



Office of Victim Services

FORENSIC RAPE EXAM DIRECT REIMBURSEMENT PROGRAM PROVIDER MANUAL

July 2024

Version 1.0

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Change Log

Date	Revisions	Author
July 2024	V1.0 Released	OVS FRE Program

I. Introduction

Since 2005 the New York State Office of Victim Services (NYS OVS) has reimbursed providers for costs associated with performing forensic rape exams (FRE), also known as sexual assault medical forensic exams. These terms are used interchangeably throughout this manual.

A sexual assault medical forensic exam is an examination of a sexual assault patient by a health care provider, ideally one who has specialized education and clinical experience in the collection of forensic evidence and treatment of these patients. The examination includes gathering information from the patient for the medical forensic history; an examination; coordinating treatment of injuries, documentation of biological and physical findings, and collection of evidence from the patient; documentation of findings; information, treatment, and referrals for STIs, pregnancy, suicidal ideation, alcohol and substance abuse, and other nonacute medical concerns; and follow-up as needed to provide additional healing, treatment, or collection of evidence. This exam is referred to as the “forensic medical examination” under the Violence Against Women Act (VAWA).¹²

Prior to June 2020, reimbursement was a flat \$800 per exam. Since June 2020, OVS has reimbursed providers based on specific services rendered during the exam, medications dispensed, age of the patient, and whether a sexual offense evidence collection kit (SOECK) was obtained during the exam. OVS is statutorily obligated to reimburse providers at the NYS Medicaid rate for services.

State government agencies are not permitted to tell providers how to code medical records for billing purposes. The information presented in this manual is intended to give consistent billing guidance to medical providers to aid in completing FRE Direct Reimbursement Program claims and billing forms. Detailed guidance on provider credentialing, training, and healthcare services related to FRE’s is issued by the NYS Department of Health at the following link:

https://www.health.ny.gov/professionals/safe/docs/program_overview_and_standards.pdf

II. FRE Direct Reimbursement Program Guidance

a. Eligible Providers

Claims may be submitted by any NYS accredited hospital or program for services rendered by a licensed physician, nurse practitioner, registered nurse, or physician assistant practicing within NYS and whose performance of a sexual assault forensic examination is within the scope of practice of the discipline in which they hold a license.

The following are a list of acceptable credentials for individuals who can be listed on an FRE claim as rendering services associated with an FRE:

1 National Protocol <https://www.ojp.gov/pdffiles1/ovw/228119.pdf>

2 National Pediatric Protocol: www.ojp.gov/pdffiles1/ovw/249871.pdf

- MD – Doctor of Medicine
- RN – Registered Nurse
- DO – Doctor of Osteopathic Medicine
- NP – Nurse Practitioner
- PA – Physician Assistant

b. Services Eligible for Reimbursement

NYS OVS reimburses medical providers for costs associated with performing sexual assault forensic exams, with or without procedures necessary for a SOECK or dispensing of Human Immunodeficiency Virus Post-Exposure Prophylaxis (HIV PEP) medications. Please reference Section III (Standard Billing Codes) and Section IV (Reimbursement Rate Tiers) below for more details on covered costs and reimbursement rates.

c. Survivor Billing Choices for an FRE

Survivors have the option to have NYS OVS reimburse the FRE provider directly for the cost of services, have the FRE provider submit a claim on their behalf to their health insurance, or pay for the services out-of-pocket. Selecting more than one method of payment is not allowable. If the survivor chooses to have the provider seek reimbursement from NYS OVS, the provider may not submit a claim for balance billing to the survivor’s health insurance or directly to the survivor (out-of-pocket), per NYS Public Health Law and OVS Regulations.

d. Reimbursement Policies

NYS OVS reimburses providers for services rendered to conduct an FRE, including costs associated with gathering the forensic evidence as part of a SOECK. There are currently no standardized medical billing codes for SOECK collection procedures, nor evaluation and management specifically for SOECK collection. Providers submitting reimbursement claims to OVS are expected to submit an FRE Direct Reimbursement Program Billing Form (Or “Billing Form”) for specific services and procedures associated with conducting the FRE, including any procedures necessary for a SOECK. Multiple providers may not bill for the same services rendered to the same patient.

Providers must submit the following for each FRE claim:

- **FRE Claim Form**

Providers must submit a signed copy of the FRE Direct Reimbursement Claim Application form for each FRE performed. Copies of this form are included in each SOECK and the form can also be found on the OVS website:

<https://ovs.ny.gov/system/files/documents/2022/06/fre-application-feb-2021.pdf>

- **FRE Billing Form**

Providers submitting FRE claims to OVS must include a Standardized Billing Form along with the claim form. Effective January 1, 2024, itemized bills including HCFA-1500, UB-04, or other provider-generated bills are no longer acceptable. This form is available on the OVS website:
<https://ovs.ny.gov/system/files/documents/2023/08/fre-invoice-form-073123-v6.pdf>

- **Pharmacy Addendum**

NYS OVS reimburses providers for the cost of pharmaceuticals dispensed as part of an FRE, including but not limited to medications for HIV PEP treatment. Reimbursement rates for pharmaceuticals are based on the NYS Medicaid fee schedule, and valid National Drug Codes (NDC) codes for reimbursable drugs can be found at the link for Pharmacy Fees in Section IV(e) below. These codes may be recorded on the FRE Billing Form's Pharmacy Addendum.

III. Standard Billing Codes

OVS validates billing codes using NYS Medicaid billing code reference tables. In addition to following all previously issued NYS OVS guidance and trainings regarding FRE claims for reimbursement (<https://ovs.ny.gov/fre-power-point-presentation>), please see the below NYS Medicaid reference tables containing acceptable billing codes. These are the tables that are integrated with OVS claims processing software; however, it should be noted that these tables contain additional billing codes and NDC's that are not reimbursable under the NYS OVS FRE program.

The billing code tables are updated frequently, and they are not maintained by OVS. It is the responsibility of your hospital or organization to ensure that you are billing for reimbursable services with appropriate and acceptable NDCs and procedure codes. Questions regarding NYS Medicaid allowable billing codes and reimbursement rates should be directed to the NYS Department of Health (https://www.health.ny.gov/health_care/medicaid).

For SOECK services, providers should utilize allowable procedure codes to reflect the services rendered for specimen collection. Following standard billing practice guidelines, providers may use valid Current Procedural Terminology (CPT) codes, including but not limited to patient Evaluation and Management codes to reflect SOECK procedures. There are no specific billing codes for a SOECK, and providers are expected to bill for each of the services rendered for specimen collection separately, indicating each procedure with its own applicable procedure code, on the itemized bill.

IV. Reimbursement Rate Tiers

OVS reimbursement tiers are based on services rendered, whether a SOECK was collected, the age of the victim, and whether medications were dispensed. The following are descriptions of the tiers and what is included under each:

a. Tier 1

- Reimbursement for this tier is capped at \$800.
- Sexual assault exam was conducted without SOECK.
- A sexual assault exam was performed, but no specimens were collected as part of a SOECK, and no HIV PEP meds were dispensed.

b. Tier 2

- Reimbursement for this tier is capped at \$1,200.
- A sexual assault exam was performed, and specimens were collected using a SOECK.
 - Selecting “SOECK” on the claim form does not automatically result in any additional reimbursement. Selecting this option only allows for a higher reimbursable amount as part of FRE claims processing.

c. Tier 3

- Reimbursement for this tier is capped at \$1,500.
- The survivor is 18 years of age or older.
- Sexual assault exam conducted, with or without SOECK services rendered, and a 7-day HIV PEP medication regimen is provided.

d. Tier 4

- Reimbursement for this tier is capped at \$2,500.
- The survivor is under the age of 18.
- Sexual assault exam conducted, with or without SOECK services rendered, and a 28-day HIV PEP medication regimen is provided.

V. Completing the FRE Direct Reimbursement Claim Form Application

Submission of the FRE Direct Reimbursement Claim Form Application is mandatory (<https://ovs.ny.gov/system/files/documents/2022/06/fre-application-feb-2021.pdf>). This form captures the information required to process a claim. All sections must be completed to be eligible for reimbursement. **To view an annotated copy of this form, see Appendix A at the end of this document.**

VI. Completing the FRE Direct Reimbursement Program Billing Form

OVS has its own itemized billing invoice, the FRE Direct Reimbursement Program Billing Form (<https://ovs.ny.gov/system/files/documents/2023/08/fre-invoice-form-073123-v6.pdf>). The use of this form is mandatory, and this form must be submitted along with the FRE Claim Form for

providers to receive reimbursement. **To view an annotated copy of this form, please Appendix B at the end of this document.**

a. Diagnosis Codes

OVS reimburses providers for services rendered as part of a forensic rape exam, and diagnosis codes (ICD-10) help OVS ensure that services rendered were related to a sexual assault.

Using the OVS FRE Billing Form, at least one of the following ICD-10 diagnosis codes must be listed for the claim to qualify for FRE direct reimbursement from OVS:

- Z04.41 Encounter for Examination and Observation Following Alleged Adult Rape
- Z04.42 Encounter for Examination and Observation Following Alleged Child Rape
- T74.21XA Adult Sexual Abuse, Confirmed, Initial Encounter
- T76.21XA Adult Sexual Abuse, Suspected, Initial Encounter
- T74.22XA Child Sexual Abuse, Confirmed, Initial Encounter
- T76.22XA Child Sexual Abuse, Suspected, Initial Encounter
- Y04.8XXA Assault by Other Bodily Force, Initial Encounter
- T74.51 Adult forced sexual exploitation, Confirmed
- T74.52 Child Sexual Exploitation, Confirmed
- T76.51 Adult Forced Sexual Exploitation, Suspected
- T76.52 Child Sexual Exploitation, Suspected
- Z.04.81 Encounter For Exam & Observation Following Forced Sexual Exploitation

b. Procedure Codes

The OVS Billing Form may include any valid CPT or HCPCS codes for services rendered in the collection of specimens or any other services the provider deemed medically necessary as part of the FRE. The Billing Form must match the medical records, and OVS has the authority to request medical records associated with any FRE. The provider must list all services rendered as part of the FRE, using the free-text fields to enter any billing codes not pre-filled and additional sheets as necessary.

The fee schedule for institutional and ambulatory procedure codes is maintained by the NYS Medicaid Program. Questions about allowable codes and reimbursement amounts should be directed to the NYS Department of Health (https://www.health.ny.gov/health_care/medicaid).

Using the FRE Billing Form, at least one of the following CPT codes must be listed for the claim to qualify for FRE direct reimbursement from OVS:

- 99202 - 99205 Office/Outpatient Visit, New
- 99212 - 99215 Office/Outpatient Visit, Est
- 99242 - 99245 Office Consultation
- 99281 - 99285 Emergency Dept Visit
- 99291 Critical Care, First Hour

c. Pharmaceuticals

Providers must use the FRE Billing Form's Pharmacy Addendum to claim reimbursement for pharmaceuticals dispensed as part of the forensic rape exam, including but not limited to HIV PEP medications. This Addendum is the last page of the FRE Billing Form: <https://ovs.ny.gov/system/files/documents/2023/08/fre-invoice-form-073123-v6.pdf>.

As with procedure codes, the NDC (pharmacy) fee schedule is maintained by the NYS Medicaid Program. Questions about allowable codes and reimbursement amounts should be directed to the NYS Department of Health (https://www.health.ny.gov/health_care/medicaid).

d. Reimbursement Rates

OVS reimburses for services associated with FRE claims at the NYS Medicaid rate. Please see links below for reference on current reimbursement rates.

- APG Crosswalk Version (3M)
https://www.health.ny.gov/health_care/medicaid/rates/crosswalk/
- APG Fee Schedule
https://www.health.ny.gov/health_care/medicaid/rates/methodology/history_and_fee_schedule.htm
- Ordered Ambulatory (Procedure Codes)
<https://www.emedny.org/ProviderManuals/OrderedAmbulatory/index.aspx>
Click "FEE SCHEDULE" link
- Physician Fees (Procedure Codes)
<https://www.emedny.org/ProviderManuals/Physician/index.aspx>
Click "FEE SCHEDULE MEDICINE"
- Pharmacy Fees (NDC Codes)
<https://www.emedny.org/info/formfile.aspx>
Click "Download CSV of Reimbursable Drugs"

VII. Frequently Asked Questions

For additional 'Frequently Asked Questions' – and answers – about the FRE Direct Reimbursement Program, please visit the OVS website:

<https://ovs.ny.gov/forensic-rape-examination-fre-direct-reimbursement-program>



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Director

Appendix A

INSTRUCTIONS: This form is to be used when a NYS licensed healthcare provider is directly billing the New York State Office of Victim Services (OVS) for reimbursement of costs associated with providing a forensic exam for a victim of sexual assault.

- (1) Fill in all blanks on this form.
- (2) Attach: Itemized bill and supporting documents. If a SOEC Kit was used, attach a copy of the SOEC Kit provided, if available.
- (3) Mail the completed form and all attachments to: NYS Office of Victim Services
Attn: FRE Processing
80 S. Swan Street, 2nd Floor
Albany, New York 12210

Must be complete. Use either a date certain, month/year or season/year.

All Sections ONE through THREE must be completed

SECTION ONE. VICTIM INFORMATION (TO BE COMPLETED BY MEDICAL PROVIDER)

Must be completed, doesn't have to be in NYS

Date of Crime _____ Location of Crime (City) _____ (county) _____

Victim's Name _____ Aliases ex. "Jane Doe" cannot be accepted

Date of Birth _____ Social Security Number _____ Must be completed. If not, use "N/A", "not available", etc.

SECTION TWO. BILLING PROVIDER INFORMATION (TO BE COMPLETED BY MEDICAL PROVIDER)

This is your Federal EIN

Billing Provider Federal I.D. Number _____ Date of Exam _____

Billing Provider Name _____ This is the facility that the exam was done at, not the examiner _____ Operator Certificate or Facility ID.# _____

Address _____ City _____ State _____ Zip _____

Billing Department Contact Person _____ Billing contact should be someone who is familiar with OVS billing _____ Phone Number () _____

Tracking # is provided with kit

Was a Sexual Offense Evidence Collection (SOEC) Kit Used? No Yes SOEC Kit Tracking # _____ (Required once tracking is available)

Were HIV PEP Meds Provided? No Yes If yes: 7 Day Starter Pack Full Regimen 28 Day Pack

Please select one option above and indicate on attached invoice.

The billing provider and other service providers, by law, shall not bill the victim for these services. Payment

made to the providers by OVS under the Direct Reimbursement program or as payment in full.

One of these options must be initialed by victim/guardian. If option 3 is selected, do not bill.

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

- The law requires that the victim be advised orally and in writing that they may decline to provide insurance information.
- I have been fully advised of the options of payment for the forensic exam and the outcomes resulting



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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 have also been advised that I will have to use my private insurance if I file a claim with OVS for other medical services outside of the forensic exam.

Initial your selection for Option #1, #2 or #3 below:

_____ **Option # 1** – I choose not to use my private insurance benefits but request that the OVS 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.

_____ **Option # 2** – I do not have private insurance benefits and request that OVS be billed directly.

_____ **Option # 3** – I choose to use my private insurance benefits for payment, or I choose to pay for my care directly.

Signature dates cannot pre-date exam.

Victim/Legal Guardian Name (Print or Type): _____

Victim/Legal Guardian _____ Date: _____

Signature: _____

All examiner info must be complete.

Examiner Name _____ Examiner (Signature): _____
(Print or Type): _____

Profession: _____ License # _____ Date: _____

If you have questions, call the NYS Office of Victim Services at (800) 247-8035 or (518) 457-8727.



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Appendix B

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
- OVS USES NYS MEDICAID RATES TO CALCULATE REIMBURSEMENT FOR SERVICES AND PHARMACY.
- COMPLETE SEPARATE FORMS FOR FACILITY AND PHYSICIAN BILLS AS NEEDED.

Use these boxes to indicate if facility or physician bill

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: _____

Total sum will auto-populate as you complete form.

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	Z04.81	ENCOUNTER FOR EXAM OF VICTIM, SEXUAL EXPLOITATION
T74.22XA	CHILD SEXUAL ABUSE, CONFIRMED, INITIAL ENCOUNTER	T76.51XA	ADULT FORCED SEXUAL EXPLOITATION, SUSPECTED
T74.21XA	ADULT SEXUAL ABUSE	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	

At least 1 of these dx codes are required, but use the 'other' boxes to add more if necessary.



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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	<input type="checkbox"/>		
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		1	
CVB19	REFERRED TO LOCAL DV, SA, OR VICTIM ASSISTANCE PROVIDER	Yes <input type="checkbox"/>	No	
SUM OF TOTAL VISIT/FACILITY CHARGES				

Indicate Y or N next to 'CVB19' if victim was referred to any DV, SA or Victim Assistance Provider.



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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:

HPC 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			



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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
	<div style="border: 1px solid green; padding: 5px; display: inline-block;"> <p>Don't see a code you need on this form? List them here. Use additional sheets as necessary.</p> </div>			
SUM OF TOTAL COUNSELING/OTHER CHARGES				

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

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					

Must provide NDC number for each drug.

Please note that OVS reimburses for drugs at the Medicaid rate.



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18					
19					
20					
21					
22					
23					
24					
25					
SUM OF TOTAL PHARMACY CHARGES					