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. PROFESSIONAL FEES *(If rendered, each service in this section is allowable for the examiner)*	
Forensic Medical Examination	**$335.22**
Colposcopy/Digital Imaging	**$284.60**
Anoscopy	**$146.10**
Follow-up Office Visit for Additional STI Testing	**$64.40**
III. LABORATORY SERVICES	
Rape Kit	**$6.29**
Urine Culture	**$14.94**
Laboratory Test for Pregnancy	**$27.47**
Urinalysis	**$5.78**
Venipuncture	**$50.26**
Gonorrhea Culture	**$78.55**
RPR	**$24.10**
Chlamydia Culture	**$64.57**
Hepatitis Panel	**$93.97**
Trichomonas Vaginalis	**$64.57**
Herpes Simplex	**$64.57**
HIV Testing	**$64.57**

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 includes, but is not limited to 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), Emtricitabine/Tenofovir (Truvada).