MEDICAL BILLING AND CODING DEFINITIONS

MEDICAL BILLING: The process of submitting and following up on claims with health insurance companies in order to receive payment for services rendered by a healthcare provider. Medical billing translates a healthcare service into a billing claim. The responsibility of the medical biller in a healthcare facility is to follow the claim to ensure the practice receives reimbursement for the work the providers perform.

INTERNATIONAL ASSOCIATION OF Forensic Nurses

MEDICAL CODERS: Medical coders review clinical statements and assign standard codes using CPT®, ICD-10-CM, and HCPCS Level II classification systems. The coder must make sure that the diagnosis code supports the treatment rendered. The medical coder and medical biller may be the same person or may work with each other to ensure invoices are paid properly.

HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) – standardized code systems necessary for Medicare and other health insurance providers to submit healthcare claims in a consistent and orderly fashion. There are two levels of HCPCS: Level I: CPT – used to submit medical claims to payer for procedures and services performed by physicians, nonphysician practitioners, hospitals, laboratories, and outpatient facilities. Level II: National Procedure Code – set for healthcare equipment suppliers when filing health plan claims for medical devices, supplies, medications, transportation services, and other items or services.

CURRENT PROCEDURAL TERMINOLOGY (CPT) – procedure codes. Published by the American Medical Association (AMA). The primary way provision of medical services is reported. CPT refers to a set of medical codes used by physicians, allied health professionals, nonphysician practitioners, hospitals, outpatient facilities, and laboratories to describe the procedures and services they perform. CPT codes are used to report procedures and services to federal and private payers for reimbursement of rendered healthcare.

EVALUATION AND MANAGEMENT (E&M): E&M is the medical coding process in support of medical billing. Example: examine patient, document findings, determines action for treatment - doctor's visit or consultation. This is translated into a 5-digit Current Procedural Terminology (CPT) code to facilitate billing. CPT codes describe the medical, surgical, and diagnostic services. 7 components: history*, examination*, medical decision making*, counseling, coordination of care, nature of presenting problem, and time (*key components). Based on – place of services, type of service, and patient status.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA): HIPAA sets the bar for compliance of medical billing and coding, to prevent fraud, waste, and abuse by healthcare providers.

EXAMPLES OF PAYERS

- **Commercial Insurance:** Private insurance carriers (i.e., Preferred Provider Organizations (PPO), Health Maintenance Organizations (HMO), Point-of-service Plans (POS)
- **Networks:** Function as a middleman by negotiating contracts with providers and pricing claims (determines fees)
- **Third-Party Administrators:** Intermediaries either operate as a network or access networks to prove a claim. Often handle claims processing for employers who self-insure their employees
- **Government Payers:** Medicare/Medicaid/Tri-Care
- **Patient Protection and Affordable Care Act (ACA):** Healthcare reform law/State plan – varies by state

REFERENCES: American Academy of Professional Coders, AAPC. Retrieved from aapc.com.
ICD-10-CM/PCS Medical Coding Reference, Retrieved from ICD10Data.com.
ICD-10-CM Official Guidelines for Coding and Reporting, FY20. Retrieved from www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf

safeta.org/payment

This project was supported by Grant No. 2018-TA-AX-K014 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women. (Reviewed May 2023)

MEDICAL BILLING AND CODING

CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES

Examination

2029F: Complete Physical Skin Exam Performed

99244: Anogenital Exam (Adult) - under New or Established Patient Office or Other Outpatient Consultation Services: used to report consultations provided in the office, outpatient, or other ambulatory facility, including hospital observation services, home services, domiciliary, rest home, or emergency dept.

99281-99288: ED services, detailed history and exam

99170: Anogenital Exam (Child, w/suspected trauma)

56820: Colposcopy of vulva

57420: Colposcopy of vagina, with cervix present

46600: Anoscopy/Examination

99070: Supplies and materials over and above those usually included with the office visit or other services rendered (digital photography/materials/supplies).

Toxicology (80300 – 80377)

80320: Ethyl, Alcohol, Blood
80320: Ethyl, Alcohol, Urine, Quantitative
80320: General Toxicology, Blood/Serum/Urine
80301: Alcohol, Ethyl, Urine, Qualitative

STI testing (pathology)

(all w/amplified probe technique)
87491: Chlamydia trachomatis
87591: Neisseria gonorrhea
87661: Trichomonas vaginalis

Special Service, Procedure, or Report

99199: used to report other medicine services or procedures for which there is no specific code available

Suicide Risk Assessment

3085F

Admission:

99218: Initial Observation Care (per day)*
99234: Observation/inpatient hospital care (same date)*

Office/Outpatient Visit, Established patient

99215

Other E&M Services related to Exam

99499

Laboratory Procedures

Venipuncture:
36415: Venous blood
36416: Capillary blood (i.e. finger/heel)

81025: Urine Pregnancy Test
85025, 85027: Complete Blood Count (CBC)
88048: Metabolic Panel (Total)
88076: Liver/Hepatic Function Test
86592: Syphilis Test (qualitative, i.e. VDRL, RPR, ART)

Human Immunodeficiency Virus (HIV)
86703: HIV-1/2, single result antibody
87389: HIV-1/2 antigen and antibodies, 4th Gen w/reflexes
87535: HIV-1 RNA, qualitative, TMA
86689: Confirmatory test for HIV antibody (Western Blot)
G0435: HCPCS for Oral HIV-1/2 Screen
99401: Preventive Counseling (including HIV)

Radiology

(coding must be specific to type of imaging, anatomy, views, with or without contrast material):
70360: Radiologic exam neck, soft tissue
70150: Radiologic exam, facial bones, complete, 3 views:
70260: Radiologic exam, skull complete, minimum 4 views:
71045: Radiologic exam, chest single view:

Computed tomography:
70490: CT, soft tissue neck without contrast material
70491: CT, soft tissue neck with contrast material
70486: CT angiography with contrast - head
70498: CT angiography with contrast - neck
70450: CT head or brain without contrast material
70460: CT head or brain with contrast material: 70460

Magnetic Resonance Imaging:
70540: MRI imaging, orbit/face, and/or neck w/o contrast
70542: MRI imaging, orbit/face, and/or neck with contrast
70544: MR angiography, head without contrast
70545: MR angiography, head with contrast
70547: MR angiography, neck without contrast
70548: MR angiography, neck with contrast

Ultrasound:
76830: Transvaginal US, non-OB: 76830

*For the E&M of a patient which requires: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

This project was supported by Grant No. 2018-TA-AX-K014 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

MEDICAL BILLING AND CODING

CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES

Examination & Management E/M Codes

ED Services: 99281-99285‡
Inpatient Services: 99221-99223*
Inpatient/Obs Consult: 99252-99255*
Outpatient Services (New Patient): 99202-99205*
Outpatient Services (Est Patient): 99211-99215*
Outpatient Consultation Services: 99242-99245*
Prolonged Service Code: 99417**|99418***
Inpatient/Obs Admit/DC Same Day: 99234-99236*
Unlisted E&M Service: 99499
Preventive Counseling: 99401-99404 w/mod 25: Separately Identifiable Evaluation and Management Service by the Same Physician/QHP on the Same Day of the Procedure or Other Service (includes HIV counseling)

Special Service, Procedure, or Report

99199: used to report other medicine services or procedures for which there is no specific code available
99170: Anogenital exam (child, w/suspected trauma)
56820: Colposcopy of vulva
57420: Colposcopy of vagina, with cervix present
46600: Anoscopy/Examination
58999: unlisted procedure; female genital(non-OB)
99070: Supplies and materials over and above those usually included with the office visit or other services rendered (digital photography/material/supplies)

Toxicology

Drug/Substance Definitive Qual/Quant, not otherwise specified.
80375: 1-3 substances
80376: 4-6 substances
80377: 7 or more substances
Presumptive, any number of drug classes, any number of devices or procedures by
80305: Direct optical observation
80306: Instrument-assisted observation
80307: Chemistry Analyzer
Ethyl, Alcohol
80320: Blood/Serum/Urine
82077: Immunoassay; Blood/Saliva

STI testing (pathology)

(all w/amplified probe technique)

87491: Chlamydia trachomatis
87591: Neisseria gonorrhea
87661: Trichomonas vaginalis

Laboratory Procedures

Venipuncture:
36415: Venous blood
36416: Capillary blood (i.e., finger/heel)

81025: Urine Pregnancy Test
84702-04703: HCG Blood Quant/Qual
85025, 85027: Complete Blood Count (CBC)
88048: Metabolic Panel (Total)
80076: Liver/Hepatic Function Test
86592: Syphilis Test (qualitative, i.e. VDRL, RPR, ART)

Human Immunodeficiency Virus (HIV)
86703: HIV-1/2, single result antibody
87389: HIV-1/2 antigen and antibodies, 4th Gen w/reflexes
87535: HIV-1 RNA, qualitative, TMA
86689: Confirmatory test for HIV antibody (Western Blot)
G0435: HCPCS: Rapid HIV-1/2 Screen
99401: Preventive Counseling (including HIV)

Radiology (coding must be specific to type of imaging, anatomy, views, with or without contrast material)

70140: Radiologic exam, facial bones; < 3 views
70150: Radiologic exam, facial bones; complete, minimum 3 views
70250: Radiologic exam, skull < 4 views
70260: Radiologic exam, skull complete, minimum 4 views
70360: Radiologic exam, neck, soft tissue
71045-71048: Radiologic exam, chest single view- 4 view
Computed tomography:
70490: CT, soft tissue neck without contrast material
70491: CT, soft tissue neck with contrast material
70486: CT angiography with contrast - head
70498: CT angiography with contrast - neck
70450: CT head or brain without contrast material
70460: CT head or brain with contrast material
Magnetic Resonance Imaging:
70540: MRI imaging, orbit/face, and/or neck w/o contrast
70542: MRI imaging, orbit/face, and/or neck with contrast
70544: MR angiography, head without contrast
70545: MR angiography, head with contrast
70547: MR angiography, neck without contrast
70548: MR angiography, neck with contrast
Ultrasound:
76817: Transvaginal US, OB
76830: Transvaginal US, non-OB
76856: Pelvic US, non-OB
76857: Pelvic US, OB

‡ Each code in the series is based on MDM: Low to High
*Each code in the series is based on MDM: Low to High and Time
** Use 99417 in conjunction with 99205, 99215, and 99245 to report prolonged time that exceeds 15 minutes (1 unit); list each 15 min/unit separately
*** Use 99418 in conjunction with 99223,99236, and 99255 to report prolonged time that exceeds 15 minutes (1 unit); list each 15 min/unit separately

safeta.org/payment

This project was supported by Grant No. 2018-TA-AX-K014, awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women. (Revised 8/2023)

MEDICAL BILLING AND CODING

ICD-10-CM

International Classification of Diseases, 10th Revision, Clinical Modification Based on encounters: Confirmed, Suspected, History of, and Initial, Subsequent, Sequela

INTERNATIONAL ASSOCIATION OF Forensic Nurses

Adult Sexual Abuse/Rape

Confirmed: T74.21*
T74.21XA - initial encounter ◈
T74.21XD - subsequent encounter ◈
T74.21XS - sequela ◈

Suspected: T76.21*
T76.21XA – initial encounter ¤
T76.21XD – subsequent encounter ¤
T76.21XS – sequela ¤

Child Sexual Abuse

Confirmed: T74.22*
T74.22XA - initial encounter ¤
T74.22XD - subsequent encounter ¤
T74.22XS – sequela ¤

Suspected: T76.22*
T76.22XA – initial encounter ¤
T76.22XD – subsequent encounter ¤
T76.22XS – sequela ¤

Adult Physical Abuse

Confirmed: T74.11*
T74.11XA - initial encounter ◈
T74.11XD - subsequent encounter ◈
T74.11XS – sequela ◈

Suspected: T76.11*
T76.11XA - initial encounter ◈
T76.11XD - subsequent encounter ◈
T76.11XS – sequela ◈

Additional DV/IPV codes can be found on the IPV Billing and Coding Fact Sheet.

Human Trafficking Codes

Adult Forced Sexual Exploitation

Confirmed: T74.51*
T74.51XA – initial encounter ◈
T74.51XD – subsequent encounter ◈
T74.51XS – sequela ◈

Suspected: T76.51*
T76.51XA - initial encounter ◈
T76.51XD - subsequent encounter ◈
T76.51XS – sequela ◈

Child sexual exploitation

Confirmed: T74.52*
T74.52XA – initial encounter ¤
T74.52XD – subsequent encounter ¤
T74.52XS – sequela ¤

Suspected - T76.52*
T76.52XA - initial encounter ¤
T76.52XD - subsequent encounter ¤
T76.52XS – sequela ¤

Adult forced labor exploitation

Confirmed: T74.61
Suspected: T76.61

Child forced labor exploitation

Confirmed: T74.62
Suspected: T76.62

* Non-billable/Non-specific code. Use the codes listed below it as they contain a greater level of detail.

◈ Billable/specific code (applicable to adult patients aged 15-124)

¤ Billable/specific code (applicable to pediatric patients aged 0 - 17

This project was supported by Grant No. 2018-TA-AX-K014, awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women. (Revised, June 2023)

MEDICAL BILLING AND CODING

INTIMATE PARTNER VIOLENCE (Revised August 2023)

INTERNATIONAL ASSOCIATION OF Forensic Nurses

Intimate partner violence is defined as physical, sexual, or psychological harm by a current or former partner or spouse; violence may occur among heterosexual or same-sex couples and sexual intimacy is not a requirement.[1] The US Department of Health and Human Services adopted guidelines for Women's Preventive Services that not only included screening and counseling for domestic violence, but also recommended that these screening and counseling practices be covered in health plans without cost.

1. Price, B., and Maguire, K. (2016). *Core Curriculum for Forensic Nursing*. Wolters Kluwer.

ICD-10-CM

International Classification of Diseases, 10th Revision, Clinical Modification
Based on encounters: Confirmed, Suspected, History of, and Initial, Subsequent, Sequela

Adult Physical Abuse

Confirmed: T74.11*
T74.11XA - initial ¤
T74.11XD - subsequent encounter ¤
T74.11XS - sequela ¤

Suspected: T76.11*
T76.11XA - initial ¤
T76.11XD - subsequent ¤
T76.11XS - sequela ¤

Physical Abuse Complicating Pregnancy/Childbirth ¤

O9A.311 - first trimester
O9A.312 - second trimester
O9A.313 - third trimester
O9A.319 - unspecified trimester
O9A.32 - physical abuse complicating childbirth
O9A.33 - physical abuse complicating the puerperium

Adult Neglect/Abandonment

Confirmed: T74.01*
T74.01XA - initial ¤
T74.01XD - subsequent ¤
T74.01XS - sequela ¤

Suspected: T76.01*
T76.01XA - initial ¤
T76.01XD - subsequent ¤
T76.01XS - sequela ¤

Adult Maltreatment

Confirmed: T74.91*
T74.91XA - initial ¤
T74.91XD - subsequent ¤
T74.91XS - sequela ¤

Suspected: T76.91*
T76.91XA - initial ¤
T76.91XD - subsequent ¤
T76.91XS - sequela ¤

Adult Emotional/ Psychological Abuse

Confirmed: T74.31*
T74.31XA - initial ¤
T74.31XD - subsequent ¤
T74.31XS - sequela ¤

Suspected: T76.31*
T76.31XA - initial ¤
T76.31XD - subsequent ¤
T76.31XS - sequela ¤

Additional Descriptive Codes to Consider**

Z63.0 - Problems in relationship w/spouse or partner

Z91.410 - Personal history of adult physical and sexual abuse ***

* Non-billable/non-specific, requires use of code below it which contains a greater level of detail.

¤ Billable/specific codes applicable to adult & maternal patients aged 15 – 24

**** Z codes** are not procedural codes. A corresponding procedure code must accompany a Z code.

*** For use with follow-up/consult examinations only

safeta.org/payment

This project was supported by Grant No. 2018-TA-AX-K014 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women

MEDICAL BILLING AND CODING

MEDICATIONS (Revised August 2023)

All providers must ensure they are following their programs policies and procedures before the administration of medications or performing medical procedures. These common codes were compiled for purposes of billing and coding management. Consider actively engaging the facilities billing and coding department, Revenue Integrity, and Finance departments before submitting these codes to insurance.

INTERNATIONAL ASSOCIATION OF Forensic Nurses

Medications

HCPCS: J8499 (oral) ***
- Metronidazole (Flagyl)
- Isentress
- Truvada
- Tivicay
- Levonorgestrel*
- Ulipristal *
- Zofran

HCPCS: Q0144 (oral)
- Azithromycin 1 gram

Injections:
- Ondansetron (Zofran) 1mg | **HCPCS: J2405** per 1mg IM/IV-1 unit dose (2mg = J2405 X2 units, 4mg = J2405 X4 units)
- Rocephin (ceftriaxone) 250mg | **HCPCS: J0696** per 250mg IM-1unit dose (500mg=J0696 X2 units)

Emergency Contraception

ICD-10-CM: Z30.012

Intrauterine Device

ICD-10-CM: Z30.430-insertion, Z30.432-removal
Z30.433 removal/re-insertion-same day
- Insertion, procedure code: CPT - 58300
- Removal, procedure code: CPT - 58301

HIV Testing

ICD-10-CM: Z20.6**|Z20.2 ‡

Vaccinations

Hepatitis B vaccine:
CPT:
- 90744 (pediatric/adolescent dosage, 3 dose schedules, for intramuscular)
- 90746 (adult dosage, 3 dose schedules for intramuscular)

HCPCS:
- G0010 (administration of Hep B vaccine for Medicare and Medicaid patients)

Human papillomavirus (HPV) vaccine
- Vaccine, 4 types, quadrivalent, 3 dose schedules, intramuscular: CPT: 90649
- Vaccine, 2 types, bivalent, 3 dose schedules, intramuscular: CPT: 90650
- Vaccine, 9 types (9vHPV), 2 or 3 dose schedules, intramuscular: CPT: 90651

Tdap vaccine
CPT: 90715 (tetanus, diphtheria toxoids, and acellular pertussis vaccine, administered to 7 years or older, intramuscular)

Special Service, Procedure, or Report

CPT: 99199 - used to report other medicine services or procedures for which there is no specific code available

Encounter for other general counseling and advice on contraception

ICD-10-CM: Z30.09

* Code w/Z30.12(Encounter for prescription of emergency contraception/post-coital contraception)
** Contact with and (suspected) exposure to HIV
‡ Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
***Providers cannot charge or use codes for written prescription medication for discharge or if medications are provided and directed to take at home

safeta.org/payment

This project was supported by Grant No. 2018-TA-AX-K014, awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Payment Fact Sheet

BILLING INFORMATION FOR HEALTHCARE PROVIDERS – MEDICAL FORENSIC EXAM

Patients who have experienced sexual assault have the right to a patient-centered, trauma-informed medical forensic examination (MFE).

Violence Against Women Act (VAWA) 2013 - A patient must be able to request a MFE, and the patient can not receive a bill or pay for co-payments. Patients are not required to participate in the criminal justice system or cooperate with law enforcement. The State, Tribal Government, local government, or other governmental entity:

- May not reimburse the patient for out-of-pocket costs for the exam. The MFE must be **FREE** of charge.
- The state must also coordinate with healthcare to notify victims of sexual assault of the availability of exams without cost.

Can Healthcare Providers Bill the Patient's Insurance for a MFE?

- If states are using STOP funds to pay for the MFE, they may **not** require the patient to seek reimbursement from their private health insurance.
- This practice is not expressly prohibited by VAWA 2013 - Programs can bill a patient's private insurance, but the patient cannot be charged for any out-of-pocket costs (e.g., insurance co-pays, deductibles, or any other out-of-pocket costs that might not be covered by insurance).

Patient Safety – Offer practical strategies to address the unique patient safety and privacy concerns related to billing and payment for the MFE. Two common safety issues are as follows:

- If the patient is not the guarantor on the insurance, the guarantor will receive an EOB on the patient visit.
- If automated patient surveys are mailed out, other household members may inadvertently learn of the patient visit.

REFERENCES:

- U.S. Department of Justice (DOJ), Office on Violence Against Women. (2013, April). A National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescent (2nd ed.). Washington, DC: DOJ. https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf
- U.S. DOJ. Office on Violence Against Women Grants and Programs (2019). Retrieved from: https://www.justice.gov/ovw/grant-programs
- Violence Against Women Reauthorization Act of 2013, S.47 (2013). https://www.congress.gov/bill/113th-congress/senate-bill/47

INTERNATIONAL ASSOCIATION OF Forensic Nurses

safeta.org/payment

This project was supported by Grant No. 2018-TA-AX-K014 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women. (Reviewed 2023)

Payment Fact Sheet

Who Should We Talk to if a Patient Receives a Bill?

Effective collaboration among various departments, partners, and stakeholders will safeguard the patient from being improperly billed for their medical forensic examination. If you know a patient has been billed, consider contacting one or all of the below resources in your community.

INSIDE THE HEALTHCARE SETTING

- **Clinicians/Providers** – those providing direct medical services to victims (e.g., doctors, nurse practitioners, SANEs, nurses, etc.). Must be knowledgeable about payment practices, policies, and procedures.
- **Billing and Coding Departments** – typically part of healthcare institutions, and whose goal is to properly capture healthcare codes that allow billing for services rendered.
- **Compliance** - provide guidance and monitoring to ensure all applicable rules, laws and regulations for healthcare billing are in place, including addressing high risk areas to minimize fraudulent billing.
- **Revenue Integrity** - focuses on coding and charge captures to reduce the risk of non-compliance, optimizing payment, and minimizing the expense of fixing a problem with healthcare claims.
- **Finance Departments** - accountable for billing including accuracy of transactions, accounts receivable and payable, and managing internal audits and controls.
- **Quality Assurance** - ensures everyone is maintaining high quality care and measures the effectiveness of any department/program.
- **Legal/Risk Management** - can assess and monitor regulations and practices. Can aid in drafting policies and procedures.
- **Hospital Administration** - can provide oversite to the organization / ultimately ensuring effective and proper practices. This typically includes the Chief Executive Officer, Chief Nursing Officer, Chief Finance Officer, etc.
- **Hospital Social Workers –** help meet emotional, social, and practical needs of the patient. Can help support in navigating the billing department.

OUTSIDE THE HEALTHCARE SETTING

- **Systems-based Advocacy –** offer a consistent point of contact during the criminal justice process / can help support patients in completing a crime victim's compensation application.
- **Community-based Advocacy -** focus on the health and wellbeing of the patient, regardless if the victim reports to the criminal justice process / can help support patients in completing a crime victim's compensation application /communication may be restricted due to confidentiality.
- **VAWA/VOCA** – decision-makers when allocating state funds / STOP Admin contact list / VOCA Funded Assistance and Compensation Programs – Assistance by state.

safeta.org/payment

INTERNATIONAL ASSOCIATION OF Forensic Nurses

REFERENCES:

- U.S. Department of Justice (DOJ), Office on Violence Against Women. (2013, April). A National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescent (2nd ed.). Washington, DC: DOJ. https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf
- National Institute of Justice, U.S. Department of Justice (2017). *National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach*. https://www.ncjrs.gov/pdffiles1/nij/250384.pdf

This project was supported by Grant No. 2018-TA-AX-K014 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women. (Reviewed May 2023)

FEDERAL FUNDER FACTS - MEDICAL FORENSIC EXAMS

U.S. Department of Justice

Attorney General, Deputy Attorney General, Associate Attorney General

Office of Justice Programs

Office for Victims of Crime

State Compensation & Assistance & Operations Division

Crime Victims Fund (est. by Victims of Crime Act (VOCA)

Not financed by taxpayers, but by fines, forfeitures, and other penalties paid by federal criminal offenders. The Fund is dedicated solely to supporting victim services.

VOCA, by statute, is the payer of last resort. All federal programs and provisions supersede VOCA.

Crime Victims Compensation

Grants supplemental state funds for reimbursing victims for out-of-pocket expenses resulting from a crime.

Crime Victim Assistance

Mandated base amount plus additional funds based on population.

Additional information:
www.justice.gov/ovw and www.ojp.gov

Forensic medical examinations for victims to the extent that other funding sources such as state appropriations are insufficient, clinicians are encouraged to follow relevant guidelines or protocols issued by the state or local jurisdiction.

Office on Violence Against Women (OVW)

OVW administers 19 grant programs authorized by the Violence Against Women Act 1994 and subsequent legislation. These programs are designed to develop the nation's capacity to reduce domestic violence, dating violence, sexual assault and stalking by strengthening services to victims and holding offenders accountable.

Violence Against Women Act (VAWA)

Defines a Medical Forensic Exam as an exam provided to a sexual assault patient by medical personnel trained to gather evidence of a sexual assault in a manner suitable for use in the court of law. Minimum requirements include exam of physical trauma, determination of penetration or force, patient history or interview, collection and evaluation of evidence.

Formula Grant Programs

The enacting legislation specifies how the funds are to be distributed.

- Tribal DV and SA Coalition Programs
- SASP – Sexual Assault Services Program
- State & Territorial SA and DV Coalition Programs

Discretionary Grant Programs

OVW administers these 15 competitive grant programs in accordance with authorizing statutes and federal regulations.

www.justice.gov/ovw/page/file/914131/

STOP – Services, Training, Officers, Prosecutors

VAWA 2013 - Forensic Medical Examination Payment Requirement: A state/territory/District of Columbia is entitled to funds under the STOP Formula Grant Program only if it, or another governmental entity, incurs the full out-of-pocket cost of medical forensic exams for victims of sexual assault. "Full out-of-pocket costs" means any expense that may be charged to a victim in connection with the exam for the purpose of gathering evidence of a sexual assault. In addition, states may not require victims to participate in the criminal justice system or cooperate with law enforcement in order to receive an exam.

safeta.org/payment

This project was supported by Grant No.2018-TA-AX-K014 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women. (Reviewed May 2023)

Payment Fact Sheet

PATIENT MEDICAL FORENSIC EXAMINATION AND REPORTING OPTIONS

Patients who've experienced sexual assault have the right to a patient-centered, trauma-informed medical forensic examination, with the promotion of a victim-centered reporting process. Except in situations covered by mandatory reporting laws, patients, not healthcare providers, make decisions to report a sexual assault to law enforcement. Regardless of the patients reporting status, a medical forensic examination should be offered for **FREE**.

Medical Forensic Examination and Options for Reporting to Law Enforcement:

- Examination *with* filing a report to law enforcement
- Examination *without* filing a report to law enforcement
- Examination with a *delayed report* to law enforcement
- Examination with an *anonymous or restricted* report to law enforcement*

*Not every program and location offers anonymous or restricted reporting to law enforcement. Please see your state reporting guidelines.

Medical Forensic Examinations can include, but are not limited to◈:

- Medical screening and evaluation
- Written and verbal consent to complete the medical forensic examination
- Collection of information from the patient:
  - Demographic information
  - Medical and surgical history
  - Description of the sexual assault
  - Activities since the sexual assault
  - Recent consensual sexual activity
- Assessment for a potential drug/alcohol facilitated sexual assault
- Medical forensic physical examination:
  - Photographing and documenting findings
  - Collection of evidence using a sexual assault evidence collection kit
- Medical interventions and treatment (e.g., pregnancy and STI evaluation and care, lab, radiology, etc.)
- Discharge instructions, follow-up services, and referrals

◈Medical Forensic Examinations are unique to the patient based on their consent, decisions regarding care, and the resources that are available at the program, facility, or clinic. For more information and coordination with healthcare, please visit the Payment Resources webpage on SAFEta.org.

INTERNATIONAL ASSOCIATION OF Forensic Nurses

REFERENCES:

- U.S. Department of Justice (DOJ), Office on Violence Against Women. (2013, April). A National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescent (2nd ed.). Washington, DC: DOJ. https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf
- National Institute of Justice, U.S. Department of Justice (2017). *National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach*. https://www.ncjrs.gov/pdffiles1/nij/250384.pdf

This project was supported by Grant No. 2018-TA-AX-K014 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women. (Reviewed May 2023)