

STI Coverage at RHCare Clinics: Summary & FAQs

As of September 2026, RHAF covers stand-alone STI screening for all enrollees at RHCare clinics. Due to restrictions in our funding, the RH Access Fund differentiates between STI labs sent for screening purposes and labs sent for diagnostic or testing purposes. 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.

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)	Yes, for the listed diagnosis codes .	No
STI Testing (symptomatic)	Never	Yes. Follow standard clinic process.
STI Treatment and Rescreening	Yes, for the listed diagnosis codes .	No

Covered STI Labs

Q What STI labs are included in the bundled rates?

A Included within the bundled rates are the costs of the following labs whether sent to an outside lab or done in-clinic as a point-of-care test:

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

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- Hepatitis B triple panel test
(core antibody, surface
antibody, surfaces antigen)

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

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 primary purpose for the visit is to evaluate and address symptoms, a CT/GC test is not covered by RHAF.

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 screen when appropriate. We will reimburse for CT/GC tests whenever they are marked on the CVR.

Q What if a client needs CT/GC screening from multiple sites (e.g., pharyngeal, rectal, vaginal)? *(Added Sept 2026)*

A The RHAF reimbursement for CT/GC is weighted to account for clients who need one, two or three sites screened.

Q What if a client needs 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: Hepatitis, Syphilis, HIV, etc.

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

Q Does RHAF reimburse for a Nuswab/Sureswab/other outside lab test for BV and/or yeast? *(Added Sept 2026)*

A No.

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Screening vs. Testing

Q Are STI tests covered for clients who are symptomatic?

A If the visit has a primary diagnosis code that is on our allowable list (like a family planning or well visit) and an STI lab test is collected at that visit, we will reimburse for the test. However, if the primary purpose for the visit is to evaluate and address symptoms, the visit and any STI labs ordered are not covered by RHAF.

Q Does RHAF cover stand-alone visits for vaginitis or yeast infections?

A No, our funding does not allow us to reimburse for stand-alone visits to evaluate or treat symptoms.

Q Does this mean that we should ignore a client's symptoms and just do screening so that the visit will be covered?

A No. If a client comes to the clinic to have their symptoms evaluated, clinicians should provide the medically appropriate care and chart/code as usual.

Male clients

Q Can an RHCare clinic bill RHAF for a male client receiving stand-alone STI services? *(Added Sept 2026)*

A If the primary diagnosis code is on [the allowable list](#), the visit can be billed to RHAF.

Q What about male clients whose partners are using contraception?

A Yes.

Q What about clients who have had a vasectomy? Can they enroll in RHAF?

A Yes, clients who have had a vasectomy can enroll in RHAF as long as they meet the other eligibility requirements.

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STI Treatment

- Q** If a patient's STI labs come back positive, which treatments are covered?
- A** The RH Access Fund will reimburse for the drugs to treat Chlamydia, Gonorrhea, Syphilis and Trichomoniasis; as well as the treatment visit and a rescreening visit. We do not reimburse for treatment drugs for other STIs.
- Q** Under which circumstances will RHAF cover a STI treatment visit?
- A** Treatment visits are covered for all RHAF enrollees when the primary diagnosis code is on the [allowable list](#). STI treatment visits are not required to have any secondary diagnosis codes.
- Q** Can a patient be enrolled in RHAF during a STI treatment visit?
- A** Yes.
- Q** What if the client needs STI treatment but we don't have a positive test on record (for example, their partner tested positive, or they tested positive at another clinic)? *(Added Sept. 2026)*
- A** RHAF will reimburse for STI treatment visits with a primary diagnosis code on the [allowable list](#) whenever the provider determines it is clinically necessary

Expedited Partner Therapy (EPT) *(Added Sept 2026)*

- Q** Is there a limited number of Chlamydia partner treatments we can provide to a patient?
- A** The RH Access Fund will cover the quantity of Chlamydia treatment medications needed for the client and up to two partners on one CVR. Please remember that partner treatment is covered only for a client's partner(s) within the last 60 days (or the most recent sexual partner, if none in the past 60 days) and the client must be willing to take the medication to them.

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- Q** What if patient's partner is not with them at the time of treatment for GC/CT.
- A** The RH Access Fund will cover the drugs for EPT as long as the patient will take the medication(s) to their partner. The RH Access Fund 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 Access Fund 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 Access Fund.

Completing CVRs

- Q** What if a patient completes the enrollment form and is checked in, ostensibly for an STI screening or treatment visit, but once the service is being provided, it doesn't 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 scope of RHCare, 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 Access Fund and what services they may need to pay for.
- Q** How do I choose which visit type to bill for a stand-alone STI screening visit?
(Added Sept 2026)
- A** If 4 or fewer STI labs were ordered during a screening visit, bill a moderate visit. This includes point-of-care labs that are performed at your clinic, like a rapid HIV test. If 5 or more labs were ordered, bill a high visit. Do not include CT/GC labs since those are reimbursed separately.

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Q How do I count how many labs were ordered? *(Added Sept 2026)*

A CT/GC labs should be excluded from the count, regardless of how many specimens are collected. If a trichomonas lab was ordered on the same specimen as a CT/GC, you should count the trichomonas lab. If you perform a point-of-care rapid HIV/syphilis combo test, it counts as 2 labs. The Hepatitis B triple panel test consists of 3 separate labs, therefore you should count it as 3.

Example: A provider orders the following labs for a client: Pharyngeal CT/GC, vaginal CT/GC/trich, HIV, TP, Hepatitis B triple panel, and Hepatitis C. This would count as 7 labs and you should mark the PURPOSE OF VISIT as “HIGH” on the CVR.

Q Do you want CVR data for a stand-alone STI visit which is not covered by RH Access Fund?

A No, only fill out a CVR for STI services when you are billing RHAF for the visit.