



OREGON
HEALTH
AUTHORITY

April 2025

Reproductive Health Program

CVR Data and Billing

for RHCare 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 RHCare 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** on all reproductive health visits at RHCare clinics, regardless of source of pay, 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.

When are CVRs required?

CVR for Billing (RHAF is the payer): primary diagnosis code is in the [RHCare Allowable Primary Diagnosis Code List](#)

CVR for Data Only (other payers): primary diagnosis code is related to family planning (Z30.xx, Z31.xx or Z32.xx); or well visits if second diagnosis code is Z30, Z31 or Z32.

When are CVRs NOT required?

- CVRs for Billing: Primary diagnosis code is not on the [RHCare Allowable Primary Diagnosis Code List](#)
- CVRs for Data Only: Well visits where the second diagnosis code is not related to family planning/contraception (no Z30, Z31 or Z32)

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.

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

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		_ _ _ _ _ _ _ _ _			

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](http://healthoregon.org/rhbilling) 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.

This is the same information that should be used to assess client fees on the sliding fee schedule.

Resources:

- [2025 Sliding Fee Scale](#)

Available at:

<http://healthoregon.org/rhclientenrollment>

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) | ☐ 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 |

- Source of Payment. Put RHAF if RHAF is paying even part of the visit.
- Put “Other” if not enrolled in RHAF and seen on sliding fee scale.
- 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 | ☐ 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 | |

- New options for medical services:
 - 02-Syphilis Treatment
 - 03-Trich Test
 - 04-Trich 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 | ☐ 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 | |

- 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		_ _ _ _ . _ _ _ _			

- 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	

- 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

Resources available at

<http://healthoregon.org/rhbilling>

- [Reimbursement rates, example visit types, and FAQs](#)
- [Reimbursement rate components](#)

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.

Purpose of Visit 12-Moderate Visit

Type of Visit	Examples	Reimbursement Rate
Moderate Total visit time: <u>new clients</u> : 30-44 min <u>established clients</u> : 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: <u>new clients</u> : 45 min or more <u>established clients</u> : 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

RH Access Fund Visit Reimbursement Rates & FAQs



Reimbursement rate 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



			LOW VISIT		MODERATE VISIT		HIGH VISIT	
Item line number on CVR	OHP fee-for-service fee schedule rate (June 2023)	% 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	30%	\$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

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

Weighted average costs

Weighted average costs

				LOW VISIT		MODERATE VISIT		HIGH VISIT	
		Item line number on CVR	OHP fee-for-service fee schedule rate (June 2023)	% 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
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

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

- 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

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

- See [Allowable Primary Diagnosis Codes for RHCare Clinics](#)

36

Allowable primary diagnosis codes for all RHAF enrollees

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
Barrier methods (Condom, Diaphragm)	Encounter for Prescription	Z30.018
	Encounter for Surveillance	Z30.49
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, Spermicide, Other	Encounter for general counseling, contraception	Z30.09
	Other contraceptive management	Z30.8
Unspecified Contraceptive Management	Initial prescription of contraceptives, unspecified	Z30.019
	Encounter for contraceptive management, unspecified	Z30.9
	Encounter for surveillance of contra, unspecified	Z30.40

Allowable primary diagnosis codes for all RHAF enrollees

Pregnancy and Basic Infertility Services		ICD-10
Achieving Pregnancy and Basic Infertility	Procreative management	Z31.9
	Procreative counseling and advice using NFP	Z31.61
	Fertility preservation counseling	Z31.62
	Preconception counseling	Z31.69
	Male infertility, unspecified	N46.9
	Female infertility associated with anovulation	N97.0
	Female infertility of tubal origin	N97.1
	Female infertility of uterine origin	N97.2
	Female infertility of other origin	N97.8
	Female infertility, unspecified	N97.9
	Encounter for fertility testing	Z31.41
	Encounter for male factor infertility in female patient	Z31.81
Screening for Pregnancy	Pregnancy test, result unknown	Z32.00
	Pregnancy test, result positive	Z32.01
	Pregnancy test, result negative	Z32.02

Allowable primary diagnosis codes for all RHAF enrollees

Well Visits*		ICD-10
<i>*To bill, must have a Z30.xx, Z31.xx, or Z32.xx code in first 6 positions.</i>		
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

- For most enrollees, well visits must include a family planning diagnosis code (Z30, Z31 or Z32) somewhere in positions 2-6

Screening for cervical cancer and rescreening		ICD-10
Screening	Screening for malignant neoplasm of cervix (not part of routine gynecological exam)	Z12.4
Rescreening	Dysplasia of cervix uteri	N87.x
	Abnormal cytological findings in specimens from cervix uteri	R87.61x
	Cervical smear to confirm findings of recent normal smear following initial abnormal	Z01.42

Allowable primary diagnosis codes for all RHAF enrollees

STI Treatment and Rescreening		ICD-10
<i>*Must be pursuant to a previous visit (CVR submitted for prior visit within 1 year of this DOV)</i>		
Chlamydia Treatment	Chlamydial infection of lower genitourinary tract, unspecified	A56.00
	Chlamydial cystitis and urethritis	A56.01
	Chlamydial vulvovaginitis	A56.02
	Other chlamydial infection of lower genitourinary tract	A56.09
	Chlamydial female pelvic inflammatory disease	A56.11
	Other chlamydial genitourinary infection	A56.19
	Chlamydial infection of genitourinary tract, unspecified	A56.2
	Chlamydial infection of anus and rectum	A56.3
	Chlamydial infection of pharynx	A56.4
	Sexually transmitted chlamydial infection of other sites	A56.8
	Chlamydia, unspecified	A74.9
Gonorrhea Treatment	Gonococcal infection of lower genitourinary tract, unspecified	A54.00
	Gonococcal cystitis and urethritis, unspecified	A54.01
	Gonococcal vulvovaginitis, unspecified	A54.02
	Gonococcal cervicitis, unspecified	A54.03
	Other gonococcal infection of lower genitourinary tract	A54.09
	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess	A54.1
	Gonococcal infection of kidney and ureter	A54.21
	Gonococcal prostatitis	A54.22
	Gonococcal infection of other male genital organs	A54.23
	Gonococcal female pelvic inflammatory disease	A54.24
	Other gonococcal genitourinary infections	A54.29
	Gonococcal pharyngitis	A54.5
	Gonococcal infection of anus and rectum	A54.6
	Gonococcal infection, unspecified	A54.9

- To get reimbursement for STI treatment and rescreening visits, the patient must have had a CVR submitted for another visit in the last year

Allowable primary diagnosis codes for all RHAF enrollees

STI Treatment and Rescreening		ICD-10
<i>*Must be pursuant to a previous visit (CVR submitted for prior visit within 1 year of this DOV)</i>		
Syphilis Treatment	Primary genital syphilis	A51.0
	Primary anal syphilis	A51.1
	Primary syphilis of other sites	A51.2
	Condyloma latum	A51.31
	Secondary syphilis of skin, unspecified	A51.39
	Early syphilis, latent	A51.5
	Early syphilis, unspecified	A51.9
	Late syphilis, latent	A52.8
	Late syphilis, unspecified	A52.9
Trichomoniasis Treatment	Urogenital trichomoniasis, unspecified	A59.00
	Vulvovaginal trichomoniasis	A59.01
	Trichomonal prostatitis	A59.02
	Trichomonal cystitis and urethritis	A59.03
	Urogenital trichomoniasis, other	A59.09
	Trichomoniasis of other sites	A59.8
	Trichomoniasis, unspecified	A59.9
STI Rescreening	Follow-up exam after completed treatment for conditions other than malignant neoplasm	Z09
	Observation for other suspected diseases and conditions ruled out	Z03.89

- To get reimbursement for STI treatment and rescreening visits, the patient must have had a CVR submitted for another visit in the last year

Allowable primary diagnosis codes for **RHEA-Eligible RHAF enrollees only**

Codes below are allowed only for individuals who live in Oregon and have:
'Another status' and 'Sex at birth = Female'

STIs		ICD-10
<i>These diagnosis code are only billable for this population</i>		
Counseling	HIV counseling	Z71.7
	Other specified counseling (non-HIV)	Z71.89
Screening	Screening for infections with predominantly sexual mode of transmission	Z11.3
	Screening, HIV	Z11.4
	Screening, HPV	Z11.51
	Screening for other viral diseases	Z11.59
	Screening for other protozoal diseases	Z11.6
	Screening for other infectious and parasitic diseases	Z11.8
	STI contact /(suspected) exposure	Z20.2
	Contact with and (suspected) exposure to hepatitis	Z20.5
	HIV contact /(suspected) exposure	Z20.6
	Carrier/suspected carrier of STI	Z22.8

Well Visits		ICD-10
<i>No secondary diagnosis code requirements for this population</i>		
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

- Additional codes allowed for enrollees who:
 - Live in Oregon (not out of state)
 - Another Status (or “Unknown”) on enrollment form
 - Sex at birth is Female
- STI screening and counseling
- Well visits without secondary diagnosis code requirement

Due to restrictions in our funding, the RH Access Fund's coverage of STI services is limited. These limits require us to differentiate between screening and testing, and between visits for which the primary diagnosis code is family planning/annual wellness visits that include STI services, and visits for which the primary diagnosis code is for STI services.

Throughout this document, we use these definitions for STI screening and testing:

Screening is done when a client is asymptomatic.

Testing is done when the client has symptoms.

For most clients we can only reimburse for STI screening services if they were provided during a family planning or well visit.

However, our funding does cover visits for which the primary diagnosis code is STI screening for clients who:

- live in Oregon, **and**
- have "Another immigration status", and
- were assigned female at birth.

Quick Look: when STI services are covered by the RH Access Fund

Primary diagnosis code	When does RHAF cover STI services?	Can you charge the client for STI services?
Family Planning or Well Visit	STI screening, testing and treatment are always covered as secondary diagnosis codes	No
STI Screening (asymptomatic)	Only if client: ✓ lives in Oregon, ✓ marks Another Status, and ✓ was assigned female at birth	Yes, if client does <i>not</i> meet requirements listed to the left. No, if client <i>does</i> meet requirements listed to the left.

STI Coverage FAQs

See [RHAF STI Coverage FAQs](#)

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

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 Name	First Name	Visit Date	Invoice #	Services	Code	Quantity	Amount B	Fund Sour	Void/Resu	Expl. Code	Insurance	Insurance	Total Bille	Total Paid	Comment	Processing Date	
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	RING	J7303	3	\$21.00	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	\$8.95	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	\$244.95	CCARE			\$121.72	\$121.72	\$244.95	\$123.23		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	PINEAPPL	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	PINEAPPL	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	RHEA			\$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	RHEA			\$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	RHEA			\$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	RHEA			\$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
PINEAPPL	PAULA	2/19/2025	2502009989	RH MODERATE VISIT	T1015U2	1	\$203.00	RH GF		NC	\$0.00	\$0.00	\$0.00	\$0.00
PINEAPPL	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	RHEA			\$0.00	\$0.00	\$0.00	\$0.00
FIG	FRANCES	2/19/2025	2502009990	LANG ASSIST FEE TOV 11	T1013	1	\$67.00	RHEA			\$0.00	\$0.00	\$0.00	\$0.00
FIG	FRANCES	2/19/2025	2502009990	DEPO PROVERA	J1050	1	\$12.50	RHEA			\$0.00	\$0.00	\$0.00	\$0.00
FIG	FRANCES	2/19/2025	2502009990	TOTAL		0	\$158.50	RHEA			\$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 SOP	Batch	Seq.	Error #	Error Description		Run Date	
2	123	1234	2334585	9871515	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	2/26/2025	
3	123	1234	2334585	9871515	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	2/26/2025	
4	123	1234	2334585	9871515	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	2/26/2025	
5	123	1234	2334585	9871515	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	2/26/2025	
6	123	1234	2334585	9871515	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	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	2345469		STRAWBERRY	SARA	7/8/2024		4/5/2002	4/5/2002	12	2	269	4	1501	REJECT: CONTRACEPTIVE METHOD MISSING OR INVALID	2/26/2025	
11	123	1234	2341547	9874456	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	2/26/2025	
12	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	
13	123	1234	2319654		CANTELOUPE	CYNTHIA	8/13/2024		2/13/2000	2/13/2000	12	4	332	7	2451	WARNING: BLOOD PRESSURE NOT CODED PROPERLY	2/26/2025	
14	123	1234	2319654		CANTELOUPE	CYNTHIA	8/13/2024		2/13/2000	2/13/2000	12	4	332	7	2652	WARNING: HEIGHT HAS NOT BEEN ANSWERED	2/26/2025	
15	123	1234	2319654		CANTELOUPE	CYNTHIA	8/13/2024		2/13/2000	2/13/2000	12	4	332	7	2752	WARNING: WEIGHT HAS NOT BEEN ANSWERED	2/26/2025	
16	123	1234	2319654		CANTELOUPE	CYNTHIA	8/13/2024		2/13/2000	2/13/2000	12	4	332	7	3051	WARNING: TALK ABOUT CONTRACEPTION MISSING/INVALID	2/26/2025	
17	123	1234	2329425	9875555	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	2/26/2025	
18	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

CVR Error Report includes all sources of pay – not just RHAF

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.

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

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

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 RHCare 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>

RH.Program@odhsoha.Oregon.gov

