

ScreenWise Billing Requirements for Enrolling Providers



1). ScreenWise covers only services related to Breast and Cervical Cancer screening and diagnostics. The lists of all covered procedures and diagnosis codes are located on the ScreenWise Website at www.healthoregon.org/screenwise under Billing and Claims, Covered Procedures. These lists are updated once per year.

2). All claims should be submitted to ScreenWise using the State of Oregon secure e-mail portal. Instructions are located on the ScreenWise Website under “Billing and Claims, How to Submit Claims”

ScreenWise also accepts claim via Fax to: 971-673-0997

****As of November 30, 2022 ScreenWise no longer accepts paper claims.**

3). Claims may be submitted using the Standard Health Insurance Claim forms, or the simplified claim forms located on the ScreenWise Website at www.healthoregon.org/screenwise, under Billing and Claims, Claim Forms/Simplified Claim or Diagnostic Claim.

4). All Claim forms, Covered Services and Payable rates are updated once per year. Please be sure you are using **the most recent version** of the simplified claim forms located on the website. Using an old claim form will cause you to be paid the incorrect amount.

5). ScreenWise pays all services at Medicaid Rates. Any remaining balance is a contractual adjustment and patients are not responsible for remaining charges.

6). All ScreenWise claims are processed and paid monthly. An Explanation of Benefits (EOB) is securely e-mailed to providers around the 21st day of each month. If you needed to be added as a recipient to the EOB list for your agency, please contact ScreenWise at 971-673-1060 or send an e-mail to ScreenWise at ScreenWise.Info@dhsosha.state.or.us

7). All Enrolling Providers should file for and be reimbursed **\$33.45 once per year** for enrolling a patient and submitting the paperwork and results to ScreenWise. The CPT code for claiming the ScreenWise reimbursement is **99080**, (or you may circle **RESLT** on the simplified claims).

8). Patient referrals for ancillary services (such as mammograms or labs) should be clearly marked **SCREENWISE** so the patient does not receive a bill for that service. An **optional referral form** is located on our website under “Provider Manual and Data Forms” at the bottom of the page.

9). If a ScreenWise patient receives a bill for a covered procedure, please follow instructions located on the ScreenWise Website here: [ScreenWise "Patient Billed" Procedure 03.2019](#). Of utmost importance is that you contact the Billing Specialist at 971-673-1060 or via e-mail if your patient receives a bill and you need assistance resolving it.

10). It is required that all Enrolling Providers **inform** patients at time of enrollment that if they receive a bill for any covered service to contact their enrolling provider right away. **Patients must not ignore or pay the bill.**

11). Reasons for Denial of claims are located in the far righthand column of the Explanation of Benefits (EOB). If the Provider EOB states the reason for denial being Patient Not Enrolled in ScreenWise, the patient’s Intake Packet was either not received or was denied. If this happens, **please resubmit completed Intake Packet** or contact ScreenWise to ensure the patient does not receive bills for her ancillary services.

12). All ScreenWise claims must be submitted to or reconciled with ScreenWise within **365 days** from the date of service.

13). If you have any questions regarding ScreenWise claims, please contact Emily Havel, Claims Specialist at 971-673-1060 or Emily.Havel@dhsosha.state.or.us