

# Oregon Reproductive Health Program

## *CCare Billing & CVR*



Oregon  
Health  
Authority

- What is billable to CCare?
- Services
- Supplies
- Timing
- How to Bill
- CVR



A visit is billable to CCare if:

- 1) The client meets the CCare eligibility requirements,
- 2) They are seeking contraception,

**AND**

- 3) The primary diagnosis code for the visit is within the Z30 series.



If a visit meets the above criteria it is billable to CCare REGARDLESS OF THE CLIENT'S STATED PURPOSE FOR SEEKING BIRTH CONTROL.

CCare - When is a visit billable? 

## Services = Bundled Rate of \$150

- Covers all services as recommended by national standards of care for a typical reproductive health visit related to preventing unintended pregnancy, including:
  - Annual visit
  - Follow-up visit to evaluate or manage problems associated with contraceptive methods
  - Counseling services
  - Supply dispensing fee
  - Lab tests
    - ONE exception = GC/CT test reimbursed separately



Reimbursement - Services

# Supplies = Acquisition Cost

- Acquisition Cost = (Unit Price + Shipping/Handling per Unit) x Quantity Dispensed



## Reimbursement - Supplies

- Submit CVRs monthly the Thursday before the 15th
- All claims for services must be submitted within 12 months of the date of service
- Unreported or erroneous CVR visit data (e.g. 13A) may be corrected after the initial 12 months, but reimbursement will not be issued



# Timing

- Ahlers and Associates - contractor for CVR claim and data transmittal and processing
- Billing options:
  - Ahlers' software WINCVR
  - EHR (e.g. OCHIN, Raintree, etc.)
    - Must configure to work with system specifications
  - Paper billing
- Contact Ahlers at 800-888-1836 or [www.ahlerssoftware.com](http://www.ahlerssoftware.com)



## How to Bill





10. INCOME AND HOUSEHOLD SIZE	AMOUNT
a. Monthly Income?	
b. Household Size?	NUMBER

Used to determine where client falls on FPL → eligibility in CCare & Title X sliding fee scale

	CCare	Title X
<b>Income</b>	Individual's income	Total of everyone's income within household (except teens, who only use their own)
<b>Household Size</b>	Based on IRS tax filing status. Must be at least one.	A social unit of one or more people, living together and sharing a source of income (roommates do NOT count). Must be at least one.

9. ASSIGNED SOURCE OF PAYMENT (Check one)

<input type="checkbox"/> 01 - No Charge	<input type="checkbox"/> 04 - Private Insurance	<input type="checkbox"/> 07 - Other
<input type="checkbox"/> 02 - Title XIX (OHP)	<input type="checkbox"/> 05 - Full Fee	<input type="checkbox"/> 10 - Non-CCare Visit/ CCare Supply*
<input type="checkbox"/> 08 - CCare *	<input type="checkbox"/> 06 - Partial Fee	<input type="checkbox"/> 11 - OVP
<input type="checkbox"/> 03 - WA Take Charge	*Complete top section and 17 for CCare	

01 - Client does not qualify for third-party coverage (OHP, private insurance, CCare, etc.) and is <100% FPL

02 - Client is enrolled in OHP & visit is charged to OHP

03 - Washington state's family planning Medicaid waiver

04 - Client has private insurance, and visit will be billed to private insurance (*usually the CVR isn't completed until payment is received from private insurance so CCare can be balance-billed*)

05 - Client does not have private insurance, OHP, or CCare and is >250% FPL. Will be charged full fee

9. ASSIGNED SOURCE OF PAYMENT (Check one)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 01 - No Charge       | <input type="checkbox"/> 04 - Private Insurance | <input type="checkbox"/> 07 - Other                             |
| <input type="checkbox"/> 02 - Title XIX (OHP) | <input type="checkbox"/> 05 - Full Fee          | <input type="checkbox"/> 10 - Non-CCare Visit/<br>CCare Supply* |
| <input type="checkbox"/> 08 - CCare *         | <input type="checkbox"/> 06 - Partial Fee       | <input type="checkbox"/> 11 - OVP                               |
| <input type="checkbox"/> 03 - WA Take Charge  | *Complete top section and 17 for CCare          |   |

06 - Client is not enrolled in PI, OHP, or CCare and is between 100%-250% FPL so will be charged on the sliding fee scale

07 - Client is eligible for other, non-specified third party payment (e.g., special gov't funds for American Indians)

08 - Client is eligible for CCare AND primary diagnosis code is within Z30 series.

10 - Client is eligible for CCare, VISIT is NOT CCare-billable but client received supplies billable to CCare

*Example: client comes in for STI check, and picks up birth control*

11 - Client is not eligible for CCare or OHP and visit is for vasectomy services under OVP

9B. WILL INSURANCE BE BILLED FOR THIS VISIT?

(Complete if Question 9 is 8 or 10).  1- No  2- Yes (Complete 17A.)

Only for CCare visits (must check box 08 in Source of Pay)

Private insurance must be billed first, unless client requests confidentiality.

# CVR - Insurance for this Visit

(D3-8)

9C. SPECIAL CONFIDENTIALITY NEEDS

1-Yes

Special confidentiality is available to any client who believes she/he would be at risk of harm if someone at home learned that she/he was receiving RH services

If check Yes, must also:

- Enter TPR code NC in section 17A, and
- Check the box for special confidentiality on CCare Enrollment Form and in CCare Eligibility Database



18. CLIENT INSURANCE STATUS (check one)

(Principal Health Insurance covering primary care)

1 - Public Health Insurance

3 - Uninsured

2 - Private Health Insurance

4 - Unknown

Used to indicate whether client has insurance for “a broad set of primary medical care benefits”

1 - Client enrolled in OHP, or has Medicare for primary care (CCare does NOT count)

2 - Client has personal or employer-sponsored insurance

3 - Client has no coverage

4 - Client doesn't know

11. HEALTH INS. ENROLLMENT ASSISTANCE

1 - Onsite

2 - Referral

Used to record if health insurance enrollment/re-enrollment was provided to the client.

1 - When provided by a trained enrollment assister at your agency (regardless of when)

2 - If client was referred for assistance outside of agency

Leave blank if none provided.

**CVR - Health Insurance Enrollment Assistance** *(D3-12)*

7a. CLIENT'S TEST DATES - Females Only				MO.	YR.
1 - Last Chlamydia ( $\leq 24$ )	<input type="checkbox"/> 1 Never	<input type="checkbox"/> 2 Unk.	3 Date		
2 - Last Pap ( $\geq 21$ )	<input type="checkbox"/> 1 Never	<input type="checkbox"/> 2 Unk.	3 Date	MO.	YR.

Intended to capture female clients' most recent test dates PRIOR to the current visit.

Dates are self-reported or populated from medical records

If client does not know, check box 2-Unknown

Ages (based on National Standards)

- Chlamydia = clients 24 and under
- Pap = clients 21 and over
- If client within above age ranges, a box must be marked (if left blank, CVR will reject)
- If report outside of age ranges, Ahlers will clear fields

**CVR - Client Testing Dates** *(D3-5)*

9A. DIAGNOSIS CODE (Complete if Question 9 is 8)

Z30. | | | |

For CCare visits only (must check box 08 in Source of Pay)

Must use ICD code that represents contraceptive services.

List of accepted ICD codes in [Exhibit A-1](#)

Use highest level of specificity.

**CVR - Diagnosis Code** [\(D3-7\)](#)

12. PURPOSE OF VISIT (Check One)

- |  |  |
|--|--|
| <input type="checkbox"/> 1 - First Annual Visit  | <input type="checkbox"/> 5 - Pregnancy Test Visit            |
| <input type="checkbox"/> 2 - Return Annual Visit | <input type="checkbox"/> 6 - Supply Only-Mailed (CCare Only) |
| <input type="checkbox"/> 3 - Other Medical       | <input type="checkbox"/> 9 - Supply Only Visit (CCare Only)  |
| <input type="checkbox"/> 4 - Counseling Only     | <input type="checkbox"/> 8 - Vasectomy Referral (w/OVP SOP)  |

ACTUAL primary reason for today's visit *(may not know until end)*

1 - First comprehensive visit at your agency. Includes any clinically indicated health screenings and lab services. Can only be used once/client.

2 - Subsequent comprehensive visit >11 months after first. Includes any clinically indicated health screenings and lab services. Can only be done 1x/year.

3 - Visit with one or more medical services provided for routine contraceptive, sterilization, infertility or related care. Counseling is included. Includes visit for Depo injection.

4 - Visit where client receives specific family planning-related consultation, but no medical services.

12. PURPOSE OF VISIT (Check One)	
<input type="checkbox"/> 1 - First Annual Visit	<input type="checkbox"/> 5 - Pregnancy Test Visit
<input type="checkbox"/> 2 - Return Annual Visit	<input type="checkbox"/> 6 - Supply Only-Mailed (CCare Only)
<input type="checkbox"/> 3 - Other Medical	<input type="checkbox"/> 9 - Supply Only Visit (CCare Only)
<input type="checkbox"/> 4 - Counseling Only	<input type="checkbox"/> 8 - Vasectomy Referral (w/OVP SOP)

ACTUAL primary reason for today's visit *(may not know until end)*

5 - Pregnancy test & counseling (not used with CCare)

6 - Returning CCare client who chooses to have method refilled by mail. Client must have been using the method without problems/contraindications for 3 months.

8 - Administrative/referral work for clients receiving vasectomy through a sub-contracted provider.

9 - Established CCare client who presents for a refill of method & gets no or very brief medical/counseling services.

**CVR - Purpose of Visit** *(D3-14)*

13A. **MEDICAL SERVICES** (Check all Applicable)

**Exam & Lab Services**

- |   |  |
|---|--|
| <input type="checkbox"/> 02 - Blood Pressure                | <input type="checkbox"/> 24 - Urine Dip Strip/Urinalysis   |
| <input type="checkbox"/> 03 - Height/Weight                 | <input type="checkbox"/> 25 - PapTest Conventional         |
| <input type="checkbox"/> 04 - Thyroid Exam                  | <input type="checkbox"/> 26 - PapTest Liquid-Based         |
| <input type="checkbox"/> 05 - Heart/Lung Auscultation       | <input type="checkbox"/> 27 - Colposcopy                   |
| <input type="checkbox"/> 06 - Breast Exam                   | <input type="checkbox"/> 34 - Immunization                 |
| <input type="checkbox"/> 07 - Abdominal Exam                | <input type="checkbox"/> 42 - Male Genitalia Exam          |
| <input type="checkbox"/> 08 - Extremities                   | <input type="checkbox"/> 49 - Colo-Rectal Cancer Screening |
| <input type="checkbox"/> 09 - Bimanual/Speculum Pelvic Exam | <input type="checkbox"/> 36 - Other Lab or Exam            |
| <input type="checkbox"/> 23 - Hgb / Hct                     | <input type="checkbox"/> 37 - No Lab or Exam               |

**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"/> 20 - Sterilization Procedure | <input type="checkbox"/> 46 - EC-Future Need         |
| <input type="checkbox"/> 38 - Hormone Implant In      | <input type="checkbox"/> 22 - IUD/IUS Removal        |
| <input type="checkbox"/> 39 - Hormone Implant Out     | <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 |   |

Examinations, labs,  
diagnostic & treatment  
procedures.

Should be completed at  
time of service or  
transcribed from  
client's medical record.

13A. **CONT. MEDICAL SERVICES** (Check all Applicable)

**STD Related Services**

- |  |  |
|--|--|
| <input type="checkbox"/> 11 - Vaginitis/Urethritis/Eval/Dx | <input type="checkbox"/> 16 - Herpes Test    |
| <input type="checkbox"/> 12 - Vaginitis/Urethritis/Eval/Rx | <input type="checkbox"/> 28 - Gonorrhea Test |
| <input type="checkbox"/> 29 - Chlamydia Test               | <input type="checkbox"/> 30 - Wet Mount      |
| <input type="checkbox"/> 13 - Chlamydia Treatment          | <input type="checkbox"/> 43 - HIV Test       |
| <input type="checkbox"/> 14 - Chlamydia Presumptive Rx     | <input type="checkbox"/> 47 - Syphilis Test  |
| <input type="checkbox"/> 15 - Wart Treatment               | <input type="checkbox"/> 50 - HPV Test       |

14A. ASSESSMENT/EDUCATION/COUNSELING (Check all Applicable)

<input type="checkbox"/> 01 - Contraceptive	<input type="checkbox"/> 09 - STD/HIV Prevention	<input type="checkbox"/> 18 - Relationship Safety
<input type="checkbox"/> 02 - Fertility Aware Mthd	<input type="checkbox"/> 16 - Abnormal Pap	<input type="checkbox"/> 12 - Phys. Act./ Nutrition
<input type="checkbox"/> 03 - Sterilization	<input type="checkbox"/> 19 - BSE	<input type="checkbox"/> 05 - Tobacco
<input type="checkbox"/> 04 - Infertility	<input type="checkbox"/> 15 - Behavioral Health	<input type="checkbox"/> 06 - Substance Abuse
<input type="checkbox"/> 08 - Preconception	<input type="checkbox"/> 17 - Encourage Parental/ Family Involvement	
<input type="checkbox"/> 13 - Abstinence		
<input type="checkbox"/> 07 - Pregnancy Options		

Non-medical services that:

- Inform client about available services/supplies; and/or
- Assist client to clarify her/his needs and provide him/her with the tools to meet those needs.

Should be completed at time of visit or transcribed from client's medical record

# CVR - Assessment/Education/ Counseling *(D3-20)*

19. PREGNANCY INTENTION SCREENING

- 1 - Yes, Near Future     3 - Unsure  
 2 - No, Maybe Later     4 - Never

Indicate client's intentions regarding pregnancy in the near future.

Left broad to accommodate various screening tools.

If left blank, assume screening was not done.

If the client's intentions change over the course of the visit, the final intention should be recorded.

**CVR - Pregnancy Intention Screening**

(D3-23)

13B.14B. PROVIDER OF MEDICAL SERVICES/COUNSELING/EDUCATION SERVICES (Mark all that Apply)

- 1 - Physicians
- 2 - Physician Assistants, Nurse Practitioners, Certified Nurse Midwives
- 3 - RNs, LPNs
- 4 - Other service providers, health educators, social workers, clinic aides and lab technicians.

Identify who provided the services in sections 13A & 14A.

1 - M.D. or D.O.

2 - PA, NP, CNM

3 - RN or LPN

4 - Others like health educators, social workers, aides or technicians

# CVR - Medical/Counseling Services

## Provider *(D3-23)*

15A. PRIMARY CONTRACEPTIVE METHOD (Complete before and after blocks)		
<b>HIGHLY EFFECTIVE</b>	<b>MODERATELY EFFECTIVE</b>	<b>LESS EFFECTIVE</b>
14 - Male Sterilization	16 - Hormonal Injection	06 - Male Condom
01 - Female Sterilization	02 - Oral Contraceptives	19 - Female Condom
11 - Hormone Implant	17 - Hormonal Patch	21 - Contraceptive Sponge
15 - IUS	18 - Vaginal Ring	20 - Withdrawal
03 - IUD	04 - Diaphragm/Cap	08 - NFP/FAM
22 - LAM		07 - Spermicide
		<b>OTHER</b>
		09 - Other Method
		13 - Abstinence
		10 - None
BEFORE VISIT <input type="text"/> <input type="text"/>		AFTER VISIT <input type="text"/> <input type="text"/>
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"/> 6 - Not Sexually Active	<input type="checkbox"/> 3 - Seeking Pregnancy
		<input type="checkbox"/> 7 - Other

Record the method the client was using at the start of the visit & the method the client left with.

If client is/was using multiple methods, record the primary or most effective

If client is relying on partner's method, mark them as the user.

16. REFERRAL INFORMATION (Check all Applicable)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 02 - High Risk Pregnancy | <input type="checkbox"/> 05 - Sterilization | <input type="checkbox"/> 10 - Social Sevicees |
| <input type="checkbox"/> 15 - Adoption            | <input type="checkbox"/> 06 - Infertility   | <input type="checkbox"/> 09 - Nutrition       |
| <input type="checkbox"/> 03 - Abortion            | <input type="checkbox"/> 04 - STD           | <input type="checkbox"/> 13 - Substance Abuse |
| <input type="checkbox"/> 01 - Prenatal            | <input type="checkbox"/> 17 - Colposcopy    | <input type="checkbox"/> 14 - Abuse/Violence  |
| <input type="checkbox"/> 16 - Breast Evaluation   | <input type="checkbox"/> 08 - Other Medical | <input type="checkbox"/> 11 - None            |
| <input type="checkbox"/> 12 - Mammography or U.S. |   |   |

Used to indicate if client was referred to another agency/clinician/program.

All referral information must be documented in the medical record.

17. MEDICAID BILLING (Complete top section for CCare)

Supplies Billed	Qty.	Unit Price	Supplies Billed	Qty.	Unit Price
01-Orals	<input type="text"/>	<input type="text"/>	07-Condoms, Male	<input type="text"/>	<input type="text"/>
16-EC	<input type="text"/>	<input type="text"/>	08-Condoms, Fem.	<input type="text"/>	<input type="text"/>
14-Patch	<input type="text"/>	<input type="text"/>	12-Cervical Cap	<input type="text"/>	<input type="text"/>
15-Mirena IUD	<input type="text"/>	<input type="text"/>	17-Ring	<input type="text"/>	<input type="text"/>
03-Copper IUD	<input type="text"/>	<input type="text"/>	18-Sponge	<input type="text"/>	<input type="text"/>
04-Depo Provera	<input type="text"/>	<input type="text"/>	19-Subdermal Implants	<input type="text"/>	<input type="text"/>
05-Diaphragm	<input type="text"/>	<input type="text"/>	20-Cycle Beads	<input type="text"/>	<input type="text"/>
06-Spermicide	<input type="text"/>	<input type="text"/>	21-Skyla IUS	<input type="text"/>	<input type="text"/>

Used to generate payment for contraceptive supplies for CCare clients.

Max allowed reimbursement rates are listed in [Exhibit C-8](#).

17A. THIRD PARTY RESOURCE CODES

(Complete if client has other insurance coverage.)

1 - Explanation Code

2 - Other Insurance Paid .

Use if CCare client has insurance coverage.

1 - Why insurance didn't pay

UD = Service under deductible

NC = Special Confidentiality, or service not covered by insurance

PP = Insurance payment went to patient/policyholder

NA = Service not authorized by insurance

NP = Service not provided by preferred facility

MB = Max benefits used for diagnosis/condition

OT = Other (insurance information is not available)

OR

2 - How much insurance paid (will be deducted from CCare payment).

# CVR - Third Party Resource (TPR) Codes *(D3-26)*

OREGON.GOV

Pendleton Round-Up  
Sept. 16-19, 2015

Search Public Health...

Public Health

Reproductive and Sexual Health

Reproductive and sexual health are important to our overall health. The right information can help reduce unintended pregnancy, prevent disease and ensure safe and nurturing sexual relationships.

Oregon public health programs promote healthy sexual relationships, assure access to comprehensive sexual and reproductive health services, and provide accurate and current public health information and resources. We evaluate reproductive and family planning services and individual needs across the state through analysis of clinical services and the health of populations who need those services.

The Oregon Reproductive Health Program works with over 165 clinics throughout the state to offer free or low-cost reproductive health services and birth control for women, men and teens who need them. This program seeks to reduce unintended pregnancy in Oregon by providing access to the information, services and resources necessary to ensure that all pregnancies are healthy, well-timed and intended.

Provider Quick Links

- Update Newsletter
- Provider Trainings
- Program Manual
- Order CCare Materials
- Order Health Education Materials
- Additional Provider Resources

Contact Us

Reproductive Health Program

## Providers

- RH Program Website: [healthoregon.org/rh](http://healthoregon.org/rh)
- RH Program Newsletter
  - Bi-Monthly
- RH Program Manual [healthoregon.org/rhmanual](http://healthoregon.org/rhmanual)
- Provider Resources page [healthoregon.org/rhmaterials](http://healthoregon.org/rhmaterials)
- Email list serve

## Clients

- CCare website [CCare.Oregon.gov](http://CCare.Oregon.gov)
- CCare facebook page [facebook.com/OregonCCare](https://facebook.com/OregonCCare)

Oregon ContraceptiveCare

BOO! THERE'S NOTHING SCARY ABOUT BIRTH CONTROL!

ccare Oregon ContraceptiveCare Government Organization

2,161 Post Reach

236 Post Engagement

10k likes +46 this week

# RH Program Resources

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# Questions?

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