

Georgia Crime Victims Compensation Program

Forensic Medical Examination Policy

I. Overview

Pursuant to O.C.G.A. § 17-5-72 victims of sexual assault in the State of Georgia may request, at no cost to the victim, a forensic medical examination for sexual assault, regardless of whether the victim participates in the criminal justice system or cooperates with law enforcement in pursuing prosecution of the underlying crime. The Georgia Crime Victims Compensation Program should be billed directly for all expenses relating to a forensic medical examination [i.e. lab work, emergency room fees, physician's fees, SANE fees, all clinical fees associated with the exam, sexually transmitted infections (STIs) testing, etc.] Neither the victim nor any collateral sources, (e.g. insurance), may be billed for a forensic medical examination.

II. Purpose

A. Providers, victim advocates, social service representatives and the criminal justice community must all remain cognizant of the mandate for victims to receive free forensic medical examinations. The purpose is two-fold:

1. Address the needs of individuals that are victims of sex crimes by providing free forensic exams and additional follow-up treatment.
2. Address the needs of the criminal justice system, which is to collect, handle, preserve, interpret and analyze the evidence collected from forensic exams.

B. The statute requires that forensic medical examinations, at a minimum, include the following:

1. An examination for physical trauma
2. A determination as to the nature and extent of the physical trauma
3. A patient interview
4. Collection and evaluation of evidence collected
5. Any additional testing deemed necessary by the examiner in order to collect evidence and provide treatment

C. **Please Note: A forensic interview is not a covered expense for forensic medical exams for sexual assault victims.**

III. Eligibility Guidelines

A. The request for payment for the reasonable costs of a forensic medical examination must comply with the following provisions:

1. The sexual assault must have occurred in Georgia on or after July 1, 2011; otherwise, the appropriate law enforcement agency must be billed. **Please Note:** The Georgia Crime

(Form FME Policy Rev 5.12)

Victims Compensation Program will pay for exams performed in another state as long as the provider or facility performing the exam meets our criteria.

2. In instances where law enforcement requests a Forensic Medical Examination for allegations of child sexual assault/molestation, and there is limited collection and evaluation of evidence, official documentation is required from law enforcement requesting the exam. The investigative agency must submit either:
 - a. A letter on agency letterhead from the investigative agency indicating that the law enforcement requested the forensic medical examination of the victim for investigative purposes **OR**
 - b. A completed Forensic Medical Examination Law Enforcement Verification Form with the Application for Payment
3. In instances where the Department of Family and Children Services requests a Forensic Medical Examination for allegations of child sexual assault/molestation, and there is limited collection and evaluation of evidence (i.e., the child is not in state custody at the time of the request), the contact information for the agency and the name of the caseworker who requested the forensic medical examination must be listed in Section 2 of the Application for Payment. **Please Note:** A payment request should not be submitted for a child who was in the custody of the state at the time of the sexual assault.
4. A physician, physician assistant, registered nurse, SANE-A (adult adolescent) or SANE-P (pediatric) must have performed the forensic medical examination.
- B. The victim cannot be billed directly or indirectly for **a forensic medical examination**, which means that collateral sources (e.g. insurance) cannot be billed.
- C. All other services (excluding the forensic medical examination) may be billed to the victim or their respective insurance company(s). The victim, if eligible, may also apply for benefits for other related expenses through the Georgia Crime Victims Compensation Program.
- D. A payment request should not be submitted for a victim who was confined in a federal, state, county, or municipal jail, prison, or other correctional facility at the time of the sexual assault. These claims are not eligible; therefore, the applicable jail or correctional facility where the victim was confined at the time of the sexual assault must be contacted regarding payment for any forensic medical examination services provided to confined victims.
- E. A payment request should not be submitted for a victim who resides in a state facility where the sexual assault occurred (e.g. in a state mental health facility.)

IV. Application and Payment Procedures

(Form FME Policy Rev 5.12)

- A. The facility making the request for payment should submit a HCFA-1500, UB04, UB92, or itemized statement/bill with the **Forensic Medical Examination Application for Payment**.
- B. All applicable sections of the **Application for Payment** must be completed. Incomplete applications will not be processed and will be returned to the person that submitted the application, noting the reason the application is incomplete. The acknowledgement section of the application must be signed by the medical professional that conducted the forensic medical examination. **Please Note:** We must have an eligible application **with an original signature** on file before we can remit payment.
- C. All charges/services associated with the forensic medical examination that was performed must be itemized and submitted with the application, and only those expenses for the actual examination will be considered for payment. The bill **must** be submitted at one time, within **30 days** of the examination.
- D. Follow-up visits for additional sexually transmitted illnesses (STIs) testing may be submitted at a later time; however, the total for all expenses must not exceed \$1,000 per victimization.
- E. The Application for Payment and the HCFA-1500, UB04, UB92, or itemized statement/bill must be submitted within 1-year of the **crime** occurring (Please see Attachment 3 for an example of an Itemized Statement/Bill).
- F. The Georgia Crime Victims Compensation Program may request additional documentation at anytime for the purposes of making a final claim determination.
- G. Pursuant to O.C.G.A. § 17-15-11, any person who asserts a false claim under the provisions of this Application for Payment shall be guilty of a misdemeanor and, upon conviction thereof, shall be punished as for a misdemeanor and shall further forfeit any benefit received and shall reimburse and repay the state for payments received or paid on his behalf.
- H. Any provider and/or facility submitting **Applications for Payment** are subject to a site visit by the Criminal Justice Coordinating Council and must cooperate with the site visit process as a condition of receiving future payments for sexual assault examinations.

V. Payment Amount

- A. The Georgia Crime Victims Compensation Program will pay for the cost of a forensic medical examination up to \$1,000 per victim, per victimization.
- B. If the grand total for all bills, per application exceeds \$1,000, then a formula will be utilized to distribute equitable payments to each service provider up to \$1,000 per victimization.

- C. The Georgia Crime Victims Compensation Program has determined that expenses complying with the Georgia Worker's Compensation medical fee guidelines, identified as Current Procedural Terminology (CPT) Codes, are considered "reasonable expenses."
- D. The Forensic Medical Examination Fee Schedule reflects the maximum allowable cost for each service and/or procedure related to a forensic medical examination for sexual assault victims.
- E. The actual amount paid will be determined by the description in the itemized statement in conjunction with the associated Current Procedure Terminology (CPT) Code, and/or the Revenue Code, as applicable.
- F. The provider and/or facility should bill the Georgia Crime Victims Compensation Program the usual and customary charges for the forensic medical examination on a HCFA-1500, UB04, UB92, or itemized statement/bill.
- G. A Registered Nurse, SANE-A (adult adolescent) or SANE-P (pediatric) should bill their usual and customary charge for the forensic medical examination on his or her standard billing form. To be considered for reimbursement, the bill for service must include a descriptive itemized statement of the service(s) provided. Please refer to the CPT Code/Description of Services Reference Sheet to select the applicable description for the medical service(s) provided.
- H. To be considered for reimbursement the bill for service must include the associated CPT Code, Revenue Code, or an itemization of the services provided. Please refer to the CPT Code/Description of Services Reference Sheet for the allowable CPT codes/description of services.
- I. Any services, procedures or medications not listed on the Forensic Medical Examination Fee Schedule, but related to the forensic medical examination, should be submitted for review with the associated Current Procedure Terminology (CPT) Code, and/or the Revenue Code, as applicable.
- J. If there is no specific CPT Code under the medical fee guidelines for the medical service or procedure provided in the forensic medical examination, the Georgia Crime Victims Compensation Program may accept the Revenue Code, or the CPT Code that most closely reflects that used in the forensic medical examination. Please refer to the CPT Code/Description of Services Reference Sheet for the allowable CPT codes/description of services.
- K. The maximum allowable cost for medications is \$250. All prescription drugs must be dispensed using an Orange Book therapeutic equivalent drug(s) (GENERIC) when available unless designated in the doctor's own handwriting on the face of the prescription in accordance with O.C.G.A. § 26-4-81, that "Brand Medically Necessary" or "Brand Necessary" is required.

- L. Payment made by the Georgia Crime Victims Compensation Program for a forensic medical examination must be considered as payment in full.
- M. The cost of only **two** forensic medical examinations per year, per sexual assault victim, will be considered a reasonable cost. If more than two requests are submitted per year, per victim, the **third** claim will be submitted to the Georgia Crime Victims Compensation Board for consideration.
- N. The Georgia Crime Victims Compensation Program is not bound by any billing or contractual agreements made between agencies and/or service providers.

Enclosures:

- Attachment 1 – Forensic Medical Examination Fee Schedule
- Attachment 2 – CPT Code/Description of Services Reference Sheet
- Attachment 3 –Itemized Statement/Bill Example



Georgia Crime Victims Compensation Program

Forensic Medical Examination Fee Schedule

The fee schedule below reflects the maximum allowable cost for each service and/or procedure related to a forensic medical examination for sexual assault victims. The actual amount paid will be determined by the description in the itemized statement/bill in conjunction with the associated Current Procedure Terminology (CPT) Code, and/or the Revenue Code, as applicable. **Please Note:** The expectation is that the Georgia Crime Victims Compensation Program (CVCP) will be billed the usual and customary fees. Any additional services, procedures, or medications not listed below, but directly related to the forensic medical examination, may be submitted to CVCP for review. The total cost shall not exceed \$1,000 per victim, per victimization.

SERVICES/PROCEDURES/MEDICATIONS	MAXIMUM ALLOWABLE COST
I. FACILITY FEE	
Medical Treatment Room/Emergency Room, Supplies & Equipment	\$175.00
II. MEDICAL SERVICES	
Forensic Medical Examination <i>(this is the professional fee paid to the examiner)</i>	\$323.98
Colposcopy/Digital Imaging	\$222.18
Anoscopy	\$144.36
Follow-up Office Visit for Additional STI Testing	\$63.68
III. LABORATORY SERVICES	
Rape Kit	\$5.75
Urine Culture	\$15.81
Laboratory Test for Pregnancy	\$29.30
Urinalysis	\$6.05
Venipuncture	\$46.80
Gonorrhea Culture	\$82.77
RPR	\$8.37
Chlamydia Culture	\$67.89
Hepatitis Panel	\$88.35
Trichomonas Vaginalis	\$38.60
Herpes Simplex	\$37.67
HIV Testing	\$37.67
IV. MEDICATIONS	

The maximum allowable cost for medications is \$250. All prescription drugs **must** be dispensed using an Orange Book therapeutic equivalent drug(s) (**GENERIC**) when available unless designated in the doctor's own handwriting on the face of the prescription in accordance with O.C.G.A. § 26-4-81, that "Brand Medically Necessary" or "Brand Necessary" is required. The most commonly prescribed medications include the following: Levonorgestrel (Plan B), Norgestrel/Ethinyl Estradiol (Ovral), Azithromycin (Zithromax), Lidocaine Gel, Ceftriaxone Inj. (Rocephin), Metronidazole (Flagyl), Promethazine (Phenergan), Tetanus inj., Ciprofloxacin (Cipro), Ofloxacin (Floxin), Levofloxacin (Levaquin), Hepatitis A Vaccine, Hepatitis B Vaccine, Nelfinavir (Viracept), Zidovudine/Lamivudine (Combivir), Zidovudine (Retrovir), Lamivudine (Epivir), Doxycycline (Vibramycin), Cefixime (Suprax), Benzathine Penicillin Inj. (Bicillin L-A), Ondansetron (Zofran), Ulipristal Acetate (Ella).

CPT CODE/DESCRIPTION OF SERVICES REFERENCE SHEET

Provider Instructions: Please consider the services provided and select the most applicable description of service and/or CPT Code, as applicable for the medical professional providing the service. For professional fees, we will only accept **one** description of service and/or CPT code from items 1-20. Please Note: If a colposcopy/digital imaging is performed, we will only accept **one** description of service from items 21-24.

CPT CODE	DESCRIPTION OF SERVICE	FEE SCHEDULE CATEGORY	
1	99201	Office outpatient New - 10 min	Professional Fee
2	99202	Office outpatient New - 20 min	Professional Fee
3	99203	Office outpatient New - 30 min	Professional Fee
4	99204	Office outpatient New - 45 min	Professional Fee
5	99205	Office outpatient New - 60 min	Professional Fee
6	99211	Office outpatient Established 5 min	Professional Fee
7	99212	Office outpatient Established 10 min	Professional Fee
8	99213	Office outpatient Established 15 min	Professional Fee
9	99214	Office outpatient Established 25 min	Professional Fee
10	99215	Office outpatient Established 40 min	Professional Fee
11	99241	Office Consultation 15 min	Professional Fee
12	99242	Office Consultation 30 min	Professional Fee
13	99243	Office Consultation 40 min	Professional Fee
14	99244	Office Consultation 60 min	Professional Fee
15	99245	Office Consultation 80 min	Professional Fee
16	99281	Emergency Dept Self Limited/Minor	Professional Fee
17	99282	Emergency Dept -Low to Moderate Severity	Professional Fee
18	99283	Emergency Dept - Moderate Severity	Professional Fee
19	99284	Emergency Dept - High Severity & Urgent Eval	Professional Fee
20	99285	Emergency Dept -High Severity & Threat Funcj	Professional Fee
21	56820	Colposcopy Vulva	Colposcopy
22	57420	Colposcopy Entire Vag w/Cervix if Present	Colposcopy
23	57452	Colposcopy Cervix Upper/adjacent Vagina	Colposcopy
24	99170	Anogential Exam w/Colposcopic magnification in childhood	Colposcopy
25	46600	Anoscopy Diagnostic w/wo Collection Spec	Anoscopy
26	36400	Venipuncture age 3 - Phys Skill Fem/Jug Vein not routine	Venipuncture
27	36405	Venipuncture age 3 - Phys Skill/Scalp Vein	Venipuncture
28	36406	Venipuncture age 3 - Phys Skill/other Vein	Venipuncture
29	36410	Venipuncture age 3 - Phys Skill	Venipuncture

CPT CODE/DESCRIPTION OF SERVICES REFERENCE SHEET

CPT CODE	DESCRIPTION OF SERVICE	FEE SCHEDULE CATEGORY	
30	36415	Collection of Venous Blood by Veinpuncture	Venipuncture
31	84702	Gonda Chornc quantitative - Pregnancy Test	Laboratory Test for Pregnancy
32	84703	Gonda Chornc qualtitative - Pregnancy Test	Laboratory Test for Pregnancy
33	81025	Urine Pregnancy Test Visual- color cmparsion methods	Laboratory Test for Pregnancy
34	86701	Antb HIV 1	HIV Testing
35	86702	Antb HIV 2	HIV Testing
36	86703	Antb HIV 1 & 2 - 1 Assay	HIV Testing
37	86687	Antb HTL-I	HIV Testing
38	86688	Antb HTL-II	HIV Testing
39	86689	Antb HTL/HIV Antb Confirmatory Test	HIV Testing
40	80074	Acute Hepatitis Panel	Hepatitis Panel
41	86704	Hepatitis B Core Antb HBCAB total	Hepatitis Panel
42	86705	Hepatitis B Core Antb HBCAB IMG Antb	Hepatitis Panel
43	86706	Hepatitis B Surface Antb HBSAB test	Hepatitis Panel
44	86709	Hepatitis Antb HAAB IMG Antb	Hepatitis Panel
45	87340	IAAD EIA B Surf Antigen	Hepatitis Panel
46	86803	Hepatitis C Antibody	Hepatitis Panel
47	86592	Syphilis Test Non Treponemal Antibody Qual	RPR
48	86593	Syphilis Test Quantitative	RPR
49	86694	Antibody Herpes Simplex Non Specific Type Test	Herpes Simplex
50	86696	Antibody Herpes Simplex Type 2	Herpes Simplex
51	87040	Culture Bacterial Blood Aerobic Isolation	Gonorrhea culture
52	87070	Culture Bacterial Except Urine, Blood or Stool, Aerobic Isol	Gonorrhea culture
53	87081	Culture Presumptive, Pathogenic Organisms, Screen Only	Gonorrhea culture
54	87590	IADNA Nisseria Gonorrhoeae Direct Probe	Gonorrhea culture
55	87591	IADNA Nisseria Gonorrhoeae Amp Probe	Gonorrhea culture
56	87592	IADNA Nisseria Gonorrhoeae Quantification	Gonorrhea culture
57	87270	Chlamydia Trachomatis	Chlamydia culture
58	87491	Chlamydia Trachomatis Amplified Probe Techinque	Chlamydia culture
59	87320	IAAD EIA Chlamydia Trachomatis	Chlamydia culture
60	86631	Antibody Chlamydia	Chlamydia culture
61	86632	Antibody Chlamydia IMG	Chlamydia culture
62	87110	Culture Chlamydia Any Source	Chlamydia culture
63	81000	Urinalysis Dipstick/Tablet Reagent Non Auto Microscopy	Urinalysis

CPT CODE/DESCRIPTION OF SERVICES REFERENCE SHEET

CPT CODE		DESCRIPTION OF SERVICE	FEE SCHEDULE CATEGORY
64	81001	<i>Urinalysis Dipstick/Tablet Reagent Auto Microscopy</i>	<i>Urinalysis</i>
65	81002	<i>Urinalysis Dipstick/Tablet Reagent Non Auto w/o Microscopy</i>	<i>Urinalysis</i>
66	81003	<i>Urinalysis Dipstick/Tablet Reagent Auto w/o Microscopy</i>	<i>Urinalysis</i>
67	81005	<i>Urinalysis Qualitative/Semiquan Except Immunoassays</i>	<i>Urinalysis</i>
68	81007	<i>Urinalysis Bacteriuria Screen Except Culture or Dipstick</i>	<i>Urinalysis</i>
69	81015	<i>Urinalysis Microscopic Only</i>	<i>Urinalysis</i>
70	87086	<i>Culture Bacterial Quantitative Colony Count Urine</i>	<i>Urine culture</i>
71	87088	<i>Culture Bacterial Isolation & Presumptive ID Isolate Each Urine</i>	<i>Urine culture</i>
72	87660	<i>IADNA Trichomonas Vaginalis Direct Probe</i>	<i>Trichomonas vaginalis</i>
73	87205	<i>Smear Primary Source Gram or Giemsa Stain for Bacteria, Fungi Cell</i>	<i>Trichomonas vaginalis</i>
74	87210	<i>Smear Primary Source Wet Mount for Infectious Agents</i>	<i>Trichomonas vaginalis</i>



GEORGIA CRIME VICTIMS COMPENSATION PROGRAM

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Forensic Medical Examination Itemized Statement/Bill Description

This enclosure outlines the Georgia Crime Victims Compensation Program's (CVCP) description of an itemized statement/bill. To proceed with the verification process, the bill MUST BE ITEMIZED. Therefore, please send a bill that provides the following information:

1. Provider(s) name, address and phone number
2. Patient Name/Account Number
3. Date(s) of Service (actual date services were provided)
4. Description of the service provided and the associated CPT Code and/or Revenue Code, as applicable
5. Usual and Customary Charge for each service provided
6. Total charges

1. Provider Information
2. Patient Name/Account Number

ABC Hospital, LLC
 1234 Your Street
 Anywhere, Georgia 30005
 (404) 555-4455 phone
 (404) 555-5544 fax

Patient Name:
 Jane Doe
 Account Number:
 123

<i>Date of Service</i>	<i>Description/Code</i>	<i>Amount</i>
07/01/2011	ER Level III CPT Code 99283	\$ 288.00
07/01/2011	Facility Fee	\$ 175.00
07/01/2011	Anogenital Exam with Colposcopy CPT 99170	\$ 178.00
07/01/2011	Rape Kit	\$ 5.75
07/01/2011	Ceftriazone 250 mg IM	\$ 25.00
07/01/2011	Azithromycin 1 gram PO	\$ 10.00
07/01/2011	Viracept 1250 mg PO	\$ 30.00
07/01/2011	RPR CPT Code 86592	\$ 45.00
07/01/2011	Hepatitis C AB CPT Code 86803	\$ 33.00
Total Charges		\$789.75

3. Dates of Service

4. Description of Service/CPT Code

5. Cost per Service

6. Total Charges

Please Note:

For RNs, SANE-As, or SANE-Ps, list the associated description for the medical service(s) provided in the description/code section (e.g. If you conducted a forensic medical examination in a clinic, which lasted 60 minutes, for #4 above, you would list "office outpatient new-60 min" for the professional fee.) Please refer to the CPT Code/Description of Services Reference Sheet for the complete list of descriptions.