



**New York State Office of Victim Services
Medical Provider Forensic Rape Examination Direct Reimbursement**

Supplemental Information (January 2017)

THE ITEMIZED MEDICAL BILL MUST INCLUDE AT LEAST ONE OF THE FOLLOWING DIAGNOSIS CODES AS THE PRIMARY DIAGNOSIS, OR INDICATE “SEXUAL ASSAULT” OR “SEXUAL ABUSE” AS THE PRIMARY DIAGNOSIS:

ICD 9 Codes

V71.5
E960.1
995.83
995.53

ICD 10 Codes

Z04.41
Y04.8XXA
T74.21XA or T76.21XA
T74.22XA or T76.22XA

THE ITEMIZED MEDICAL BILL MUST INCLUDE ONE OF THE “VISIT” CODES LISTED BELOW:

99202 - 99205
99212 - 99215
99242 - 99245
99281 - 99285
99291

OFFICE/OUTPATIENT VISIT, NEW
OFFICE/OUTPATIENT VISIT, EST
OFFICE CONSULTATION
EMERGENCY DEPT VISIT
CRITICAL CARE, FIRST HOUR

THE ITEMIZED MEDICAL BILL MUST INCLUDE A “LAB” CODE: (REQUIRED FOR ALL PATIENTS 18 YEARS OF AGE OR OLDER):

46600
56820
57150
57420
57452
80074
80076
80101 - 80102
80300 - 80304
80320
80324
80329
80346

DIAGNOSTIC ANOSCOPY
EXAM OF VULVA W/SCOPE
TREAT VAGINA INFECTION
EXAM OF VAGINA W/SCOPE
EXAM OF CERVIX W/SCOPE
ACUTE HEPATITIS PANEL
HEPATIC FUNCTION PANEL
DRUG SCREEN
DRUG SCREEN
ALCOHOL TEST
DRUG SCREEN; AMPHETAMINES
ANALGESICS, NON-OPIOID; 1 OR 2
DRUG SCREEN; BENZODIAZEPINE

81001 - 81003	URINALYSIS
81015	MICROSCOPIC EXAM OF URINE
81025	URINE PREGNANCY TEST
82055	ASSAY OF ETHANOL
82150	ASSAY OF AMYLASE
84702 - 84703	CHORIONIC GONADOTROPIN
85025	COMPLETE CBC W/AUTO DIFF WBC
86280	HEMAGGLUTINATION INHIBITION
86317	IMMUNOASSAY, INFECTIOUS AGENT
86592 - 86593	BLOOD SEROLOGY
86631	CHLAMYDIA ANTIBODY
86689	HTLV/HIV CONFIRMATORY TEST
86692	HEPATITIS, DELTA AGENT
86701	HIV-1
86702	HIV-2
86703	HIV-1/HIV-2, SINGLE ASSAY
86704 - 86707	HEP B
86708 - 86709	HEP A
86781	TREPONEMA PALLIDUM, CONFIRM
86803 - 86804	HEP C
87070	CULTURE, BACTERIA, OTHER
87077	CULTURE AEROBIC IDENTIFY
87081	CULTURE SCREEN ONLY
87086	URINE CULTURE/COLONY COUNT
87110	CHLAMYDIA CULTURE
87140	CULTURE TYPE IMMUNOFLUORESC
87177	OVA AND PARASITES SMEARS
87205	SMEAR, GRAM STAIN
87210	SMEAR, WET MOUNT, SALINE/INK
87252 - 87253	VIRUS INOCULATION, TISSUE
87340	HEPATITIS B SURFACE AG, EIA
87490 - 87492	CHYLMD TRACH, DNA
87521	HEPATITIS C, RNA, AMP PROBE
87590 - 87592	N.GONORRHOEAE, DNA
87606	HEPATITIS B ANTIBODY
87620 - 87625	HPV
87661	TRICHOMONAS VAGINALIS
87800	DETECT AGNT MULT, DNA, DIREC
87810	CHYLMD TRACH ASSAY W/OPTIC
88150	CYTOPATH, C/V, MANUAL
90739	HEP B VACCINE
90743	HEP B VACC, ADOL, 2 DOSE, IM
96372	OPH/DIAG INJ, SC/IM
99170	ANOGENITAL EXAM, CHILD

98966 - 98968	TELEPHONE CALLS - NONPHYSICIAN
99075	MEDICAL TESTIMONY
99358	PROLONGED SERV, W/O CONTACT
99361	PHYSICIAN/TEAM CONFERENCE
99366 - 99368	TEAM CONFERENCE
99371	PHYSICIAN PHONE CONSULTATION
99401 - 99404	PREVENTIVE COUNSELING, INDIV
99405	COUNSELING
99441 - 99443	TELEPHONE CALLS - PHYSICIAN

NOTICE: THIS LIST IS NOT ALL INCLUSIVE. IT IS INTENDED TO PROVIDE GUIDANCE ON THE NATURE OF CODES ASSOCIATED WITH FORENSIC RAPE EXAM SERVICES. CPT CODES ARE SUBJECT TO CHANGE.

FOR ADDITIONAL INFORMATION REGARDING THE NEW YORK STATE OFFICE OF VICTIM SERVICES MEDICAL PROVIDER FORENSIC RAPE EXAMINATION DIRECT REIMBURSEMENT PROGRAM PLEASE CONTACT:

NEW YORK STATE OFFICE OF VICTIM SERVICES
ALFRED E. SMITH STATE OFFICE BUILDING
80 SOUTH SWAN ST., SECOND FLOOR
ALBANY, NY 12210
(518) 457-8727
(800) 247-8035

SECTION THREE: VICTIM INSURANCE WAIVER (TO BE COMPLETED BY VICTIM/GUARDIAN)

NOW AVAILABLE IN EIGHT (8) LANGUAGES

ENGLISH

SECTION THREE. VICTIM INSURANCE WAIVER (TO BE COMPLETED BY VICTIM/GUARDIAN)

- The law requires that the victim be advised orally and in writing that he or she may decline to provide insurance information.
- I have been fully advised of the options of payment for the forensic exam and the outcomes resulting from my forensic payment decision. I understand that I may use private insurance benefits, including Medicaid, Medicare, HMO or any other insurance program for payment of the forensic exam provided to me. I choose not to use my private insurance benefits but request that the NYS Office of Victim Services be billed directly.
- I decline to provide such information regarding private health insurance benefits because I believe that the provision of such information would substantially interfere with my personal privacy or safety.
- I have been advised that I will have to use my private insurance if I file a claim with the Office of Victim Services for other medical services outside of the forensic exam.

SPANISH

SECCIÓN TRES. RENUNCIA DE LA VÍCTIMA A BRINDAR INFORMACIÓN SOBRE SU SEGURO (DEBE COMPLETAR LA VÍCTIMA/EL TUTOR)

- La ley exige que la víctima sea informada oralmente y por escrito que puede negarse a brindar información sobre su seguro.
- Se me ha informado en detalle sobre las opciones de pago del examen pericial y los resultados que se obtendrán para mi decisión de pago por el servicio pericial. Entiendo que puedo utilizar los beneficios de mi seguro privado, incluidos los de Medicaid, Medicare, la Organización para el Mantenimiento de la Salud (Health Maintenance Organization, HMO) o cualquier otro programa de seguros para el pago del examen pericial que me harán. Opto por no utilizar los beneficios de mi seguro privado pero solicito que se facture directamente a la Oficina de Servicios para Víctimas del Estado de Nueva York (NYS Office of Victim Services).
- Me niego a brindar información relacionada con los beneficios de mi seguro médico privado porque considero que proporcionar tal información interferiría considerablemente en mi privacidad o seguridad personal.
- Se me ha informado que deberé utilizar mi seguro privado si deseo presentar un reclamo ante la Office of Victim Services para recibir cualquier otro servicio médico además del examen pericial.

HAITIAN CREOLE

SEKSYON TWA. RENONSYASYON VIKTIM NAN POU BAY ENFÒMASYON SOU ASIRANS (SE VIKTIM NAN/RESPONSAB LEGAL KI DWE RANPLI SEKSYON SA A)

- Lalwa egzije pou yo fè viktim nan konnen aloral ak alekri l ka refize bay enfòmasyon sou asirans li.
- Yo te ban mwen tout enfòmasyon yo sou chwa peman pou egzamen mediko-legal ak rezilta k ap soti nan desizyon peman pou egzamen mediko-legal mwen. Mwen rekonèt mwen ka itilize avantaj asirans prive, tankou Medicaid, Medicare, Òganizasyon Antretyen Sante (Health Maintenance Organization, HMO) oswa nenpòt lòt pwogram asirans pou peman egzamen mediko-legal yo ban mwen. Mwen chwazi pou pa itilize avantaj asirans prive mwen men mwen mande pou yo voye bòdwo dirèkteman ba Biwo Sèvis Eta New York pou Viktim (NYS Office of Victim Services).
- Mwen refize bay enfòmasyon konsa konsènan avantaj asirans prive mwen paske mwen kwè si mwen bay enfòmasyon konsa sa ta nuizib anpil pou konfidansyalite enfòmasyon prive mwen oswa pou sekirite mwen.
- Yo te fè mwen konnen map gen obligasyon pou itilize asirans prive mwen si mwen depoze yon reklamasyon nan Office of Victim Services pou lòt sèvis medikal deyò egzamen mediko-legal.

ITALIAN

SEZIONE III. RINUNCIA AD AVVALERSI DELL'ASSICURAZIONE DA PARTE DEL DANNEGGIATO (DA COMPILARSI A CURA DEL DANNEGGIATO O DEL SUO TUTORE)

- La legge prevede l'obbligo di informare il danneggiato verbalmente e per iscritto della sua facoltà di rifiutarsi di fornire informazioni sull'assicurazione.
- Dichiaro di essere stato informato delle opzioni di pagamento disponibili per la perizia medico-legale e delle conseguenze derivanti dalla mia decisione in merito al pagamento della medesima. Dichiaro altresì di essere consapevole della mia facoltà di avvalermi di prestazioni assicurative private, incluse Medicaid, Medicare, e la copertura assicurativa sanitaria (Health Maintenance Organization, HMO) o qualsiasi altro programma di assicurazione, per il pagamento della perizia medico-legale di cui ho usufruito. Scelgo di non avvalermi delle mie prestazioni assicurative private e richiedo l'addebito diretto all'Ufficio di assistenza alle vittime (NYS Office of Victim Services).
- Non acconsento alla diffusione di informazioni relative alle prestazioni di assicurazione sanitaria privata, per tutelare la mia privacy e la mia sicurezza personale.
- Dichiaro di essere stato informato dell'obbligo di avvalermi della mia assicurazione privata per qualsiasi reclamo da me presentato all'Office of Victim Services in relazione ad altri servizi medici diversi dalla perizia medico-legale.

KOREAN

섹션 3. 피해자 보험 포기(피해자/보호자가 작성)

- 법에 따라 피해자에게 보험 정보의 제공을 거부할 수 있다는 점을 구두 및 서면으로 알려야 합니다.
- 본인은 법의학 검사에 대한 지불 옵션과 이러한 법의학 지불 결정으로 인한 결과에 대해 완전한 설명을 받았습니다. 본인은 Medicaid, Medicare, 건강관리기구(Health Maintenance Organization(HMO)) 또는 기타 보험 프로그램을 포함한 민간 보험 혜택을 이용해 본인에게 제공된 법의학 검사 비용을 지불할 수 있음을 이해합니다. 본인은 본인의 민간 보험 혜택을 사용하지 않고 NYS 피해자사무국(NYS Office of Victim Services)에 직접 청구할 것을 요청합니다.
- 본인은 민간 건강보험 혜택 정보의 제공이 본인의 개인 프라이버시나 안전을 실질적으로 침해할 수 있다고 생각하기 때문에 그러한 정보의 제공을 거부합니다.
- 본인은 Office of Victim Services에 법의학 검사를 제외한 다른 의료 서비스에 대해 요구할 경우 본인의 민간 보험을 사용해야 한다는 점을 설명 받았습니다.

RUSSIAN

РАЗДЕЛ ТРЕТИЙ. ПРАВО ЖЕРТВЫ НА ОТКАЗ ОТ ПРЕДОСТАВЛЕНИЯ СТРАХОВОЙ ИНФОРМАЦИИ (ЗАПОЛНЯЕТСЯ ЖЕРТВОЙ/ОПЕКУНОМ)

- Согласно законодательству жертва должна быть в устной и письменной форме уведомлена, что она может отказаться от предоставления страховой информации.
- Меня информировали обо всех вариантах оплаты судебно-медицинской экспертизы и результатах моего решения касательно такой оплаты. Я понимаю, что могу использовать частные страховые выплаты, в т. ч. в рамках программ Medicaid, Medicare, страховой медицинской организации (Health Maintenance Organization, HMO) или любой другой программы страхования, для оплаты выполненной для меня судебно-медицинской экспертизы. Я не буду использовать свои частные страховые выплаты и прошу выставлять счета непосредственно Управлению по предоставлению услуг жертвам преступлений г. Нью-Йорка (NYS Office of Victim Services).
- Я отказываюсь предоставлять информацию о частных медицинских страховых выплатах, поскольку считаю, что предоставление такой информации приведет к существенному вмешательству в мою личную жизнь или безопасность.
- Мне сообщили, что, если я подам заявление в Office of Victim Services, мне придется использовать свою частную страховку для оплаты медицинских услуг, которые не относятся к судебно-медицинской экспертизе.

SIMPLIFIED CHINESE

第三部分。受害者保險豁免聲明（由受害人/監護人完成）

- 法律規定要以口頭和書面形式告知受害者，其本人可以拒絕提供保險信息。
- 在付款選擇方面本人已獲得充分告知，付款選擇主要針對的是法醫檢驗以及由本人所作的法醫付款決定所產生的結果。本人清楚本人可以使用私人保險福利，包括 **Medicaid**、**Medicare**、健康維護組織 (**Health Maintenance Organization, HMO**) 或者任何其他保險計劃在法醫檢驗的付款方面為本人提供的福利。本人選擇不使用本人的私人保險福利，但是要求由紐約州受害者服務辦公室 (**NYS Office of Victim Services**) 直接支付。
- 本人拒絕提供關於私人健康保險福利方面的信息，因為本人認為提供此類信息會嚴重影響本人的個人隱私或者安全。
- 本人已獲得告知，如果本人向 **Office of Victim Services** 提出了針對法醫檢驗之外的其他醫療服務的請求，那麼本人將必須使用本人的私人保險。

TRADITIONAL CHINESE

第三部分。受害者保險豁免聲明（由受害人/監護人完成）

- 法律規定要以口頭和書面形式告知受害者，其本人可以拒絕提供保險資料。
- 在付款選擇方面，本人已獲得充分告知，該付款選擇主要針對的是法醫檢驗以及由本人所作的法醫付款決定所產生的結果。本人知曉本人可以使用私人保險福利，包括 **Medicaid**、**Medicare**、健康維護組織 (**Health Maintenance Organization, HMO**) 或者任何為本人提供的其他保險計劃有關於法醫檢驗的款項。本人選擇不使用本人的私人保險福利，但是要求由紐約州受害者服務辦公室 (**NYS Office of Victim Services**) 直接支付。
- 本人拒絕提供關於私人健康保險福利方面的資訊，因為本人認為提供此類資料會嚴重影響本人的個人隱私或安全。
- 本人已獲得告知，如果本人向 **Office of Victim Services** 提出了針對法醫檢驗以外其他醫療服務的請求，本人將必須使用本人的私人保險。