RHCare & CCare Clinic Visit Record (CVR) Manual

Table of Contents

Clinic Visit Record (CVR) Manual

Top Section: Client Information

Item A-E are only required when billing the RH Access Fund. When submitting data for clients with other sources of pay, you may leave these items blank.

A. Last Name: The client's legal last name

B. First Name: The client's legal first name

C. M.I.: The client's middle initial (optional).

D. Soc. Sec. No.: The client's social security number (SSN). Only required if the client has a SSN.

E. RHAF ID No.: The client's RH Access Fund ID number as assigned by the RH Access Fund Eligibility Database.

Clinic Information & Client's Demographic Information

20. Provider NPI: Enter the NPI of the clinician providing family planning services. If the clinician does not have an NPI, leave this blank.

*1. Site/Clinic No.: Each clinic has a unique identifier assigned by the RH Program and Ahlers. **Required field.**

*2. Client No.: The client's internal agency-specific identifier, which may be a medical record number or chart number. This number is used by the RH Program together with the client's date of birth to ensure the correct data are matched to the client. **Required field.**

Assigning Client Numbers

Agencies may follow their own procedures for assigning client numbers, as long as the numbers meet the following requirements:

- No two clients within an agency may have the same number.
- The client number may only contain numeric characters.
- The client number cannot be longer than nine digits.

Projects with multiple clinic sites may use prefixes to better identify clients from each site. This will also help to avoid duplicates. For example:

- Site A assigns numbers with a 1 prefix: 100000789.
- Site B assigns numbers with a 2 prefix: 200000789.

If a client has been inactive in the system for 36 months or more, Ahlers will discontinue that client number. If the client returns to the system, the old number can be reactivated, or a new one assigned. Do not assign a previously used number to a different client.

*3. Date of Visit: This is the date on which the client received the medical and/or counseling services for which the CVR is being submitted. **Required field.**

Please note: Only one CVR can be submitted for a client from a clinic per day. If a client has more than one visit at the same clinic on the same day, code all services provided on that day on a single CVR. Under Purpose of Visit (Section 12), enter the visit level for the most inclusive visit.

4. Date of Birth: The month, day, and year the client was born. Record as much of this information as the client can give. If the birth year is unknown, ask the client, "How old are you?" and calculate the year. If the birth month and day are unknown, use June 15 as a default date.

*5. Sex at Birth: The client's sex as was originally marked on their birth certificate (as indicated on their RH Access Fund Enrollment Form or patient registration materials). **Required field.**

*6. Ethnicity: Must mark one box (and only one box). Use client-provided information such as patient registration materials or the RH Access Fund Enrollment Form. **Do not make assumptions or rely on observation to complete this box; neither are a reliable means of ascertaining ethnicity**. If the client chose not to answer, mark 8-Unknown/Not Reported. **Required field.**

Hispanic origin or descent includes:

- Mexican-American = Mexicana(o)-Americana(o)
- Puerto Rican = Puerto Riqueña(o)
- Cuban = Cubana(o)
- Central or South American = Centro o Sudamericana(o)
- Other Spanish Speaking = Otra Categoria Español

Many people categorize Hispanic or Latino as a racial category; however, our funders categorize Hispanic or Latino as ethnicity and consider race to be a separate category.

This data is important to collect because it allows us to provide the most effective and appropriate healthcare services and to better understand and reduce health disparities.

*6a. Race: Mark all that apply. Use client-provided information such as patient registration materials or the RH Access Fund Enrollment Form. **Do not make assumptions or rely on observation to complete this box; neither are a reliable**

means of ascertaining race. If the client chose not to answer, mark 7-Unknown/Not Reported. **Required field.**

*21. Sexual Orientation: Mark the option that is identified by the client. If the client was not asked, mark 7-Unknown. If the client chooses not to answer, mark 8-Decline to Answer. If the client doesn't understand the question, mark 9-Don't know what this question is asking. **Required field.**

*22. Gender Identity: Mark the option that is identified by the client. If the client was not asked, mark 7-Unknown. If the client chooses not to answer, mark 8-Decline to Answer. If the client doesn't understand the question, mark 9-Don't know what this question is asking. **Required field.**

*23. Transgender Identity: Mark the option that is identified by the client. If the client was not asked, mark 7-Unknown. If the client chooses not to answer, mark 8-Decline to Answer. If the client doesn't understand the question, mark 9-Don't know what this question is asking. **Required field.**

Sexual Orientation and Gender Identity (SOGI): OHA requires most health care providers and insurers to collect demographic data annually, including SOGI data. For more information and resources, see OHA's REALD and SOGI website: https://www.oregon.gov/oha/EI/Pages/REALD-Providers.aspx

7. Additional Demographic: Mark if applicable. Limited English Proficiency describes a client who has a limited ability to read, speak, or understand English and may need assistance to optimize their use of reproductive health services. Check this box if the staff must speak in the client's native language or if a third person or interpreter service is used to communicate with staff/client. May also look at demographics questions 2-6 on the client's RH Access Fund Enrollment Form.

8. Zip Code: Enter the zip code provided by the client. This item is important for documenting the location of the client's residence. If the client is homeless, use the zip code of the clinic providing services, or that of the address where the client receives mail.

10. Income and Household Size: For individuals enrolled in RHAF, enter the household size and monthly income the client provided on their RH Access Fund Enrollment Form. Income should be entered as whole numbers, no decimals.

    For RHCare clinics completing CVRs for clients with non-RHAF sources of pay, use the following instructions:

a. Monthly Income: report the client's own self-reported monthly income (not family/household income). Report whole numbers, no decimals. If unknown enter "999999".

b. Household size: household is a social unit of one or more persons living together and sharing the income reported above. It must be at least one. Clients 17 and younger who request special confidentiality are always a household size of one. See examples in the table below:

Household includes:	Household does NOT include:
• Couple living together and sharing cost-of-living expenses • Parent(s) whose income supports their children	• Roommates who share rent • Unrelated children (including foster children)

18. Client Insurance Status: Insurance coverage for "a broad set of primary medical care benefits" (not just reproductive health services). May look at enrollment questions 8-9 on the client's RH Access Fund Enrollment Form. Note that the information in Section 9: Assigned Source of Payment is not a reliable indicator of what should go in Section 18.

1-Public Health Insurance if the client is currently enrolled in the Oregon Health Plan (OHP) or has Medicare coverage for primary care. The RH Program should not be counted as public health insurance for this question because it does not cover primary care.

2 -Private Health Insurance if the client has personal or employer-sponsored primary health care insurance, whether or not the insurance pays for reproductive health, contraceptive services, or supplies.

3 -Uninsured if the client has no coverage for primary health care services. This includes clients who may receive primary care services from the Indian Health Service, as that is not considered "insurance." This also includes clients enrolled in RHAF if they have no other coverage for primary care services.

4 -Unknown if no other option is applicable.

24. Systolic Blood Pressure: If not measured, can leave blank.

25. Diastolic Blood Pressure: If not measured, can leave blank.

26. Height: Measured in inches. If not measured, can leave blank.
27. Weight: Measured in pounds. If not measured, can leave blank.
*28. Tobacco Smoking Status: Mark the option that most closely matches the client's current tobacco smoking status. **Required field.**

Source of Pay

11. Assigned Source of Payment: Enter how the agency expects to be paid for the services provided during the visit for which the CVR is being submitted. (Note: donations are not a source of pay and should not be reported on the CVR.)

    02-Title XIX (OHP): Client is currently enrolled in the Oregon Health Plan (OHP) and the visit is being billed to the client's Coordinated Care Organization (CCO) or OHP Fee For Service/Open Card.

    03-WA Take Charge: Client has Take Charge coverage (Washington state's family planning Medicaid waiver program) and the clinic is a Take Charge provider. Take Charge will be billed for the visit.

    11-OVP: Client's visit was for a vasectomy counseling or procedure visit under the Oregon Vasectomy Project (OVP) OR the CVR is being submitted to request the vasectomy referral fee.

    To receive payment for vasectomy visits, the appropriate medical services (box 20 - Vasectomy Procedure in Section 13A) and/or counseling service (box 03 - Sterilization in Section 14A) must be checked.

    To receive payment for the vasectomy referral fee, box 18 - Vasectomy Referral Fee in Section 13A must also be checked.

    See our Billing page for instructions on billing for vasectomy services and sample vasectomy CVRs.

    12-RH Access Fund: Client has been enrolled in the RH Access Fund, and the visit is eligible for RH Access Fund reimbursement.

    04-Private Insurance: Client has private insurance and the visit will be billed to the insurance. Check this box even when the billing outcome is unknown.

    05-Full Fee: Client does not have insurance or Medicaid coverage that will pay for the visit, is over 250% FPL, and will be charged the full fee for the visit. The client may or may not pay for all/any of the fee on the date of visit.

07-Other: Check this box when other, non-specified third-party payers are charged. These may include special federal or state funds for American Indians or male services. This box should also be checked if the client has chosen not to enroll in the RH Access Fund and is paying on a sliding fee scale or something other than Full Fee.

Information about the Visit

13B. 14B. Provider of Medical Services/Counseling/Education Services: This is the person who provided the services recorded in Sections 13A and 14A. Check all that apply. The provider selected does not limit the purpose of visit available in Section 12. Any provider may bill any purpose of visit.

13A. Medical Services: Record the examination, laboratory, diagnostic, and treatment procedures provided to a client during the visit. The medical provider may complete this section at the time of service, or the information can be transcribed from the client's medical record at the end of the visit. Services marked must match the chart notes for the visit.
Medical services should only be performed as clinically indicated by national standards of care.

Check all the boxes that apply.

Visit & Lab Services

01-Annual Visit: Comprehensive visit that includes preventive services as clinically indicated based on the patient's age, sex, and medical history.

41-Telehealth Visit: Any visit conducted in real-time by telephone and/or video.

06- Breast Exam: Visual inspection and palpation of the female/male breasts to evaluate the symmetry of shape, color, size, surface characteristics, and for masses.

09-Pelvic Exam: Visual and/or manual examination of the vulva, vagina, cervix, and pelvic organs to detect any abnormalities and collect specimens/samples for laboratory analysis when indicated.

23-Hgb/Hct: A measurement of the hemoglobin (Hgb) content or the hematocrit (solids/serum ratio or Hct) of capillary blood as an indirect assessment for anemia.

24-Urine Dip Strip/Urinalysis: A narrow plastic strip containing chemical reagents that is dipped in a small amount of urine as to provide a quick, point-of-service check for sugar (diabetes), protein (kidney problems and dehydration), and white cells (infection). A urinalysis is a sample of urine submitted to a laboratory for a thorough evaluation with special equipment.

45-Language Assistance: Any kind of language assistance services, including bilingual staff or providers, telephone, video, or in-person interpretation, whether or not they are registered with the Oregon Health Authority's Health Care Interpreter program. **If marked, and the Source of Pay is 12-RH Access Fund, additional reimbursement will be added based on the Purpose of Visit.** See Reimbursement Rates for more information.

26-Pap Test: A sample of cervical cells taken during a speculum exam to detect cervical dysplasia or cancer.

50-HPV Test: A laboratory test to detect the presence of Human Papillomavirus, alone or in combination with a Pap test.

36-Other Lab or Exam: Medical services provided in conjunction with other reproductive services, and other related services.

37-No Lab or Exam: No medical or laboratory services were provided. This is a "counseling only" or "supply only" visit.

Contraceptive Related Services

17-Diaphragm/Cervical Cap Fit: Assessment for proper fit and client instruction on use of diaphragm or cervical cap.

19-IUD/IUS Insert: Insertion of an intrauterine contraceptive device or system into the uterus.

22-IUD/IUS Removal: The intrauterine contraceptive device or system is removed from the uterus.

38-Hormone Implant Insert: A surgical procedure to insert a flexible, matchstick-sized rod containing small amounts of a contraceptive hormone.

39-Hormone Implant Removal: A surgical procedure to remove implanted contraceptive hormone rod.

40-Hormonal Injection: An intramuscular or subcutaneous injection of the contraceptive hormone progestin.

48-EC–Immediate Need: Emergency contraception (EC) prescribed or provided to be used as soon as possible after unprotected intercourse to prevent pregnancy.

46-EC–Immediate Need: Emergency contraception (EC) prescribed or provided to be used as soon as possible after unprotected intercourse to prevent pregnancy.

20-Vasectomy Procedure: A surgical sterilization procedure to stop the flow of sperm from the proximal to the distal end of the vas deferens.

18-Vasectomy Referral Fee: Administrative and/or referral work for clients receiving vasectomy services through a sub-contracted vasectomy provider. Be sure to mark 11-OVP in Section 9-Assigned Source of Payment AND 8-Vasectomy Referral in Section 12-Purpose of Visit. The vasectomy referral fee must be indicated on a unique CVR with its own date of service, separate from those of the vasectomy counseling visit and vasectomy procedure, to receive reimbursement. See Sample Vasectomy Referral Fee CVR.

Pregnancy Related Services

31-Serum Pregnancy Test: A blood test to detect pregnancy soon after conception and before a missed period; useful for assessing suspected ectopic or molar pregnancy when performed in a series. Also called a quantitative pregnancy test.

32-Negative Pregnancy Test: A negative test either by serum or urine HCG as part of the pregnancy diagnosis.

33-Positive Pregnancy Test: A positive test either by serum or urine HCG testing as part of a pregnancy diagnosis.

35-Infertility Screening: A basic Level 1 screening that includes an initial infertility interview, education, physical exam, counseling, and appropriate referral.

STI Related Services

29-Chlamydia Test: A laboratory test performed to diagnose Chlamydia trachomatis (also called CT). Endocervical and urethral samples are

taken during a pelvic exam. Clients may self-collect samples using vaginal swabs. Tests are commonly performed on urine samples. **If marked, and the source of pay is the RH Access Fund, a reimbursement of $49.14 will be added to the visit.**

13-Chlamydia Treatment: Providing treatment for a laboratory diagnosed case of Chlamydia trachomatis (CT).

28-Gonorrhea Test: A laboratory test performed to detect the bacterium Neisseria gonorrhoeae (also called GC). Test specimens may be collected from the urethra, vagina, cervix, rectum, and throat. Tests are also commonly performed on urine samples.

10-Gonorrhea Treatment: Providing treatment for a laboratory diagnosed case of Neisseria gonorrhoeae.

16-Herpes Test: A laboratory test to detect the presence of Herpes Simplex Virus.

30-Wet Mount: A microscopy procedure to detect vaginitis by visually scanning a sample of vaginal discharge on a slide prepared with saline and/or KOH.

43-HIV Test: Includes any type of point-of-care ("rapid test") or laboratory test by any means (blood, saliva) to detect the presence of human immunodeficiency virus (HIV) antibodies.

47-Syphilis Test: Includes any type of point-of-care ("rapid test") or laboratory test for syphilis.

02-Syphilis Treatment: Providing treatment for a laboratory diagnosed case of syphilis.

03-Trich Test: Includes any type of point-of-care ("rapid test") or laboratory test for trichomoniasis.

04-Trich Treatment: Providing treatment for a laboratory diagnosed case of trichomoniasis.

14A. Education/Counseling: Record all client-centered counseling that occurred during the visit for which the CVR is being submitted. Check all boxes that apply. Client-centered counseling is a dialogue in which the client and provider make health care decisions together, taking into account:

- The client's preferences, experiences, and values;

- The client's current health related behaviors; and
- The best scientific evidence available.

Client-centered counseling assists the client in clarifying her or his needs and wants and examines options available. It also reinforces positive behavior. Questions should be open-ended and non-judgmental.

01-Contraceptive Counseling: Conversation with the client to determine the best contraceptive method for her or his lifestyle. Obstacles (e.g., varying daily schedule, does not want partner to know, religious beliefs, etc.), life goals (e.g., education, work/career, family, etc.), and preferences/behaviors (e.g., freedom to be spontaneous, ability to remember a daily pill, visibility of method, etc.) are identified and taken into account. This could also indicate a brief discussion of all available contraceptive options, or the client's current method.

03-Sterilization: In-depth conversation with the client regarding a permanent birth control method, i.e., tubal ligation or vasectomy.

04-Infertility: Conversation with the client or couple concerning their inability to conceive and how to promote fertility.

07-Pregnancy Options: Conversation with the client discussing all pregnancy options. Client may decline to discuss any option they do not want to explore.

08-Preconception/Achieving Pregnancy: Conversation with a client who is seeking pregnancy regarding planning a healthy pregnancy and optimizing health.

09-STI/HIV Prevention: Conversation with the client concerning sexually transmitted diseases (including HIV) and individualized risk reduction techniques.

13-Abstinence: Conversation acknowledging that abstinence is the most effective way to prevent pregnancy and reduce risks of STIs. More detailed information may be provided based on client need.

16-Abnormal Pap: Conversation with the client regarding an abnormal Pap result. Test results, symptoms, possible implications, need for follow-up and referrals for further testing are discussed.

17-Encourage Parent/Family/Adult Involvement: Conversation with an adolescent client, assessing their current level of trusted adult involvement in the client's reproductive health decisions, identifying obstacles, providing information on how to communicate with a trusted adult, and encouraging the client to maintain or improve a relationship with a trusted adult.

18-Relationship Safety: Conversation assessing for intimate partner violence (IPV), sexual coercion, and contraceptive coercion; and, when indicated, providing support and tools on how to resist coercion and promote healthy relationships.

29. Pregnancy Status: Client's current pregnancy status. This is a required field if Sex At Birth is Female. If Sex at Birth is Male, this should be left blank.

19. Pregnancy Intention Screening: If pregnancy intention screening was performed, indicate the client's intentions in the next 6-12 months, regardless of which screening tool was used.

If pregnancy intention screening was not conducted, this section should be left blank.

30. Self-Identified Need for Contraception (SINC) ("Do you want to talk about contraception or pregnancy prevention today?"): Enter the client's response to this question. If question is not collected, this can be left blank.

15A. Primary Contraceptive Method: Record the contraceptive method the client used before the visit and the method the client will use after the visit. If more than one method is used before and/or after, enter the primary or most effective method.

- **If the client is relying on their partners' method, use the code for partner's method**. For example, if a male client relies on his female partner's Depo-Provera for contraception, use code 16. Similarly, if a female client relies on her male partner's vasectomy, use code 14.
- If no contraceptive method is continued or initiated at the end of this visit, including for clients who are abstinent, enter code 10 (None) in Section 15A and the most important reason for this decision in Section 15B.

- For infertility clients, enter code 10 (None) in Section 15A. (Even if a contraceptive method is being used as treatment, its purpose is not to prevent pregnancy, but to enhance fertility.)

15B/15C. If Method is 'None', Give Reason: Record the reason why the client was not using a method before their visit and/or why they will not use a contraceptive method after the visit. If client did not provide a reason, mark 7-Other. Only mark the Before Visit Reason if the Before Visit Method was 10-None; and only mark the After Visit Reason if the After Visit Method was 10-None. Otherwise, leave this blank.

31. How Contraception Was Provided: Indicate how the contraceptive method was provided to the client. If contraception was administered or dispensed onsite, mark 1-Onsite. If contraception was referred to another provider, mark 2-Referral. If contraception was scripted out to a pharmacy and not dispensed onsite, mark 3-Prescription. If client was not provided contraception, mark 4-Not Applicable. This is a required field.

Billing Information

12. Purpose of Visit: Record the **primary** reason / level of the visit. Check one box only. See the Reimbursement Rates for examples of visits that would typically fall under Low, Moderate, and High. These are not limited by provider type marked in Section 13B.14B. Any provider type may bill for any purpose of visit.
    - 11-Low: Focused, short visit for established clients. Includes Depo injections for established clients.
      For the purposes of the CVR, an established client means a client seen in your agency within the last three years.
    - 12- Moderate: Includes most birth control method starts, most counseling visits, routine visits for established clients.
    - 13-High: Includes annual wellness visits for new or established clients; birth control method starts that include significant labs; counseling visits longer than 30 minutes; complex or same-day IUD and implant insertions/removals.
    - 09-Supply-Only Visit: This box should be used for RH Access Fund enrollees who present for a refill of their contraceptive method (more packs of pills, additional Rings and packs of EC, etc.) and receive no or very brief services (e.g., vital stats check or reminder of how to use the

method). Supply refill visits for clients with other payment sources should NOT be reported.

Note that routine provision of Depo-Provera should not be classified as a Supply-Only Visit but instead should be classified as 11 – Low (or 12 – Moderate if additional counseling and education is provided), since the Depo injection requires medically trained staff.

08- Vasectomy Referral: This box should be used to indicate administrative and/or referral work for enrollees receiving vasectomy services through a sub-contracted vasectomy provider. See Sample Vasectomy Referral Fee CVR.

To receive reimbursement (for detailed instructions see Billing for Vasectomy Services):

- A new CVR, separate from the CVRs completed for the vasectomy counseling visit or vasectomy procedure, must be completed with a unique date,
- Box 11 – OVP in Section 9. Assigned Source of Payment, must be marked, even if the vasectomy counseling visit or vasectomy procedure are being covered under a different source of payment, and
- Box 18 – Vasectomy Referral Fee in Section 13A. Medical Services must be checked.

9A. Diagnosis Codes: Enter the ICD-10 diagnosis codes that represent the services provided during the enrollee's visit. Use the highest level of specificity whenever possible. See Allowable ICD-10 Codes for RHCare clinics or Allowable ICD-10 Codes for CCare clinics.

Secondary diagnosis code requirements for annual wellness visits: please note that at RHCare clinics, for annual wellness visits there must also have a secondary diagnosis code (anywhere in positions 2-6) that indicates contraception services (Z30.xx), procreative management (Z31.xx), or pregnancy testing (Z32.xx). For CCare clinics, the secondary diagnosis code must be for contraception services (Z30.xx).

9B. Was Insurance Billed for this Visit: Enrollees with insurance coverage for contraceptive management services are also eligible for The RH Access Fund. Per federal regulations, insurance should always be billed first, so that the RH Access Fund is the payer of last resort.

1-No: The enrollee has insurance but it will not be billed due to a need for special confidentiality (indicated by the client answering "No" to the question "Is it okay to bill your insurance?" on the RHAF enrollment form); **or** the enrollee does not have insurance.

2-Yes: if the enrollee indicated they have insurance on the RH Access Fund Enrollment Form and the enrollee did not indicate a need for special confidentiality.

In Section 17A. Third Party Resource Codes, you must enter either the amount the insurance paid, or an appropriate Explanation Code to indicate why the insurance didn't pay or why the insurance wasn't billed. See below for more information about Section 17A.

9C. Special Confidentiality Needs: The special confidentiality option is available to any enrollee who believes she or he would be at risk of physical or emotional harm if a parent/partner or other household member learned the enrollee was seeking reproductive health services. This section is not limited to teens, nor should it be used for every teen enrollee.

1-Yes: if the enrollee has RH Access Fund as a source of pay and indicates that special confidentiality is needed; otherwise, leave blank. If the enrollee requires special confidentiality, be sure to:

- Notify outside labs of the enrollee's special confidentiality request (if applicable).
- Ensure the enrollee has also indicated their request for special confidentiality on the RH Access Fund Enrollment Form by answering "No" to the question "Are you okay with us billing your insurance?" (if applicable).

17. Supply Billing: Use this section to bill for supplies provided to enrollees.

Please use our Supply Reimbursement Rates for the supply codes list, with maximum allowable quantities and reimbursement rates that may be billed on each date of service. Enter the appropriate quantity and CVR code for each method dispensed to the enrollee.

Contraceptives are reimbursed at their acquisition cost, not at the maximum allowable amount. Each agency must document the calculations used to determine the acquisition cost of each supply. That information must be

available for audit purposes. See Section 4 of Program Manual for guidance on how to calculate acquisition costs.

The RH Access may be billed when an enrollee is prescribed a second method to manage the side effects of their primary method. When this happens, mark box 15B with the enrollee's primary method, and complete the supply billing for the second method.

Pay attention to the following special instructions for the billing of these methods:

- The patch and the ring are both billed per patch or ring (per each). Even though the patch comes in a box of three (one cycle), they are billed as 1/3 of the total price times the quantity of three. When billing for one box of patches, use the quantity 3.
- For Depo, the unit price is the total acquisition cost for the medication. In contrast to OHP where you use quantity 150 and the total unit cost, for the RH Access Fund you can use either quantity 1 or 150 but be sure to use the total cost of the medication (not 1/150 of the total cost). Regardless, if you enter quantity 1 or 150, the reimbursement will be equal to the total unit cost that is entered on the CVR.
- For contraceptive gel (Phexxi), the billing unit is grams. One box of 12x5gram applicators contains a total of 60 grams.

17A. Third Party Resource Codes: complete if the enrollee indicated having any insurance coverage on the RH Access Fund Enrollment Form.

1-Explanation Code: indicates why no payment was made by the private insurance company. (See below for the list of TPR codes to use.) Do not include an Explanation Code for those claims billed in which partial payment was made by the private insurance company. If insurance is not billed due to confidentiality needs, mark NC. See the list of TRP codes below.

2-Other Insurance Paid: to record the amount paid by the private insurance for the reproductive health service/supply. The RH Access Fund will reimburse the balance up to the maximum reimbursement rate.

Enrollees should be asked about current insurance status at each visit. Unless an enrollee with private insurance also indicates the need for special

confidentiality, federal law requires that all reasonable efforts be taken to ensure that the RH Access Fund is the payer of last resort.

TPR Codes: Single Insurance Coverage

Code	Description
UD	Service Under Deductible
NC	Service not Covered by Insurance Policy (Use also when **special confidentiality** is requested)
PP	Insurance Payment Went to Patient/Policyholder
NA	Service Not Authorized or Prior Authorized by Insurance
NP	Service Not Provided by Preferred Facility
MB	Maximum Benefits Used for Diagnosis/Condition
OT	Other (Use also when insurance information is unavailable)

Laboratory Test Results

It is only necessary to report lab results that are available at the time you are completing the rest of the CVR. Lab results may be reported as part of a CVR submission file, or reported separately on the Ahlers website. Responses can be either a response code or SNOMED code.

Responses for all the below can either be a result code (1,2 or 3) or SNOMED code.

Chlamydia Test Results

- Negative – 1 or 260385009
- Positive - 2 or 10828004
- Indeterminate - 3 or 82334004

Gonorrhea Test Results

- Negative – 1 or 260385009
- Positive - 2 or 10828004
- Indeterminate - 3 or 82334004

Syphilis Test Results

- Negative – 1 or 260385009
- Positive - 2 or 10828004
- Indeterminate - 3 or 82334004

HIV Test Results

- Negative – 1 or 260385009
- Positive - 2 or 10828004
- Indeterminate - 3 or 82334004

HPV Test Results

- Negative – 1 or 260385009
- Positive - 2 or 10828004
- Indeterminate - 3 or 82334004

Pap Test Results

- Normal – 1 or 373887005
- ASC-US - 2 or 103637006
- ASC-H – 3 or 373878001

- Low Grade SIL – 4 or 112662005
- High Grade SIL – 5 or 22725004
- Squamous Cell Carcinoma – 7 or 28899001
- AGC – NOS – 9 or 441219009
- AGC - Favor Neoplasia – 10 or 373883009
- Adenocarcinoma in-situ – 11 or 51642000
- Specimen Unsatisfactory – 13 or 125154007