

ScreenWise Program Update:

October 2018



Reminders:

- **Clinic Staffing Changes:** When you have staffing changes, turnover of staff working directly with ScreenWise, please let us know their name, position, direct phone number with extension, email, and whether they should be receiving our monthly Provider Data Reports (PDRs) and/or Explanation of Benefits (EOBs).
- **Intake Packets are due within 5 days of enrollment:** If, as an enrolling provider, you do not submit complete Intake Packets for your patients within 5 business days, it is likely your patient will receive bills for their mammogram, labs, or other ancillary services. Please be sure to A) submit Intake Packets in timely manner; B) communicate to your patients that if they do receive a bill for ScreenWise covered services, it is important they contact you right away and that they don't pay it; and C) contact the ScreenWise billing specialist as soon as possible with all patient and bill information for resolution. Call 971-673-1060 or send secure e-mail to ScreenWise.

Program Updates:

- **Updated CPT / ICD-10 lists:** We have updated the 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to add genetics services approved by our funders and remove cardiovascular procedure and diagnosis codes that are no longer active.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:

- **Final Diagnosis and Next Steps:** Please submit patients' final diagnosis and follow-up recommendation on either the ScreenWise Results Form (for screening-only procedures) or ScreenWise Abnormal Follow-up Forms (for patients who proceed on for additional diagnostics procedures such as breast ultrasound or colposcopy). In order to close out your patients' screening and report it as complete to the CDC, we need the final outcome. For example, if the patient has an ultrasound, we need a Breast Abnormal Follow-up Form complete with result, final imaging, and final diagnosis. Unknown outcomes prevent patients from being re-enrolled into the ScreenWise Program.
- **Patients Being Billed:** ScreenWise has noticed an increase in patients receiving bills for otherwise covered ScreenWise services. This is due in large part to patients not being enrolled within 5 days of their office visit, incomplete Intake Packets, or patient ineligibility. Reminder of our eligibility rules: Necessary diagnostic procedures, used to rule out cancer, are the entry point into our program for patients between 21-49 while routine screening procedures are the entry point for patients over 50. For more information on resolving patient bills, please consult the ["Patient Billed Procedure"](#) on our website.

Questions?

Please contact ScreenWise at Screenwise.Info@dhsosha.state.or.us or 971-673-0319