

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 (CVCP) should be billed directly for all expenses relating to a forensic medical examination [i.e. lab work, emergency room fees, physician's fees, Sexual Assault Nurse Examiner (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. Forensic medical examinations, at a minimum, shall include, but shall not be limited to:

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

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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 (e.g. no rape kit used), official documentation may be required from law enforcement requesting the exam. The investigative agency must submit to the provider or CVCP a completed Forensic Medical Examination Law Enforcement Verification Form (Appendix A)
3. In instances where the Department of Family and Children Services (DFCS) requests a Forensic Medical Examination for allegations of child sexual assault/molestation, and there is limited collection and evaluation of evidence (e.g. no rape kit used), official documentation may be required from the DFCS agency requesting the exam. The DFCS agency must submit to the provider or CVCP a completed Forensic Medical Examination Department of Family and Children Services Verification Form (Appendix B)

In addition, 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 victim who was confined in a federal, state, county, or municipal jail, prison, or other correctional facility at the time of the sexual assault.

A licensed physician, physician assistant, registered nurse, SANE-A (adult adolescent), SANE-P (pediatric) or an independent SANE-A or SANE-P must have performed the forensic medical examination. **Please Note:** An Independent SANE-A or SANE-P is defined as one who does not have any documented affiliation with a rape crisis center (RCC) sexual assault center (SAC) or child advocacy center (CAC) within the service area of the FME or identified as the forensic medical provider in the judicial circuit's SART Protocol

- 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 child who is in the custody of the Department of Juvenile Justice 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.

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- 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

- 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** (Appendix C).
- B. All applicable sections of the **Application for Payment** must be completed. Incomplete applications will not be processed, and a letter will be sent, 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 the approximate signed acknowledgements** 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 Appendix D 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.

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- I. FMEs conducted by a licensed Independent medical provider (SANE A OR SANE P) must have a current memorandum of understanding (MOU), Interagency Agreement (IA) or contract (updated annually) with a rape crisis center (RCC)/ sexual assault center (SAC) or child advocacy center (CAC) within the service area of which the FME was conducted; or be identified as the forensic medical provider in the judicial circuit's SART Protocol for adult exams or Child Abuse Protocol for pediatric exams. In instances where there is no RCC/SAC/or CAC that serves the jurisdiction (as defined by CJCC's certification of Local Victim Assistance Programs), CJCC shall review those claims on a case-by-case basis for reimbursement. An Independent medical provider (SANE A OR SANE P) is defined as one who does not have any documented affiliation with a RCC/SAC/CAC within the service area of the FME or identified as the forensic medical provider in the judicial circuit's SART Protocol.
- J. The MOU or contract shall include, but not limited to, the role of the SANE; response procedures when a sexual assault is reported, including non-reporting victims requesting a FME; identification of advocacy services provided during and after an exam; and aftercare.

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 (Appendix E) 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.

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- G. A Licensed 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 (Appendix F) 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, description of services, 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.

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Enclosures:

- Appendix A-Forensic Medical Examination Law Enforcement Verification Form
- Appendix B-Forensic Medical Examination Department of Family and Children Services Verification Form
- Appendix C - Forensic Medical Examination Application for Payment
- Appendix D- Itemized Statement/Bill Example
- Appendix E-Forensic Medical Examination Fee Schedule
- Appendix F -CPT Code/Description of Services Reference Sheet

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