

RH Program STI Coverage Summary & FAQs

Due to restrictions in our funding, the RH Program must limit coverage of STI services. These limits require us to differentiate between screening and testing, and between family planning/well-woman visits that include STI services and stand-alone STI visits.

Screening vs. Testing

Screening is done when a client is asymptomatic.

Testing are done when the client has symptoms.

Family Planning / Well-Woman Visits vs. Stand-Alone STI Visits

Family Planning / Well-Woman: when the primary focus is either family planning or well-woman visit.

Stand-alone STI: when the primary focus of the visit is STI services.

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

However, we able to reimburse for stand-alone STI *screening* visits 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 Program

Type of Visit	STI Service	When we Cover	Can you charge the client?
Family Planning / Well-Woman	Screening	Always	No
	Testing	Always	No
Stand-Alone	Screening	Only if client: <ul style="list-style-type: none"> ✓ lives in Oregon, ✓ has “another immigration 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.
	Testing	Never	Yes. Follow standard clinic process.

For more information, see FAQs starting on the next page.

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Males

Q When a male client is receiving STI and family planning services, how much family planning is needed to bill the RH Program?

A *It depends on the primary focus of the visit.*

Primary reason for STI information, STI screening, and/or condoms is to:	Covered	Not Covered
Prevent STIs		✓
Prevent or achieve pregnancy	✓	

Q What about male clients whose female partners are using contraception?

A *The same reasoning is applied. See above answer.*

Stand-alone STI visits

Q Are stand-alone STI screening visits covered by the RH Program?

A *Due to the limits of our funding, the RH Program 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 immigration 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 Eligibility Database: **The RH Program will cover REPRODUCTIVE HEALTH SERVICES, including abortion and those not related to family planning for this client.** If you see this message, the RH Program WILL cover stand-alone STI screening visits.*

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 stand-alone STI screening visits for males, citizens, or those with eligible immigrant status. For these clients, you should explore other programs for which they might be eligible, for example OHP or the STD program.*

Q Please advise what you suggest regarding stand-alone visits for vaginitis or yeast infections.

A *Our funding does not allow us to reimburse for stand-alone visits for vaginitis or yeast infections. You should follow standard clinic practice and explore other programs that may cover these services.*

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Screening vs. Testing

- Q** Under covered services, it says STI screenings and Chlamydia/gonorrhea treatment is covered, what about testing?
- A** *None of our funding sources cover visits where the primary purpose is STI testing. The only time we can cover testing is if a client is in for a family planning or well-woman visit and mentions that they were exposed or have symptoms. Then, we can cover the lab because it is in the broader context of a family planning or well-woman visit, as long as the primary diagnosis code for the visit is on the list of allowable ICD10 codes.*
- Q** What if a client comes in for STI testing other than CT/GC? Do we charge that to the client or do we just have to eat the cost of the other STI tests? For example: Herpes, Syphilis, HIV, etc.
- A** *All STI testing is part of the encounter rate for family planning or well-woman visits. So, if testing is done during a family planning or well-woman visit you may not charge the client.*
- However, if the visit is primarily about STI testing, it falls outside the scope of the RH Program and you should explore other programs for which the client might be eligible, for example OHP or the STD program.*
- Q** Is CT/GC covered for clients who are symptomatic?
- A** *If the client is having a family planning visit and gets a CT/GC lab test 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** *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.*

What's included in the bundled rates

- Q** Are herpes tests included in bundled visit rates?
- A** *Herpes tests are included in the bundled visit rates as part of a larger family planning or well-woman visit. If a client is coming in for a stand-alone herpes test, that is not covered by the RH Program.*

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Q What STI labs are included in the bundled rate?

A *STI labs provided in the context of family planning is covered for **all** clients. Included within the bundled rates are the costs of screening for:*

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

The RH program will reimburse separately the cost for CT/GC testing.

STI Treatment

Q If a patient's STI labs come back positive, which treatments are covered?

A *The RH program will pay for the drugs to treat both Chlamydia and Gonorrhea. We do not pay for treatment drugs for other STIs.*

Q For CT/GC treatment and rescreening coverage, what does "pursuant to a family planning visit" mean?

A *Pursuant to a family planning visit means that the client has had a previous visit for family planning (preventing or achieving pregnancy)/ well-woman within the last year. The RH Program can cover CT/GC treatment and rescreening only for established family planning clients (meaning they've had a family planning visit in the last year).*

Additionally, the RH Program can only pay for treatment for CT/GC that was identified during a routine screening, not after a stand-alone testing visit.

Q Is wart treatment covered only if it's pursuant to a family planning visit? Are only vaginal and vulva simple treatments covered?

A *Yes, in-clinic vaginal and vulva wart treatments are covered, however, we are unable to cover any other wart treatments.*

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Q Are CCare-only clinics able to bill for treatment and rescreening of GC/CT?

A *No. We are unable to use CCare funds to treat and rescreen for GC/CT, so CCare-only agencies should refer the client to a full RH Program provider for those services.*

Expedited Partner Therapy (EPT)

Q Is there a limited number of Chlamydia partner treatments we can provide to a patient?

A *Currently, we do not have a limit. Because this is a new service, we will be monitoring it closely. If there is an above-average utilization from a certain clinic we will follow-up for more information. It is possible we may set a limit in the future.*

Please remember that partner treatment is covered only for a client's partner(s) within the last 60 days and the client must be willing to take the medication to them.

Q What if patient's partner is not with her at the time of treatment for GC/CT.

A *The RH Program will cover the drugs for EPT as long as the patient will take the medication(s) to their partner. The RH Program will not pay for medications the client is unwilling or unable to give to the contact.*

Q Can we use STI treatment medications that we received from the state STD program for EPT?

A *No. Medications provided by the state STD program cannot be used for EPT at this time.*

Q Can we bill the RH Program for STI treatment medications that we received from the state STD program?

A *No. Medications provided by the state STD program cannot be billed to the RH Program.*

Completing CVRs

Q What if a patient completes the enrollment form and is checked in, ostensibly for a family planning visit, but once the service is being provided, it doesn't

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meet the scope requirements. Are we okay to handle these services as we normally would under primary care?

- A** *If the actual services provided are outside the RH Program's scope, you can treat the visit as you would under primary care (e.g., you can charge a minimum fee), and you do not need to fill out a CVR. As you know, it's important to communicate to the client what services are covered by the RH Program and what services they may need to pay for.*
- Q** Do you want CVR data for a stand-alone STI visit which is not covered by RH Program?
- A** *No. We do not want CVR data for visits that do not fall under the scope of the RH Program, such as stand-alone STI testing (i.e., symptomatic).

Stand-alone STI screening (i.e., asymptomatic) is covered by the RH Program as a primary diagnosis code only for individuals who live in Oregon, have "another immigration status", and were assigned female at birth. For those visits, you would fill out a CVR.*