

RH Access Fund Visit Reimbursement Rates & FAQs

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
Low CVR Purpose of Visit: 11 Recommended code: T1015-U1	Depo shot for established client Routine 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
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

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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 Pregnancy test or options counseling visit that includes an ultrasound* Scheduled IUD insertion that includes an ultrasound 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
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.

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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 Moderate: \$67.00 High: \$84.00 Supply only: \$28.00
Vasectomy Counseling CVR Medical Service: 37 CVR Education/Counseling: 03	Select Type of Visit 12-Moderate Enrollee's citizenship/immigration status determines the Source of Pay. See Billing for Vasectomy Services in the Program Manual .	\$203 (RHAF or OVP)
Vasectomy Procedure CVR Medical Service: 20 CVR Purpose of Visit: 13	Select Type of Visit 13-High	\$800 (RHAF or OVP)
Vasectomy Referral Fee	Always select Source of Pay OVP	\$50

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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.
- If a point-of-care ultrasound was performed during a visit (for example, an IUD insertion or a pregnancy options counseling visit), you may bill a high 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.
- For providers accustomed to billing by time: the above time guidelines for billing a moderate level visit correspond to the guidelines for billing an E/M code 99203/99213. The time guidelines for billing a high level visit correspond to a 99204/99214.

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What is an established client?

- For the purposes of billing by time, an established client is a client seen in your agency within the last three years.

Are there restrictions on visit types that RNs can bill for?

- No. Any provider type may bill for any visit type, and reimbursement rates are the same regardless of the provider type.

When should we mark the Language Assistance box on the CVR (Medical Service 45)?

- Language Assistance should be marked whenever the clinic is providing any form of language assistance services. This may include bilingual staff or provider, an in-person interpreter or phone- or video-based interpretation services, whether or not they are registered with the Oregon Health Authority's Health Care Interpreter Program.

Are Telehealth visits covered?

- Yes, visits conducted by telephone and/or video are covered and reimbursed at the same rates as in-person visits.
- Mark Medical Service 41-Telehealth Visit whenever a visit is being conducted by telephone and/or video.

Do we have to use modifiers for the T1015 code (U1, U2, U3)?

- Some agencies have requested codes that could be used in their own systems to crosswalk to the new reimbursement rates. We suggest continuing to use the T1015 to indicate a family planning visit and adding modifiers (U1, U2, and U3) to indicate the level of service.
- These modifiers are not included on CVRs. On the CVR you will use the Purpose of Visit field only.