

ScreenWise Program Update: July 2018



Important Announcements:

Change in services available to ScreenWise clients:

As of July 1st cardiovascular lab services are no longer covered as part of ScreenWise services.

Cardiovascular Services (Age 40+ only)				
CPT Code	Description	Modifier	Rate	End Note
36415	Routine venipuncture		\$ 2.10	29
80061	Lipid panel (max quantity of 2 every 11 months)		\$ 12.77	29
82947	Glucose; quantitative (max quantity of 2 every 11 months)		\$ 3.75	29
83036	Hemoglobin, glycated (A1C) (max quantity of 2 every 11 months)		\$ 9.25	29

Please submit all laboratory claims by **August 1, 2018** to allow for entry and processing time. In addition, please make any necessary clinical work flow and billing adjustments as we are not permitted to pay for laboratory services with a date of service on or after July 1, 2018.

If you have questions please contact our Quality Assurance Coordinator, Tessa Jaqua, at tessa.r.jaqua@dhsosha.state.or.us or 971-673-1277.

Updates/Training:

- **Provider Data Reports:** We have completed our new provider data report templates. Please follow the instructions provided with them for return and assure that you are completing all information requested including dates of services. ***Do not send corrected or old forms as they may be sent back and the information will be missed.*** You can also find the instructions on our website [here](#), under Helpful Program Documents. If you have questions about how to complete or return the reports please contact, Tessa Jaqua, tessa.r.jaqua@state.or.us or 971-673-1277.

Intake Packet/Forms Submissions:

- Please submit ScreenWise Intake Packets within 5 days of the patient's enrollment date. We are seeing Intake Packet submissions with dates 4-6 months prior to the date of submission. This results in patient's often being billed for services and causes logistical complications for both providers and the ScreenWise program.
- Guidelines for patients under the age of 50, who are eligible for enrollment for diagnostic services at the direction of a provider:
 - Please note that patients who are experiencing breast or cervical symptoms may not require diagnostic services. Those under the age of 50 are only eligible if they require diagnostic service like but not limited to; colposcopy, ultrasounds, biopsy, diagnostic mammograms, LEEPs.

- Indicate on the ScreenWise Intake Packet screening form (Page 4 of the Intake Packet for Cervical services, Page 5 of the Intake Packet for Breast services) that they are **“Proceeding Directly for Diagnostic Evaluation”**. If this is not indicated, the intake packet may be rejected or sent back for further clarification, delaying patient enrollment.
- Record the results of diagnostic services on the Breast or Cervical Abnormal Follow Up forms found [HERE](#).

Claims Updates:

- Please assure that your agency is submitting claims in a timely manner. The current billing administrative rule requires that our agency receives claims within 120 days from the date of service, however we ask that you submit all claims as soon as possible for prompt processing and resolution.
- We are still receiving claims for office visit CPT codes that are no longer valid for our program (e.g. 99365, 99363, 99201, etc.) as of 10/2/2017. This results in a lot of denials. Please consult the most current CPT list on the website [HERE](#) and resubmit claims with valid codes and ICD-10 combinations for processing as soon as possible.
- The current version of this new program claim form* (for enrolling providers) and CPT lists (for all providers) can be found and downloaded [HERE](#). *If you are submitting our program claim form please add a date of service, a diagnostic code and circle the CPT code you want us to bill.

If you have any questions about ScreenWise claims or billing process, please contact Emily Havel at emily.havel@dhsosha.state.or.us

Questions?

**Please contact ScreenWise at Screenwise.Info@dhsosha.state.or.us
971-673-0581**