

ScreenWise Program Update: September 2018



Program Updates:

- **Updated CPT / ICD-10 lists:** We have updated our ScreenWise CPT and ICD-10 lists on our website to add genetics services approved by our funders and remove cardiovascular procedure and diagnosis codes that are no longer active. The newly updated lists can be found on the Billing and Claims page of our website, www.healthoregon.org/screenwise. Please always consult our approved codes list for current and valid billing and diagnosis codes before submitting claims to our program.
- **120 Day Claims Submission Rule:** Please ensure that your agency is submitting claims in a timely manner. ScreenWise has previously permitted service providers to submit claims within 365 days of patient date of service. However, the existing administrative rule requires that our agency receives claims within 120 days from the date of service for programmatic fiscal forecasting. We will transition to systematic adherence to this rule on January 1st, 2019. We aim to provide your institutions time to make the necessary administrative adjustments between now and the implementation date. If you have any questions about ScreenWise claims or billing process, please contact Emily Havel at emily.havel@dhsosha.state.or.us.

Trending Issues:

- **Patients Being Billed:** ScreenWise has noticed an increase in patients receiving bills for otherwise covered ScreenWise services. This is largely due to patients not being enrolled within the new eligibility rules or paperwork not being complete upon submission. Always check patient eligibility with the most updated rules and assure that patient paperwork is complete and legible. Please always notify patients when enrolling them into the program that if they receive bills for breast and/or cervical cancer screening or diagnostic services to bring the bills in as soon as possible, not to ignore them or make payments. This will ease the difficulty of resolution and reduce patient stress. For more information on resolving patient bills, please consult the [“Patient Billed Procedure”](#) on our website.
- **Eligibility Adherence:** ScreenWise updated our patient eligibility requirements on May 1st, 2018. These requirements now place age restrictions for patients 21-49, so that they are only eligible if they require breast or cervical cancer diagnostic services. We are seeing an increase in patients who are enrolled for “diagnostic only” services but ScreenWise receives claims for only screening mammography or Paps. Please assure that patients 21-49 are being referred for the diagnostic services for which they are being enrolled. If you are unsure how to enroll patients 21-49 using our paperwork please see the bullet below.

New Eligibility Forms Submissions:

- Guidelines for patients under the age of 50, who are eligible for enrollment for diagnostic services at the direction of a provider:
 - 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](#).

Questions?

Please contact ScreenWise at Screenwise.Info@dhsosha.state.or.us
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