



Washington State Department of
Labor & Industries
Crime Victims Compensation Program

Billing Guidelines for Sexual Assault Examinations

Crime Victims Compensation Program



Filing a police report
is not required
to receive a sexual assault exam.

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State Law ([RCW 7.68.170](#)) requires Crime Victims Compensation Program to pay the costs of sexual assault examinations when they are performed to gather evidence for possible prosecution. Crime Victims Compensation Program is the primary payer for initial sexual assault examinations. The claimant is not required to file a police report to receive a sexual assault exam. The claimant is not required to file an application for benefits and may not be billed for these costs.

If the examination includes treatment (i.e. setting broken bone, repair a laceration) or if the claimant will require follow-up treatment (i.e. remove cast, remove stitches, mental health counseling), a timely Application for Benefits must be filed with the Crime Victims Compensation Program in order for the treatment to be considered for payment.

At the time of assault, if the victim was confined in any county or city jail, federal jail or prison or in any other federal institution, or any state correctional institution maintained and operated by the Department of Social and Health Services or the Department of Corrections or was confined or living in any other institution maintained and operated by the Department of Social and Health Services or the Department of Corrections Crime Victims Compensation Program is not responsible for payment. Submit your bills to the institution.

Provider Account Numbers

Health care providers who treat both injured workers and crime victims can bill the Crime Victims Compensation Program using their Labor and Industries provider account number.

If you do not have a provider number go to the following link to apply.

www.Lni.wa.gov/ClaimsIns/Providers/Becoming/default.asp

Reporting Requirements for Sexual Assault Exam

Providers who perform the sexual assault examination must submit a report. The report can be the one-page Crime Victims Compensation Program Sexual Assault Exam Report or a narrative report. The report must contain the location of assault (e.g. city, county, state). The claimant is not required to file a police report to receive a sexual assault exam.

The local procedure codes 0130C through 0133C are intended to be used for the initial sexual assault examination only. However, you may bill using customary CPT[®] and/or HCPC codes.

To get a copy of the one-page Crime Victims Compensation Sexual Assault Exam Report go to:

www.Lni.wa.gov/FormPub/Detail.asp?DocID=2222

Services that can be billed

Crime Victims Compensation Program will cover the following items when billed in conjunction with the initial sexual assault examination provided all other conditions satisfy RCW 7.68.170 Examination costs of sexual assault victims paid by state.

- Laboratory – Cultures, Diagnostic Tests, Urine Serum Drug & Alcohol screen, CBC, Tests for baselines: HIV, Hep B, Hep C, STDs, Pregnancy.
- Diagnostics and Radiology - X-rays, Sonograms, CT Scans, MRI.
- Injections, Take-Home Drugs, Self-Administered Drugs - Sedative medications, Pain Medications, Substances related to exam procedure, Vaccines, Antibiotics.
- Post coital contraception.
- Prophylaxis for sexually transmitted diseases.
- Hepatitis B Immune Globulin.
- Tetanus Toxoid vaccine.
- Up to a 28-day course of HIV therapy medication
- Repeat Laboratory tests up to 13 months after exposure
- Transportation to a hospital may be covered if personal transport is not available or if the emergency transport is medically necessary.
- Transportation to another hospital may be covered if personal transport is not available or if the emergency transport is medically necessary. Medical care and stabilization at the first hospital can be covered. For billing it would be helpful to know the patient was sent to another facility.

Mental Health Therapy – Child Victim

- A maximum of three counseling sessions may be authorized for the purpose of desensitizing a child victim to the physical sexual assault examination. This is used in the event the child victim is unable to complete the physical sexual assault examination, after the exam has been initiated. These counseling sessions are billed with and paid for as part of the sexual assault examination.

Continuation of Initial Exam

If a follow-up visit is a continuation of the initial sexual assault examination, a report must be submitted to support the follow-up visit was for the purpose of gathering evidence.

Services that aren't covered

- Supplies associated with the treatment of physical injuries sustained during a sexual assault are not payable with the initial sexual assault exam.
- Follow-up visits that are not a continuation of initial exam, treatment of injuries sustained during a sexual assault or therapies for injuries sustained during the sexual assault are not payable under the initial sexual assault claim.

Payment for treatment of injuries sustained during the sexual assault will only be considered when a timely Application for Benefits is filed with the Crime Victims Compensation Program. The claimant must file a police report and an Application for Benefits. If the claimant does not file an Application for Benefits, all follow-up treatment and associated costs will be the claimant's responsibility.

The form is available at: www.Lni.wa.gov/FormPub/Detail.asp?DocID=1967

Diagnosis

The diagnosis on the bill must indicate the visit was for a sexual assault.

The ICD-9 diagnosis codes for sexual assault exams performed prior to 10/01/15 are: V71.5, 995.83 and 995.53.

The ICD-10 diagnosis codes for sexual assault exams performed on or after 10/01/15 are: O9A.4, O9A.41, O9A.411, O9A.412, O9A.413, O9A.419, O9A.42, O9A.43, T74.2, T74.21, T74.21XA, T74.21XD, T74.21XS, T74.22, T74.22XA, T74.22XD, T74.22XS, T76.2, T76.21, T76.21XA, T76.21XD, T76.21XS, T76.22, T76.22XA, T76.22XD, T76.22XS, Z04.4, Z04.41, Z04.42

If the diagnosis on the bill does not clearly indicate the visit was for sexual assault, payment may be delayed or denied.

Submitting Bills to the Crime Victims Compensation Program

When billing for services provided to a crime victim, include your provider account number on the bill form. On the CMS 1500 form it is box 33B. On the UB04 CMS-1450 it is box 51.

Charges must be submitted on Crime Victims Compensation Program approved billing forms. We can accept photocopies or facsimiles.

Sexual Assault claims begin with a "VR" or "VX" followed by a 5-digit number. Claim numbers are assigned by the Crime Victims Compensation Program when a bill is received for the initial sexual assault examination.

Send all bills for Crime Victims Compensation Program claims to:

Crime Victims Compensation Program
Department of Labor and Industries
PO Box 44520
Olympia WA 98504-4520

Electronic Billing

The Crime Victims Compensation Program can accept Direct Entry electronic bills. To start the process go to: www.Lni.wa.gov/ClaimsIns/Providers/Billing/BillLNI/Electronic/directentry.asp

For detailed instructions on how to submit Direct Entry electronic bills to the Crime Victims Compensation Program go to: www.Lni.wa.gov/FormPub/Detail.asp?DocID=2545

Procedure Codes

Medical Providers

Providers who perform the initial sexual assault examination should bill using the Local Codes 0131C-0133C. If no sexual assault examination is performed, bill 0130C. Alternatively, providers may bill customary CPT® and/or HCPC codes.

The cost of supplies (e.g. forensic evidence collection kit) is bundled into the Local Codes 0131C through 0133C.

Local Codes

0130C — Sexual Assault — Vitals Only, No Physical Exam

0131C — Sexual Assault Examination Level 1

5 to 45 minutes face-to-face with patient by medical provider(s). Requires a history and a physical examination. Include supplies (e.g. forensic evidence collection kit).

0132C — Sexual Assault Examination Level 2

46 to 119 minutes face-to-face with patient by medical provider(s). Requires a history and a physical examination. Includes supplies (e.g. forensic evidence collection kit) and prolonged services.

0133C — Sexual Assault Examination Level 3

120 minutes or more face-to-face with patient by medical provider(s). Requires a history and a physical examination. Includes supplies (e.g. forensic evidence collection kit) and prolonged services.

Sexual Assault Examination Local Codes and Fees

Fees effective for date of service July 01, 2017 onward

Code	Physician Non-Facility	Physician Facility	Nurse Non-Facility	Nurse Facility
0130C	\$80.33	\$48.07	\$80.33	\$48.07
0131C	\$333.11	\$235.26	\$333.11	\$235.26
0132C	\$566.28	\$440.45	\$566.28	\$440.45
0133C	\$666.84	\$535.96	\$666.84	\$535.96

Physician and Nurses will be paid at the same rate effective date of service November 15, 2016.

Hospital Bills (CMS-1450)

Hospital Facility — Bill customary CPT®, HCPC or Local codes 0130C-0133C.

Laboratory — Cultures, Diagnostic Tests, Urine Serum Drug & Alcohol screen, CBC, Tests for baselines: HIV, Hep B, Hep C, STDs, Pregnancy.

Diagnostics and Radiology — X-rays, Sonograms, CT Scans, MRI.

Injections, Take-Home Drugs, Self-Administered Drugs — Sedative medications, Pain Medications, Substances related to exam procedure, Vaccines, Antibiotics.

Hospital Pharmacy — **Must be billed separately by line item detail.**

Supplies associated with the treatment of physical injuries sustained during a sexual assault are not payable with the initial sexual assault exam.

Crime Victims Compensation Program will cover the following items when billed in conjunction with the initial sexual assault examination provided all other conditions satisfy RCW 7.68.170 Examination costs of sexual assault victims paid by state.

- Post coital contraception.
- Prophylaxis for sexually transmitted diseases.
- Hepatitis B Immune Globulin.
- Tetanus Toxoid vaccine.
- Up to a 28-day course of HIV therapy medication.

Billing Tips

- For faster processing of your bill, submit the completed one-page Crime Victims Program Sexual Assault Report with your bill.
- The city, county or state where the assault occurred must be on the Sexual Assault Exam Report or in the narrative report. If it is not, the bill will be denied.
- Include your provider account number on all bills and correspondence.
- When billing for the sexual assault exam, please indicate on the billing form or in the report who performed the exam (i.e. physician or nurse).
- Local codes 0130C through 0133C or CPT® codes are accepted for services associated with the initial sexual assault examination.
- ICD-9 diagnosis codes for sexual assault exams performed prior to 10/01/15 are: V71.5, 995.83 and 995.53.
- The ICD-10 diagnosis codes for sexual assault exams performed on or after 10/01/15 are: O9A.4, O9A.41, O9A.411, O9A.412, O9A.413, O9A.419, O9A.42, O9A.43, T74.2, T74.21, T74.21XA, T74.21XD, T74.21XS, T74.22, T74.22XA, T74.22XD, T74.22XS, T76.2, T76.21, T76.21XA, T76.21XD, T76.21XS, T76.22, T76.22XA, T76.22XD, T76.22XS, Z04.4, Z04.41, Z04.42
- If the bill form is not completed correctly, payment may be delayed, denied or the bill may be returned. If the bill is returned, it must be corrected and sent back as a new bill.
- Any requests for reconsideration of partially paid bills must be submitted on the Provider Request for Adjustment form, along with supporting documentation.
- Filing of a police report is not required to receive a sexual assault exam.
- Filing an application for benefits is not required to receive a sexual assault exam.

Site of Service Payment Differential

The site of service differential is based on the Federal Centers for Medicare and Medicaid Services' payment policy and establishes distinct maximum fees for services performed in facility and nonfacility settings.

When services are performed in a facility setting, the Department makes two payments, one to the professional provider and another to the facility. The payment to the facility includes:

- Resource costs such as labor
- Medical supplies • Medical equipment.

To avoid duplicate payment of resource costs, these costs are excluded from the professional services fee schedule rates for facility settings.

Professional services will be paid at the fee schedule rate for facility settings when the Department also makes a payment to a facility.

When services are provided in non-facility settings, the professional provider typically bears the costs of labor, medical supplies and medical equipment. These costs are included in the rate for non-facility settings.

Professional services will be paid at the rate for non-facility settings when the Department does not make a separate payment to a facility.

Provider Protests

Protest

A protest is a timely request to the Crime Victims Compensation Program to reconsider any order, decision or remittance advice. A protest is considered less formal than an appeal and the reconsideration is done at the program level.

How do I protest?

Send a letter to the Crime Victims Compensation Program, PO Box 44520 Olympia, WA 98504-4520, with the following information:

- The decision you disagree with and why.
- The claim number, your name, the victim's name, remittance advice number and date.
- The more clearly you explain why you think our decision is wrong, and the more documentation you provide to substantiate your position, the better.
- All protests must be in writing and received by Crime Victims Compensation Program within the appropriate timeframe.

What is the timeframe for filing a protest?

- 90 days for initial payments/increased adjustments.
- 20 days for adjustments resulting in a decreased payment.
- The 90/20 days start from the date you receive the order, decision or remittance advice.

What happens after I protest?

We will:

- Determine if the protest is timely, within the 90/20 days.
- Review the protest.
- Gather any other applicable information.
- Issue a further remittance advice or order, which will either change or affirm the decision.

What if my protest is not timely?

We will issue an order informing you the decision is final and no adjustments can be made. (You can appeal this order to the Board of Industrial Insurance Appeals.)

What if I still don't like your decision?

You can file a timely, written, appeal with the Board of Industrial Insurance Appeals. PO Box 42401, Olympia, WA 98504-2401.

Paper Bill Forms

Bill forms are available through our website or by contacting the Crime Victims Compensation Program at 1-800-762-3716 or the Labor and Industries office nearest you.

Statement for Crime Victims Miscellaneous Services form (F800-076-000)

www.Lni.wa.gov/FormPub/Detail.asp?DocID=1976

CMS 1500 Health Insurance Claim Form (F245-127-000)

The CMS 1500 Health Insurance Claim form is a nationally accepted form.

www.Lni.wa.gov/FormPub/Detail.asp?DocID=1630

UB—04 CMS 1450 (F245-367-000)

The UB—04 CMS 1450 is a nationally accepted form.

www.Lni.wa.gov/FormPub/Detail.asp?DocID=1651

Provider Request for Adjustment Form (F800-046-000)

www.Lni.wa.gov/FormPub/Detail.asp?DocID=1972

*Other formats for persons with disabilities are available on request.
Call 360-902-5355. TDD users, call 360-902-4974.
L&I is an equal opportunity employer.*