

SEXUAL ASSAULT EXAMINATION PAYMENT POLICY
VICTIM COMPENSATION DIVISION
MISSISSIPPI OFFICE OF THE ATTORNEY GENERAL

I. Authority

The bill for the medical forensic examination and the preparation of the sexual assault evidence collection kit will be sent to the Office of the Attorney General, Division of Victim Compensation. No bill for the examination will be submitted to the victim, nor shall the medical facility hold the victim responsible for payment. (Section 99-37-25 of the Mississippi Code Annotated)

II. Application and Payment Procedures

All bills submitted for payment should be accompanied by 1) a copy of the completed *State of Mississippi Crime Laboratory (Child/Adolescent or Adolescent/Adult) Sexual Assault Examination Form (Acute ≤ 72 hours)* OR a copy of the completed *State of Mississippi Child/Adolescent <18 Years of Age Sexual Assault Examination Form (Non Acute >72 hours)*, and 2) a standard UB-04 or appropriate billing form and completed as follows:

- A. NOTE: It is no longer a requirement for the sexual assault to be reported to law enforcement for a medical provider to receive reimbursement for the cost of the sexual assault forensic exam. Though it is strongly encouraged that the victim reports the sexual assault to law enforcement, reporting the assault is the victim's decision. This does not apply to state mandated reporting requirements such as for minors, vulnerable adults, and certain violent crimes.
- B. Payment for adult exams conducted >72 hours will be considered on a case by case basis.
- C. Copies of the completed sexual assault exam form should be distributed to the agencies listed on the front of the examination form. Initial each space as appropriate.
- D. A request for payment for the medical forensic examination **must** include an appropriate International Classification of Diseases (ICD-9) code for the examination of the victim . . . for a victim of sexual assault (V71.5), a victim of rape (E960.1), ICD-9 code (V71.81) when there **are no** forensic findings for a sexual assault examination, ICD-9 code (995.53) when there **are** forensic findings for a sexual assault examination of a *child*, or ICD-9 code (995.83) when there **are** forensic findings for a sexual assault examination of an *adult*, AND the following information as applicable:
1. Physician/ARNP, office or other outpatient services (CPT codes 99201-99205 for New Patient, CPT codes 99211-99215 for Established Patient, CPT codes 99241-99245 for office consultations); Emergency Department Services (CPT codes 99281-99285 for New or Established Patient) which include the collection of evidence **as needed** in the sexual assault kit.
 2. Venipuncture for the collection of whole blood samples (CPT codes 36400, 36405, 36406, 36410, 36415).
 3. Laboratory test for pregnancy (CPT codes 84702, 84703, 81025).
 4. HIV Testing (CPT codes 86701-86703, 86687-86689) **if medically necessary**.
 5. Hepatitis Panel (CPT codes 80074, 86705, 86709, 87340, 86803) **if medically necessary**.
 6. RPR (CPT codes 86592, 86593) **if medically necessary**.
 7. Herpes Simplex (CPT codes 86694, 86696) **if medically necessary**.
 8. Gonorrhea culture (CPT codes 87040, 87070, 87081, 87590, 87591, 87592) **if medically necessary**.
 9. Chlamydia culture (CPT codes 87320, 86631, 86632, 87110) **if medically necessary**.
 10. Urinalysis (CPT codes 81000-81003, 81005, 81007, 81015) **if medically necessary**.
 11. Urine culture (CPT codes 87086, 87088) **if medically necessary**.
 12. Trichomonas vaginalis (CPT codes 87660, 87205, 87210) **if medically necessary**.
 13. Other laboratory tests **if medically necessary**.
 14. Colposcopy (CPT codes 56820, 57420, 57452, 99170).
 15. Camera/Other Photography (CPT code 99199). Use of this code requires submission of additional report or information to indicate that a camera/photography was used.
 16. Medication for prevention of STDs, Hepatitis B, pregnancy, and a three-day supply of HIV prophylaxis.
- E. If the victim refuses to have all or portions of the sexual assault exam completed, make notes of that on the appropriate page(s) in the exam form. Payment will be considered for a "partial exam" when allowable exam expenses are incurred, such as medication treatment for prevention of STDs, Hepatitis B, pregnancy, and a three-day supply of HIV prophylaxis.
- F. Expenses for procedures other than those listed above (see Section II. D.) must be justified and

- submitted, in writing, as being necessary and directly related to the medical forensic examination.
- G. Payments for the following are NOT ELIGIBLE under this policy, but *may* be paid by the Victim Compensation Program. The medical provider may not apply for these program benefits. (See Section III. G.)
1. Treatment for injuries
 2. Medication such as anti-depressants, sedatives or tranquilizers
 3. Ambulance service

III. Eligibility Guidelines

- A. In order to be considered for payment, the following criteria must be met:
1. The crime must have occurred in Mississippi.
 2. If the victim is a minor and the exam is not conducted within 72 hours after the assault, the *State of Mississippi Child/Adolescent <18 Years of Age Sexual Assault Examination Form (Non Acute >72 Hours)* should be used. This form may be found on the following websites: www.ago.state.ms.us and www.dps.state.ms.us. This form is not included in the state of Mississippi Crime Laboratory Sexual Assault Evidence Collection Kit.
 3. Only costs associated with *sexual assault* medical forensic exams are considered for payment through this program.
- B. A payment request from the medical provider should only be submitted for a victim who is **not covered by a federal or federally financed program, such as Medicaid, Medicare, Tricare, or the Veterans' Administration**. This stipulation has been made pursuant to the federal Victims of Crime Act (VOCA). In addition, a payment request should not be submitted for a victim *covered by the Mississippi Children's Health Insurance Plan (CHIPS)*.
- C. A payment request should not be submitted for a victim who is covered by a state facility where the incident occurred.
- D. The *victim's private insurance should not be billed* for the cost of the exam.
- E. A payment request from the medical provider should **not** be submitted for a *victim who was confined in a federal, state, county or city jail or correctional facility at the time of the sexual assault*. Contact the appropriate jail or correctional facility for payment information.
- F. A payment request from the medical provider should **not** be submitted for a medical forensic examination of *the person arrested, charged or convicted of the sexual assault*. Such payment shall be made by the county directly to the medical provider.
- G. Other expenses incurred by the victim not payable under these criteria *may* be eligible for payment through the Victim Compensation Program. Contact the Victim Compensation Division at 800.829.6766 or download a Victim Compensation application from www.ago.state.ms.us/index.php/sections/victims/victim_compensation. The medical provider may not apply for these program benefits. (See Section II.G.)

IV. Payment Procedures

- A. The bill for the exam should **not** be submitted to the victim.
- B. Include the physician/SANE charge on the hospital/clinic bill. If not possible, the physician/SANE charge may be submitted on a separate bill.
- C. A completed copy of 1) the *State of Mississippi Crime Laboratory (Child/Adolescent or Adolescent/Adult) Sexual Assault Examination Acute ≤ 72 Hours Form* OR *State of Mississippi Child/Adolescent <18 Years of Age Sexual Assault Examination Non Acute > 72 Hours Form*, and 2) a UB-04 or appropriate billing form should be mailed to:

**Office of the Attorney General
Victim Compensation Division
Attn: Sandra Lynn
Post Office Box 220
Jackson, MS 39205-0220**

- D. All requests for payment must be post-marked and received by the Office of the Attorney General, Victim Compensation Division, **within 90 days** of the sexual assault medical forensic examination. The 90 days may be waived if the medical provider can show good cause for failure to submit the payment request within such time frame. Good cause will be determined on a case by case situation. (Refer to Section VII. Appeal Process guidelines)

V. Payment Amount

- A. The Office of the Attorney General will pay up to \$1,000 per case. This fee includes the following

limits:

1. All Physician, Nurse Practitioner, or Sexual Assault Nurse Examiner's (SANE) fee (\$350)
 2. Facility fee (\$450) . . . this fee includes supplies, equipment and medications for the prevention of STDs, ECP, Hepatitis B, pregnancy (ECP) and a three-day supply of HIV prophylaxis
 3. Fees for lab tests (\$200)
- B. Payment made to the medical provider by the Office of the Attorney General, Victim Compensation Division for the sexual assault forensic examination shall be considered by the medical provider as payment in full.
- C. The medical provider may *not* submit any remaining balance to the victim or to the Victim Compensation Division after payment for the sexual assault medical forensic examination by a federal or federally financed program, such as Medicaid, Medicare, Tricare, or the Veterans' Administration, by a state financed program such as Mississippi Children's Health Insurance Plan (CHIPS), or by coverage provided by a state facility where the crime occurred. Exception: If, for example, the victim has a co-pay or has used all of their allowed paid medical visits with Medicaid, the medical provider may submit those sexual assault exam expenses to the Victim Compensation Division for payment consideration.

VI. Submitting Sexual Assault Exam Forms to Law Enforcement

- A. All pages of the sexual assault exam form must, in their entirety, be submitted to law enforcement when the victim reports the sexual assault to law enforcement or when the victim falls under the state mandated reporting requirements.
- B. If the victim refuses to have any or portions of the exam completed, make notes of that on the appropriate pages(s) in the exam form.

VII. Appeal Process

- A. *Reconsideration*: If the Victim Compensation Division denies a payment request for any reason, the medical provider may appeal the decision by notifying the Division in writing.
1. The written request for a reconsideration should be provided *within* thirty (30) days from the date the medical provider receives the decision notification from the Victim Compensation Division.
 2. The request for a reconsideration should include the following and clearly state: (a) that the medical provider is requesting a reconsideration; (b) in a brief statement, the reason the provider is requesting a reconsideration; and (c) any information omitted from the original payment request that would have resulted in a different decision had the information been provided to the Division.
 3. If the medical provider submits a reconsideration request *outside* the thirty (30) day timeline as referenced in VII. A.1., the request must include a justifiable reason for not submitting the reconsideration request *within* thirty (30) days.
- B. *Contested Hearing*: If the Victim Compensation Division upholds the original decision for any reason, the medical provider may appeal the decision by notifying the Division in writing.
1. The written request for a contested hearing should be provided within thirty (30) days from the date the medical provider receives the decision notification from the Victim Compensation Division.
 2. The request should include the following and clearly state: (a) that the medical provider is requesting a contested hearing; (b) in a brief statement, the reason the provider is requesting a contested hearing; and (c) any information omitted from the original payment request that would have resulted in a different decision had the information been provided to the Division.
 3. If the medical provider submits a contested hearing request *outside* the thirty (30) day timeline as referenced in VII. B.1., the request must include a justifiable reason for not submitting the reconsideration request *within* thirty (30) days.
- C. The medical provider will be notified of all appeal request decisions in writing.
- D. *Circuit Court*: The medical provider who disagrees with the contested hearing decision may appeal to the circuit court where the medical provider is located or the Circuit Court of the First Judicial District of Hinds County by filing a petition with the clerk of the court and executing and filing bond payable to the State of Mississippi with sufficient sureties to be approved by the clerk of the court, conditioned upon the payment of all costs of appeal, including the cost of preparing the transcript of the hearing before the Attorney General. The petition and bond **shall** be filed within thirty (30) days of receipt of the final decision of the Attorney General.