



Office of Victim Services

KATHY HOCHUL
Governor

ELIZABETH CRONIN ESQ.
Director

NYS OFFICE OF VICTIM SERVICES FORENSIC RAPE EXAM (FRE) DIRECT REIMBURSEMENT PROGRAM BILLING FORM

- THIS FORM MUST BE USED FOR FRE CLAIM BILLING.
- USE ADDITIONAL COPIES OF THIS FORM IF SERVICES RENDERED EXCEED SPACE PROVIDED.
- OVS USES NYS MEDICAID RATES TO CALCULATE REIMBURSEMENT FOR SERVICES AND PHARMACY.
- COMPLETE SEPARATE FORMS FOR FACILITY AND PHYSICIAN BILLS AS NEEDED.

PLACE 'X' IN CORRESPONDING BOX TO INDICATE BILL TYPE (choose one): FACILITY BILL ☐ PHYSICIAN BILL ☐

PATIENT NAME: _____ PATIENT DOB: _____

BILLING PROVIDER NAME: _____

PROVIDER PHONE: _____ BILLING PROVIDER TAX ID: _____

PATIENT ACCOUNT NUMBER: _____ INVOICE DATE: _____

RENDERING PROVIDER (PRINT NAME): _____

DATE OF SERVICE: _____

SUM OF TOTAL CHARGES (Including all visit and pharmacy charges): \$ _____

DIAGNOSIS CODES:

DX CODE	DESCRIPTION	DX CODE	DESCRIPTION
T76.22XA	CHILD SEXUAL ABUSE, SUSPECTED, INITIAL ENCOUNTER	O9A.413	SEXUAL ABUSE COMPLICATING PREGNANCY, 3 RD TRIMESTER
T76.21XA	ADULT SEXUAL ABUSE, SUSPECTED, INITIAL ENCOUNTER	O9A.419	SEXUAL ABUSE COMPLICATING PREG., UNSPECIFIED TRI
T74.22XA	CHILD SEXUAL ABUSE, CONFIRMED, INITIAL ENCOUNTER	T76.51XA	ADULT FORCED SEXUAL EXPLOITATION, SUSPECTED
T74.21XA	ADULT SEXUAL ABUSE, CONFIRMED, INITIAL ENCOUNTER	T76.52XA	CHILD FORCED SEXUAL EXPLOITATION, SUSPECTED
Z04.41	ENCOUNTER FOR EXAM & OBSERVATION, ALLEGED ADULT	T74.51XA	ADULT FORCED SEXUAL EXPLOITATION, CONFIRMED
Z04.42	ENCOUNTER FOR EXAM & OBSERVATION, ALLEGED CHILD	T74.52XA	CHILD FORCED SEXUAL EXPLOITATION, CONFIRMED
O9A.411	SEXUAL ABUSE COMPLICATING PREGNANCY, 1 ST TRIMESTER	Y04.8XXA	ASSAULT BY OTHER BODILY FORCE, INITIAL ENCOUNTER
O9A.412	SEXUAL ABUSE COMPLICATING PREGNANCY, 2 ND TRIMESTER	OTHER	
OTHER		OTHER	

VISIT CODES:

CPT CODE	DESCRIPTION	FEE CHARGED	UNITS	TOTAL
99203	OFFICE/OUTPATIENT VISIT FOR E&M, NEW PATIENT, 30 MIN			
99204	OFFICE/OUTPATIENT VISIT FOR E&M, NEW PATIENT. 45 MIN			
99205	OFFICE/OUTPATIENT VISIT FOR E&M, NEW PATIENT, 60 MIN			
99213	EST. PATIENT OFFICE/OUTPATIENT VISIT, 15+ MIN			
99214	EST. PATIENT OFFICE/OUTPATIENT VISIT, 25+ MIN			
99215	EST. PATIENT OFFICE/OUTPATIENT VISIT, 40+ MIN			
99245	OFFICE CONSULT, NEW OR EST. PATIENT			
99283	EMERGENCY DEPARTMENT VISIT, LEVEL 3			
99284	EMERGENCY DEPARTMENT VISIT, LEVEL 4			
99285	EMERGENCY DEPARTMENT VISIT, LEVEL 5			
OVS BILLING CODE		FEE CHARGED	UNITS	TOTAL
CVB02	FACILITY FEE			
CVB19	REFERRED TO LOCAL DV, SA, OR VICTIM ASSISTANCE PROVIDER	Yes <input type="checkbox"/> No <input type="checkbox"/>		
SUM OF TOTAL VISIT/FACILITY CHARGES				



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LABORATORY BILLING CODES:

CPT CODE	DESCRIPTION	FEE CHARGED	UNITS	TOTAL
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE			
80053	COMP. METABOLIC PANEL			
80307	DRUG TEST			
81001	URINALYSIS, BY DIP STICK/TABLET REACTANT			
81003	URINALYSIS, BY DIP STICK/TABLET REACTANT			
81025	URINE PREGNANCY TEST			
84702	HCG PREGNANCY HORMONE TEST			
84703	HCG PREGNANCY HORMONE TEST			
85025	COMPLETE BLOOD COUNT			
85027	COMPLETE BLOOD COUNT			
86592	DIAGNOSTIC QUANTITATIVE SYPHILLIS TEST			
86701	QUALITATIVE/SEMIQUANTITATIVE IMMUNOASSAYS			
86703	QUALITATIVE/SEMIQUANTITATIVE IMMUNOASSAYS			
86704	IMMUNOLOGY-HEP B SCREENING			
86706	QUALITATIVE/SEMIQUANTITATIVE IMMUNOASSAYS			
86780	QUALITATIVE/SEMIQUANTITATIVE IMMUNOASSAY, SYPHILLIS			
86803	HEP C ANTIBODY			
87081	CULTURE FOR DETECTION OF GROUP B STREP, VAGINAL/RECTAL			
87110	MICROBIOLOGY CULTURE/TESTING CHLAMYDIA			
87340	INFECTIOUS AGENT ANTIGEN DETECTION			
87389	INFECTIOUS AGENT ANTIGEN DETECTION			
87661	INFECTIOUS AGENT DETECTION BY DNA/RNA			
87491	INFECTIOUS AGENT DETECTION BY DNA/RNA			
87591	INFECTIOUS AGENT DETECTION BY DNA/RNA			
87806	INFECTIOUS AGENT ANTIGEN DETECTION			
SUM OF TOTAL LABORATORY CHARGES				

COUNSELING/OTHER BILLING CODES:

HCPC CODE	DESCRIPTION	FEE CHARGED	UNITS	TOTAL
J0696	INJECTION OF CEFTRIAXONE SODIUM			
T1013	SIGN LANGUAGE/ORAL INTERPRETIVE SERVICES, PER 15 MIN			
CPT CODE	DESCRIPTION	FEE CHARGED	UNITS	TOTAL
56820	COLPOSCOPY/ENDOSCOPY OF VULVA, PERINEUM, INTROITUS			
96110	DEVELOPMENTAL SCREENING			
96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDT'L HOUR			
96372	INJECTION OF DRUG/SUBSTANCE INTO SKIN/MUSCLE			
99000	OBTAINING/TRANSPORT OF SPECIMEN TO LAB			
99170	ANOGENITAL EXAM, CHILD			
99354	PROLONGED PHYSICIAN SERVICES			
99355	PROLONGED E&M W/PATIENT, ADDT'L 30 MIN			
99401	PREVENTIVE MEDICINE COUNSELING, 15 MIN			
99402	PREVENTIVE MEDICINE COUNSELING, 30 MIN			
99403	PREVENTIVE MEDICINE COUNSELING, 45 MIN			
99404	PREVENTIVE MEDICINE COUNSELING 60			
ALL OTHER CODES	DESCRIPTION	FEE CHARGED	UNITS	TOTAL
SUM OF TOTAL COUNSELING/OTHER CHARGES				



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PHARMACY ADDENDUM

➤ THIS FORM *MUST* BE USED FOR FRE BILLING. PLEASE COMPLETE THE GRID BELOW.

NATIONAL DRUG CODE (ex. xxxxx-xxxx-xx)		DRUG NAME	FEE CHARGED	UNITS	TOTAL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
SUM OF TOTAL PHARMACY CHARGES					