input type="checkbox"/> Negative for Intraepithelial Lesion or Malignancy		
<input type="checkbox"/> Epithelial Cell Abnormalities		
Squamous cell		Glandular cell
<input type="checkbox"/> ASC-US (Atypical Squamous Cells of Undetermined Significance)		<input type="checkbox"/> Atypical:
<input type="checkbox"/> ASC-H (Atypical Squamous Cells, cannot exclude HSIL)		<input type="checkbox"/> Endo cervical cells (NOS or specify in comments)
<input type="checkbox"/> LSIL (Low Grade Squamous Intraepithelial Lesion)		<input type="checkbox"/> Endometrial cells (NOS or specify in comments)
<input type="checkbox"/> HSIL (High Grade Squamous Intraepithelial Lesion)		<input type="checkbox"/> Glandular cells (NOS or specify in comments)
		Comments: _____
<input type="checkbox"/> Endometrial Cells (in a woman ≥ 40 years of age)		<input type="checkbox"/> Atypical:
<input type="checkbox"/> Other Malignant Neoplasms (specify) _____		<input type="checkbox"/> Endocervical cells, favor neoplasm
		<input type="checkbox"/> Glandular cells, favor neoplasm
		<input type="checkbox"/> Adenocarcinoma
D. HPV RESULT (Report the HPV findings here)		
<input type="checkbox"/> Negative		Lab name: _____ Specimen #: _____
<input type="checkbox"/> Positive		
Date reported: ____/____/____ month day year		
<div><div>Please complete and return to: Minnesota Department of Health Sage Screening Program P.O. Box 64882 St. Paul, MN 55164-0882</div></div>		
ID# 53925 Rev April 2020		

Sage Imaging Summary Form

- The Sage Imaging Summary form gets sent to the imaging provider/mammogram facility and needs to include the Sage encounter number.
- Sage Imaging Summary is required to track a patient's results as well as to be able to pay for the service.



The image shows a 'Sage Imaging Summary' form. A red dashed circle highlights the 'Sage Encounter Number' field in the top right corner, which includes the instruction 'Assign a new number for each visit'. The form is divided into several sections: 'PLEASE COMPLETE ALL INFORMATION (only complete forms can be processed)', 'A. IMAGING CATEGORY (check only ONE type. A separate form is needed for each imaging type.)', 'B. IMAGING INFORMATION', and 'C. Radiologist's Assessment and Recommendation (check appropriate boxes)'. Section A includes checkboxes for 'Screening Mammogram', 'Additional Mammogram', and 'Breast Ultrasound'. Section B includes fields for 'Patient name (Last, First, MI)', 'Date of Birth', 'Imaging facility (name/location)', 'Imaging date', 'Radiology #', 'Type' (Bilateral, Unilateral - Left, Unilateral - Right), and 'Format' (Digital, Conventional). Section C includes 'ACR ASSESSMENT CATEGORY' (0 to 5) and 'RECOMMENDATIONS' (Magnification views, Additional projections, Spot compression, Ultrasound examination, Film comparison, Mammogram in year(s), Imaging in month(s), Surgical consult/biopsy). At the bottom, there is a reminder about follow-up exams, a 'Date reported' field, and logos for the Minnesota Department of Health and SAGE.

Sage Imaging Summary

Sage Encounter Number
Assign a new number for each visit

PLEASE COMPLETE ALL INFORMATION (only complete forms can be processed)

A. IMAGING CATEGORY (check only ONE type. A separate form is needed for each imaging type.)

☐ Screening Mammogram ☐ Additional Mammogram ☐ Breast Ultrasound

B. IMAGING INFORMATION

Patient name (Last, First, MI): _____ Date of Birth: ____/____/____

Imaging facility (name/location): _____

Imaging date: ____/____/____ Radiology #: (Optional) _____


Type: ☐ Bilateral ☐ Digital
☐ Unilateral - Left ☐ or
☐ Unilateral - Right ☐ Conventional

C. Radiologist's Assessment and Recommendation (check appropriate boxes)

ACR ASSESSMENT CATEGORY	RECOMMENDATIONS
<input type="checkbox"/> 0 Assessment is incomplete – need additional imaging evaluation	<input type="checkbox"/> Magnification views
	<input type="checkbox"/> Additional projections
	<input type="checkbox"/> Spot compression
	<input type="checkbox"/> Ultrasound examination
	<input type="checkbox"/> Film comparison (compare to prior mamm.) (only used for screening mamm. result)
<input type="checkbox"/> 1 Negative	<input type="checkbox"/> Mammogram in year(s)
<input type="checkbox"/> 2 Benign finding	<input type="checkbox"/> Mammogram in year(s)
<input type="checkbox"/> 3 Probably benign finding – short interval follow-up suggested	<input type="checkbox"/> Imaging in month(s)
<input type="checkbox"/> 4 Suspicious abnormality – biopsy should be considered	<input type="checkbox"/> Surgical consult/biopsy
<input type="checkbox"/> 5 Highly suggestive of malignancy – appropriate action should be taken	<input type="checkbox"/> Surgical consult/biopsy

Remember that 3 or 6 month follow-up mammograms or ultrasounds need a new Sage encounter number assigned by the clinic.

Date reported: ____/____/____

 **DEPARTMENT OF HEALTH**

Please complete and return to:
Minnesota Department of Health
Sage Screening Program
P.O. Box 64882
St. Paul, MN 55164-0882

 **SAGE**
MINNESOTA'S SCREENING PROGRAM

Current Sage Forms Handling

Sage forms can be downloaded for printing and encounter labels can be ordered from the [Sage website: Provider Resources](#).

Materials

Sage Forms and Encounter Labels

To download and print forms and to order encounter labels visit: [Sage Forms and Encounter Labels](#).

Outreach and Educational Materials

To order complete the [Sage Outreach/Educational Materials Order Form](#).



Options for Submitting Forms:



- Email completed forms to health.sagebilling@state.mn.us
- Fax completed forms to 1-877-495-7545

Sage Program Abnormal Follow-up for Breast and Cervical

- When screening patients for breast and cervical cancer, abnormal findings are just a part of the process
- Sage patients have access to high quality diagnostic services/follow-up at our Sage participating clinics
- Being enrolled into the Sage Breast and Cervical Screening Program also gives them potential access to the vital treatment resource Medical Assistance for Breast and Cervical Cancer (MA-BC), if they are diagnosed with Breast or Cervical Cancer or need treatment for a cervical dysplasia needing treatment
- Visit the Sage website for more information on MA-BC [Following Up on Abnormal Results](#)
- Watch the MA-BC webinar recording [Sage Screening Program Videos](#)

Name: _____ Date of Birth: _____

Medical Record #: _____ Sage ID #: _____



Sage Abnormal Breast Screening Follow-Up Report

Breast Screening Procedures Ordered / Done		
	Date: _____	Encounter #: _____
CBE: _____	_____	_____
Mammogram: _____	_____	_____
Breast Ultrasound: _____	_____	_____

Breast Screening Procedures Ordered / Done			
	Date Completed	Findings	
Repeat breast exam and/or surgical consultation	____/____/____ mo. day year	<input type="checkbox"/> Benign (includes fibrocystic changes) <input type="checkbox"/> Further evaluation required	
Comparison with old films (Date comparison made)	____/____/____ mo. day year	<input type="checkbox"/> Assessment Incomplete <input type="checkbox"/> Negative <input type="checkbox"/> Benign	<input type="checkbox"/> Probably Benign <input type="checkbox"/> Suspicious Abnormality, Bx should be considered <input type="checkbox"/> Highly Suggestive of Malignancy
Additional mamographic views, including mag, compression views	____/____/____ mo. day year	<input type="checkbox"/> Assessment Incomplete <input type="checkbox"/> Negative <input type="checkbox"/> Benign	<input type="checkbox"/> Probably Benign <input type="checkbox"/> Suspicious Abnormality, Bx should be considered <input type="checkbox"/> Highly Suggestive of Malignancy
Breast ultrasound	____/____/____ mo. day year	<input type="checkbox"/> Assessment Incomplete <input type="checkbox"/> Negative <input type="checkbox"/> Benign	<input type="checkbox"/> Probably Benign <input type="checkbox"/> Suspicious Abnormality, Bx should be considered <input type="checkbox"/> Highly Suggestive of Malignancy
Simple cyst aspiration	____/____/____ mo. day year	<input type="checkbox"/> Benign <input type="checkbox"/> Further evaluation required	
Fine needle aspiration	____/____/____ mo. day year	<input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Suspicious for Malignancy	
Breast biopsy	____/____/____ mo. day year	<input type="checkbox"/> Benign (fibrocystic, fibroadenoma, etc.) <input type="checkbox"/> Benign with atypical hyperplasia <input type="checkbox"/> Malignant	

Status of Diagnostic Work-Up

☐ Complete - All recommended diagnostic / treatment procedures have been completed
☐ Incomplete - Explain: _____

Rescreen Plan

When is the next mammogram recommended? ____/____/____
mo. day year

Transfer of care (Complete if Patient's care has been transferred to another physician)

Name: _____ Phone: _____

Address: _____ City/ST/Zip: _____

Comments: _____

Please return to:
Minnesota Department of Health, Cancer Control Section
Sage Screening Program
P.O. Box 64882, St. Paul, MN 55164-0882

Sage Use Only

Final Dx: _____

Final Imag: _____

Dx Disp: _____

Tx Disp: _____

Abnormal Breast Screening Form

Follow-up Coordinator creates and sends form to Follow-up Contact at Clinic

Clinic prints form

Clinic completes and returns to Sage

Any questions, please call

Name: _____ Date of Birth: _____
Medical Record #: _____ Sage ID #: _____



Sage Abnormal Cervical Screening Follow-Up Report

Pap / Colposcopy Results	
Pap Date: _____	Pap Result: _____ Pap Encounter #: _____
HPV Date: _____	High Risk HPV Results: _____ HPV Encounter #: _____
Was a colposcopy performed? <input type="checkbox"/> No, not indicated <input type="checkbox"/> Needed, but not performed <input type="checkbox"/> Yes - Date of colposcopy: _____ Colpo Encounter #: _____	
Was a CERVICAL biopsy done with this colposcopy? <input type="checkbox"/> No <input type="checkbox"/> Yes - CERVICAL Biopsy results: <input type="checkbox"/> Normal/benign reaction <input type="checkbox"/> HPV/condylomata/atypical <input type="checkbox"/> CIN 1/mild dysplasia <input type="checkbox"/> CIN 2/moderate dysplasia <input type="checkbox"/> CIN 3/severe dysplasia/CIS <input type="checkbox"/> Invasive squamous cell cancer <input type="checkbox"/> Other _____	Was a HISTOLOGICAL endocervical sampling (ECS) done with this colposcopy? <input type="checkbox"/> No <input type="checkbox"/> Yes - ECS results: <input type="checkbox"/> Normal/benign reaction <input type="checkbox"/> HPV/condylomata/atypical <input type="checkbox"/> CIN 1/mild dysplasia <input type="checkbox"/> CIN 2/moderate dysplasia <input type="checkbox"/> CIN 3/severe dysplasia/CIS <input type="checkbox"/> Invasive squamous cell cancer <input type="checkbox"/> Other _____
Work-up for Sage AGCUS/AdenoCA Paps: Endometrial Bx Date: _____ Endometrial Bx Results: _____ <input type="checkbox"/> Normal/Benign <input type="checkbox"/> Simple hyperplasia <input type="checkbox"/> Complex hyperplasia <input type="checkbox"/> Malignant <input type="checkbox"/> Other: Attach path report	
Follow-Up Recommendations / Plan	
Were additional procedures (other than repeat Pap or colposcopy) recommended or performed? <input type="checkbox"/> No <input type="checkbox"/> Yes* - Check all that apply	
<input type="checkbox"/> Cryosurgery <input type="checkbox"/> Laser <input type="checkbox"/> Loop Electroexcision (LEEP) <input type="checkbox"/> Conization <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Other (specify in _____)	Date Planned: _____ Date Performed: _____
* If pathology report available from these procedures, please attach a copy to this form.	
Status of Diagnostic Work-Up / Treatment	Rescreen Plan
<input type="checkbox"/> Complete- All recommended diagnostic/treatment procedures have been completed. <input type="checkbox"/> Incomplete- Explain: _____	If workup is complete, when is the next screening Pap smear recommended? ____/____/____ mo. / year
Transfer of care (Complete if Patient's care has been transferred to another physician)	
Name: _____ Address: _____	Phone: _____ City/State/Zip: _____
Comments: _____	
Please return to: Minnesota Department of Health, Cancer Control Section Sage Screening Program P.O. Box 64882, St. Paul, MN 55164-0882	
Sage Use Only Final Dx: _____ Dx Disp: _____ Tx: Disp: _____	

Abnormal Cervical Screening Form

Follow-up Coordinator
creates and sends form
to Follow-up Contact at
Clinic

Clinic prints form

Clinic completes and
returns to Sage

Any
questions,
please
call

Sage Billing Basics

- Sage only accepts electronic claims.
- Sage follows a 120-day timely filing limit for claims and form submissions.
- Sage reimburses at the Medicare rate for CPT's that are covered by Sage.
 - Reimbursement rates sheet: [Sage Program Resources for Providers and Professionals](#)
- Sage is the payor of last resort
 - Exception - Sage is billed before Indian Health Services coverage.
- Enrolled Sage patients will not be billed for Sage covered services.
 - Patients can be billed for services not covered by Sage. However, the patient must be made aware of the charges prior to services being rendered.

Sage Remittance Advice

- Sage will submit an electronic (835) and or paper copy remittance advice when Sage has completed a payment cycle.
- There are 2 different payment cycles you will receive remittance advices for: Electronic and Paper.
- On the remittance advice, you will typically see 4 different claims status'
 - WAIT STATUS P1
 - WAIT STATUS P2
 - DENIED
 - PAID

Sage Remittance Advice example

*****WAIT STATUS P1: ACTION NEEDED: Sage data entry is current for these dates of service.

Claim ID	Encounter	Patient	Patient Acct	Service	CPT	Amt	Ins. Paid	Amt Paid	Error Description
██████	██████	██████████████████	██████	04/26/2024	77063-26	\$ 60.00	\$ 0.00	\$ 0.00	Mammogram Results Needed
██████	██████	██████████████████	██████	04/26/2024	77067-26	\$ 162.00	\$ 0.00	\$ 0.00	Mammogram Results Needed
██████	██████	██████████████████	██████	04/25/2024	77063-TC	\$ 25.00	\$ 0.00	\$ 0.00	Mammogram Results Needed

*****WAIT STATUS P2: NOTE: Forms with these DOS not entered yet. No action may be needed. Read for billing errors.

Claim ID	Encounter	Patient	Patient Acct	Service	CPT	Amt	Ins. Paid	Amt Paid	Error Description
██████	██████	██████	██████	██████	99202	\$ 226.00	\$ 0.00	\$ 0.00	Missing patients enrollment form to process payment, please submit. Patient is not enrolled in Sage until received.
██████	██████	██████████████████	██████	██████	99214	\$ 321.00	\$ 0.00	\$ 0.00	Missing patients enrollment form to process payment, please submit.

*****DENIED STATUS

Claim ID	Encounter	Patient	Patient Acct	Service	CPT	Amt	Ins. Paid	Amt Paid	Error Description
██████	██████	██████████████████	██████	03/15/2024	77061-TC	\$ 25.00	\$ 0.00	\$ 0.00	Charge Code (CPT) is not payable by Sage
██████	██████	██████████████████	██████	03/15/2024	77065-LT	\$ 325.00	\$ 0.00	\$ 0.00	Timely filing has expired - Forms/Results were not received within 120 days from DOS

*****PAID STATUS

Claim ID	Encounter	Patient	Patient Acct	Service	CPT	Amt	Ins. Paid	Amt Paid	Invoice ID
██████	██████	██████████████████	██████	05/30/2024	99213	\$ 222.00	\$ 0.00	\$ 88.19	██████
██████	██████	██████████████████	██████	05/30/2024	99213	\$ 222.00	\$ 0.00	\$ 88.19	██████

INVOICE ID: ██████ VOUCHER ID: ██████ AMOUNT: ██████ REFERENCE: ██████ METHOD: ACH \$ 176.38

Sage Billing Contact and additional info

- Sage billing phone #: 651-201-5630
- Sage billing email: Health.Sagebilling@state.mn.us
- Sage billing website:
<https://www.health.state.mn.us/diseases/cancer/sage/providers/billing.html>

Next Steps Before Your First Sage Patient

- Work with Sage to determine clinic roles and contact info
 - Scheduling, Screening, Breast Follow-up, Cervical Follow-up, Billing
- Download and print Sage Forms (Enrollment, Imaging, Pap)
- Order Encounter Labels
 - [Sage Forms and Encounter Labels - MN Dept. of Health](#)
 - Sage will mail Encounter Labels to your clinic after you've placed the order



Q & A

Thank You!

Carlie Koberstine | Clinical Services Consultant | Carlie.Koberstine@state.mn.us

Nikki Kuechenmeister | Follow-Up Coordinator | Nikki.Kuechenmeister@state.mn.us