

RH Access Fund STI Coverage Summary & FAQs



Due to restrictions in our funding, the RH Access Fund’s coverage of STI services is limited. These limits require us to differentiate between screening and testing, and between visits for which the primary diagnosis code is family planning/annual wellness visits that include STI services, and visits for which the primary diagnosis code is for STI services.

Throughout this document, we use these definitions for STI screening and testing:

Screening is done when a client is asymptomatic.

Testing is done when the client has symptoms.

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

However, our funding does cover visits for which the primary diagnosis code is STI screening for clients who:

- live in Oregon, **and**
- have “Another immigration status”, and
- were assigned female at birth.

Quick Look: when STI services are covered by the RH Access Fund

Primary diagnosis code	When does RHAF cover STI services?	Can you charge the client for STI services?
Family Planning or Well Visit	STI screening, testing and treatment are always covered as secondary diagnosis codes	No
STI Screening (asymptomatic)	Only if client: <ul style="list-style-type: none"> ✓ lives in Oregon, ✓ marks Another Status, and ✓ was assigned female at birth 	Yes, if client does <u>not</u> meet requirements listed to the left. No, if client <u>does</u> meet requirements listed to the left.
STI Testing (symptomatic)	Never	Yes. Follow standard clinic process.
STI Treatment and/or Rescreening	<ul style="list-style-type: none"> ✓ All enrollees ✓ At RHCare clinics only ✓ Client must have a prior visit with a CVR completed within 1 year of Treatment visit 	Yes, if client does <u>not</u> meet requirements listed to the left.

Visits for which the primary diagnosis code is STI screening

- Q** When does the RH Access Fund cover visits for which the primary diagnosis code is STI screening?
- A** *Due to the limits of our funding, the RH Access Fund can only reimburse for visits in which the primary focus is STI screening AND when a client's Enrollment Form shows that they live in Oregon, have Another Status, and were assigned female at birth. When this is the case you will see this message in the client's profile in the RH Access Fund Eligibility Database: **The RH Access Fund will cover REPRODUCTIVE HEALTH SERVICES, including abortion and those not related to family planning for this client.** If you see this message, the RH Access Fund WILL cover stand-alone STI screening visits at RHCare clinics.*
- Q** Are there gaps in coverage, and how should we handle that? For example, what if a citizen or eligible citizen wants screening for STI?
- A** *Our funding does not allow us to reimburse for visits for which the primary diagnosis code is STI screening if the patient is male or has U.S. Citizenship or Eligible Immigrant Status. For these clients, we can only reimburse for STI screening as part of a visit where the primary diagnosis code is on the allowable list. The client could also be assessed for OHP eligibility.*

Screening vs. Testing

- Q** Under covered services, it says STI screenings and treatment is covered, what about testing?
- A** *The only time RHAF can cover testing is if a client is in for a family planning or well visit and mentions that they were exposed or have symptoms. Then, we can cover the lab because it is in the broader context of a family planning or well visit, as long as the primary diagnosis code for the visit is on the list of allowable ICD10 codes.*
- But, none of our funding sources cover visits where the primary diagnosis code is STI testing.*
- Q** Are CT/GC tests covered for clients who are symptomatic?
- A** *If the visit has a primary diagnosis code that is on our allowable list and a CT/GC lab test is collected at the visit, we will reimburse for the test. However, if the only purpose for the visit is a CT/GC test it is not covered.*

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

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

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

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

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

What's included in the bundled rates

Q What STI labs are included in the bundled rates?

A *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*
- *Trichomonas*
- *Herpes*
- *Hepatitis C antibody and confirmation*
- *Hepatitis B antibody and antigen.*

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

Male clients

- Q** When a male client is receiving STI screening and family planning services, how much family planning is needed to bill the RH Access Fund?
- 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** *The same reasoning is applied. See above answer.*

STI Treatment (in RHCare clinics only)

- 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 at RHCare clinics; 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 when they are pursuant to a family planning visit. That is, the client had a previous visit with a CVR completed within a year of the treatment visit.*
- A** *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** *If the patient had a previous visit with a CVR completed within 1 year of the STI treatment visit, then the patient can be enrolled in RHAF during the STI treatment visit and the STI treatment visit can be billed to RHAF.*

- Q** Are CCare clinics able to bill RHAF for STI treatment and rescreening?
- A** *No. We are unable to use CCare funds to treat and rescreen for STIs, so CCare agencies should refer the client to a full RHCare clinic for those services.*

Expedited Partner Therapy (EPT) at RHCare Clinics

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 and the client must be willing to take the medication to them.

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 for a family planning 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 RHCare or CCare'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 Access Fund and what services they may need to pay for.*

Q Do you want CVR data for a visit with primary diagnosis codes for STI testing which is not covered by RH Access Fund?

A *No. We do not want CVR data for visits that do not fall under the scope of the RHCare or CCare, such as those with a primary diagnosis code for STI testing (i.e., symptomatic).*

Visits with primary diagnosis codes for STI screening (i.e., asymptomatic) are covered by the RH Access Fund at RHCare clinics as a primary diagnosis code only for certain clients: individuals who live in Oregon, have Another Status, and were assigned female at birth. For those visits, you would fill out a CVR.