

# Clinic Visit Record (CVR) Manual

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The CVR is used to bill the RH Access Fund and submit data to the RH Program. Below are instructions for completing each section of the CVR. The CVR is not a charting form, and services documented on the CVR must match those documented in the medical chart.

## Top Section: Client Information

Item A-E are only required when billing the RH Access Fund. When submitting data for clients with other sources of pay, you may leave these items blank.

- A. Last Name: The client's legal last name
- B. First Name: The client's legal first name
- C. M.I.: The client's middle initial (optional).
- D. Soc. Sec. No.: The client's social security number (SSN). Only required if the client has a SSN.
- E. RHAF ID No.: The client's RH Access Fund ID number as assigned by the RH Access Fund Eligibility Database.

## Clinic Information & Client's Demographic Information

- 1. Site/Clinic No.: Each clinic has a unique identifier assigned by the RH Program and Ahlers.
- 2. Client No.: The client's internal agency-specific identifier, which may be a medical record number or chart number. This number is used by the RH Program together with the client's date of birth to ensure the correct data are matched to the client.

### Assigning Client Numbers

Agencies may follow their own procedures for assigning client numbers, as long as the numbers meet the following requirements:

- No two clients within an agency may have the same number.
- The client number may only contain numeric characters.
- The client number cannot be longer than nine digits.

Projects with multiple clinic sites may use prefixes to better identify clients from each site. This will also help to avoid duplicates. For example:

- Site A assigns numbers with a 1 prefix: 100000789.
- Site B assigns numbers with a 2 prefix: 200000789.

If a client has been inactive in the system for 36 months or more, Ahlers will discontinue that client number. If the client returns to the system, the old number can be reactivated, or a new one assigned. Do not assign a previously used number to a different client.

3. Date of Visit: This is the date on which the client received the medical and/or counseling services for which the CVR is being submitted.

Only one CVR can be submitted for a client from a clinic per day. If a client has more than one visit at the same clinic on the same day, code all services provided on that day on a single CVR. Under Purpose of Visit (Section 12), enter the visit level for the most inclusive visit.

4. Date of Birth: The month, day, and year the client was born. Record as much of this information as the client can give. If the birth year is unknown, ask the client, "How old are you?" and calculate the year. If the birth month and day are unknown, use July 15 as a default date.
5. Sex at Birth: The client's sex as was originally marked on their birth certificate (as indicated on their RH Access Fund Enrollment Form).
6. Ethnicity: Must mark one box (and only one box). If ethnicity is not included on the client's medical record, look at their RH Access Fund Enrollment Form to see if they marked any of the Hispanic or Latino/a options on the Demographics Form. **Do not make assumptions or rely on observation to complete this box; neither are reliable means of ascertaining ethnicity.** If the client chose not to answer, mark 8-Unknown/Not Reported.

Hispanic origin or descent includes:

- Mexican-American = Mexicana(o)-Americana(o)
- Puerto Rican = Puerto Riqueña(o)
- Cuban = Cubana(o)
- Central or South American = Centro o Sudamericana(o)
- Other Spanish Speaking = Otra Categoría Español

Many people categorize Hispanic or Latino as a racial category; however, our funders categorize Hispanic or Latino as ethnicity and consider race to be a separate category.

This data is important to collect because it allows us to provide the most effective and appropriate healthcare services and to better understand and reduce health disparities.

- 6a. Race: Mark all that apply. If race is not included on the client's medical record, look at their RH Access Fund Enrollment Form to see what they marked on the Demographics Form. **Do not make assumptions or rely on observation to**

**complete this box; neither are reliable means of ascertaining race.** If the client chose not to answer, mark 7-Unknown/Not Reported.

7. Additional Demographic: Mark if applicable. Limited English Proficiency describes a client who has a limited ability to read, speak, or understand English and may need assistance to optimize their use of reproductive health services. Check this box if the staff must speak in the client's native language or if a third person or interpreter service is used to communicate with staff/client. May also look at demographics questions 2-6 on the client's RH Access Fund Enrollment Form.
8. Zip Code: Enter the zip code provided by the client. This item is important for documenting the location of the client's residence. If the client is homeless, use the zip code of the clinic providing services, or that of the address where the client receives mail.
10. Income and Household Size: Enter the household size and income the client provided on their RH Access Fund Enrollment Form. For more information see the [RH Access Fund Enrollment Form Guide](#).
18. Client Insurance Status: Enter what/if the client has health insurance for "a broad set of primary medical care benefits" (not just reproductive health services). May look at enrollment questions 8-9 on the client's RH Access Fund Enrollment Form. Note that the information in Section 9: Assigned Source of Payment is not a reliable indicator of what should go in Section 18.
  - 1- Public Health Insurance if the client is currently enrolled in the Oregon Health Plan (OHP) or has Medicare coverage for primary care. The RH Program should not be counted as public health insurance for this question because it does not cover primary care.
  - 2- Private Health Insurance if the client has personal or employer-sponsored primary health care insurance, whether or not the insurance pays for reproductive health, contraceptive services, or supplies.
  - 3- Uninsured if the client has no coverage for primary health care services. This includes clients who may receive primary care services from the Indian Health Service, as that is not considered "insurance."
  - 4- Unknown if no other option is applicable.

## Source of Pay

- 11. Assigned Source of Payment:** Enter how the agency expects to be paid for the services provided during the visit for which the CVR is being submitted. (Note: donations are not a source of pay and should not be reported on the CVR.)
- 02- Title XIX (OHP): Client is currently enrolled in the Oregon Health Plan (OHP) and the visit is being billed to the client's Coordinated Care Organization (CCO) or OHP Fee For Service.
- 03- WA Take Charge: Client has Take Charge coverage (Washington state's family planning Medicaid waiver program) and the clinic is a Take Charge provider. Take Charge will be billed for the visit.
- 11- OVP: Client's visit was for a vasectomy counseling or procedure visit under the Oregon Vasectomy Project (OVP) OR the CVR is being submitted to request the vasectomy referral fee.
- To receive payment for vasectomy visits, the appropriate medical services (box 20 - Vasectomy Procedure in Section 13A) and/or counseling service (box 03 - Sterilization in Section 14A) must be checked.
- To receive payment for the vasectomy referral fee, box 18 - Vasectomy Referral Fee in Section 13A must also be checked.
- See our [Billing page](#) for instructions on billing for vasectomy services and sample vasectomy CVRs.
- 12- RH Access Fund: Client has been enrolled in the RH Access Fund, and the visit is eligible for RH Access Fund reimbursement.
- 04- Private Insurance: Client has private insurance and the visit will be billed to the insurance. Check this box even when the billing outcome is unknown.
- 05- Full Fee: Client does not have insurance or Medicaid coverage that will pay for the visit, is over 250% FPL, and will be charged the full fee for the visit. The client may or may not pay for all/any of the fee on the date of visit.
- 07- Other: Check this box when other, non-specified third-party payers are charged. These may include special federal or state funds for American Indians or male services. This box should also be checked if the client has chosen not to enroll in the RH Access Fund and is paying on a sliding fee scale or something other than Full Fee.

## Visit / Medical Information

**13B. 14B. Provider of Medical Services/Counseling/Education Services:** This is the person who provided the services recorded in Sections 13A and 14A. Check all that apply. The provider selected does not limit the purpose of visit available in Section 12. Any provider may bill any purpose of visit.

**7a. Client's Previous Test Dates:** This section is intended to capture female-bodied clients' most recent test dates (month and year) **prior to the visit for which the CVR is being submitted**, as used in clinical decision-making. Test dates may be self-reported by the client or populated from client medical records, when available.

- 1-Never: if the client has never had one of these tests
- 2-Unknown: if test dates are unknown or unavailable
- 3-Date: only enter Chlamydia test dates for female clients age 24 years and younger, and Pap test (cervical cytology) dates for female clients age 21 years and older. If test dates are entered for clients outside these age ranges, Ahlers will clear out the dates upon receipt of the CVR data.

**13A. Medical Services:** Record the examination, laboratory, diagnostic, and treatment procedures provided to a client during the visit. The medical provider may complete this section at the time of service, or the information can be transcribed from the client's medical record at the end of the visit. Services marked must match the chart notes for the visit.

Medical services should only be performed as clinically indicated by national standards of care.

Check all the boxes that apply.

### **Visit & Lab Services**

01-Annual Visit: Comprehensive visit that includes preventive services as clinically indicated based on the patient's age, sex, and medical history.

41-Telehealth Visit: Any visit conducted in real-time by telephone and/or video.

06-Breast Exam: Visual inspection and palpation of the female/male breasts to evaluate the symmetry of shape, color, size, surface characteristics, and for masses.

09-Pelvic Exam: Visual and/or manual examination of the vulva, vagina, cervix, and pelvic organs to detect any abnormalities and collect specimens/samples for laboratory analysis when indicated.



- 23-Hgb/Hct: A measurement of the hemoglobin (Hgb) content or the hematocrit (solids/serum ratio or Hct) of capillary blood as an indirect assessment for anemia.
- 24-Urine Dip Strip/Urinalysis: A narrow plastic strip containing chemical reagents that is dipped in a small amount of urine as to provide a quick, point-of-service check for sugar (diabetes), protein (kidney problems and dehydration), and white cells (infection). A urinalysis is a sample of urine submitted to a laboratory for a thorough evaluation with special equipment.
- 45-Language Assistance: Any kind of language assistance services, including bilingual staff or providers, telephone, video, or in-person interpretation, whether or not they are registered with the Oregon Health Authority's Health Care Interpreter program. **If marked, and the Source of Pay is 12-RH Access Fund, additional reimbursement will be added based on the Purpose of Visit.** See [Reimbursement Rates](#) for more information.
- 25-Pap Test Conventional: A sample of cervical cells taken during a speculum exam of the vagina and cervix to detect cervical dysplasia or cancer. The sample is submitted to a clinical laboratory on a dry glass slide.
- 26-Pap Test Liquid-Based: A sample of cervical cells taken during a speculum exam of the vagina and cervix to detect cervical dysplasia or cancer. The sample is submitted to a clinical laboratory in a small vial of liquid preservative.
- 36-Other Lab or Exam: Medical services provided in conjunction with other reproductive services, and other related services.
- 37-No Lab or Exam: No medical or laboratory services were provided. This is a "counseling only" or "supply only" visit.

## **Contraceptive Related Services**

- 17-Diaphragm/Cervical Cap Fit: Assessment for proper fit and client instruction on use of diaphragm or cervical cap.
- 19-IUD/IUS Insert: Insertion of an intrauterine contraceptive device or system into the uterus.
- 22-IUD/IUS Removal: The intrauterine contraceptive device or system is removed from the uterus.

- 38-Hormone Implant Insert: A surgical procedure to insert a flexible, matchstick-sized rod containing small amounts of a contraceptive hormone.
- 39-Hormone Implant Removal: A surgical procedure to remove implanted contraceptive hormone rod.
- 40-Hormonal Injection: An intramuscular or subcutaneous injection of the contraceptive hormone progestin.
- 48-EC-Immediate Need: Emergency contraception (EC) prescribed or provided to be used as soon as possible after unprotected intercourse to prevent pregnancy.
- 46-EC-Future Need: Prescription or product given for future use, with instructions to use in the event of unprotected intercourse or birth control failure, e.g., broken condom.
- 20-Vasectomy Procedure: A procedure on a man intended to provide permanent contraception.
- 18-Vasectomy Referral Fee: Administrative and/or referral work for clients receiving vasectomy services through a sub-contracted vasectomy provider. Box 11 – OVP in Section 9. Assigned Source of Payment AND box 8 – Vasectomy Referral (w/OVP SOP) in Section 12. Purpose of Visit must also be checked. The vasectomy referral fee must be indicated on a unique CVR with its own date of service, separate from those of the vasectomy counseling visit and vasectomy procedure, to receive reimbursement. See [Sample Vasectomy Referral Fee CVR](#).

## **Pregnancy Related Services**

- 21-Post Pregnancy Exam: Physical assessment of a woman's health status with emphasis on uterine involution, presence or absence of infection, and reproductive health status, following a pregnancy of any gestational age.
- 31-Serum Pregnancy Test: A blood test to detect pregnancy soon after conception and before a missed period; useful for assessing suspected ectopic or molar pregnancy when performed in a series. Also called a quantitative pregnancy test.
- 32-Negative Pregnancy Test: A negative test either by serum or urine HCG as part of the pregnancy diagnosis.
- 33-Positive Pregnancy Test: A positive test either by serum or urine HCG testing as part of a pregnancy diagnosis.

35-Infertility Screening: A basic Level 1 screening that includes an initial infertility interview, education, physical exam, counseling, and appropriate referral.

## STI Related Services

29-Chlamydia Test: A laboratory test performed to diagnose Chlamydia trachomatis (also called CT). Endocervical and urethral samples are taken during a pelvic exam. Clients may self-collect samples using vaginal swabs. Tests are commonly performed on urine samples. **If checked, and the source of pay is the RH Access Fund, a \$13.55 reimbursement fee will be added to the visit.**

13-Chlamydia Treatment: Providing treatment for a laboratory diagnosed case of Chlamydia trachomatis (CT).

28-Gonorrhea Test: A laboratory test performed to detect the bacterium Neisseria gonorrhoeae (also called GC). Test specimens may be collected from the urethra, vagina, cervix, rectum, and throat. Tests are also commonly performed on urine samples.

10-Gonorrhea Treatment: Providing treatment for a laboratory diagnosed case of Neisseria gonorrhoeae (GC).

15-Wart Treatment: Providing treatment for genital warts, may include trichloroacetic acid treatment or cryotherapy.

16-Herpes Test: A laboratory test to detect the presence of Herpes Simplex Virus.

30-Wet Mount: A microscopy procedure to detect vaginitis by visually scanning a sample of vaginal discharge on a slide prepared with saline and/or KOH.

43-HIV Test: Includes any type of point-of-care (“rapid test”) or laboratory test by any means (blood, saliva) to detect the presence of human immunodeficiency virus (HIV) antibodies.

47-Syphilis Test: Includes any type of point-of-care (“rapid test”) or laboratory test for syphilis, a sexually transmitted infection.

50-HPV Test: A laboratory test to detect the presence of Human Papillomavirus, alone or in combination with a Pap test.

**14A.** Education/Counseling: Record all client-centered counseling that occurred during the visit for which the CVR is being submitted. Check all boxes that

apply. Client-centered counseling is a dialogue in which the client and provider make health care decisions **together**, taking into account:

- (1) The client's preferences, experiences, and values;
- (2) The client's current health related behaviors; and
- (3) The best scientific evidence available.

Client-centered counseling assists the client in clarifying her or his needs and wants and examines options available. It also reinforces positive behavior.

Questions should be open-ended and non-judgmental.

- 01- Contraceptive Counseling: Conversation with the client to determine the best contraceptive method for her or his lifestyle. Obstacles (e.g., varying daily schedule, does not want partner to know, religious beliefs, etc.), life goals (e.g., education, work/career, family, etc.), and preferences/behaviors (e.g., freedom to be spontaneous, ability to remember a daily pill, visibility of method, etc.) are identified and taken into account. This could also indicate a brief discussion of all available contraceptive options, or the client's current method.
- 02- Fertility Awareness Method: In-depth conversation with the client concerning non-medical or "natural" family planning techniques including using a calendar, cervical mucus, basal body temperature, CycleBeads, and/or other related methods of fertility awareness.
- 03- Sterilization: In-depth conversation with the client regarding a permanent birth control method, i.e., tubal ligation or vasectomy.
- 04- Infertility: Conversation with the client or couple concerning their inability to conceive and how to promote fertility.
- 05- Tobacco: Conversation with the client regarding tobacco use, its relationship to birth control and general health, and providing smoking cessation resources.
- 06- Substance Abuse: Conversation with the client concerning substance use, its relationship to birth control and general health, and providing resources to promote cessation.
- 07- Pregnancy Options: Conversation with the client discussing all pregnancy options. Client may decline to discuss any option they do not want to explore.
- 08- Preconception: Conversation with a client who is seeking pregnancy regarding planning a healthy pregnancy and optimizing health.

- 09- STI/HIV Prevention: Conversation with the client concerning sexually transmitted diseases (including HIV) and individualized risk reduction techniques.
  - 12- Phys. Activity/Nutrition: Conversation with the client regarding habits/behaviors that promote a healthy weight/BMI and may also include a discussion about physical activity and diet.
  - 13- Abstinence: Conversation acknowledging that abstinence is the most effective way to prevent pregnancy and reduce risks of STIs. More detailed information may be provided based on client need.
  - 15- Behavioral Health: Conversation with the client regarding behavioral/mental health issues.
  - 16- Abnormal Pap: Conversation with the client regarding an abnormal Pap result. Test results, symptoms, possible implications, need for follow-up and referrals for further testing are discussed.
  - 17- Encourage Parent/Family/Adult Involvement: Conversation with an adolescent client, assessing their current level of trusted adult involvement in the client's reproductive health decisions, identifying obstacles, providing information on how to communicate with a trusted adult, and encouraging the client to maintain or improve a relationship with a trusted adult.
  - 18- Relationship Safety: Conversation assessing for intimate partner violence (IPV), sexual coercion, and contraceptive coercion; and, when indicated, providing support and tools on how to resist coercion and promote healthy relationships.
- 19. Pregnancy Intention Screening**: If pregnancy intention screening was performed, indicate the client's intentions in the next 6-12 months, regardless of which screening tool was used.
- If pregnancy intention screening was not conducted, this section should be left blank.
- 15A. Primary Contraceptive Method**: Record the contraceptive method the client used before the visit and the method the client will use after the visit. If more than one method is used before and/or after, enter the primary or most effective method.
- **If the client is relying on their partners' method, use the code for partner's method.** For example, if a male client relies on his female

partner's Depo-Provera for contraception, use code 16. Similarly, if a female client relies on her male partner's vasectomy, use code 14.

- Mark box 13 - Abstinence for clients reporting they are not sexually active.
- If no contraceptive method is continued or initiated at the end of this visit, enter code 10 (None) in Section 15A and the most important reason for this decision in Section 15B.
- For infertility clients, enter code 10 (None) in Section 15A. (Even if a contraceptive method is being used as treatment, its purpose is not to prevent pregnancy, but to enhance fertility.)

**15B. If None at the End of the Visit, Give Reason:** Record the reason that the client will not use a contraceptive method after the visit. If any code except 10 is entered in the **After Visit** space in Section 15A, skip Section 15B.

**\*CCare clinics**, please note that in order to bill for an IUD or implant removal because the client wants to get pregnant, you must choose code 7-Other. Code 3-Seeking Pregnancy will cause the claim to reject.

**16. Referral Information:** Indicate whether the client was referred to another agency or clinician, or to another program in a multi-service agency. Check all that apply. All referral information must be documented in the client medical record.

## Billing Information

For billing the RH Access Fund for services and supplies provided to enrollees.

**12. Purpose of Visit:** Record the **primary** reason / level of the visit. Check one box only. See the [Reimbursement Rates](#) for examples of visits that would typically fall under Low, Moderate, and High. These are not limited by provider type marked in Section 13B.14B. Any provider type may bill for any purpose of visit.

11- Low: Focused, short visit for established clients. Includes Depo injections for established clients.

**Established client** means a client seen in your agency within the last three years.

12- Moderate: Includes birth control method starts, most counseling visits, routine visits for established clients.

13- High: Includes well-woman/annual visits for new clients or more complex visits for established clients; complex or same-day IUD and implant insertions/removals.

09- Supply-Only Visit: This box should be used for RH Access Fund enrollees who present for a refill of their contraceptive method (more packs of pills, additional Rings and packs of EC, etc.) and receive no or very brief services (e.g., vital stats check or reminder of how to use the method). Supply refill visits for clients with other payment sources should NOT be reported.

Note that routine provision of Depo-Provera should not be classified as a Supply-Only Visit but instead should be classified as 11 – Low (or 12 – Moderate if additional counseling and education is provided), since the Depo injection requires medically trained staff.

08-Vasectomy Referral: This box should be used to indicate administrative and/or referral work for enrollees receiving vasectomy services through a sub-contracted vasectomy provider. See [Sample Vasectomy Referral Fee CVR](#).

To receive reimbursement (for detailed instructions see [Billing for Vasectomy Services](#)):

- A new CVR, separate from the CVRs completed for the vasectomy counseling visit or vasectomy procedure, must be completed with a unique date,
- Box 11 – OVP in Section 9. Assigned Source of Payment, must be marked, even if the vasectomy counseling visit or vasectomy procedure are being covered under a different source of payment, and
- Box 18 – Vasectomy Referral Fee in Section 13A. Medical Services must be checked.

**9A.** Diagnosis Codes: Enter the ICD-10 diagnosis codes that represent the services provided during the enrollee’s visit. Use the highest level of specificity whenever possible. See [Allowable ICD-10 Codes for RHCare clinics](#) or [Allowable ICD-10 Codes for CCare clinics](#).

Please note that visits with a primary diagnosis code for well-woman/adolescent care must also have a secondary diagnosis code (anywhere in positions 2-6) that indicates contraception services (Z30.xx), procreative management (Z31.xx), or pregnancy testing (Z32.xx). For CCare clinics, the secondary diagnosis code must be for contraception services (Z30.xx).

The second special rule for diagnosis codes is that visits with primary diagnosis codes for treatment and rescreening of Chlamydia and gonorrhea can be

reimbursed only for enrollees who have had a CVR submitted for any visit in the year prior to the treatment/rescreening visit. Please note – to avoid rejected CVRs for treatment/rescreening visits, please submit the initial visit in one month and the treatment/rescreening visit the following month.

**9B. Was Insurance Billed for this Visit:** Enrollees with insurance coverage for contraceptive management services are also eligible for The RH Access Fund. Per federal regulations, insurance should always be billed first, so that the RH Access Fund is the payer of last resort.

- Check 1-No, if:
  - The enrollee has insurance but it will not be billed due to a need for special confidentiality (indicated by the client answering “No” to the question “Is it okay to bill your insurance?” on the RHAF enrollment form); or
  - The enrollee does not have insurance.
- Check 2-Yes, if the enrollee indicated they have insurance on the RH Access Fund Enrollment Form and the enrollee did not indicate a need for special confidentiality. In Section 17A. Third Party Resource Codes, you must enter either the amount the insurance paid, or an appropriate Explanation Code to indicate why the insurance didn’t pay or why the insurance wasn’t billed.

**9C. Special Confidentiality Needs:** The special confidentiality option is available to any enrollee who believes she or he would be at risk of physical or emotional harm if a parent/partner or other household member learned the enrollee was seeking reproductive health services. This section is not limited to teens, nor should it be used for every teen enrollee.

Check 1-Yes if the enrollee has RH Access Fund as a source of pay and indicates that special confidentiality is needed; otherwise, leave blank. If the enrollee requires special confidentiality, be sure to:

- Notify outside labs of the enrollee’s special confidentiality request (if applicable).
- Ensure the enrollee has also indicated their request for special confidentiality on the RH Access Fund Enrollment Form by answering “No” to the question “Are you okay with us billing your insurance?” (if applicable).

**17. Supply Billing:** Use this section to bill for supplies provided to enrollees.

Please our [Supply Reimbursement Rates](#) for the supply codes list, with maximum allowable quantities and reimbursement rates that may be billed on



each date of service. Enter the appropriate quantity and CVR code for each method dispensed to the enrollee.

Contraceptives are reimbursed at their acquisition cost, not at the maximum allowable amount. Each agency must document the calculations used to determine the acquisition cost of each supply. That information must be available for audit purposes. See Section 4 of Program Manual for guidance on how to calculate acquisition costs.

The RH Access may be billed when an enrollee is prescribed a second method to manage the side effects of their primary method. When this happens, mark box 15B with the enrollee’s primary method, and complete the supply billing for the second method.

Pay attention to the following special instructions for the billing of these methods:

- The patch and the ring are both billed per patch or ring (per each). Even though the patch comes in a box of three (one cycle), they are billed as 1/3 of the total price times the quantity of three. When billing for one box of patches, use the quantity 3.
- For Depo, the unit price is the total acquisition cost for the medication. In contrast to OHP where you use quantity 150 and the total unit cost, for the RH Access Fund you can use either quantity 1 or 150 but be sure to use the total cost of the medication (not 1/150 of the total cost). Regardless if you enter quantity 1 or 150, the reimbursement will be equal to the total unit cost that is entered on the CVR.

**17A. Third Party Resource Codes:** complete if the enrollee indicated having any insurance coverage on the RH Access Fund Enrollment Form.

- Complete 1 - Explanation Code to indicate why no payment was made by the private insurance company. (See below for the list of TPR codes to use.) Do not include an Explanation Code for those claims billed in which partial payment was made by the private insurance company. If insurance is not billed due to confidentiality needs, mark NC.

TPR Codes: Single Insurance Coverage	
Code	Description
UD	Service Under Deductible
NC	Service not Covered by Insurance Policy (Use also when <b>special confidentiality</b> is requested)

TPR Codes: Single Insurance Coverage	
Code	Description
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)

- Complete 2 - Other Insurance Paid to record the amount paid by the private insurance for the reproductive health service/supply. The RH Access Fund will reimburse the balance up to the maximum reimbursement rate.

Enrollees should be asked about current insurance status at each visit. Unless an enrollee with private insurance also indicates the need for special confidentiality, federal law requires that all reasonable efforts be taken to ensure that the RH Access Fund is the payer of last resort.