OREGON HEALTH AUTHORITY

April 2025

Reproductive Health Program
CVR Data and Billing
for CCare clinics

Overview

- What is the CVR, when do we fill it out?
- CVR in detail: section by section
- Reimbursement rates
- Allowable primary diagnosis codes
- Billing Register and CVR error reports

Useful Resources

- CVR (Clinic Visit Record form)
- CVR Manual
- ICD-10 codes for CCare clinics
- RH Program Reimbursement Rates
- Instructions for accessing Ahlers monthly reports
- CVR Error List
- RH Program Manual – Data and Billing section

RH Program resources pages:

- http://healthoregon.org/rhclientenrollment
- http://healthoregon.org/rhbilling

CVR = Clinic Visit Record

The CVR serves two purposes:

1. **Collect data** to understand scope of clients served and assess quality of care (and to meet federal funding requirements)
2. **Serve as a claims form** for services provided to clients enrolled in the RH Access Fund (RHAF)

The CVR is not a substitute for documentation in the patient's chart.

How do clinics submit CVRs?

Three options:

1. Ahlers desktop software (WinCVR, Ahlers Integrated Solutions)
2. Web based data entry option that can be added to your Ahlers Eligibility Database account (WebCVR)
3. Collect required data elements in your EHR system, export a fixed width or comma separated text file, and upload to Ahlers

CVR Processing

- CVRs are processed once per month (Thursday before the 4th Friday of each month, see CVR deadlines calendar)
- Can submit CVRs throughout the month or in a batch

- For CVRs submitted for billing, Ahlers conducts a data match with OHP to ensure that RHAF enrollees are not also enrolled in OHP.
  - Any client found to have OHP coverage on the date of service on the claim will have the claim rejected and the client's RHAF coverage will be ended.

OREGON CLINIC VISIT RECORD

ORHP

A. LAST NAME _____ B. FIRST NAME _____ C. M.I. ____

D. SOC. SEC. NO. |__|__|__|--|__|__|--|__|__|__|__| E. RHAF ID NO. |__|__|__|__|__|__|__|__|

ITEMS A-E only required when billing RH Access Fund. Item D only required for those who have a SSN.

20. PROVIDER NPI _____

1. SITE/CLINIC NO. |__|__|__|__|__|__|__|

2. CLIENT NO. |__|__|__|__|__|__|__|__|__|

3. DATE OF VISIT |__|__|__|__|2|0|__|__|

4. DATE OF BIRTH |__|__|__|__|__|__|__|__|

5. SEX AT BIRTH ☐ 1-Female ☐ 2-Male

6. ETHNICITY ☐ 8-Unknown/Not Reported
☐ 6-Hispanic or Latino ☐ 9-Not Hispanic or Latino

6a. RACE (Mark all that apply)
☐ 1-White ☐ 5-Asian
☐ 2-Black/Afr. Amer. ☐ 6-Other
☐ 3-American Indian ☐ 7-Unknown/Not Reported
☐ 4-Alaska Native ☐ 8-Native Hawaiian/ Pac. Isl.

21. SEXUAL ORIENTATION
☐ 1-Bisexual ☐ 4-Other, something else
☐ 2-Lesbian or Gay ☐ 5-Unknown
☐ 3-Straight or heterosexual ☐ 6-Decline to answer
☐ 7-Don't know what the question is asking

22. GENDER IDENTITY
☐ 1-Woman ☐ 5-Unknown
☐ 2-Man ☐ 6-Decline to answer
☐ 3-Non-binary ☐ 7-Don't know what the question is asking
☐ 4-Other, something else

23. TRANSGENDER IDENTITY
☐ 1-Yes ☐ 5-Unknown
☐ 2-No ☐ 6-Decline to answer
☐ 3-Questioning/ Exploring ☐ 7-Don't know what the question is asking

7. ADDITIONAL DEMOGRAPHIC (check if applicable)
☐ 5-Limited English Proficiency

8. ZIP CODE |__|__|__|__|__|

10. INCOME AND HOUSEHOLD SIZE

a. Monthly Income	
b. Household Size	

18. CLIENT INSURANCE STATUS (check one)
(Principal health insurance covering primary care)
☐ 1-Public Health Insurance ☐ 3-Uninsured
☐ 2-Private Health Insurance ☐ 4-Unknown

24. SYSTOLIC BP:	**26.** HEIGHT:
25. DIASTOLIC BP:	**27.** WEIGHT:

28. TOBACCO SMOKING STATUS: ☐ 3-Former
☐ 1-Current every day ☐ 4-Never
☐ 2-Current some days ☐ 5-Unknown

9. ASSIGNED SOURCE OF PAYMENT (CHECK ONE)
☐ 02-Title XIX (OHP) ☐ 04-Private Insurance
☐ 03-WA Take Charge ☐ 05-Full Fee
☐ 11-OVP ☐ 07-Other
☐ 12- RH Access Fund

13B. 14B. PROVIDER OF MEDICAL SERVICES/ COUNSELING/EDUCATION SERVICES
(Choose up to 4)
☐ 1-Physician (MD, DO, ND) ☐ 4-Other (MA, LPN, Health Educator, etc)
☐ 2-Nurse Practitioner ☐ 5-Physician Associate
☐ 3-RN ☐ 6-Certified Nurse Midwife

13A. MEDICAL SERVICES (Check all applicable)

Visit & Lab Services
☐ 01-Annual Visit ☐ **45-Language Assistance**
☐ 41-Telehealth Visit ☐ 26-Pap Test
☐ 06-Breast Exam ☐ 50-HPV Test
☐ 09-Pelvic Exam ☐ 36-Other Lab or Exam
☐ 23-Hgb/Hct ☐ 37-No Lab or Exam
☐ 24-Urine dip strip/Urinalysis

Contraceptive Related Services
☐ 17-Diaphragm/Cap Fit ☐ 40-Hormonal injection
☐ 19-IUD/IUS Insert ☐ 48-EC-Immediate Need
☐ 22-IUD/IUS Removal ☐ 46-EC-Future Need
☐ 38-Hormone Implant Insert ☐ 20-Vasectomy Procedure
☐ 39-Hormone Implant Removal ☐ 18-Vasectomy Referral Fee

Pregnancy Related Services
☐ 31-Serum Pregnancy Test ☐ 33-Positive Pregnancy Test
☐ 32-Negative Pregnancy Test ☐ 35-Infertility Screening

STI Related Services
☐ **29-Chlamydia Test** ☐ 16-Herpes Test
☐ 13-Chlamydia Treatment ☐ 30-Wet Mount
☐ 28-Gonorrhea Test ☐ 43-HIV test
☐ 10-Gonorrhea Treatment ☐ 47-Syphilis Test
☐ 03-Trich Test ☐ 02-Syphilis Treatment
☐ 04-Trich Treatment

14A. EDUCATION/COUNSELING (Check all applicable)
☐ 01-Contraceptive ☐ 09-STI/HIV prevention
☐ 03-Sterilization ☐ 13-Abstinence
☐ 04-Infertility ☐ 16-Abnormal Pap
☐ 07-Pregnancy options ☐ 17-Parent/Family involvement
☐ 08-Preconception/Achieving pregnancy ☐ 18-Relationship Safety

OREGON CLINIC VISIT RECORD ORHP

29. PREGNANCY STATUS
☐ 1-Pregnant ☐ 2-Not Pregnant ☐ 3-Unknown

19. PREGNANCY INTENTION SCREENING
☐ 1-Yes ☐ 2-No ☐ 3- Okay Either Way
☐ 4-Never ☐ 5-Unsure

30. DO YOU WANT TO TALK ABOUT CONTRACEPTION OR PREGNANCY PREVENTION TODAY?
☐ 1-Yes ☐ 2-No, here for something else
☐ 3-Prefer not to answer ☐ 4-Already using contraception
☐ 5-Unsure/No ☐ 6-Hoping to become pregnant

15A. PRIMARY CONTRACEPTIVE METHOD
(Complete before and after blocks)

06-Condom, External	22-LAM
19-Condom, Internal	02-Oral Contraceptives
23-Contraceptive gel	24-Oral (progestin only)
04-Diaphragm	07-Spermicide
25-Emergency contraception	21-Sponge
11-Hormonal Implant	01-Tubal Sterilization
16-Hormonal Injection	20-Withdrawal
17-Hormonal Patch	18-Vaginal Ring
03-IUD copper	14-Vasectomy
15-IUD with progestin	09-Other Method
26-IUD unspecified	10-None
08-NFP/FAM	27-Decline to answer

BEFORE VISIT |__|__| AFTER VISIT |__|__|

15B/15C. IF METHOD IS 'NONE,' GIVE REASON.
☐ 2-Sterile for Non-Contraceptive Reason ☐ 6-Abstinence
☐ 3-Seeking Pregnancy ☐ 7-Other
☐ 9-Same Sex Partner

BEFORE VISIT |__|__| AFTER VISIT |__|__|

31. HOW CONTRACEPTION WAS PROVIDED
☐ 1-Onsite ☐ 3-Prescription
☐ 2-Referral ☐ 4-N/A

Complete the below sections if billing RH Access Fund or OVP

12. PURPOSE OF VISIT (Check One)
☐ 11 – Low ☐ 09 – Supply-only Visit
☐ 12 – Moderate ☐ 08 – Vasectomy Referral
☐ 13 – High

9A. DIAGNOSIS CODES:
1. |__|__|__|.|__|__|__| 4. |__|__|__|.|__|__|__|
2. |__|__|__|.|__|__|__| 5. |__|__|__|.|__|__|__|
3. |__|__|__|.|__|__|__| 6. |__|__|__|.|__|__|__|

9B. WAS INSURANCE BILLED FOR THIS VISIT?
☐ 1-No ☐ 2-Yes (Complete 17A.)

9C. SPECIAL CONFIDENTIALITY NEEDS ☐ 1-Yes

17. SUPPLY BILLING

Supply	Qty.	Unit price	Supply	Qty.	Unit Price
01-Orals			21-Skyla IUS		
16-EC			22-Liletta IUS		
14-Patch			23-Kyleena IUS		
15-Mirena IUS			24-Annual Ring		
03-Copper IUD			25-Contraceptive gel		
04-Depo Provera			30-Folic Acid		
05-Diaphragm			31-Azithromycin		
06-Spermicide			32-Doxycycline		
07-Condoms, External			33-Erythromycin		
08-Condoms, Internal			34-Levofloxacin		
12-Cervical Cap			35-Ofloxacin		
17-Monthly Ring			36-Ceftriaxone		
18-Sponge			37-Cefixime		
19-Subdermal implant			38-Gentamicin		
20-Cycle Beads			39-Penicillin G		
			40-Metronidazole		

17A. THIRD PARTY RESOURCE CODES (Complete if client has other insurance coverage)
1 – Explanation Code |__|__|
2 – Other Insurance Paid |__|__|__|__|.|__|__|

02/2025

Summary of CVR changes February 2025

- No more client's previous test dates (Chlamydia and Pap tests)
- No more referrals
- ★ New required fields: sexual orientation, gender identity, tobacco use status, pregnancy status, how was contraception provided
  - ☆ New optional fields: NPI, Height/weight, blood pressure measurements, "Do you want to talk about contraception or pregnancy prevention today?"
- Additions/removals in Medical and Counseling Services, Contraceptive Methods
- **All CVRs must be in the new format, regardless of the date of service (this includes resubmitted CVRs that were previously submitted in the old format)**

2025 CVR – section by section

New Required field:
New Optional field:

A. LAST NAME _____ B. FIRST NAME _____ C. M.I. ____

D. SOC. SEC. NO. |__|__|__|--|__|__|--|__|__|__|__| E. RHAF ID NO. |__|__|__|__|__|__|__|__|

ITEMS A-E only required when billing RH Access Fund. Item D only required for those who have a SSN.

20. PROVIDER NPI _____
1. SITE/CLINIC NO. |__|__|__|__|__|__|__|
2. CLIENT NO. |__|__|__|__|__|__|__|__|__|
3. DATE OF VISIT |__|__|__|__|2|0|__|__|
4. DATE OF BIRTH |__|__|__|__|__|__|__|__|
5. SEX AT BIRTH ☐ 1-Female ☐ 2-Male
6. ETHNICITY ☐ 8-Unknown/Not Reported ☐ 6-Hispanic or Latino ☐ 9-Not Hispanic or Latino
6a. RACE (Mark all that apply) ☐ 1-White ☐ 5-Asian ☐ 2-Black/Afr. Amer. ☐ 6-Other ☐ 3-American Indian ☐ 7-Unknown/Not Reported ☐ 4-Alaska Native ☐ 8-Native Hawaiian/ Pac. Isl.

NPI: the clinician providing services. If clinician doesn't have NPI, leave blank.

See our CVR Manual available at: http://healthoregon.org/rhbilling

2025 CVR – section by section

New Required field: ★
New Optional field: ☆

21. SEXUAL ORIENTATION

- ☐ 1-Bisexual
- ☐ 2-Lesbian or Gay
- ☐ 3-Straight or heterosexual
- ☐ 4-Other, something else
- ☐ 5-Unknown
- ☐ 6-Decline to answer
- ☐ 7-Don't know what the question is asking

22. GENDER IDENTITY

- ☐ 1-Woman
- ☐ 2-Man
- ☐ 3-Non-binary
- ☐ 4-Other, something else
- ☐ 5-Unknown
- ☐ 6-Decline to answer
- ☐ 7-Don't know what the question is asking

23. TRANSGENDER IDENTITY

- ☐ 1-Yes
- ☐ 2-No
- ☐ 3-Questioning/ Exploring
- ☐ 5-Unknown
- ☐ 6-Decline to answer
- ☐ 7-Don't know what the question is asking

7. ADDITIONAL DEMOGRAPHIC (check if applicable)

- ☐ 5-Limited English Proficiency

8. ZIP CODE |__|__|__|__|__|

- Sexual orientation, gender identity, and transgender identity are new required fields (okay to put Unknown or Decline)

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

2025 CVR – section by section

10. INCOME AND HOUSEHOLD SIZE	
a. Monthly Income	
b. Household Size	

18. CLIENT INSURANCE STATUS (check one)
(Principal health insurance covering primary care)

☐ 1-Public Health Insurance ☐ 3-Uninsured

☐ 2-Private Health Insurance ☐ 4-Unknown

Income/household size should be reported the same as we collect on the RHAF enrollment form: client should state the household size that was reported on their taxes, but only their own *personal* income.

Insurance status: may not be the same as the payer for the visit (e.g., client may have private health insurance, but RHAF is the payer for today's visit)

2025 CVR – section by section

New Required field:
New Optional field:

24. SYSTOLIC BP:	**26.** HEIGHT:
25. DIASTOLIC BP:	**27.** WEIGHT:
28. TOBACCO SMOKING STATUS:	☐ 3-Former
☐ 1-Current every day	☐ 4-Never
☐ 2-Current some days	☐ 5-Unknown

BP, height and weight are optional. If not measured, leave blank.

Tobacco smoking status is required (okay to put Unknown)

2025 CVR – section by section

9. ASSIGNED SOURCE OF PAYMENT (CHECK ONE)

- ☐ 02-Title XIX (OHP)
- ☐ 03-WA Take Charge
- ☐ 11-OVP
- ☐ 12- RH Access Fund
- ☐ 04-Private Insurance
- ☐ 05-Full Fee
- ☐ 07-Other

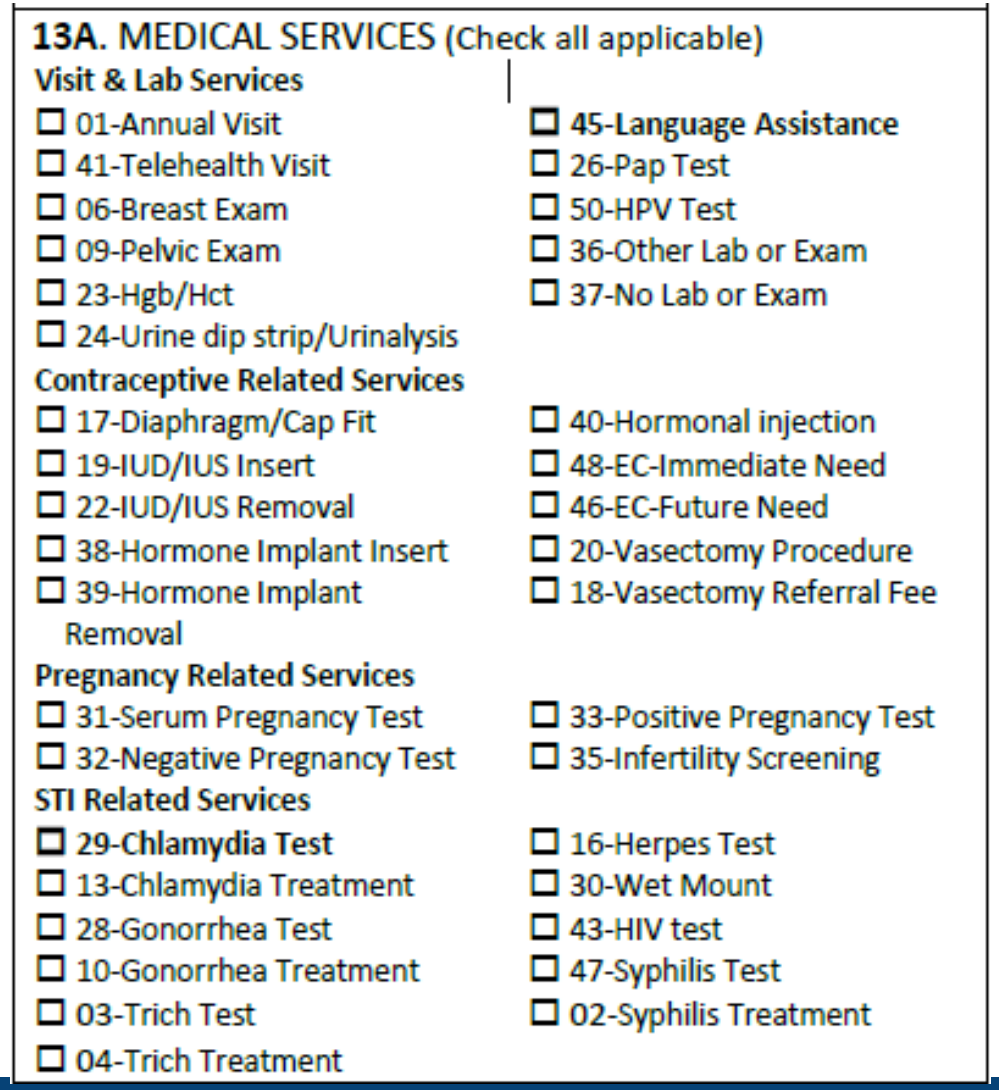
13B. 14B. PROVIDER OF MEDICAL SERVICES/ COUNSELING/EDUCATION SERVICES

(Choose up to 4)

- ☐ 1-Physician (MD, DO, ND)
- ☐ 2-Nurse Practitioner
- ☐ 3-RN
- ☐ 4-Other (MA, LPN, Health Educator, etc)
- ☐ 5-Physician Associate
- ☐ 6-Certified Nurse Midwife

- Source of Payment. CCare clinics only submit CVRs with RHAF Source of Pay.
  - RHCare clinics complete CVRs for all sources of pay
- Provider type: new options for Physician Associate and Certified Nurse Midwife (previously was combined with NP)

2025 CVR – section by section



13A. MEDICAL SERVICES (Check all applicable)

Visit & Lab Services

- ☐ 01-Annual Visit
- ☐ 41-Telehealth Visit
- ☐ 06-Breast Exam
- ☐ 09-Pelvic Exam
- ☐ 23-Hgb/Hct
- ☐ 24-Urine dip strip/Urinalysis
- ☐ **45-Language Assistance**
- ☐ 26-Pap Test
- ☐ 50-HPV Test
- ☐ 36-Other Lab or Exam
- ☐ 37-No Lab or Exam

Contraceptive Related Services

- ☐ 17-Diaphragm/Cap Fit
- ☐ 19-IUD/IUS Insert
- ☐ 22-IUD/IUS Removal
- ☐ 38-Hormone Implant Insert
- ☐ 39-Hormone Implant Removal
- ☐ 40-Hormonal injection
- ☐ 48-EC-Immediate Need
- ☐ 46-EC-Future Need
- ☐ 20-Vasectomy Procedure
- ☐ 18-Vasectomy Referral Fee

Pregnancy Related Services

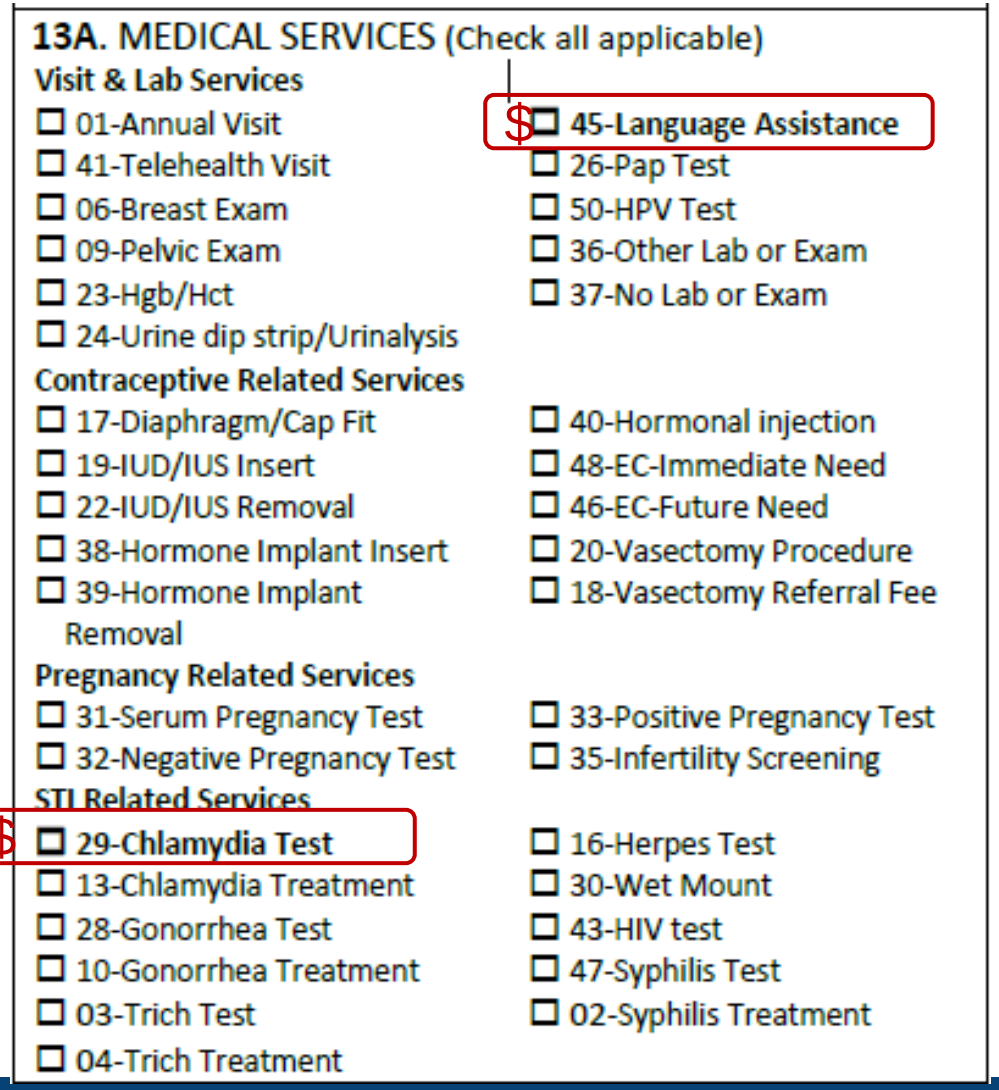
- ☐ 31-Serum Pregnancy Test
- ☐ 32-Negative Pregnancy Test
- ☐ 33-Positive Pregnancy Test
- ☐ 35-Infertility Screening

STI Related Services

- ☐ **29-Chlamydia Test**
- ☐ 13-Chlamydia Treatment
- ☐ 28-Gonorrhea Test
- ☐ 10-Gonorrhea Treatment
- ☐ 03-Trich Test
- ☐ 04-Trich Treatment
- ☐ 16-Herpes Test
- ☐ 30-Wet Mount
- ☐ 43-HIV test
- ☐ 47-Syphilis Test
- ☐ 02-Syphilis Treatment

- New options for medical services:
  - 02-Syphilis Treatment
  - 03-Trich Test
  - 04-Trich Treatment
  - However, CCare does not reimburse for STI treatment
- Must match what is documented in the patient's chart
- For Supply Only or Counseling Only visits, mark 37-No Lab or Exam

2025 CVR – section by section



13A. MEDICAL SERVICES (Check all applicable)

Visit & Lab Services

- ☐ 01-Annual Visit
- ☐ 41-Telehealth Visit
- ☐ 06-Breast Exam
- ☐ 09-Pelvic Exam
- ☐ 23-Hgb/Hct
- ☐ 24-Urine dip strip/Urinalysis
- $ ☐ **45-Language Assistance**
- ☐ 26-Pap Test
- ☐ 50-HPV Test
- ☐ 36-Other Lab or Exam
- ☐ 37-No Lab or Exam

Contraceptive Related Services

- ☐ 17-Diaphragm/Cap Fit
- ☐ 19-IUD/IUS Insert
- ☐ 22-IUD/IUS Removal
- ☐ 38-Hormone Implant Insert
- ☐ 39-Hormone Implant Removal
- ☐ 40-Hormonal injection
- ☐ 48-EC-Immediate Need
- ☐ 46-EC-Future Need
- ☐ 20-Vasectomy Procedure
- ☐ 18-Vasectomy Referral Fee

Pregnancy Related Services

- ☐ 31-Serum Pregnancy Test
- ☐ 32-Negative Pregnancy Test
- ☐ 33-Positive Pregnancy Test
- ☐ 35-Infertility Screening

STI Related Services

- $ ☐ **29-Chlamydia Test**
- ☐ 13-Chlamydia Treatment
- ☐ 28-Gonorrhea Test
- ☐ 10-Gonorrhea Treatment
- ☐ 03-Trich Test
- ☐ 04-Trich Treatment
- ☐ 16-Herpes Test
- ☐ 30-Wet Mount
- ☐ 43-HIV test
- ☐ 47-Syphilis Test
- ☐ 02-Syphilis Treatment

- For RHAF enrollees, two medical services result in additional reimbursement:
- 29-Chlamydia Test: $49.14 on top of bundled reimbursement rates
- 45-Language Assistance: $ varies depending on Purpose of Visit
  - Bilingual staff providing services in a language other than English
  - Interpretation by phone, video, or in-person
  - Certified or non-certified interpreters

2025 CVR – section by section

New Required field:
New Optional field:

14A. EDUCATION/COUNSELING (Check all applicable)

☐ 01-Contraceptive	☐ 09-STI/HIV prevention
☐ 03-Sterilization	☐ 13-Abstinence
☐ 04-Infertility	☐ 16-Abnormal Pap
☐ 07-Pregnancy options	☐ 17-Parent/Family involvement
☐ 08-Preconception/Achieving pregnancy	☐ 18-Relationship Safety

29. PREGNANCY STATUS

☐ 1-Pregnant ☐ 2-Not Pregnant ☐ 3-Unknown

19. PREGNANCY INTENTION SCREENING

☐ 1-Yes ☐ 2-No ☐ 3- Okay Either Way
☐ 4-Never ☐ 5-Unsure

30. DO YOU WANT TO TALK ABOUT CONTRACEPTION OR PREGNANCY PREVENTION TODAY?

☐ 1-Yes	☐ 2-No, here for something else
☐ 3-Prefer not to answer	☐ 4-Already using contraception
☐ 5-Unsure/No	☐ 6-Hoping to become pregnant

- Education/Counseling: should match the patient's chart
- Pregnancy status: required if Sex at Birth is Female (leave blank if Sex at Birth is Male)
- Pregnancy Intention Screening: optional
- Self-Identified Need for Contraception ("Do you want to talk…"): optional

2025 CVR – section by section

New Required field:
New Optional field:

15A. PRIMARY CONTRACEPTIVE METHOD
(Complete before and after blocks)

06-Condom, External	22-LAM
19-Condom, Internal	02-Oral Contraceptives
23-Contraceptive gel	24-Oral (progestin only)
04-Diaphragm	07-Spermicide
25-Emergency contraception	21-Sponge
11-Hormonal Implant	01-Tubal Sterilization
16-Hormonal Injection	20-Withdrawal
17-Hormonal Patch	18-Vaginal Ring
03-IUD copper	14-Vasectomy
15-IUD with progestin	09-Other Method
26-IUD unspecified	10-None
08-NFP/FAM	27-Decline to answer

BEFORE VISIT |__|__| **AFTER VISIT** |__|__|

15B/15C. IF METHOD IS 'NONE,' GIVE REASON.

☐ 2-Sterile for Non-Contraceptive Reason	☐ 6-Abstinence
☐ 3-Seeking Pregnancy	☐ 7-Other
	☐ 9-Same Sex Partner

BEFORE VISIT |__|__| **AFTER VISIT** |__|__|

31. HOW CONTRACEPTION WAS PROVIDED

☐ 1-Onsite	☐ 3-Prescription
☐ 2-Referral	☐ 4-N/A

- Primary Contraceptive Method: If relying on partner's method, mark that method
  - New options: Oral (progestin only), EC, IUD unspecified, Decline to answer
- Abstinence has been changed from a contraceptive method to a "reason for no method"
- Reason for No Method-Before Visit is new, required if Before Visit method is 10-None
- How contraception was provided: new required field
- For patients who are currently pregnant, do not need to fill out any of these fields (can leave blank).

2025 CVR – section by section

Complete the below sections if billing RH Access Fund or OVP

12. PURPOSE OF VISIT (Check One)

☐ 11 – Low	☐ 09 – Supply-only Visit
☐ 12 – Moderate	☐ 08 – Vasectomy Referral
☐ 13 – High	

9A. DIAGNOSIS CODES:

1. |__|__|__|.|__|__|__| 4. |__|__|__|.|__|__|__|
2. |__|__|__|.|__|__|__| 5. |__|__|__|.|__|__|__|
3. |__|__|__|.|__|__|__| 6. |__|__|__|.|__|__|__|

9B. WAS INSURANCE BILLED FOR THIS VISIT?
☐ 1-No ☐ 2-Yes (Complete 17A.)

9C. SPECIAL CONFIDENTIALITY NEEDS ☐ 1-Yes

17. SUPPLY BILLING

Supply	Qty.	Unit price	Supply	Qty.	Unit Price
01-Orals			21-Skyla IUS		
16-EC			22-Liletta IUS		
14-Patch			23-Kyleena IUS		
15-Mirena IUS			24-Annual Ring		
03-Copper IUD			25-Contraceptive gel		
04-Depo Provera			30-Folic Acid		
05-Diaphragm			31-Azithromycin		
06-Spermicide			32-Doxycycline		
07-Condoms, External			33-Erythromycin		
08-Condoms, Internal			34-Levofloxacin		
12-Cervical Cap			35-Ofloxacin		
17-Monthly Ring			36-Ceftriaxone		
18-Sponge			37-Cefixime		
19-Subdermal implant			38-Gentamicin		
20-Cycle Beads			39-Penicillin G		
			40-Metronidazole		

17A. THIRD PARTY RESOURCE CODES (Complete if client has other insurance coverage)
1 – Explanation Code |__|__|
2 – Other Insurance Paid |__|__|__|__|.|__|__|

CCare does not cover folic acid or STI treatment meds

- No changes in the billing section of the CVR
- These fields are only filled out when billing RHAF or OVP (Oregon Vasectomy Project)

2025 CVR – section by section

12. PURPOSE OF VISIT (Check One)	
☐ 11 – Low	☐ 09 – Supply-only Visit
☐ 12 – Moderate	☐ 08 – Vasectomy Referral
☐ 13 – High	

Resources available at http://healthoregon.org/rhbilling

- Reimbursement rates, example visit types, and FAQs
- Reimbursement rate components

- Purpose of Visit determines the reimbursement rate
- Clinician determines the most appropriate Purpose of Visit
  - Use best judgment and what is supported by chart notes
  - Example visit types are guidelines, not hard rules

Purpose of Visit 11-Low Visit

Type of Visit	Examples	Reimbursement Rate
Low CVR Purpose of Visit: 11 Recommended code: T1015-U1	• Depo shot for established client • Follow-up visit after LARC insertion • Follow-up visit to discuss simple contraceptive management or check in on a method concern • Straightforward STI treatment visit* • STI rescreening visit*	**$79.00** + Language Assistance fee if marked on CVR + CT/GC test fee if marked on CVR + supplies at acquisition cost + dispensing fee if applicable

If Medical Service 45 is marked

If Medical Service 29 is marked

* CCare clinics cannot bill the RH Access Fund for these services. These services are billable only by RHCare clinics.

- RHCare clinics can bill for a broader set of diagnosis codes than CCare clinics

Purpose of Visit 12-Moderate Visit

Type of Visit	Examples	Reimbursement Rate
Moderate Total visit time: new clients: 30-44 min established clients: 20-29 min CVR Purpose of Visit: 12 Recommended code: T1015-U2	• Birth control method start • Birth control prescription visit • Most counseling visits • Scheduled IUD/implant insertions or removals • Pregnancy test with counseling* • Repeat Pap test **without** HPV test* • STI treatment visit with extended counseling*	**$203.00** + Language Assistance fee if marked on CVR + CT/GC test fee if marked on CVR + supplies at acquisition cost + dispensing fee if applicable

If Medical Service 45 is marked

If Medical Service 29 is marked

* CCare clinics cannot bill the RH Access Fund for these services. These services are billable only by RHCare clinics.

Purpose of Visit 13-High Visit

Type of Visit	Examples and/or Notes	Reimbursement Rate
High Total visit time: new clients: 45 min or more established clients: 30 min or more CVR Purpose of Visit: 13 Recommended code: T1015-U3	• Annual wellness visits for new or established clients • Complex IUD and implant insertions/removals • Single-visit contraceptive counseling and IUD/implant insertions • Single-visit IUD/implant removal and insertion • Birth control method start visit that includes significant labs • RN counseling visit with an established client that was longer than 30 minutes • Repeat Pap test **with** HPV test*	**$319.00** + Language Assistance fee if marked on CVR + CT/GC test fee if marked on CVR + supplies at acquisition cost + dispensing fee if applicable

If Medical Service 45 is marked

If Medical Service 29 is marked

* CCare clinics cannot bill the RH Access Fund for these services. These services are billable only by RHCare clinics.

Purpose of Visit 09-Supply Only Visit

Type of Visit	Examples	Reimbursement Rate
Supply-only visit CVR Purpose of Visit: 9	• Contraceptive supply pick-up/refill • STI treatment pick-up*	**Supplies at acquisition cost** + Language Assistance fee if marked on CVR + dispensing fee if applicable

If Medical Service 45 is marked

* CCare clinics cannot bill the RH Access Fund for these services. These services are billable only by RHCare clinics.

Reimbursement add-ons to bundled rates

Dispensing fee	Automatic add-on to any of the above visit types if at least one of the following supplies is dispensed (any quantity): • Oral contraceptives • Contraceptive patch • Contraceptive ring • Emergency contraception • Diaphragm • Cervical cap • Folic acid* • Any STI treatment medication*	**$10.00** Dispensing fee will only be $10 even if more than one eligible supply is dispensed.
CT/GC test CVR Medical Service: 29	• Billable as part of any of the above visit types.	**$49.14**
Language Assistance CVR Medical Service: 45	• Billable as part of any of the above visit types.	Low: **$67.00** High: **$84.00** Moderate: **$67.00** Supply only: **$28.00**

Automatic – don't have to do anything to get dispensing fee. Just bill the supplies!

If Medical Service 29 is marked

If Medical Service 45 is marked

- For Language Assistance services, RHAF will reimburse for:
  - **Bilingual staff,** any time services are provided in a language other than English
  - Interpretation by telephone, video, or in person
  - We encourage but do not require certified interpreters

Reimbursement rate FAQs

ORHP

RH Access Fund
Visit Reimbursement Rates & FAQs

What is included in the reimbursement rates?

- See RH Reimbursement Rate Components for a breakdown of the services, labs and procedures that are included in the three bundled rates.

How do we determine which visit type to select?

- Providers may use judgment to determine appropriate visit type based on either the nature of the visit, or time. Example visit types are neither exclusive nor exhaustive.
- Consider the amount and complexity of labs ordered. If the cost of labs will be higher than is typical for the visit, consider billing the RH Access Fund at a higher visit level.
    - Example: a client presenting for a birth control method start who has never received the recommended STI labs. In addition to providing birth control services you also perform STI screening as indicated per national standards (HIV, Hep C, Hep B, syphilis). This would qualify as a high-level visit.
- Clearly document in the chart notes what was included in the visit so that an RH Program audit will support the selected visit type. If choosing to bill by time, you must document how much time was spent on the visit as well as what activities were included in that total time.

What is billing by time, and why would I do that?

- If billing according to the nature of the visit would result in a lower reimbursement rate than billing by time, you may instead bill by time. This can be useful when a visit goes above and beyond the time normally required for that visit type.
- To calculate the time to be used for billing, use the total time spent on the client's visit, including reviewing the chart before the visit, actual time spent with client, any time spent charting, and any time spent in coordinating care or referrals for the client on the day of the client's visit. In order to bill by time, you must document in the medical record how much time was spent on the visit as well as what activities were included in that total time.

RH Access Fund Reimbursement Rates effective December 1, 2023

ORHP

		Item line number on CVR	OHP fee-for-service fee schedule rate (June 2023)	LOW VISIT		MODERATE VISIT		HIGH VISIT	
				% of visits with this service (expected or actual 2022)	Weighted cost	% of visits with this service (expected or actual 2022)	Weighted cost	% of visits with this service (expected or actual 2022)	Weighted cost
Office Visit									
New Patient									
99202	Straightforward 15-29 min	n/a	$53.30	15%	$8.00	4%	$2.13		$0.00
99203	Low complexity 30-44 min	n/a	$82.20		$0.00	11%	$9.04	5%	$4.11
99204	Moderate complexity 45-59 min	n/a	$122.32		$0.00	30%	$36.70	20%	$24.46
99205	High complexity 60-74 min	n/a	$161.42		$0.00		$0.00	20%	$32.28
Established Patient									
99211	Minimal 5-9 min	n/a	$17.18	25%	$4.30		$0.00		$0.00
99212	Straightforward 10-19 min	n/a	$41.65	60%	$24.99		$0.00		$0.00
99213	Low complexity 20-29 min	n/a	$66.53		$0.00	5%	$3.33	5%	$3.33
99214	Moderate complexity 30-39 min	n/a	$94.15		$0.00	50%	$47.08	20%	$18.83
99215	High complexity 40-54 min	n/a	$131.94		$0.00		$0.00	30%	$39.58
	Weighted component price				**$37.28**		**$98.27**		**$122.60**
Preventive Medicine (expanded clinical, counseling, and care mgmt. services)									
99401	15 min	n/a	$28.52	28%	$7.99	40%	$11.41	90%	$25.67
99402	30 min	n/a	$46.32					10%	$4.63
	Weighted component price				**$7.99**		**$11.41**		**$30.30**
In-house Labs									
85014	Hematocrit	23 HGB/HCT	$1.66	10%	$0.17	20%	$0.33	10%	$0.17
85018	Hemoglobin	23 HGB/HCT	$1.66	10%	$0.17	20%	$0.33	10%	$0.17
81000	Urinalysis nonauto w/scope	24 Urine dipstick	$2.81	20%	$0.56	30%	$0.84	30%	$0.84
87210	Wet Mount	30 Wet Mount	$4.07	5%	$0.20	15%	$0.61	10%	$0.41
86703	HIV-1/HIV-2 1 result antibody	43 HIV test	$9.60	5%	$0.48	10%	$0.96	20%	$1.92
82120	Amines vaginal fluid qual (whiff)	30 Wet Mount	$4.19	5%	$0.21	15%	$0.63	10%	$0.42
83986	ph, body fluid, except blood	30 Wet Mount	$2.51	5%	$0.13	15%	$0.38	10%	$0.25
81025	Pregnancy Test	32, 33 Preg Test	$6.03	30%	$1.81	40%	$2.41	50%	$3.02
87808	Trichomonas assay w/optic	n/a	$10.70	5%	$0.54	25%	$2.14	30%	$3.21
	Weighted component price				**$3.72**		**$6.49**		**$7.19**
Outside Labs									
36415	Routine Venipuncture	n/a	$6.00	20%	$1.20	40%	$2.40	30%	$1.80
87254	Virus inoculation (Herpes)	16 Herpes Test	$13.69	1%	$0.14	2%	$0.27	2%	$0.27
87255	Virus inoculation (Herpes)	16 Herpes Test	$23.70	1%	$0.24	2%	$0.47	2%	$0.47

~~Weighted~~ average costs

		Item line number on CVR	OHP fee-for-service fee schedule rate (June 2023)	LOW VISIT		MODERATE VISIT		HIGH VISIT	
				% of visits with this service (expected or actual 2022)	Weighted cost	% of visits with this service (expected or actual 2022)	Weighted cost	% of visits with this service (expected or actual 2022)	Weighted cost
Outside Labs									
36415	Routine Venipuncture	n/a	$6.00	20%	$1.20	40%	$2.40	30%	$1.80
87254	Virus inoculation (Herpes)	16 Herpes Test	$13.69	1%	$0.14	2%	$0.27	2%	$0.27
87255	Virus inoculation (Herpes)	16 Herpes Test	$23.70	1%	$0.24	2%	$0.47	2%	$0.47
87070	Culture other speciment aerobic	n/a	$6.03	1%	$0.06	5%	$0.30	5%	$0.30
87075	Culture bacteria except blood	n/a	$6.63	1%	$0.07	5%	$0.33	5%	$0.33
87205	Smear gram stain	n/a	$2.99	1%	$0.03	5%	$0.15	5%	$0.15
87390	HIV-1 IgA	43 HIV test	$16.84	5%	$0.84	10%	$1.68	20%	$3.37
87389	HIV-1 antigen & HIV-1 & HIV-2 antibod	43 HIV test	$16.86	5%	$0.84	10%	$1.69	20%	$3.37
88150	Cytopathology c/v manual	25 Pap Test Conventiona	$12.12	2%	$0.24	5%	$0.61	5%	$0.61
88141	Cytopathology c/v with interpretation	26 Pap Test Liquid-Based	$16.98	2%	$0.34	10%	$1.70	20%	$3.40
88142	Cytopathology c/v thin layer	26 Pap Test Liquid-Based	$14.18	2%	$0.28	12%	$1.70	25%	$3.55
88164	Cytopathology, slides, c/v manual	26 Pap Test Liquid-Based	$12.12	2%	$0.24	10%	$1.21	20%	$2.42
88175	Cytopathology c/v automated fluid redo	26 Pap Test Liquid-Based	$18.63	2%	$0.37	10%	$1.86	20%	$3.73
81001	Urinaysis auto w/scope	24 Urine dipstick/urinalys	$2.22	2%	$0.04	5%	$0.11	5%	$0.11
81005	Urinalysis qualitative or semi-quantitati	24 Urine dipstick/urinalys	$1.52	2%	$0.03	5%	$0.08	5%	$0.08
84443	TSH assay	n/a	$11.76	2%	$0.24	2%	$0.24	2%	$0.24
84703	Chorionic gonadotropin assay	31 Serum Pregnancy	$5.26	2%	$0.11	2%	$0.11	2%	$0.11
84702	Chorionic gonadotropin test	31 Serum Pregnancy	$10.54	2%	$0.21	2%	$0.21	2%	$0.21
87623	HPV low-risk types	50 HPV test	$24.56	2%	$0.49	15%	$3.68	30%	$7.37
87624	HPV high-risk types	50 HPV test	$24.56	2%	$0.49	15%	$3.68	30%	$7.37
87625	HPV types 16/18 only	50 HPV test	$28.39	2%	$0.57	10%	$2.84	25%	$7.10
86592	Syphilis test non-trep qualitative	47 Syphilis Test	$2.99	5%	$0.15	35%	$1.05	40%	$1.20
86593	Syphilis test non-trep quantitative	47 Syphilis Test	$3.08	2%	$0.06	5%	$0.15	5%	$0.15
86780	Treponema; Syphilis; FTA-ABS (DS)	47 Syphilis Test	$9.27	5%	$0.46	35%	$3.24	40%	$3.71
86803	Hepatitis C antibody	n/a	$9.99	5%	$0.50	10%	$1.00	20%	$2.00
86804	Hepatitis C confirmatory test	n/a	$10.84			1%	$0.11	1%	$0.11
86704	Hepatitis B core antibody; total	n/a	$8.44	5%	$0.42	10%	$0.84	20%	$1.69
86706	Hepatitis B surface antibody	n/a	$7.52	5%	$0.38	10%	$0.75	20%	$1.50
87340	Hepatitis B surface antigen	n/a	$7.23	5%	$0.36	10%	$0.72	20%	$1.45
87341	Hepatitis B surface antigen	n/a	$7.23	5%	$0.36	10%	$0.72	20%	$1.45
87661	Trichomonas vaginalis amplif	n/a	$24.56	5%	$1.23	35%	$8.60	40%	$9.82
	Weighted component price				**$11.00**		**$42.52**		**$69.41**

Weighted average costs

Weighted average costs

		Item line number on CVR	OHP fee-for-service fee schedule rate (June 2023)	LOW VISIT % of visits with this service (expected or actual 2022)	LOW VISIT Weighted cost	MODERATE VISIT % of visits with this service (expected or actual 2022)	MODERATE VISIT Weighted cost	HIGH VISIT % of visits with this service (expected or actual 2022)	HIGH VISIT Weighted cost
Additional Procedures									
58300	Insert intrauterine device	19 IUD/IUS Insert	$82.25		$0.00	10%	$8.23	25%	$20.56
58301	Remove intrauterine device	22 IUD/IUS Removal	$81.44		$0.00	5%	$4.07	20%	$16.29
11981	Insert drug implant device	38 Hormone Implant In	$73.65		$0.00	8%	$5.89	20%	$14.73
11982	Remove drug implant device	39 Hormone Implant Out	$82.24		$0.00	5%	$4.11	20%	$16.45
96372	Ther/proph/diag inj sc/im	40 Hormonal Injection	$10.46	60%	$6.28	15%	$1.57	10%	$1.05
	Weighted component price				**$6.28**		**$23.87**		**$69.07**
Additional Procedures									
56501	Destruction of lesion(s), vulva, simple	15 Wart Tx	$143.83	1%	$1.44	2%	$2.88	2%	$2.88
57061	Destruction of lesion(s), vaginal, simple	15 Wart Tx	$124.79	1%	$1.25	2%	$2.50	2%	$2.50
	Weighted component price				**$2.69**		**$5.37**		**$5.37**
PER VISIT SUBTOTAL									
					$69.00		**$188.00**		**$304.00**
Special Program Requirements									
	RH Program administrative requirements				**$10.00**		**$15.00**		**$15.00**
TOTAL BUNDLED REIMBURSEMENT RATES									
					$79.00		**$203.00**		**$319.00**

ADDITIONAL REIMBURSEMENT OUTSIDE OF BUNDLED RATES		WHEN IS IT REIMBURSED	REIMBURSEMENT RATE
Chlamydia Test	29 Chlamydia Test	If marked on CVR	$49.14
Language Assistance Services	45 Language Assistance	If marked on CVR	Low: $67; Moderate: $67; High: $84; Supply-Only: $28
Supplies at acquisition cost	Box 17-Supply Billing	If marked on CVR	Acquisition cost
Dispensing Fee	Automatically added to reimbursement if eligible supplies are included on CVR		$10

Billing for supplies

- Supplies must be billed at acquisition cost
- We encourage dispensing a full year's worth of supplies for established clients
- Supplies can be dispensed at regular visits (Low/Moderate/High) or Supply-Only visits (Purpose of Visit 9)
- If your acquisition cost increases above our maximum unit price rates, LET US KNOW and we will increase the rates.

See Supply Reimbursement Rates (includes maximum billable quantities, updated as needed)

Available at http://healthoregon.org/rhbilling

Billing for clients who have private insurance

- Clients with private insurance can enroll in the RH Access Fund
- RHAF must be the payer of last resort
- Exception for clients who request that insurance not be billed for confidentiality purposes

Client request for confidentiality

Reproductive Health (RH) Access Fund Enrollment Form

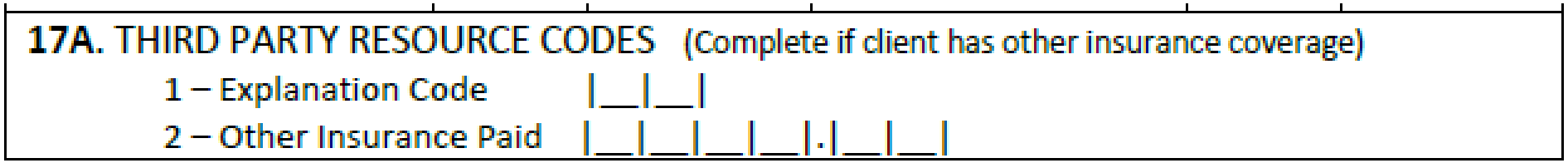
7	Do you have private health insurance (from your work or school, or from a parent or spouse)? ☐ Yes ☐ No **(SKIP TO QUESTION 9)**
8	If we bill your private health insurance, your insurance company might send details about your visit to the person who pays for your insurance. Are you ok with us billing your insurance? ☐ Yes, you can bill my insurance ☐ No, I'm worried about the person who pays for my insurance finding out about my visit

Has Private Insurance? ◉ Yes ○ No **Ok to bill private insurance?** ○ Yes ◉ No ○ N/A

- If enrollee marks "No" in Q8 on the RHAF enrollment form, you can bill RHAF directly (don't need to attempt to bill insurance)
- Make sure to include Explanation Code 'NC' in Box 17A on the CVR

Billing RHAF for enrollees with private insurance

- If an enrollee indicates having private insurance on their RHAF enrollment form, Box 17A on the CVR must be completed at every visit



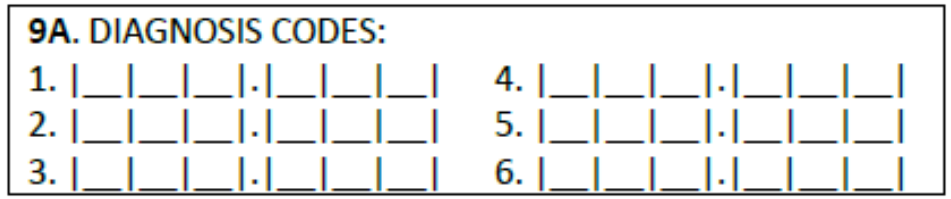
- Need either:
  - Explanation Code (“TPR code”): why insurance didn’t pay, OR
  - Other Insurance Paid amount: how much insurance paid

17A: Explanation Codes

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)

- Required when client indicated having private insurance on their enrollment form, and
  - Insurance wasn't billed (e.g., due to confidentiality request), or
  - Insurance didn't pay at all

Diagnosis codes



- CCare covers:
  - Contraceptive management
  - Well visits that include contraceptive management

See Allowable Primary Diagnosis Codes for CCare Clinics

Available at: http://healthoregon.org/rhbilling

Allowable primary diagnosis codes for CCare clinics

Well Visits*		ICD-10
Must have a Z30.xx secondary diagnosis code (positions 2-6)		
General Adult Medical Exam	Encounter **no** abnormal findings	Z00.00
	Encounter **with** abnormal findings	Z00.01
Gynecological Exam (general) (routine)	Encounter **no** abnormal findings	Z01.419
	Encounter **with** abnormal findings	Z01.411
Child Health Exam (routine)	Encounter **no** abnormal findings	Z00.129
	Encounter **with** abnormal findings	Z00.121

- Well visits must have a Z30 diagnosis code somewhere in positions 2-6

Contraceptive Services		ICD-10
Oral Contraceptives (**Pill**)	Encounter for **Prescription**	Z30.011
	Encounter for **Surveillance**	Z30.41
Emergency Contraceptives (**EC**)	Encounter for **Prescription**	Z30.012
Injectable Contraceptive (**Depo**)	Encounter for **Prescription**	Z30.013
	Encounter for **Surveillance**	Z30.42
Intrauterine Device (**IUD**) / Intrauterine System (**IUS**)	Encounter for **Prescription**	Z30.014
	Encounter for **Insertion**	Z30.430
	Encounter for **Surveillance**	Z30.431
	Encounter for **Removal and Reinsertion**	Z30.433
	Encounter for **Removal**	Z30.432
Contraceptive **Ring**	Encounter for **Prescription**	Z30.015
	Encounter for **Surveillance**	Z30.44
Contraceptive **Patch**	Encounter for **Prescription**	Z30.016
	Encounter for **Surveillance**	Z30.45
Implantable Subdermal Contraceptive (**Implant**)	Encounter for **Prescription**	Z30.017
	Encounter for **Surveillance**, includes checking, reinsertion, or removal	Z30.46
Female Condom, Spermicide	Encounter for **Prescription**	Z30.018
	Encounter for **Surveillance**	Z30.49
Male Condom, Sponge	Encounter for **Prescription**	Z30.019
	Encounter for **Surveillance**	Z30.8
NFP/FAM	Encounter for **Counseling**	Z30.02
Sterilization	**Counseling** for Pre-Sterilization	Z30.09
	Encounter for Sterilization **Procedure**	Z30.2
	Post-Vasectomy **Sperm Count**	Z30.8
Abstinence, Withdrawal, Other	Encounter for general **counseling,** contraception	Z30.09
Unspecified Contraceptive Management	Encounter for contraceptive management, **unspecified**	Z30.9
	Encounter for **surveillance** of contra, unspecified	Z30.40

Allowable primary diagnosis codes for CCare clinics

- All Z30 codes are allowed as primary

Billing Register and CVR Error Reports

- Available on the Monday or Tuesday following the monthly CVR deadline

- Log into the Ahlers website with your agency's customer number (8-digit number, starts with 41) to access the reports

See How to access Ahlers monthly reports

Available at http://healthoregon.org/rhbilling

Sample Billing Register (fake info)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1	Agency	Clinic	Patient #/	RH Program	Internal B	Dob	Last Nam	First Nam	Visit Date	Invoice #	Services	Code	Quantity	Amount E	Fund Sou	Void/Res	Expl. Cod	Insurance	Insurance	Total Bille	Total Paid	Comment	Processing Da
2	123	1234	2346787	9875644	2346787	10/2/1982	APPLE	ANA	1/4/2025	2502009987	RH MODERATE VISIT	T1015U2	1	$203.00	CCARE			$0.00	$0.00	$0.00	$0.00		2/26/2025
3	123	1234	2346787	9875644	2346787	10/2/1982	APPLE	ANA	1/4/2025	2502009987	DISPENSING FEE	S9430	1	$10.00	CCARE			$0.00	$0.00	$0.00	$0.00		2/26/2025
4	123	1234	2346787	9875644	2346787	10/2/1982	APPLE	ANA	1/4/2025	2502009987	MALE CONDOMS	A4267	20	$2.00	CCARE			$0.00	$0.00	$0.00	$0.00		2/26/2025
5	123	1234	2346787	9875644	2346787	10/2/1982	APPLE	ANA	1/4/2025	2502009987	MONTHLY RING	J7303	3	$30.00	CCARE			$0.00	$0.00	$0.00	$0.00		2/26/2025
6	123	1234	2346787	9875644	2346787	10/2/1982	APPLE	ANA	1/4/2025	2502009987	EC	S4993	1	$15.00	CCARE			$0.00	$0.00	$0.00	$0.00		2/26/2025
7	123	1234	2346787	9875644	2346787	10/2/1982	APPLE	ANA	1/4/2025	2502009987	TOTAL		0	$260.00	CCARE			$121.72	$121.72	$260.00	$138.28		2/26/2025
8	123	1234	2345678	9871234	2345678	6/6/1994	BLACKBER	BARBARA	2/12/2025	2502009988	RH HIGH VISIT	T1015U3	1	$319.00	CCARE			$0.00	$0.00	$0.00	$0.00		2/26/2025
9	123	1234	2345678	9871234	2345678	6/6/1994	BLACKBER	BARBARA	2/12/2025	2502009988	CHLAMYDIA TEST	87801	1	$49.14	CCARE			$0.00	$0.00	$0.00	$0.00		2/26/2025
10	123	1234	2345678	9871234	2345678	6/6/1994	BLACKBER	BARBARA	2/12/2025	2502009988	DISPENSING FEE	S9430	1	$10.00	CCARE			$0.00	$0.00	$0.00	$0.00		2/26/2025
11	123	1234	2345678	9871234	2345678	6/6/1994	BLACKBER	BARBARA	2/12/2025	2502009988	ORAL CONTRACEPTIVES	S4993	17	$76.50	CCARE			$0.00	$0.00	$0.00	$0.00		2/26/2025
12	123	1234	2345678	9871234	2345678	6/6/1994	BLACKBER	BARBARA	2/12/2025	2502009988	TOTAL		0	$454.64	CCARE			$228.21	$228.21	$454.64	$226.43		2/26/2025
13	123	1234	2329425	9875555	2329425	11/6/1985	PINEAPPLI	PAULA	2/19/2025	2502009989	RH MODERATE VISIT	T1015U2	1	$203.00	RH GF		NC	$0.00	$0.00	$0.00	$0.00		2/26/2025
14	123	1234	2329425	9875555	2329425	11/6/1985	PINEAPPLI	PAULA	2/19/2025	2502009989	TOTAL		0	$203.00	RH GF			$0.00	$0.00	$203.00	$203.00		2/26/2025
15	123	1234	2341547	9874456	2341547	6/23/1999	FIG	FRANCES	2/19/2025	2502009990	RH LOW VISIT	T1015U1	1	$79.00	CCARE			$0.00	$0.00	$0.00	$0.00		2/26/2025
16	123	1234	2341547	9874456	2341547	6/23/1999	FIG	FRANCES	2/19/2025	2502009990	LANG ASSIST FEE TOV 11	T1013	1	$67.00	CCARE			$0.00	$0.00	$0.00	$0.00		2/26/2025
17	123	1234	2341547	9874456	2341547	6/23/1999	FIG	FRANCES	2/19/2025	2502009990	DEPO PROVERA	J1050	1	$12.50	CCARE			$0.00	$0.00	$0.00	$0.00		2/26/2025
18	123	1234	2341547	9874456	2341547	6/23/1999	FIG	FRANCES	2/19/2025	2502009990	TOTAL		0	$158.50	CCARE			$0.00	$0.00	$158.50	$158.50		2/26/2025
19	123	1234	2336674	9875662	2336674	12/12/1995	GRAPEFRU	GINA	2/23/2025	2502009991	RH HIGH VISIT	T1015U3	1	$319.00	CCARE		NC	$0.00	$0.00	$0.00	$0.00		2/26/2025
20	123	1234	2336674	9875662	2336674	12/12/1995	GRAPEFRU	GINA	2/23/2025	2502009991	SUBDERMAL IMPLANTS	J7307	1	$450.00	CCARE		NC	$0.00	$0.00	$0.00	$0.00		2/26/2025
21	123	1234	2336674	9875662	2336674	12/12/1995	GRAPEFRU	GINA	2/23/2025	2502009991	TOTAL		0	$769.00	CCARE			$0.00	$0.00	$769.00	$769.00		2/26/2025

- Billing register shows claims that have paid, which fund source was applied, how much other insurance payment was included.

Sample Billing Register (fake info)

Insurance amount gets deducted from the claim total

Last Name	First Name	Visit Date	Invoice #	Services	Code	Quantity	Amount Billed	Fund Source	Void/Resubmit	Expl. Code	Insurance Paid	Insurance Applied	Total Billed	Total Paid
BLACKBER	BARBARA	2/12/2025	2502009988	RH HIGH VISIT	T1015U3	1	$319.00	CCARE			$0.00	$0.00	$0.00	$0.00
BLACKBER	BARBARA	2/12/2025	2502009988	CHLAMYDIA TEST	87801	1	$49.14	CCARE			$0.00	$0.00	$0.00	$0.00
BLACKBER	BARBARA	2/12/2025	2502009988	DISPENSING FEE	S9430	1	$10.00	CCARE			$0.00	$0.00	$0.00	$0.00
BLACKBER	BARBARA	2/12/2025	2502009988	ORAL CONTRACEPTIVES	S4993	17	$76.50	CCARE			$0.00	$0.00	$0.00	$0.00
BLACKBER	BARBARA	2/12/2025	2502009988	TOTAL		0	$454.64	CCARE			$228.21	$228.21	$454.64	$226.43
PINEAPPLI	PAULA	2/19/2025	2502009989	RH MODERATE VISIT	T1015U2	1	$203.00	RH GF		NC	$0.00	$0.00	$0.00	$0.00
PINEAPPLI	PAULA	2/19/2025	2502009989	TOTAL		0	$203.00	RH GF			$0.00	$0.00	$203.00	$203.00
FIG	FRANCES	2/19/2025	2502009990	RH LOW VISIT	T1015U1	1	$79.00	CCARE			$0.00	$0.00	$0.00	$0.00
FIG	FRANCES	2/19/2025	2502009990	LANG ASSIST FEE TOV 11	T1013	1	$67.00	CCARE			$0.00	$0.00	$0.00	$0.00
FIG	FRANCES	2/19/2025	2502009990	DEPO PROVERA	J1050	1	$12.50	CCARE			$0.00	$0.00	$0.00	$0.00
FIG	FRANCES	2/19/2025	2502009990	TOTAL		0	$158.50	CCARE			$0.00	$0.00	$158.50	$158.50

Sample CVR Error Report (fake info)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Agency	Clinic	Patient #	RH Program #	Last Name	First Name	Visit Date	Last Visit Date	DOB-CVR	DOB-Master File	Purpose of Visit	SOP	Batch	Seq.	Error #	Error Description	Run Date
2	123	1234	2334585	9871515	RASPBERRY	ROXANA	7/11/2024	7/14/2022	5/15/1984	5/15/1984	12	12	602	1	1716	REJECT: OK TO BILL INS FROM ELIG DB IS YES, BUT 17A IS BLANK	2/26/2025
3	123	1234	2334585	9871515	RASPBERRY	ROXANA	7/11/2024	7/14/2022	5/15/1984	5/15/1984	12	12	602	1	2451	WARNING: BLOOD PRESSURE NOT CODED PROPERLY	2/26/2025
4	123	1234	2334585	9871515	RASPBERRY	ROXANA	7/11/2024	7/14/2022	5/15/1984	5/15/1984	12	12	602	1	2652	WARNING: HEIGHT HAS NOT BEEN ANSWERED	2/26/2025
5	123	1234	2334585	9871515	RASPBERRY	ROXANA	7/11/2024	7/14/2022	5/15/1984	5/15/1984	12	12	602	1	2752	WARNING: WEIGHT HAS NOT BEEN ANSWERED	2/26/2025
6	123	1234	2334585	9871515	RASPBERRY	ROXANA	7/11/2024	7/14/2022	5/15/1984	5/15/1984	12	12	602	1	3051	WARNING: TALK ABOUT CONTRACEPTION MISSING/INVALID	2/26/2025
7	123	1234	2345678	9871234	BLACKBERRY	BARBARA	8/22/2024	10/9/2022	10/17/1998	10/17/1998	9	12	218	4	1712	REJECT: POV 9 WITH NO SUPPLIES CODED	2/26/2025
8	123	1234	2346787	9875644	APPLE	ANA	8/22/2024	5/7/2023	10/2/1982	10/2/1982	12	12	218	5	906	REJECT: SOP '12' CODED/ELIG. FOR MEDICAID, SOP 2	2/26/2025
9	123	1234	2346787	9875644	APPLE	ANA	8/22/2024	5/7/2023	10/2/1982	10/2/1982	12	12	218	5	949	REJECT: OHP ELIG. CCARE/RHAF ENROLLMENT ENDED	2/26/2025
10	123	1234	2341547	9874456	FIG	FRANCES	8/21/2024	6/5/2023	6/13/1999	6/23/1999	11	12	284	7	103	REJECT: RHAF ID & DOB DON'T MATCH	2/26/2025
11	123	1234	2341547	9874456	FIG	FRANCES	8/21/2024	6/5/2023	6/13/1999	6/23/1999	13	12	284	7	404	REJECT: DOB DOES NOT MATCH OREGON HISTORY RECORD	2/26/2025
12	123	1234	2329425	9875555	PINEAPPLE	PAULA	8/22/2024		9/23/1997	9/23/1997	11	12	332	10	911	REJECT: PRIMARY DIAGNOSIS CODE NOT ALLOWED	2/26/2025
13	123	1234	2336674	9875662	GRAPEFRUIT	GINA	5/30/2024	5/30/2023	8/17/1987	8/17/1987	12	12	602	9	371	WARNING: RHAF VISIT CHANGES WITH NO BILLING CHANGES	2/26/2025

See CVR Error Messages resource

Sample CVR Error Report (fake info)

Last Name	First Name	Visit Date	Last Visit Date	DOB-CVR	DOB-Master File	Purpose of	SOP	Batch	Seq.	Error #	Error Description
RASPBERRY	ROXANA	7/11/2024	7/11/2024	5/15/1984	5/15/1984	12	12	602	1	1716	REJECT: OK TO BILL INS FROM ELIG DB IS YES, BUT 17A IS BLANK
RASPBERRY	ROXANA	7/11/2024	7/11/2024	5/15/1984	5/15/1984	12	12	602	1	2451	WARNING: BLOOD PRESSURE NOT CODED PROPERLY
RASPBERRY	ROXANA	7/11/2024	7/11/2024	5/15/1984	5/15/1984	12	12	602	1	2652	WARNING: HEIGHT HAS NOT BEEN ANSWERED
RASPBERRY	ROXANA	7/11/2024	7/11/2024	5/15/1984	5/15/1984	12	12	602	1	2752	WARNING: WEIGHT HAS NOT BEEN ANSWERED
RASPBERRY	ROXANA	7/11/2024	7/11/2024	5/15/1984	5/15/1984	12	12	602	1	3051	WARNING: TALK ABOUT CONTRACEPTION MISSING/INVALID

Warnings: CVR has still been received and processed, we're just letting you know that some optional fields were left blank.

Lots of new warnings since February (blood pressure, height/weight etc). We are monitoring these and evaluating if it is something we should change.

Client says "Okay to bill insurance" in Eligibility Database. Must fill in Box 17A on CVR!

17A. THIRD PARTY RESOURCE CODES (Complete if client has other insurance coverage)
1 – Explanation Code |__|__|
2 – Other Insurance Paid |__|__|__|__|.|__|__|

Sample CVR Error Report (fake info)

Review DOB in CVR and Eligibility Database for typos

Last Name	First Name	Visit Date	Last Visit Date	DOB-CVR	DOB-Master File	Purpose of	SOP	Batch	Seq.	Error #	Error Description
FIG	FRANCES	8/21/2024	6/5/2023	6/13/1999	6/23/1999	11	12	284	6	103	REJECT: RHAF ID & DOB DON'T MATCH
FIG	FRANCES	8/21/2024	6/5/2023	6/13/1999	6/23/1999	13	12	284	7	404	REJECT: DOB DOES NOT MATCH OREGON HISTORY RECORD
PINEAPPLE	PAULA	8/22/2024	7/12/2023	9/23/1997	9/23/1997	11	12	332	10	911	REJECT: PRIMARY DIAGNOSIS CODE NOT ALLOWED
GRAPEFRUIT	GINA	5/30/2024	5/30/2023	8/17/1987	8/17/1987	12	12	602	9	371	WARNING: RHAF VISIT CHANGES WITH NO BILLING CHANGES

Double check diagnosis code against CCare Allowable Primary Diagnosis Code list. Ensure chart notes support using allowable primary diagnosis code.

This warning is letting you know that the CVR was received and processed, and there were changes made to the data fields (e.g., medical services, pregnancy intention screening) but there were no billing changes (e.g., Purpose of Visit, supply billing) so the CVR won't appear in the billing register.

Other useful reports

- CVR Error Summary Report: lists the total number of CVRs rejected for different errors.
  - Helps to see if you are dealing with any common errors.

- RH Program OHP Eligibility Report: shows clients whose RHAF coverage was ended because client has OHP

- Transactions List: Lists all CVRs submitted, with patient # and Source of Pay, and whether they processed or rejected. Includes % Rejected

See Instructions for Accessing Ahlers Monthly Reports

Join us at RH Program Data & Billing Coffee Time

- NEW Meeting appointment coming soon!

- Every other month (June, August, October, December, February, April)
  - Third Wednesday of the month, 11-11:30am pacific time

Contact Us!

Reproductive Health Program

Website: www.healthoregon.org/rh

All other questions: rh.program@oha.oregon.gov

Billing related questions: RH.billing@oha.oregon.gov

Enrollment questions: RH.Enrollment@oha.Oregon.gov

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the RH Program at RH.Program@odhsoha.Oregon.gov or 971-673-0355 (voice). We accept all relay calls.

Public Health Division
Reproductive Health Program
http://healthoregon.org/rh
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OREGON HEALTH AUTHORITY