RH Access Fund STI Coverage Summary & FAQs

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 ✓ assigned female at birth	Yes, if client does *not* meet requirements listed to the left. No, if client *does* meet requirements listed to the left.
STI Testing (symptomatic)	Never	Yes. Follow standard clinic process.
STI Treatment and/or Rescreening	✓ All enrollees ✓ At RHCare clinics only ✓ Client has a prior visit with a CVR completed within 1 year of Treatment visit	Yes, if client does *not* meet requirements listed to the left.

Visits for which the primary diagnosis code is STI screening

Q When does the RH Access Fund cover visits for which the primary diagnosis code is STI screening?

A Due to the limits of our funding, the RH Access Fund can only reimburse for visits in which the primary focus is STI screening AND when a client's Enrollment Form shows that they live in Oregon, have Another Status, and were assigned female at birth. When this is the case, you will see this message in the client's profile in the RH Access Fund Eligibility Database: **The RH Access Fund will cover REPRODUCTIVE HEALTH SERVICES, including abortion and those not related to family planning for this client.** If you see this message, the RH Access Fund WILL cover stand-alone STI screening visits at RHCare clinics.

Q Are there gaps in coverage, and how should we handle that? For example, what if a citizen or eligible citizen wants screening for STI?

A Our funding does not allow us to reimburse for visits for which the primary diagnosis code is STI screening if the patient is male or has U.S. Citizenship or Eligible Immigrant Status. For these clients, we can only reimburse for STI screening as part of a visit where the primary diagnosis code is on the allowable list. The client could also be assessed for OHP eligibility.

Screening vs. Testing

Q Under covered services, it says STI screenings and treatment is covered, what about testing?

A The only time RHAF can cover testing is if a client is in for a family planning or well visit and mentions that they were exposed to or have symptoms. Then, we can cover the lab because it is in the broader context of a family planning or well visit, as long as the primary diagnosis code for the visit is on the list of allowable ICD10 codes.

But, none of our funding sources cover visits where the primary diagnosis code is STI testing.

Q Are CT/GC tests covered for clients who are symptomatic?

A If the visit has a primary diagnosis code that is on our allowable list and a CT/GC lab test is collected at the visit, we will reimburse for the test. However, if the only purpose for the visit is a CT/GC test it is not covered.

Q Is there an age limit for the CT/GC screen?

A There is no age limit for RHAF coverage of CT/GC screening. You should follow national standards of care and only screen when it's appropriate. We will reimburse for CT/GC tests whenever they are marked on the CVR.

Q What if a client comes in for STI labs other than CT/GC? Do we charge that to the client or do we just have to eat the cost of the other STI labs? For example: Herpes, Syphilis, HIV, etc.

A All STI labs are part of the bundled reimbursement rates for family planning or well visits. So, if labs are done during a family planning or well visit you may not charge the client.

However, if the visit is primarily about STI testing, it falls outside the scope of the RHCare or CCare and you should explore other programs for which the client might be eligible, for example OHP or the STD program, or you may charge the client.

What's included in the bundled rates

Q What STI labs are included in the bundled rates?

A Included within the bundled rates are the costs of screening for:

- HIV
- VDRL/RPR
- Herpes
- Wet mount
- Treponema -Syphilis
- Hepatitis C antibody and confirmation
- KOH/whiff test
- Trichomonas
- Hepatitis B antibody and antigen

CT/GC tests are reimbursed separately when Medical Service 29-Chlamydia Test is marked on the CVR.