
Reproductive Health Program CVR Data and Billing for RHCare clinics

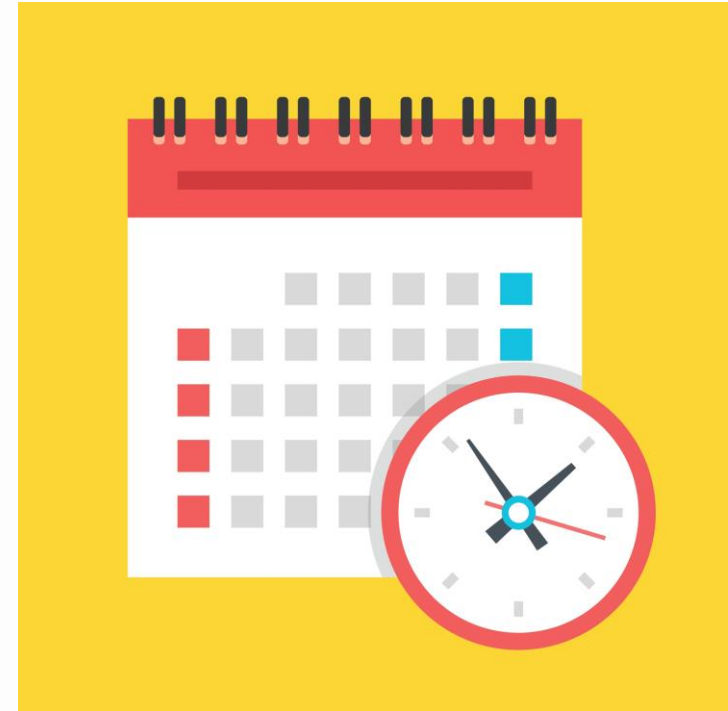
July 2021



REPRODUCTIVE HEALTH PROGRAM
Public Health Division

Outline

- What is the CVR?
- CVR in detail: section by section
- Three bundled reimbursement rates
- Allowable primary diagnosis codes
- Billing and data reports



Useful Resources

- [CVR \(Clinic Visit Record form\)](#)
- [CVR Manual](#)
- [ICD-10 codes for RHCare clinics](#)
- [RH Program Reimbursement Rates](#)
- [Accessing Ahlers monthly reports](#)



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

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

RH Program resources pages:

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

How do clinics collect and submit data?

- Ways to collect CVR data:
 - Within your EHR system
 - Ahlers software (WinCVR)
 - Enter data online (WebCVR)
 - Carry around paper forms 😊
- Three ways to submit CVR data:
 - Export a file from your EHR (837 or fixed width/comma separated text file) and upload to Ahlers secure site
 - Use Ahlers software (WinCVR) and upload file to Ahlers secure site
 - Enter data online (WebCVR)



How do clinics collect and submit data?

- CVR data/claims are processed once per month (Thursday before the 4th Friday of each month)
- Can submit once or multiple times throughout the month

See: RH Program [CVR deadlines](#)



A note about renaming. . .

Old Name	New Name	Definition
RH Program Clinic or RH Clinic	RHCare Clinic	Clinic certified with the RH Program to: <ul style="list-style-type: none"> • Provide a broad scope of reproductive health services to all clients, and • Receive reimbursement for covered services provided to enrollees in the RH Access Fund.
Abortion Clinic	AbortionCare Clinic	Clinic certified with the RH Program to receive reimbursement for abortion services provided to RH Access Fund enrollees who meet RHEA eligibility criteria.
CCare-only Clinic	CCare Clinic	Clinic certified with the RH Program to receive reimbursement for CCare services provided to enrollees who meet CCare eligibility criteria.
RH Program coverage	RH Access Fund	Coverage into which clients enroll to have their services covered by the RH Program.
Client enrolled in RH Program coverage	Enrollee	A client who has completed the RH Access Fund Enrollment Form and is enrolled in RH Access Fund.

July 2021 CVR

OREGON CLINIC VISIT RECORD

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.

1. SITE/CLINIC NO.	[][][][][][][][][][]
2. CLIENT NO.	[][][][][][][][][][]
3. DATE OF VISIT	[][][][][][]2[][][][]
4. DATE OF BIRTH	[][][][][][]-[][][][][][]-[][][][][][]
5. SEX AT BIRTH	<input type="checkbox"/> 1-Female <input type="checkbox"/> 2-Male
6. ETHNICITY	<input type="checkbox"/> 4-Unknown/Not Reported <input type="checkbox"/> 6-Hispanic or Latino <input type="checkbox"/> 9-Not Hispanic or Latino
6a. RACE (Mark all that apply)	<input type="checkbox"/> 1-White <input type="checkbox"/> 5-Asian <input type="checkbox"/> 2-Black/Afr. Amer. <input type="checkbox"/> 6-Other <input type="checkbox"/> 3-American Indian <input type="checkbox"/> 7-Unknown/Not Reported <input type="checkbox"/> 4-Alaska Native <input type="checkbox"/> 8-Native Hawaiian/ Pac. Isl.
7. ADDITIONAL DEMOGRAPHIC (check if applicable)	<input type="checkbox"/> 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)	<input type="checkbox"/> 1-Public Health Insurance <input type="checkbox"/> 3-Uninsured <input type="checkbox"/> 2-Private Health Insurance <input type="checkbox"/> 4-Unknown

9. ASSIGNED SOURCE OF PAYMENT (CHECK ONE)
<input type="checkbox"/> 02-Title XIX (OHP) <input type="checkbox"/> 04-Private Insurance
<input type="checkbox"/> 03-WA Take Charge <input type="checkbox"/> 05-Full Fee
<input type="checkbox"/> 11-OVP <input type="checkbox"/> 07-Other
<input type="checkbox"/> 12- RH Access Fund

13b. 14b. PROVIDER OF MEDICAL SERVICES/ COUNSELING/EDUCATION SERVICES (Mark all that apply)
<input type="checkbox"/> 1-Physicians (MD, DO, ND)
<input type="checkbox"/> 2-PA, NP, CNM
<input type="checkbox"/> 3-RNs, LPNs
<input type="checkbox"/> 4-Other service providers, health educators, social workers, clinic aides and lab technicians

7a. CLIENT'S PREVIOUS TEST DATES – Females Only
1-Chlamydia (age ≤24)
<input type="checkbox"/> 1-Never <input type="checkbox"/> 2-Unk <input type="checkbox"/> 3-Date: [][][][][][] MO. YR.
2-Pap (age ≥21)
<input type="checkbox"/> 1-Never <input type="checkbox"/> 2-Unk <input type="checkbox"/> 3-Date: [][][][][][] MO. YR.

13A. MEDICAL SERVICES (Check all applicable)
Visit & Lab Services
<input type="checkbox"/> 01-Annual Visit <input type="checkbox"/> 45-Language Assistance
<input type="checkbox"/> 41-Telehealth Visit <input type="checkbox"/> 25-Pap Test Conventional
<input type="checkbox"/> 06-Breast Exam <input type="checkbox"/> 26- Pap Test Liquid-Based
<input type="checkbox"/> 09-Pelvic Exam <input type="checkbox"/> 36-Other Lab or Exam
<input type="checkbox"/> 23-Hgb/Hct <input type="checkbox"/> 37-No Lab or Exam
<input type="checkbox"/> 24-Urine dip strip/Urinalysis
Contraceptive Related Services
<input type="checkbox"/> 17-Diaphragm/Cap Fit <input type="checkbox"/> 40-Hormonal injection
<input type="checkbox"/> 19-IUD/IUS Insert <input type="checkbox"/> 48-EC-Immediate Need
<input type="checkbox"/> 22-IUD/IUS Removal <input type="checkbox"/> 46-EC-Future Need
<input type="checkbox"/> 38-Hormone Implant Insert <input type="checkbox"/> 20-Vasectomy Procedure
<input type="checkbox"/> 39-Hormone Implant Removal <input type="checkbox"/> 18-Vasectomy Referral Fee
Pregnancy Related Services
<input type="checkbox"/> 21-Post Pregnancy Exam <input type="checkbox"/> 33-Positive Pregnancy Test
<input type="checkbox"/> 31-Serum Pregnancy Test <input type="checkbox"/> 35-Infertility Screening
32-Negative Pregnancy Test
STI Related Services
<input type="checkbox"/> 29-Chlamydia Test <input type="checkbox"/> 16-Herpes Test
<input type="checkbox"/> 13-Chlamydia Treatment <input type="checkbox"/> 30-Wet Mount
<input type="checkbox"/> 28-Gonorrhea Test <input type="checkbox"/> 43-HIV test
<input type="checkbox"/> 10-Gonorrhea Treatment <input type="checkbox"/> 47-Syphilis Test
<input type="checkbox"/> 15-Wart Treatment <input type="checkbox"/> 50-HPV Test

14A. EDUCATION/COUNSELING (Check all applicable)
<input type="checkbox"/> 01-Contraceptive <input type="checkbox"/> 09-STI/HIV prevention
<input type="checkbox"/> 02-Fert. Aware Method <input type="checkbox"/> 12-Phys. Activity/Nutrition
<input type="checkbox"/> 03-Sterilization <input type="checkbox"/> 13-Abstinence
<input type="checkbox"/> 04-Infertility <input type="checkbox"/> 15-Behavioral Health
<input type="checkbox"/> 05-Tobacco <input type="checkbox"/> 16-Abnormal Pap
<input type="checkbox"/> 06-Substance Abuse <input type="checkbox"/> 17-Encourage Parental/Family involvement
<input type="checkbox"/> 07-Pregnancy options <input type="checkbox"/> 18-Relationship Safety
<input type="checkbox"/> 08-Preconception

19. PREGNANCY INTENTION SCREENING
<input type="checkbox"/> 1-Yes, Near Future <input type="checkbox"/> 3-Unsure or Okay Either Way
<input type="checkbox"/> 2-No, Maybe Later <input type="checkbox"/> 4-Never

OREGON CLINIC VISIT RECORD

15A. PRIMARY CONTRACEPTIVE METHOD (Complete before and after blocks)
13-Abstinence 10-None
06-Condom, External 02-Oral Contraceptives
19-Condom, Internal 09-Other Method
04-Diaphragm 07-Spermicide
11-Hormonal Implant 21-Sponge
16-Hormonal Injection 01-Tubal Sterilization
17-Hormonal Patch 20-Withdrawal
03-IUD 18-Vaginal Ring
15-IUS 14-Vasectomy
22-LAM
08-NFP/FAM

BEFORE VISIT [][][] AFTER VISIT [][][]

15B. IF NONE AT THE END OF THIS VISIT, GIVE REASON.

PREGNANT: ☐ 1-Planned ☐ 8-Unplanned
☐ 3-Seeking Pregnancy ☐ 7-Other

16. REFERRAL INFORMATION (Check all that apply)
<input type="checkbox"/> 01-Prenatal <input type="checkbox"/> 16-Breast Evaluation
<input type="checkbox"/> 02-High Risk Pregnancy <input type="checkbox"/> 12-Mammography or U.S.
<input type="checkbox"/> 03-Abortion <input type="checkbox"/> 17-Abnormal Cervical Cyto.
<input type="checkbox"/> 15-Adoption <input type="checkbox"/> 10-Social Services
<input type="checkbox"/> 04-STI <input type="checkbox"/> 13-Substance Abuse
<input type="checkbox"/> 05-Tubal Sterilization <input type="checkbox"/> 14-Abuse/Violence
<input type="checkbox"/> 18-Vasectomy <input type="checkbox"/> 19-Genetic Counseling
<input type="checkbox"/> 06-Infertility

Complete the below sections if billing RH Access Fund or OVP

12. PURPOSE OF VISIT (Check One)
<input type="checkbox"/> 11 – Low <input type="checkbox"/> 09 – Supply-only Visit
<input type="checkbox"/> 12 – Moderate <input type="checkbox"/> 08 – Vasectomy Referral
<input type="checkbox"/> 13 – High

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

9B. WAS INSURANCE BILLED FOR THIS VISIT?
<input type="checkbox"/> 1-No <input type="checkbox"/> 2-Yes (Complete 17A.)
9C. SPECIAL CONFIDENTIALITY NEEDS <input type="checkbox"/> 1-Yes

17. SUPPLY BILLING					
Supply	Qty.	Unit price	Supply	Qty.	Unit Price
01-Orals			20-Cycle Beads		
16-EC			21-Skyla IUS		
14-Patch			22-Liletta IUS		
15-Mirena IUS			23-Kyleena IUS		
03-Copper IUD			24-Annual Ring		
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		
17A. THIRD PARTY RESOURCE CODES (Complete if client has other insurance coverage)					
1 – Explanation Code [][][]					
2 – Other Insurance Paid [][][][][][][][][][]					

July 2021 CVR

OREGON CLINIC VISIT RECORD

Key: **Wording Changes** **New Response Options**

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.

1. SITE/CLINIC NO.	
2. CLIENT NO.	
3. DATE OF VISIT	2 0
4. DATE OF BIRTH	
5. SEX AT BIRTH	<input type="checkbox"/> 1-Female <input type="checkbox"/> 2-Male
6. ETHNICITY	<input type="checkbox"/> 6-Hispanic or Latino <input type="checkbox"/> 9-Not Hispanic or Latino
6a. RACE (Mark all that apply)	<input type="checkbox"/> 1-White <input type="checkbox"/> 5-Asian <input type="checkbox"/> 2-Black/Afr. Amer. <input type="checkbox"/> 6-Other <input type="checkbox"/> 3-American Indian <input type="checkbox"/> 7-Unknown/Not Reported <input type="checkbox"/> 4-Alaska Native <input type="checkbox"/> 8-Native Hawaiian/ Pac. Isl.
7. ADDITIONAL DEMOGRAPHIC (check if applicable)	<input type="checkbox"/> 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)
	<input type="checkbox"/> 1-Public Health Insurance <input type="checkbox"/> 3-Uninsured <input type="checkbox"/> 2-Private Health Insurance <input type="checkbox"/> 4-Unknown

9. ASSIGNED SOURCE OF PAYMENT (CHECK ONE)
<input type="checkbox"/> 02-Title XIX (OHP) <input type="checkbox"/> 04-Private Insurance
<input type="checkbox"/> 03-WA Take Charge <input type="checkbox"/> 05-Full Fee
<input type="checkbox"/> 11-OVP <input type="checkbox"/> 07-Other
<input type="checkbox"/> 12- RH Access Fund

13B. 14B. PROVIDER OF MEDICAL SERVICES/ COUNSELING/EDUCATION SERVICES
(Mark all that apply)
<input type="checkbox"/> 1-Physicians (MD, DO, ND)
<input type="checkbox"/> 2-PA, NP, CNM
<input type="checkbox"/> 3-RNs, LPNs
<input type="checkbox"/> 4-Other service providers, health educators, social workers, clinic aides and lab technicians

7a. CLIENT'S PREVIOUS TEST DATES – Females Only
1-Chlamydia (age ≤24)
<input type="checkbox"/> 1-Never <input type="checkbox"/> 2-Unk <input type="checkbox"/> 3-Date:
2-Pap (age ≥21)
<input type="checkbox"/> 1-Never <input type="checkbox"/> 2-Unk <input type="checkbox"/> 3-Date:

13A. MEDICAL SERVICES (Check all applicable)
Visit & Lab Services
<input type="checkbox"/> 01-Annual Visit <input type="checkbox"/> 45-Language Assistance
<input type="checkbox"/> 41-Telehealth Visit <input type="checkbox"/> 25-Pap Test Conventional
<input type="checkbox"/> 06-Breast Exam <input type="checkbox"/> 26-Pap Test Liquid-Based
<input type="checkbox"/> 09-Pelvic Exam <input type="checkbox"/> 36-Other Lab or Exam
<input type="checkbox"/> 23-Hgb/Hct <input type="checkbox"/> 37-No Lab or Exam
<input type="checkbox"/> 24-Urine dip strip/Urinalysis
Contraceptive Related Services
<input type="checkbox"/> 17-Diaphragm/Cap Fit <input type="checkbox"/> 40-Hormonal injection
<input type="checkbox"/> 19-IUD/IUS Insert <input type="checkbox"/> 48-EC-Immediate Need
<input type="checkbox"/> 22-IUD/IUS Removal <input type="checkbox"/> 46-EC-Future Need
<input type="checkbox"/> 38-Hormone Implant Insert <input type="checkbox"/> 20-Vasectomy Procedure
<input type="checkbox"/> 39-Hormone Implant Removal <input type="checkbox"/> 18-Vasectomy Referral Fee
Pregnancy Related Services
<input type="checkbox"/> 21-Post Pregnancy Exam <input type="checkbox"/> 33-Positive Pregnancy Test
<input type="checkbox"/> 31-Serum Pregnancy Test <input type="checkbox"/> 35-Infertility Screening
<input type="checkbox"/> 32-Negative Pregnancy Test
STI Related Services
<input type="checkbox"/> 29-Chlamydia Test <input type="checkbox"/> 16-Herpes Test
<input type="checkbox"/> 13-Chlamydia Treatment <input type="checkbox"/> 30-Wet Mount
<input type="checkbox"/> 28-Gonorrhea Test <input type="checkbox"/> 43-HIV test
<input type="checkbox"/> 10-Gonorrhea Treatment <input type="checkbox"/> 47-Syphilis Test
<input type="checkbox"/> 15-Wart Treatment <input type="checkbox"/> 50-HPV Test

14A. EDUCATION/COUNSELING (Check all applicable)
<input type="checkbox"/> 01-Contraceptive <input type="checkbox"/> 09-STI/HIV prevention
<input type="checkbox"/> 02-Fert. Aware Method <input type="checkbox"/> 12-Phys. Activity/Nutrition
<input type="checkbox"/> 03-Sterilization <input type="checkbox"/> 13-Abstinence
<input type="checkbox"/> 04-Infertility <input type="checkbox"/> 15-Behavioral Health
<input type="checkbox"/> 05-Tobacco <input type="checkbox"/> 16-Abnormal Pap
<input type="checkbox"/> 06-Substance Abuse <input type="checkbox"/> 17-Encourage Parental/Family involvement
<input type="checkbox"/> 07-Pregnancy options <input type="checkbox"/> 18-Relationship Safety
<input type="checkbox"/> 08-Preconception

19. PREGNANCY INTENTION SCREENING
<input type="checkbox"/> 1-Yes, Near Future <input type="checkbox"/> 3-Unsure or Okay Either Way
<input type="checkbox"/> 2-No, Maybe Later <input type="checkbox"/> 4-Never

OREGON CLINIC VISIT RECORD

15A. PRIMARY CONTRACEPTIVE METHOD (Complete before and after blocks)
13-Abstinence 10-None
06-Condom, External 02-Oral Contraceptives
09-Condom, Internal 09-Other Method
04-Diaphragm 07-Spermicide
11- Hormonal Implant 21-Sponge
16-Hormonal Injection 01- Tubal Sterilization
17-Hormonal Patch 20-Withdrawal
03-IUD 18-Vaginal Ring
15-IUS 14- Vasectomy
22-LAM
08-NFP/FAM
BEFORE VISIT AFTER VISIT
15B. IF NONE AT THE END OF THIS VISIT, GIVE REASON.
PREGNANT: <input type="checkbox"/> 1-Planned <input type="checkbox"/> 8-Unplanned
<input type="checkbox"/> 3-Seeking Pregnancy <input type="checkbox"/> 7-Other

16. REFERRAL INFORMATION (Check all that apply)
<input type="checkbox"/> 01-Prenatal <input type="checkbox"/> 16-Breast Evaluation
<input type="checkbox"/> 02-High Risk Pregnancy <input type="checkbox"/> 12-Mammography or U.S.
<input type="checkbox"/> 03-Abortion <input type="checkbox"/> 17- Abnormal Cervical Cyto.
<input type="checkbox"/> 15-Adoption <input type="checkbox"/> 10-Social Services
<input type="checkbox"/> 04-STI <input type="checkbox"/> 13-Substance Abuse
<input type="checkbox"/> 05- Tubal Sterilization <input type="checkbox"/> 14-Abuse/Violence
<input type="checkbox"/> 18-Vasectomy <input type="checkbox"/> 19-Genetic Counseling
<input type="checkbox"/> 06-Infertility

Complete the below sections if billing **RH Access Fund** or OVP

12. PURPOSE OF VISIT (Check One)
<input type="checkbox"/> 11 – Low <input type="checkbox"/> 09 – Supply-only Visit
<input type="checkbox"/> 12 – Moderate <input type="checkbox"/> 08 – Vasectomy Referral
<input type="checkbox"/> 13 – High

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

9B. WAS INSURANCE BILLED FOR THIS VISIT?
<input type="checkbox"/> 1-No <input type="checkbox"/> 2-Yes (Complete 17A.)
9C. SPECIAL CONFIDENTIALITY NEEDS <input type="checkbox"/> 1-Yes

17. SUPPLY BILLING	
Supply Qty. Unit price Supply Qty. Unit Price	
01-Orals	20-Cycle Beads
16-EC	21-Skyla IUS
14-Patch	22-Liletta IUS
15-Mirena IUS	23-Kyleena IUS
03-Copper IUD	24- Annual Ring
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
17A. THIRD PARTY RESOURCE CODES (Complete if client has other insurance coverage)	
1 – Explanation Code	
2 – Other Insurance Paid .	

2021 CVR – section by section

Key: Wording Changes New Response Options

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.

1. SITE/CLINIC NO.	_ _ _ _ _ _ _ _ _
2. CLIENT NO.	_ _ _ _ _ _ _ _ _ _ _ _ _
3. DATE OF VISIT	_ _ _ _ _ _ 2 0 _ _ _
4. DATE OF BIRTH	_ _ _ _ _ _ _ _ _ _ _
5. SEX AT BIRTH	<input type="checkbox"/> 1-Female <input type="checkbox"/> 2-Male
6. ETHNICITY	<input type="checkbox"/> 8-Unknown/Not Reported <input type="checkbox"/> 6-Hispanic or Latino <input type="checkbox"/> 9-Not Hispanic or Latino
6a. RACE (Mark all that apply)	<input type="checkbox"/> 1-White <input type="checkbox"/> 5-Asian <input type="checkbox"/> 2-Black/Afr. Amer. <input type="checkbox"/> 6-Other <input type="checkbox"/> 3-American Indian <input type="checkbox"/> 7-Unknown/Not Reported <input type="checkbox"/> 4-Alaska Native <input type="checkbox"/> 8-Native Hawaiian/ Pac. Isl.
7. ADDITIONAL DEMOGRAPHIC (check if applicable)	<input type="checkbox"/> 5-Limited English Proficiency
8. ZIP CODE	_ _ _ _ _ _ _

See our [CVR Manual](http://healthoregon.org/rhbilling) available at:
<http://healthoregon.org/rhbilling>

2021 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)	
<input type="checkbox"/> 1-Public Health Insurance	<input type="checkbox"/> 3-Uninsured
<input type="checkbox"/> 2-Private Health Insurance	<input type="checkbox"/> 4-Unknown

- On the Enrollment Form, a client should state their household size based on tax filing status, but only their own personal income.
- HOWEVER, income and household size on the CVR follow Title X guidelines, which include household/family income.

Resources:

- [2021 Sliding Fee Scale](#)

Available at:

<http://healthoregon.org/rhclientenrollment>

Household size: from the CVR Manual...

10b. Household Size: For the CVR, household is a social unit of one or more persons living together and sharing the income reported above. It must be at least one. Clients 17 and younger who request special confidentiality are always a household size of one.

Household includes:	Household does NOT include:
<ul style="list-style-type: none">• Couple living together and sharing cost-of-living expenses• Parent(s) whose income supports their children	<ul style="list-style-type: none">• Roommates who share rent• Unrelated children (including foster children)

Sliding Fee Scale Assessments

10. INCOME AND HOUSEHOLD SIZE	
a. Monthly Income	
b. Household Size	
18. CLIENT INSURANCE STATUS (check one) (Principal health insurance covering primary care)	
<input type="checkbox"/> 1-Public Health Insurance	<input type="checkbox"/> 3-Uninsured
<input type="checkbox"/> 2-Private Health Insurance	<input type="checkbox"/> 4-Unknown

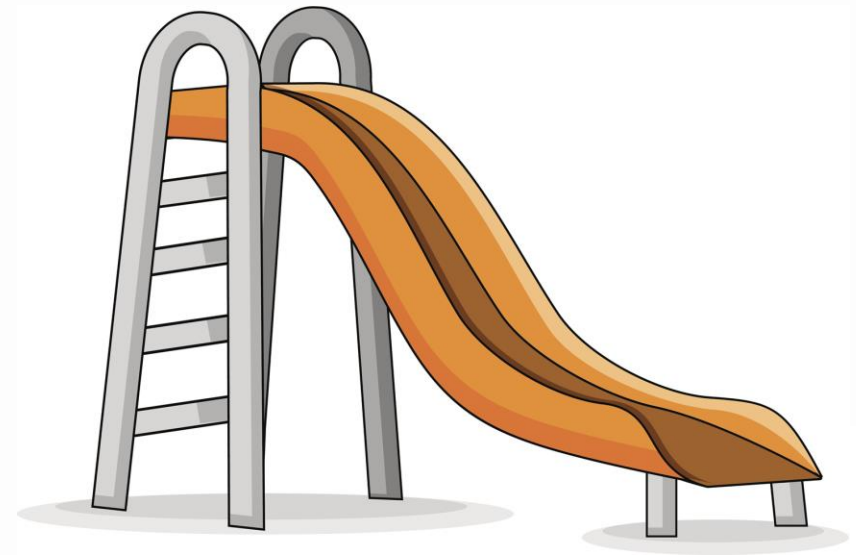
RHCare clinics are still required to assess where clients fall on the sliding fee scale, even for clients with other payment sources.

Resources:

- [2021 Sliding Fee Scale](#)

Available at:

<http://healthoregon.org/rhclientenrollment>



2021 CVR – section by section

9. ASSIGNED SOURCE OF PAYMENT (CHECK ONE)

- | | |
|---|---|
| <input type="checkbox"/> 02-Title XIX (OHP) | <input type="checkbox"/> 04-Private Insurance |
| <input type="checkbox"/> 03-WA Take Charge | <input type="checkbox"/> 05-Full Fee |
| <input type="checkbox"/> 11-OVP | <input type="checkbox"/> 07-Other |
| <input type="checkbox"/> 12- RH Access Fund | |

Use 07-Other if client did not complete the RH Access Fund Enrollment Form and is being charged on the sliding fee scale.



2021 CVR – section by section

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

(Mark all that apply)

- ☐ 1-Physicians (MD, DO, ND)
- ☐ 2-PA, NP, CNM
- ☐ 3-RNs, LPNs
- ☐ 4-Other service providers, health educators, social workers, clinic aides and lab technicians

Provider type – select all categories of staff who provided medical and/or counseling services.



2021 CVR – section by section

7a. CLIENT'S PREVIOUS TEST DATES – Females Only	
1-Chlamydia (age ≤24) <input type="checkbox"/> 1-Never <input type="checkbox"/> 2-Unk <input type="checkbox"/> 3-Date:	MO. YR. _ _ _ _ _
2-Pap (age ≥21) <input type="checkbox"/> 1-Never <input type="checkbox"/> 2-Unk <input type="checkbox"/> 3-Date:	MO. YR. _ _ _ _ _

Required for female clients in certain age groups:

Chlamydia: if female and age 24 or younger

Pap: if female and age 21 or older

If they're getting the test today, mark the previous test date (if any)



2021 CVR – section by section

13A. MEDICAL SERVICES (Check all applicable)

Visit & Lab Services

- | | |
|--|--|
| <input type="checkbox"/> 01-Annual Visit | <input type="checkbox"/> 45-Language Assistance |
| <input type="checkbox"/> 41-Telehealth Visit | <input type="checkbox"/> 25-Pap Test Conventional |
| <input type="checkbox"/> 06-Breast Exam | <input type="checkbox"/> 26- Pap Test Liquid-Based |
| <input type="checkbox"/> 09-Pelvic Exam | <input type="checkbox"/> 36-Other Lab or Exam |
| <input type="checkbox"/> 23-Hgb/Hct | <input type="checkbox"/> 37-No Lab or Exam |
| <input type="checkbox"/> 24-Urine dip strip/Urinalysis | |

Contraceptive Related Services

- | | |
|---|--|
| <input type="checkbox"/> 17-Diaphragm/Cap Fit | <input type="checkbox"/> 40-Hormonal injection |
| <input type="checkbox"/> 19-IUD/IUS Insert | <input type="checkbox"/> 48-EC-Immediate Need |
| <input type="checkbox"/> 22-IUD/IUS Removal | <input type="checkbox"/> 46-EC-Future Need |
| <input type="checkbox"/> 38-Hormone Implant Insert | <input type="checkbox"/> 20-Vasectomy Procedure |
| <input type="checkbox"/> 39-Hormone Implant Removal | <input type="checkbox"/> 18-Vasectomy Referral Fee |

Pregnancy Related Services

- | | |
|---|---|
| <input type="checkbox"/> 21-Post Pregnancy Exam | <input type="checkbox"/> 33-Positive Pregnancy Test |
| <input type="checkbox"/> 31-Serum Pregnancy Test | <input type="checkbox"/> 35-Infertility Screening |
| <input type="checkbox"/> 32-Negative Pregnancy Test | |

STI Related Services

- | | |
|---|---|
| <input type="checkbox"/> 29-Chlamydia Test | <input type="checkbox"/> 16-Herpes Test |
| <input type="checkbox"/> 13-Chlamydia Treatment | <input type="checkbox"/> 30-Wet Mount |
| <input type="checkbox"/> 28-Gonorrhea Test | <input type="checkbox"/> 43-HIV test |
| <input type="checkbox"/> 10-Gonorrhea Treatment | <input type="checkbox"/> 47-Syphilis Test |
| <input type="checkbox"/> 15-Wart Treatment | <input type="checkbox"/> 50-HPV Test |

Must match what is documented in the patient's chart

For supply refill visits or counseling-only visits, mark 37-No Lab or Exam

2021 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

Contraceptive Related Services

- ☐ 17-Diaphragm/Cap Fit
- ☐ 19-IUD/IUS Insert
- ☐ 22-IUD/IUS Removal
- ☐ 38-Hormone Implant Insert
- ☐ 39-Hormone Implant Removal

Pregnancy Related Services

- ☐ 21-Post Pregnancy Exam
- ☐ 31-Serum Pregnancy Test
- ☐ 32-Negative Pregnancy Test

STI Related Services

- ☐ 29-Chlamydia Test
- ☐ 13-Chlamydia Treatment
- ☐ 28-Gonorrhea Test
- ☐ 10-Gonorrhea Treatment
- ☐ 15-Wart Treatment

\$

45-Language Assistance

- ☐ 25-Pap Test Conventional
- ☐ 26- Pap Test Liquid-Based
- ☐ 36-Other Lab or Exam
- ☐ 37-No Lab or Exam

- ☐ 40-Hormonal injection
- ☐ 48-EC-Immediate Need
- ☐ 46-EC-Future Need
- ☐ 20-Vasectomy Procedure
- ☐ 18-Vasectomy Referral Fee

- ☐ 33-Positive Pregnancy Test
- ☐ 35-Infertility Screening

- ☐ 16-Herpes Test
- ☐ 30-Wet Mount
- ☐ 43-HIV test
- ☐ 47-Syphilis Test
- ☐ 50-HPV Test

Two medical services result in additional reimbursement for RHAf enrollees:

29-CT test (\$13.55)

45-Language Assistance (\$ depends on Purpose of Visit)

- Bilingual staff
- Interpretation by phone, video, or in-person
- Certified or non-certified interpreters

2021 CVR – section by section

14A. EDUCATION/COUNSELING (Check all applicable)

- | | |
|--|---|
| <input type="checkbox"/> 01-Contraceptive | <input type="checkbox"/> 09-STI/HIV prevention |
| <input type="checkbox"/> 02-Fert. Aware Method | <input type="checkbox"/> 12-Phys. Activity/Nutrition |
| <input type="checkbox"/> 03-Sterilization | <input type="checkbox"/> 13-Abstinence |
| <input type="checkbox"/> 04-Infertility | <input type="checkbox"/> 15-Behavioral Health |
| <input type="checkbox"/> 05-Tobacco | <input type="checkbox"/> 16-Abnormal Pap |
| <input type="checkbox"/> 06-Substance Abuse | <input type="checkbox"/> 17-Encourage Parental/Family involvement |
| <input type="checkbox"/> 07-Pregnancy options | <input type="checkbox"/> 18-Relationship Safety |
| <input type="checkbox"/> 08-Preconception | |

Removed “Assessment” from “Education/Counseling”

Must match what is documented in the patient’s chart

19. PREGNANCY INTENTION SCREENING

- | | |
|---|--|
| <input type="checkbox"/> 1-Yes, Near Future | <input type="checkbox"/> 3-Unsure or Okay Either Way |
| <input type="checkbox"/> 2-No, Maybe Later | <input type="checkbox"/> 4-Never |

If not conducted, leave it blank

2021 CVR – section by section

15A. PRIMARY CONTRACEPTIVE METHOD

(Complete before and after blocks)

13-Abstinence	10-None
06-Condom, External	02-Oral Contraceptives
19-Condom, Internal	09-Other Method
04-Diaphragm	07-Spermicide
11-Hormonal Implant	21-Sponge
16-Hormonal Injection	01-Tubal Sterilization
17-Hormonal Patch	20-Withdrawal
03-IUD	18-Vaginal Ring
15-IUS	14-Vasectomy
22-LAM	
08-NFP/FAM	

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

15B. IF NONE AT THE END OF THIS VISIT, GIVE REASON.

PREGNANT: ☐ 1-Planned ☐ 8-Unplanned
☐ 3-Seeking Pregnancy ☐ 7-Other

Wording changes to make methods gender neutral.

If using more than one method, mark the most effective method.

If relying on partner's method, mark that method

- Example: female client has a male partner who had a vasectomy. Mark 14-Male sterilization.

2021 CVR – section by section

16. REFERRAL INFORMATION (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> 01-Prenatal | <input type="checkbox"/> 16-Breast Evaluation |
| <input type="checkbox"/> 02-High Risk Pregnancy | <input type="checkbox"/> 12-Mammography or U.S. |
| <input type="checkbox"/> 03-Abortion | <input type="checkbox"/> 17-Abnormal Cervical Cyto. |
| <input type="checkbox"/> 15-Adoption | <input type="checkbox"/> 10-Social Services |
| <input type="checkbox"/> 04-STI | <input type="checkbox"/> 13-Substance Abuse |
| <input type="checkbox"/> 05-Tubal Sterilization | <input type="checkbox"/> 14-Abuse/Violence |
| <input type="checkbox"/> 18-Vasectomy | <input type="checkbox"/> 19-Genetic Counseling |
| <input type="checkbox"/> 06-Infertility | |

Changed 17-Colposcopy to Abnormal Cervical Cyto. – includes more than colposcopy.

If no referrals, leave blank

Must match documentation in client's chart



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			20-Cycle Beads		
16-EC			21-Skyla IUS		
14-Patch			22-Liletta IUS		
15-Mirena IUS			23-Kyleena IUS		
03-Copper IUD			24-Annual Ring		
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		

Annual Ring =
New supply
option

17A. THIRD PARTY RESOURCE CODES (Complete if client has other insurance coverage)

- 1 – Explanation Code |_|_|_|
2 – Other Insurance Paid |_|_|_|_|_|. |_|_|_|_|

2021 CVR – section by section

12. PURPOSE OF VISIT (Check One)	
<input type="checkbox"/> 11 – Low	<input type="checkbox"/> 9 – Supply-only Visit
<input type="checkbox"/> 12 – Moderate	<input type="checkbox"/> 8 – Vasectomy Referral
<input type="checkbox"/> 13 – High	

This box determines the reimbursement rate. Clinician determines the most appropriate purpose of visit.



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

- [Reimbursement rate descriptions](#)
- [Reimbursement rate components](#)

Reimbursement Rates

Reimbursement Rates for RHCare and CCare Clinics

Type of Visit	Examples	Reimbursement Rate
Supply-only visit CVR Purpose of Visit: 9	<ul style="list-style-type: none"> Contraceptive supply pick-up/refill Chlamydia or gonorrhea treatment pick-up* 	Supplies at acquisition cost + \$6.47 Language Assistance fee if marked on CVR + \$10 dispensing fee if applicable
Low CVR Purpose of Visit: 11 Recommended code: T1015-U1	<ul style="list-style-type: none"> 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 Repeat Pap test with minimal counseling* Straightforward CT/GC treatment visit (must be pursuant to family planning visit)* STI rescreening visit* 	\$60.00 + \$25.88 Language Assistance fee if marked on CVR + CT/GC at \$13.55 if marked on CVR + supplies at acquisition cost + \$10 dispensing fee if applicable
Moderate CVR Purpose of Visit: 12 Recommended code: T1015-U2	<ul style="list-style-type: none"> Birth control method start Birth control prescription visit Most counseling visits Routine well-woman (annual) visits for established clients Scheduled IUD/implant insertions or removals Pregnancy test with counseling* Repeat Pap test with extended counseling* CT/GC treatment visit with extended counseling (must be pursuant to a family planning visit)* 	\$167.00 + \$51.76 Language Assistance fee if marked on CVR + CT/GC at \$13.55 if marked on CVR + supplies at acquisition cost + \$10 dispensing fee if applicable

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

Type of Visit	Examples	Reimbursement Rate
High CVR Purpose of Visit: 13 Recommended code: T1015-U3	<ul style="list-style-type: none"> Well-woman (annual) visits for new clients Well-woman (annual) visits for established clients with complex findings or needs Complex IUD and implant insertions/removals Single-visit contraceptive counseling and IUD/implant insertions Single-visit IUD/implant removal and insertion 	\$260.00 + \$77.63 Language Assistance fee if marked on CVR + CT/GC at \$13.55 if marked on CVR + supplies at acquisition cost + \$10 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): <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Billable as part of any of the above visit types. Mark Medical Service 29-Chlamydia Test on the CVR 	\$13.55
Language Assistance	<ul style="list-style-type: none"> Billable as part of any of the above visit types. Mark Medical Service 45-Language Assistance on the CVR. 	Low visit: \$25.88 Moderate: \$51.76 High: \$77.63 Supply only: \$6.47

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

Reimbursement Rates

Reimbursement Rates for RHCare and CCare Clinics

Type of Visit	Examples	Reimbursement Rate
Supply-only visit CVR Purpose of Visit: 9	<ul style="list-style-type: none"> • Contraceptive supply pick-up/refill • Chlamydia or gonorrhea treatment pick-up* 	Supplies at acquisition cost + \$6.47 Language Assistance fee if marked on CVR + \$10 dispensing fee if applicable
Low CVR Purpose of Visit: 11 Recommended code: T1015-U1	<ul style="list-style-type: none"> • 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 • Repeat Pap test with minimal counseling* • Straightforward CT/GC treatment visit (must be pursuant to family planning visit)* • STI rescreening visit* 	\$60.00 + \$25.88 Language Assistance fee if marked on CVR + CT/GC at \$13.55 if marked on CVR + supplies at acquisition cost + \$10 dispensing fee if applicable
Moderate CVR Purpose of Visit: 12 Recommended code: T1015-U2	<ul style="list-style-type: none"> • Birth control method start • Birth control prescription visit • Most counseling visits • Routine well-woman (annual) visits for established clients • Scheduled IUD/implant insertions or removals • Pregnancy test with counseling* • Repeat Pap test with extended counseling* • CT/GC treatment visit with extended counseling (must be pursuant to a family planning visit)* 	\$167.00 + \$51.76 Language Assistance fee if marked on CVR + CT/GC at \$13.55 if marked on CVR + supplies at acquisition cost + \$10 dispensing fee if applicable

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

Examples are just guidelines

Use best judgement and what is supported by chart notes.



Purpose of Visit 11-Low Visit

Type of Visit	Examples	Reimbursement Rate
Low CVR Purpose of Visit: 11 Recommended code: T1015-U1	<ul style="list-style-type: none"> • 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 • Repeat Pap test with minimal counseling* • Straightforward CT/GC treatment visit (must be pursuant to family planning visit)* • STI rescreening visit* 	\$60.00 <div>+ \$25.88 Language Assistance fee if marked on CVR</div> <div>+ CT/GC at \$13.55 if marked on CVR</div> + supplies at acquisition cost + \$10 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 CVR Purpose of Visit: 12 Recommended code: T1015-U2	<ul style="list-style-type: none"> • Birth control method start • Birth control prescription visit • Most counseling visits • Routine well-woman (annual) visits for established clients • Scheduled IUD/implant insertions or removals • Pregnancy test with counseling* • Repeat Pap test with extended counseling* • CT/GC treatment visit with extended counseling (must be pursuant to a family planning visit)* 	\$167.00 <div>+ \$51.76 Language Assistance fee if marked on CVR</div> <div>+ CT/GC at \$13.55 if marked on CVR</div> + supplies at acquisition cost + \$10 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	Reimbursement Rate
High CVR Purpose of Visit: 13 Recommended code: T1015-U3	<ul style="list-style-type: none"> Well-woman (annual) visits for new clients Well-woman (annual) visits for established clients with complex findings or needs Complex IUD and implant insertions/removals Single-visit contraceptive counseling and IUD/implant insertions Single-visit IUD/implant removal and insertion 	\$260.00 + \$77.63 Language Assistance fee if marked on CVR + CT/GC at \$13.55 if marked on CVR + supplies at acquisition cost + \$10 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	<ul style="list-style-type: none">• Contraceptive supply pick-up/refill• Chlamydia or gonorrhea treatment pick-up*	Supplies at acquisition cost + \$6.47 Language Assistance fee if marked on CVR + \$10 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.


Dispensing Fee – Expanded!

- Expanded list of supplies that will get a dispensing fee
- Removed minimum quantities

Dispensing fee	Automatic add-on to any of the above visit types if at least one of the following supplies is dispensed (any quantity): <ul style="list-style-type: none">• 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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* CCare clinics cannot bill the RH Access Fund for these services. These services are billable only by RHCare clinics.

Additional reimbursable services



CT/GC test	<ul style="list-style-type: none">• Billable as part of any of the above visit types.• Mark Medical Service 29-Chlamydia Test on the CVR	\$13.55
Language Assistance	<ul style="list-style-type: none">• Billable as part of any of the above visit types.• Mark Medical Service 45-Language Assistance on the CVR.	Low visit: \$25.88 Moderate: \$51.76 High: \$77.63 Supply only: \$6.47

Language Assistance includes:

- Bilingual staff
- Interpretation by telephone, video, or in-person
- We encourage but do not require certified interpreters.

Reimbursement Rate Components

RH Program Reimbursement Rates effective July 1, 2021

Weighted
average costs

			LOW VISIT		MODERATE VISIT		HIGH VISIT	
	Item line number on CVR	OHP fee-for-service fee schedule rate (Oct 2020)	% of visits with this service (expected or actual CY19)	Weighted cost	% of visits with this service (expected or actual CY19)	Weighted cost	% of visits with this service (expected or actual CY19)	Weighted cost
Office Visit								
New Patient								
99202	Straightforward 15-29 min	n/a	15%	\$7.89	4%	\$2.10	0%	\$0.00
99203	Low complexity 30-44 min	n/a	0%	\$0.00	11%	\$8.20	5%	\$3.73
99204	Moderate complexity 45-59 min	n/a	0%	\$0.00	30%	\$34.18	20%	\$22.78
99205	High complexity 60-74 min	n/a	0%	\$0.00	0%	\$0.00	20%	\$28.80
Established Patient								
99211	Minimal 5-9 min	n/a	29%	\$4.65	0%	\$0.00	0%	\$0.00
99212	Straightforward 10-19 min	n/a	54%	\$16.98	0%	\$0.00	0%	\$0.00
99213	Low complexity 20-29 min	n/a	0%	\$0.00	5%	\$2.60	5%	\$2.60
99214	Moderate complexity 30-39 min	n/a	0%	\$0.00	50%	\$37.75	20%	\$5.10
99215	High complexity 40-54 min	n/a	0%	\$0.00	0%	\$0.00	30%	\$30.44
Weighted component price				\$29.52	\$84.82		\$103.44	
Preventive Medicine (expanded clinical, counseling, and care mgmt. services)								
99401	15 min	n/a	10%	\$2.75	40%	\$11.00	90%	\$24.75
99402	30 min	n/a					10%	\$4.55
Weighted component price				\$2.75	\$11.00		\$29.30	
In-house Labs								
85014	Hematocrit	23 HGB/HCT	10%	\$0.17	20%	\$0.33	10%	\$0.17
85018	Hemoglobin	23 HGB/HCT	10%	\$0.17	20%	\$0.33	10%	\$0.17
81000	Urinalysis nonauto w/scope	24 Urine dipstick	20%	\$0.56	30%	\$0.84	30%	\$0.84
87210	Wet Mount	30 Wet Mount	5%	\$0.20	15%	\$0.61	10%	\$0.41
86703	HIV-1/HIV-2 1 result antibody	43 HIV test	5%	\$0.48	10%	\$0.96	20%	\$1.92
82120	Amines vaginal fluid qual (whiff)	30 Wet Mount	5%	\$0.21	15%	\$0.63	10%	\$0.42
83986	ph, body fluid, except blood	30 Wet Mount	5%	\$0.13	15%	\$0.38	10%	\$0.25
81025	Pregnancy Test	32, 33 Preg Test	26%	\$1.57	40%	\$2.41	50%	\$3.02
Weighted component price				\$3.48	\$6.49		\$7.19	
Outside Labs								
36415	Routine Venipuncture	n/a	15%	\$0.32	40%	\$0.84	30%	\$0.63
87254	Virus inoculation (Herpes)	16 Herpes Test	1%	\$0.14	2%	\$0.27	2%	\$0.27
87255	Virus inoculation (Herpes)		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

Reimbursement Rate Components

RH Program Reimbursement Rates effective July 1, 2021

Weighted
average costs

				LOW VISIT		MODERATE VISIT		HIGH VISIT	
		Item line number on CVR	OHP fee-for-service fee schedule rate (Oct 2020)	% of visits with this service (expected or actual CY19)	Weighted cost	% of visits with this service (expected or actual CY19)	Weighted cost	% of visits with this service (expected or actual CY19)	Weighted cost
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	\$10.58	2%	\$0.21	5%	\$0.53	5%	\$0.53
88141	Cytopathology c/v with interpretation	26 Pap Test Liquid-Basec	\$18.06	2%	\$0.36	10%	\$1.81	25%	\$4.52
88142	Cytopathology c/v thin layer	26 Pap Test Liquid-Basec	\$14.18	2%	\$0.28	10%	\$1.42	30%	\$4.25
88164	Cytopathology, slides, c/v manual	26 Pap Test Liquid-Basec	\$10.58	2%	\$0.21	8%	\$0.85	25%	\$2.65
88175	Cytopathology c/v automated fluid redc	26 Pap Test Liquid-Basec	\$18.63	2%	\$0.37	10%	\$1.86	25%	\$4.66
81001	Urinalysis auto w/scope	24 Urine dipstick/urinaly:	\$2.22	2%	\$0.04	5%	\$0.11	5%	\$0.11
81005	Urinalysis qualitative or semi-quantitati	24 Urine dipstick/urinaly:	\$1.52	2%	\$0.03	5%	\$0.08	5%	\$0.08
84443	TSH assay	n/a	\$11.76	1%	\$0.12	2%	\$0.24	2%	\$0.24
84703	Chorionic gonadotropin assay	31 Serum Pregnancy	\$5.26	1%	\$0.05	2%	\$0.11	2%	\$0.11
84702	Chorionic gonadotropin test	31 Serum Pregnancy	\$10.54	1%	\$0.11	2%	\$0.21	2%	\$0.21
87623	HPV low-risk types	50 HPV test	\$24.56	2%	\$0.49	15%	\$3.68	35%	\$8.60
87624	HPV high-risk types	50 HPV test	\$24.56	2%	\$0.49	15%	\$3.68	35%	\$8.60
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	2%	\$0.06	5%	\$0.15	5%	\$0.15
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	2%	\$0.19	5%	\$0.46	5%	\$0.46
86803	Hepatitis C antibody	n/a	\$9.99	0%	\$0.00	1%	\$0.10	1%	\$0.10
86804	Hepatitis C confirmatory test	n/a	\$10.84	0%	\$0.00	1%	\$0.11	1%	\$0.11
86704	Hepatitis B core antibody; total	n/a	\$8.44	0%	\$0.00	1%	\$0.08	1%	\$0.08
86706	Hepatitis B surface antibody	n/a	\$7.52	0%	\$0.00	1%	\$0.08	1%	\$0.08
87340	Hepatitis B surface antigen	n/a	\$7.23	0%	\$0.00	1%	\$0.07	1%	\$0.07
87341	Hepatitis B surface antigen	n/a	\$7.23	0%	\$0.00	1%	\$0.07	1%	\$0.07
Weighted component price					\$6.18		\$24.43		\$51.81
Additional Procedures									
58300	Insert intrauterine device	19 IUD/IUS Insert	\$63.97	0%	\$0.00	10%	\$6.40	20%	\$12.79
58301	Remove intrauterine device	22 IUD/IUS Removal	\$71.01	0%	\$0.00	5%	\$3.55	15%	\$10.65
11981	Insert drug implant device	38 Hormone Implant In	\$71.91	0%	\$0.00	8%	\$5.75	20%	\$14.38
11982	Remove drug implant device	39 Hormone Implant Out	\$81.66	0%	\$0.00	5%	\$4.08	15%	\$12.25
96372	Ther/proph/diag inj sc/im	40 Hormonal Injection	\$9.88	60%	\$5.93	12%	\$1.19	10%	\$0.99
Weighted component price					\$5.93		\$20.97		\$51.06

Reimbursement Rate Components

Weighted
average costs

RH Program Reimbursement Rates effective July 1, 2021

			LOW VISIT		MODERATE VISIT		HIGH VISIT	
Item line number on CVR	OHP fee-for-service fee schedule rate (Oct 2020)	% of visits with this service (expected or actual CY19)	Weighted cost	% of visits with this service (expected or actual CY19)	Weighted cost	% of visits with this service (expected or actual CY19)	Weighted cost	
Additional Procedures								
56501	Destruction of lesion(s), vulva, simple 15 Wart Tx	\$114.61	1%	\$1.15	2%	\$2.29	1%	\$1.15
57061	Destruction of lesion(s), vaginal, simple 15 Wart Tx	\$98.91	1%	\$0.99	2%	\$1.98	1%	\$0.99
Weighted component price			\$2.14	\$4.27	\$2.14			
PER VISIT SUBTOTAL			\$50.00	\$152.00	\$245.00			
Special Program Requirements								
RH Program administrative requirements			\$10.00	\$15.00	\$15.00			
TOTAL BUNDLED REIMBURSEMENT RATES			\$60.00	\$167.00	\$260.00			
ADDITIONAL REIMBURSEMENT OUTSIDE OF BUNDLED RATES			WHEN IS IT REIMBURSED	REIMBURSEMENT RATE				
Chlamydia Test	29 Chlamydia Test	If marked on CVR	\$13.55					
Language Assistance Services	45 Language Assistance	If marked on CVR	Low: \$25.88; Moderate: \$51.76; High: \$77.63; Supply-Only: \$6.47					
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 at Supply-Only Visits (Purpose of Visit-9).



See [Supply Reimbursement Rates](#)

(Includes maximum billable quantities, updated quarterly)

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

Billing for clients with private insurance

- Clients with private insurance coverage can enroll in the RH Access Fund.
- RH Access Fund must be the payer of last resort.
- Except if client requests that insurance not be billed for confidentiality purposes.



Client request for confidentiality

Reproductive Health Program Enrollment Form

8	Do you currently have the Oregon Health Plan (OHP)? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but just for emergencies or pregnancy (CAWEM or CAWEM Plus) <input type="checkbox"/> No <input type="checkbox"/> I don't know
9	Do you have any other health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
10	If you have insurance, are you worried your partner, spouse, or parent will find out about the services you get today? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't have insurance

- If client checks 'Yes' to Q10 on the enrollment form, you can skip billing insurance and bill the RH Access Fund.
- Be sure to include Explanation Code code 'NC' in Box 17A on the CVR.

Billing for clients with private insurance

- If a client indicates having private insurance at the time of enrollment, Box 17A MUST be completed.

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

2021 CVR – section by section

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

- Required when Source of Pay is 12-RH Access Fund
- We use diagnosis codes + information from client's Enrollment Form to determine which fund source to use for each claim
- Most fund source determinations are made from primary diagnosis code only (see next slides for exceptions)

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

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

Allowable primary diagnosis codes for all enrollees

Well-Woman/Adolescent Care*		ICD-10
<i>*Must have a Z30.xx, Z31.xx, or Z32.xx secondary diagnosis code (positions 2-6)</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-woman visits must include a secondary family planning diagnosis code (Z30, Z31, or Z32).

Allowable primary diagnosis codes for all enrollees

Pregnancy Services		ICD-10
Achieving Pregnancy	Procreative management	Z31.9
	Procreative counseling and advice using NFP	Z31.61
	Fertility preservation counseling	Z31.62
	Preconception counseling	Z31.69
Screening for Pregnancy	Pregnancy test, result unknown	Z32.00
	Pregnancy test, result positive	Z32.01
	Pregnancy test, result negative	Z32.02

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 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
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 all enrollees

Treatment and Rescreening for Chlamydia and gonorrhea*		ICD-10
<i>*Only allowed for established clients (CVR submitted for prior visit within 1 year of this DOV)</i>		
Chlamydia	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

“Established client” is based on agency number and patient number/MRN

Allowable primary diagnosis codes for all enrollees

Treatment and Rescreening for Chlamydia and gonorrhea*		ICD-10
*Only allowed for established clients (CVR submitted for prior visit within 1 year of this DOV)		
Gonorrhea	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

Allowable primary diagnosis codes for all enrollees

Treatment and Rescreening for Chlamydia and gonorrhea*		ICD-10
<i>*Only allowed for established clients (CVR submitted for prior visit within 1 year of this DOV)</i>		
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

Allowable primary diagnosis codes for RHEA-eligible enrollees only

Only allowed for individuals who live in Oregon and have:
'Another immigration status' and 'Sex at birth = Female'

STIs		ICD-10
Counseling	HIV counseling	Z71.7
	Other specified counseling (non-HIV)	Z71.89
Screening	Screening for other bacterial diseases	Z11.2
	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 infectious and parasitic diseases	Z11.8
	STI contact /(suspected) exposure	Z20.2
	HIV contact /(suspected) exposure	Z20.6

Allowable primary diagnosis codes for RHEA-eligible enrollees only

Only allowed for individuals who live in Oregon and have:
'Another immigration status' and 'Sex at birth = Female'

Well-Woman / Adolescent Care		ICD-10
No secondary diagnosis code requirements for this population		
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

- Only reimbursable as primary diagnosis code for enrollees who:
 - Live in Oregon
 - Have Another Immigration Status on enrollment form
 - Sex at birth = Female
- Secondary diagnosis code related to family planning is not required for this population.

Billing and CVR Transaction Reports

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



- Log into Ahlers website with your agency's customer number (8-digit number, starts with 4100) to access the reports.

Sample Billing Register (fake info)

Billing Register: details claims that have paid, shows fund source that was applied.

Agency	Clinic	Patient #/ RH Program	Internal B	Dob	Last Name	First Name	Visit Date	Invoice #	Services	Code	Quantity	Amount B	Fund Sour	Void/Res	Expl. Code	Insurance	Insurance	Total Bille	Total Paid
123	1234	2346787	9875644	2346787	10/2/1982	APPLE	ANA	1/4/2021	2105009987	RH MODERATE VISIT	T1015U2	1	\$160.00	CCARE		\$0.00	\$0.00	\$0.00	\$0.00
123	1234	2346787	9875644	2346787	10/2/1982	APPLE	ANA	1/4/2021	2105009987	DISPENSING FEE	S9430	1	\$10.00	CCARE		\$0.00	\$0.00	\$0.00	\$0.00
123	1234	2346787	9875644	2346787	10/2/1982	APPLE	ANA	1/4/2021	2105009987	MALE CONDOMS	A4267	20	\$2.00	CCARE		\$0.00	\$0.00	\$0.00	\$0.00
123	1234	2346787	9875644	2346787	10/2/1982	APPLE	ANA	1/4/2021	2105009987	RING	J7303	3	\$21.00	CCARE		\$0.00	\$0.00	\$0.00	\$0.00
123	1234	2346787	9875644	2346787	10/2/1982	APPLE	ANA	1/4/2021	2105009987	EC	S4993	1	\$8.95	CCARE		\$0.00	\$0.00	\$0.00	\$0.00
123	1234	2346787	9875644	2346787	10/2/1982	APPLE	ANA	1/4/2021	2105009987	TOTAL		0	\$201.95	CCARE		\$121.72	\$121.72	\$201.95	\$80.23
123	1234	2345678	9871234	2345678	6/6/1994	BLACKBER	BARBARA	2/12/2021	2105009988	RH HIGH VISIT	T1015U3	1	\$220.00	CCARE		\$0.00	\$0.00	\$0.00	\$0.00
123	1234	2345678	9871234	2345678	6/6/1994	BLACKBER	BARBARA	2/12/2021	2105009988	DISPENSING FEE	S9430	1	\$10.00	CCARE		\$0.00	\$0.00	\$0.00	\$0.00
123	1234	2345678	9871234	2345678	6/6/1994	BLACKBER	BARBARA	2/12/2021	2105009988	ORAL CONTRACEPTIVES	S4993	17	\$76.50	CCARE		\$0.00	\$0.00	\$0.00	\$0.00
123	1234	2345678	9871234	2345678	6/6/1994	BLACKBER	BARBARA	2/12/2021	2105009988	TOTAL		0	\$306.50	CCARE		\$228.21	\$228.21	\$306.50	\$78.29
123	1234	2329425	9875555	2329425	11/6/1985	PINEAPPL	PAUL	2/19/2021	2105009989	RH MODERATE VISIT	T1015U2	1	\$160.00	RH GF	NC	\$0.00	\$0.00	\$0.00	\$0.00
123	1234	2329425	9875555	2329425	11/6/1985	PINEAPPL	PAUL	2/19/2021	2105009989	TOTAL		0	\$160.00	RH GF		\$0.00	\$0.00	\$160.00	\$160.00
123	1234	2341547	9874456	2341547	6/23/1999	FIG	FRANCES	2/19/2021	2105009990	RH LOW VISIT	T1015U1	1	\$60.00	RHEA		\$0.00	\$0.00	\$0.00	\$0.00
123	1234	2341547	9874456	2341547	6/23/1999	FIG	FRANCES	2/19/2021	2105009990	DEPO PROVERA	J1050	1	\$12.50	RHEA		\$0.00	\$0.00	\$0.00	\$0.00
123	1234	2341547	9874456	2341547	6/23/1999	FIG	FRANCES	2/19/2021	2105009990	TOTAL		0	\$60.00	RHEA		\$0.00	\$0.00	\$60.00	\$60.00
123	1234	2336674	9875662	2336674	12/12/1995	GRAPEFRU	GINA	2/26/2021	2105009991	RH HIGH VISIT	T1015U3	1	\$220.00	CCARE	NC	\$0.00	\$0.00	\$0.00	\$0.00
123	1234	2336674	9875662	2336674	12/12/1995	GRAPEFRU	GINA	2/26/2021	2105009991	SUBDERMAL IMPLANTS	J7307	1	\$399.00	CCARE	NC	\$0.00	\$0.00	\$0.00	\$0.00
123	1234	2336674	9875662	2336674	12/12/1995	GRAPEFRU	GINA	2/26/2021	2105009991	TOTAL		0	\$619.00	CCARE		\$0.00	\$0.00	\$619.00	\$619.00

Sample Billing Register (fake info)

Billing Register: details claims that have paid, shows fund source that was applied.

Last Name	First Name	Visit Date	Invoice #	Services	Code	Quantity	Amount B	Fund Sour	Void/Resu	Expl. Code	Insurance	Insurance	Total Bille	Total Paid
APPLE	ANA	1/4/2021	2105009987	RH MODERATE VISIT	T1015U2	1	\$160.00	CCARE			\$0.00	\$0.00	\$0.00	\$0.00
APPLE	ANA	1/4/2021	2105009987	DISPENSING FEE	S9430	1	\$10.00	CCARE			\$0.00	\$0.00	\$0.00	\$0.00
APPLE	ANA	1/4/2021	2105009987	MALE CONDOMS	A4267	20	\$2.00	CCARE			\$0.00	\$0.00	\$0.00	\$0.00
APPLE	ANA	1/4/2021	2105009987	RING	J7303	3	\$21.00	CCARE			\$0.00	\$0.00	\$0.00	\$0.00
APPLE	ANA	1/4/2021	2105009987	EC	S4993	1	\$8.95	CCARE			\$0.00	\$0.00	\$0.00	\$0.00
APPLE	ANA	1/4/2021	2105009987	TOTAL		0	\$201.95	CCARE			\$121.72	\$121.72	\$201.95	\$80.23

Sample Error Report (fake info)

Error Report: details of CVRs that rejected for one or more reasons.

CVRs with all sources of pay are listed.

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
123	1234	2345678	9871234	BLACKBERRY	BARBARA	8/22/2019	10/9/2018	10/17/1998	10/17/1998	9	12	218	4	1712 REJECT: POV 9 WITH NO SUPPLIES CODED	9/30/2019
123	1234	2346787	9875644	APPLE	ANA	8/22/2019	5/7/2019	10/2/1982	10/2/1982	12	12	218	5	906 REJECT: SOP '8,10,12' CODED/ELIG. FOR MEDICAID,SOP 2	9/30/2019
123	1234	2345469		STRAWBERRY	SARA	7/8/2019		4/5/2002	4/5/2002	12	2	269	4	801 REJECT: ZIP CODE REQUIRED FOR FIRST VISIT	9/30/2019
123	1234	2341547	9874456	FIG	FRANCES	8/21/2019	6/5/2019	6/13/1999	6/23/1999	11	12	284	7	103 REJECT: RH PROGRAM NUMBER & DOB DON'T MATCH	9/30/2019
123	1234	2341547	9874456	FIG	FRANCES	8/21/2019	6/5/2019	6/13/1999	6/23/1999	13	12	284	7	404 REJECT: DOB DOES NOT MATCH OREGON MASTER RECORD	9/30/2019
123	1234	2319654		CANTELOUPE	CYNTHIA	8/13/2019		2/13/2000	2/13/2000	12	4	332	7	702 REJECT: LAST CHLAMYDIA <25 IS MISSING/INVALID	9/30/2019
123	1234	2329425	9875555	PINEAPPLE	PAULA	8/22/2019	7/12/2019	9/23/1997	9/23/1997	11	12	332	10	911 REJECT: PRIMARY DIAGNOSIS CODE NOT ALLOWED	9/30/2019
123	1234	2334585	9871515	RASPBERRY	ROXANA	7/11/2019	7/14/2018	5/15/1984	5/15/1984	12	12	602	1	1716 REJECT: PVT INS FROM ELIG DB IS YES, BUT 17A IS BLANK	9/30/2019
123	1234	2336674	9875662	GRAPEFRUIT	GINA	5/30/2019	5/30/2019	8/17/1987	8/17/1987	12	12	602	9	371 WARNING: CCARE OR RH VISIT CHGS WITH NO BILLING CHGS	9/30/2019

See [CVR Error Messages](#) resource

Sample Error Report (fake info)

Error Report: details of CVRs that rejected for one or more reasons.

CVRs with all sources of pay are listed.

RH Program #	Last Name	First Name	Visit Date	Last Visit Date	DOB-CVR	DOB-Master File	Purpose of SOP	Error #	Error Description
9874456	FIG	FRANCES	8/21/2019	6/5/2019	6/13/1999	6/23/1999	11 12	103	REJECT: RH PROGRAM NUMBER & DOB DON'T MATCH
9874456	FIG	FRANCES	8/21/2019	6/5/2019	6/13/1999	6/23/1999	13 12	404	REJECT: DOB DOES NOT MATCH OREGON MASTER RECORD
	CANTELOUPE	CYNTHIA	8/13/2019		2/13/2000	2/13/2000	12 4	702	REJECT: LAST CHLAMYDIA <25 IS MISSING/INVALID

See [CVR Error Messages](#) resource

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 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.

See [Instructions for Accessing Ahlers Monthly Reports](#)

Contact Us

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