

Sexual Assault Examination Medical Billing and Private Health Information Protocol

Purpose

This document provides basic instructions related to the administrative and billing process associated with the medical care of sexual assault victims. Basic protocols for hospital registration staff, sexual assault nurse examiners, billing departments and the Vermont Center for Crime Victim Services are outlined below.

Protocols

Many sexual assault victims present at hospital emergency departments. If a patient walks in, they are often greeted and their name, date of birth and presenting complaint are documented by a greeter. Following this, patients are triaged. If a patient arrives by ambulance, they may need emergency medical care before any information is entered into the hospital system.

Protocol for Registration:

1. Complete Registration with Provider Present

- When a sexual assault patient presents at the emergency room, wait to register that patient until summoned by a SANE or other healthcare provider. The provider will accompany registration into the exam room to complete the process of registering the patient and completing paperwork prior to the forensic exam. Collect insurance information while the SANE or healthcare provider completes the **Sexual Assault Billing Form**. This will minimize duplication.

Protocol for SANE:

1. Complete Sexual Assault Billing Form during Registration

- Notify registration that sexual assault patient has arrived and coordinate timing of registration.
- Discuss medical treatment and evidence collection options with patient.
- Accompany registration into exam room and complete **Sexual Assault Billing Form** while registration is gathering insurance information.
- **COPY OF SEXUAL ASSAULT BILLING FORM MUST BE DISTRIBUTED TO:**
 - VCCVS
 - Patient
 - Hospital/Billing
 - SANE

2. Ask About Safety Concerns

- Explain that it is possible that information related to this visit will be sent to patients at their home address. Ask the patient if they have a safety concern with their private health information being sent to the address that their health insurance company or hospital has on file. We suggest: "Do you have any safety concerns about somebody at your address or on your insurance plan knowing that you were here at the hospital?"
 - You may want to provide examples such as "Sometimes there may be a college student who is worried about her/his parents knowing that they presented for care. Sometimes, patients may live with someone who might get angry or cause them harm if they find out that the patient sought medical care. Do you have any concerns such as these?"

3. Explain Billing Process

- Using the complete Sexual Assault Billing Form, and information about safety concerns, discuss billing with the patient.
 - Uninsured Patients:
 - *With or Without Safety Concern:* Explain that VCCVS will cover all related costs for this visit, and may contact them using the contact information on the Sexual Assault Billing Form if they have a question about the visit.
 - Patients Insured by BCBS-VT, Medicaid, MVP or Cigna:
 - *Patient Without Safety Concern:* Inform patient that all expenses related to this initial visit will be covered by their insurer, and that they may get communications related to this visit just like any other medical visit. No deductible and no copay should be charged. If you receive a bill, please contact the Vermont Center for Crime Victims Services.
 - *Patient With Safety Concern:* Inform patient that all expenses related to this initial visit will be covered by their insurer. No deductible and no copay should be charged. Explain to patient that their insurance will still be billed for the hospital visit, but patient has option to divert any communications related to their care to another address. Complete **PHI Form** with patient with copies to insurer, VCCVS, patient, hospital and SANE.
 - Patient is Insured by Out-of-State Insurer (Including Out-of-State Blue Cross Blue Shield):
 - *Patient Without Safety Concern:* Inform patient that all expenses related to this initial visit should be covered by their insurer though deductible and co-pays may apply, and that they may get communications related to this visit just like any other medical visit. If you receive a bill for this visit, please contact the Vermont Center for Crime Victims Services.
 - *Patient With Safety Concern:* Because out-of-state insurers may not provide confidential communications, explain that VCCVS will work to ensure all expenses related to this initial visit are covered, and may contact them using the contact information on the Sexual Assault Billing Form if they have a question about the visit. On the **Sexual Assault Billing Form**, check **Yes** that a safety concern was identified and complete a PHI Form but do not fax to insurer, fax to the Center with the Sexual Assault Billing form.
 - If Insurance Status is Unknown or Limited Information Available:
 - *Patient Without Safety Concern:* Patient should be instructed to follow-up with hospital following the visit to provide insurance information.
 - *Patients With Safety Concern:* Explain that VCCVS will follow up with them directly about the payment for hospital visit. Make sure Sexual Assault Billing Form has their contact information for follow up.
- **IF PHI FORM IS COMPLETED, COPIES MUST BE DISTRIBUTED TO:**
 - VCCVS
 - Patient
 - Insurer/Payer (Only if Cigna, MVP and BC/BS VT)
 - SANE
 - Hospital/Billing

4. Discuss Plan for Follow-up Care:

- Explain to patient that they are eligible for follow up medical and mental health visits. The visits will be billed to insurance with VCCVS covering eligible out of pocket expenses. Instruct patient to contact the Center for information on accessing this benefit. Provide **follow-up postcard** to patient.

Protocol for Billing:

1. Ensure Visit is Coded Correctly

- Hold all visits associated with SANE providers at hospital prior to billing to determine whether visit was related to a sexual assault examination.
- Make sure that the Vermont Center for Crime Victims Services is listed as the secondary payer on all sexual assault related claims.
- Ensure that visit is coded according to one of the following ICD-10 codes:
 - T76.21 – Adult sexual abuse, suspected
 - T76.22 – Child sexual abuse, suspected
 - T7421XA – Adult sexual abuse, confirmed initial encounter
 - T7422XA – Child sexual abuse, confirmed, initial encounter
 - O9A.411 Sexual abuse complicating pregnancy, first trimester
 - O9A.412 Sexual abuse complicating pregnancy, second trimester
 - O9A.413 Sexual abuse complicating pregnancy, third trimester
 - O9A.419 Sexual abuse complicating pregnancy, unspecified trimester
 - O9A.42 Sexual abuse complicating childbirth
 - O9A.43 Sexual abuse complicating the puerperium
 - Z04.41, Encounter for examination and observation following alleged adult rape, ruled out
 - Z04.42, Encounter for examination and observation following alleged child sexual abuse, ruled out

Protocol for Advocates:

1. Plan Follow-Up with Survivor

- Make a plan to reconnect with the patient the following day.
- Provide contact information to patient and inform patient that if they are charged for any expenses related to this visit or their follow up care, to contact the advocate and the advocate can help them be in contact with VCCVS to resolve the issue.
- Inform the patient that if their safety situation changes, they should contact the advocate for assistance. If the patient at any time changes their mind about needing their private health information diverted, advocate can help them contact the Center.