

**INSTRUCTIONS FOR FILLING OUT THE
NEW YORK STATE OFFICE OF VICTIM SERVICES
MEDICAL PROVIDER FORENSIC RAPE EXAMINATION
DIRECT REIMBURSEMENT CLAIM FORM**

PRINT LEGIBELY – ILLEGIBLE CLAIM FORMS WILL BE REJECTED

**ALL BLANK FIELDS ON THE CLAIM FORM MUST BE FILLED IN –
ANY FIELD LEFT BLANK WILL RESULT IN A REJECTION OF YOUR CLAIM**

SECTION ONE:

- Fill in the date upon which the crime occurred and the location of the crime including city, county and state.

If the date of the crime can not be ascertained because of the victim's youth or the circumstances of the assault, please provide the OVS with an approximation. This can be a month/year, a season/year, or even a range of dates. Do not leave the date field blank or use words like unknown or not applicable. Claims without some approximation of the date of crime will be rejected.

- Print the victim's name including the first and last name.
- Print the address where the victim currently resides including city, state and zip code.
- Print the victim's date of birth including the month, day and year of birth.
- Print the victim's Social Security Number (SSN).

If the victim is an undocumented alien or an infant who has not yet been issued a SSN you must so indicate on the face of the form by marking the SSN field "UNDOCUMENTED" or "INFANT, NOT ISSUED."
If the facility is otherwise unable, after diligent effort, to obtain a Social Security Number from the victim, the billing facility must indicate that the SSN is unavailable by marking the SSN field "NOT AVAILABLE" or N/A.

If the Social Security Number field is left blank, the claim will be rejected.

- Indicate whether an evidence collection kit was used by checking the appropriate box marked yes or no.

Please note that even where a kit is used, your itemized billing must include the CPT codes and rates/costs for each procedure performed during the sexual assault forensic exam.

- If the crime was reported to the police, print the name of the police department it was reported to and print the complaint number, if known.

SECTION TWO:

- Print the billing provider's federal tax identification number.
- Print the date that the forensic examination was performed including the month, day and year of the examination.
- Print the name of the billing provider. This is the facility in which the exam took place and may be the name of a hospital or other Article 28 health care facility, a clinic, a private physician's office, a child advocacy center, a rape crisis center, etc.
- Print the facility's operating certificate number or facility ID number.

All hospitals and Article 28 healthcare facilities have an operating certificate issued to them by the Department of Health. Each operating certificate contains a numerical code unique to each facility. In addition, most healthcare facilities have a facility identification number issued by the Department of Health. If you do not know either of these numbers, ask your hospital administrator to provide you with one or the other.

If your facility is not a hospital or other Article 28 facility and you do not have an operator's certificate or facility identification number, you **MUST** mark this field with "NOT APPLICABLE" or "N/A" **and** indicate the type of facility in which the examination was performed. For example, "*N/A – Child Advocacy Center.*"

If your facility is affiliated with a hospital, you may use the hospital's operating certificate number or facility ID.

- Print the address of the billing provider. **PLEASE NOTE THAT THIS IS THE ADDRESS TO WHICH YOUR PAYMENT WILL BE MAILED.**
- Print the name of the representative in the billing department to whom correspondence from the Office of Victim Services (OVS) will be sent. Be sure to include their telephone number so that OVS may contact the representative.

SECTION THREE:

- Read the payment advisements to the victim and make sure that the victim understands their options.
- Have the victim or guardian print their name on the form and then sign and date the form. A minor may sign their own claim form so long as, in the considered opinion of the examiner, it is reasonable to conclude that the victim understands the claim form and their payment options. Claim forms must bear a signature. ***Unsigned claim forms or photocopied signatures will be rejected.***
- The licensed health care provider who performed the sexual assault forensic examination must record their license number on the form and must also sign and date the form.
- An **itemized** bill for services **MUST** be attached to each claim form. The law provides that the OVS reimbursement rate is to be reviewed and adjusted annually. In order to do so, the OVS requires cost data.
- The OVS requires that your itemized bill contain a service charge associated with each CPT code listed on the bill. *Make sure you are using the most current code set. In addition, the sum total of all charges must also appear on the bill even if the sum total exceeds the maximum reimbursement rate.*
- Your itemized bill must include at least one of the following diagnostic codes: **V71.5, E960.1, 995.83 or 995.53** as the primary diagnostic code, or indicate **“sexual assault,” “sexual abuse”** as the primary diagnosis.
- Your itemized bill **MUST** include one of the “visit codes” listed below.

99202	OFFICE/OUTPATIENT VISIT, NEW
99203	OFFICE/OUTPATIENT VISIT, NEW
99204	OFFICE/OUTPATIENT VISIT, NEW
99205	OFFICE/OUTPATIENT VISIT, NEW
99212	OFFICE/OUTPATIENT VISIT, EST
99213	OFFICE/OUTPATIENT VISIT, EST
99214	OFFICE/OUTPATIENT VISIT, EST
99215	OFFICE/OUTPATIENT VISIT, EST
99242	OFFICE CONSULTATION
99243	OFFICE CONSULTATION
99244	OFFICE CONSULTATION
99245	OFFICE CONSULTATION
99281	EMERGENCY DEPT VISIT
99282	EMERGENCY DEPT VISIT
99283	EMERGENCY DEPT VISIT
99284	EMERGENCY DEPT VISIT
99285	EMERGENCY DEPT VISIT

- In addition to the visit code and diagnosis described above, every claim involving an adult victim, (18 years of age or older) must also include at least one of the following CPT codes and attendant charges on the bill.

17110	Wart Reduction <14yrs.
36406	Venipuncture
36415	Venipuncture
46600	Anoscopy
56820	Colposcopy-Vulva
57150	Vaginal Irrigation
57420	Colposcopy-.Vaginal
57452	Colposcopy - Cervix
69200	Removal Foreign Body
80076	Liver Function Tests
80101	Drug Screening
80102	Drug Screening
81002	Urinalysis
81003	Urine
81015	Gram Smear
81025	Pregnancy Test
82055	Alcohol Test
82150	Amylase Serum
84702	Pregnancy HCG Quant.
84703	Pregnancy Test - Urine
85025	CBC
86280	Syphilis
86317	Chlamydia
86592	Syphilis
86593	RPR - Syphilis
86631	Chlamydia
86703	HIV
86704	Hepatitis
86705	Hepatitis
86706	Hepatitis
86707	Hepatitis
86708	Hepatitis
86709	Hepatitis
86781	Syphilis
86803	Hepatitis C Antibody
87070	Culture-genital
87077	Gonorrhea
87081	Gonorrhea culture
87086	Culture - urine
87110	Chlamydia
87140	Chlamydia Culture
87177	Trichomonas culture
87205	Gram/Wet Smear
87210	Gram Smear
87252	Viral culture (Inc. Herpes)

87253	Herpes
87340	Hepatitis B Surface Antigen
87490	Chlamydia DNA Probe
87521	Hepatitis C Surface Antigen
87590	Gonorrhea DNA Probe
87606	Hepatitis B Antibody
87622	HPV Culture - Quantitative
88150	PAP smear
90718	TD - 7 yrs. & older
90743	Hepatitis B - Adol 2 dose
90782	Injection
99075	Medical Testimony
99170	Colposcopy - Minor
99358	Chart Reviews
99361	Team Conference
99371	Telephone Calls
99401	Counseling
99402	Counseling
99403	Counseling
99404	Counseling
99405	Counseling

NOTICE:

**CPT CODES ARE SUBJECT TO CHANGE. YOU MUST USE THE MOST
CURRENT CODE SET IN ORDER FOR YOUR CLAIM TO BE TIMELY
PROCESSED.**