



Oregon ScreenWise Program

Phone: 971-673-0581 • Email: ScreenWise.info@state.or.us
www.healthoregon.org/screenwise

ScreenWise Medical Advisory Committee – Request for Clinical Exception

This optional document is for providers who would like the ScreenWise Medical Advisory Committee (MAC) to consider clinical services that are not currently listed on the program's CPT code list. Please email the completed form to ScreenWise.Info@state.or.us and allow approximately 2-3 weeks for a decision from the MAC.

Provider Information:

Clinic Site: _____
Provider Name: _____
Provider Contact phone: _____
Provider Contact email: _____

ScreenWise Patient Information:

Patient Name: _____
Patient DOB: _____

Proposed Services Ordered, including Diagnosis Code(s) and CPT code(s):

Clinical Notes in Support of Request:

***Note:** ScreenWise may request copies of patient medical records in order to process this request.

ScreenWise Fax: (971) 673-0997