Sexual Assault Forensic Examination (SAFE) Program

Missouri Department of Public Safety
OFFICE FOR VICTIMS OF CRIME
Notice

The following presentation is for reference and guidance only. It is designed to answer frequently asked questions about claim submission and eligibility requirements for the reimbursement of sexual assault forensic exams.

The information in this presentation is based on Missouri statute 595.220 RSMo and rules and regulations 11 CSR 30-12.010.
Purpose

To reimburse eligible medical providers for charges incurred while performing a forensic exam to gather evidence of the crime from persons who have been victims of sexual assault in Missouri.
Eligibility Requirements

- Crime must have occurred in Missouri or, if unknown, the patient must be a Missouri resident

- Medical providers must submit claims for reimbursement to the SAFE Program within 90 days of the forensic exam
  
  Email: SAFE-CPAFE@dps.mo.gov
  Fax: (573) 526-4940
  Mail: PO Box 1589
  Jefferson City, MO 65102

- Claim documents:
  1. SAFE Program Report
  2. Procedural checklist
  3. Itemized billing statement
SAFE Program Report

Available at dps.mo.gov

- Scroll down to: Director’s Office Programs
- Click on link for: Office for Victims of Crime
- Click on link for: Crime Victims’ Compensation (CVC)
- Click on link for: Sexual Assault Forensic Examination (SAFE)
- Click on link for: Forms & Applications
- Click on link for: SAFE Program/Application
Emergency vs. Non-emergency

- ONLY applies to patients age 0-13 years

- **Emergency forensic exam** - An examination of a person age 0-13 years that occurs within 5 days of the alleged sexual offense
  - Requires one emergency reason
    - Transfer of trace biological material
    - Child at risk of pregnancy
    - Child complains of pain in the genital or anal area
    - Evidence or complaint of anogenital bleeding or injury

- **Non-emergency forensic exam** - An examination of a person age 0-13 years that occurs more than 5 days after the alleged sexual offense
  - Requires signature of SAFE-CARE provider who either performed or reviewed exam
SAFE-CARE Provider

Sexual assault forensic examination - child abuse resource education

"SAFE-CARE provider", a physician, advanced practice nurse, or physician's assistant licensed in this state who provides medical diagnosis and treatment to children suspected of being victims of abuse and who receives:

(a) Missouri-based initial intensive training regarding child maltreatment from the SAFE CARE network;
(b) Ongoing update training on child maltreatment from the SAFE CARE network;
(c) Peer review and new provider mentoring regarding the forensic evaluation of children suspected of being victims of abuse from the SAFE CARE network;

SAFE-CARE provider training is conducted through the SAFE-CARE Network by Missouri KidsFirst and the Missouri Department of Health and Senior Services.
Required signatures

- Victim, parent, or guardian consenting to the forensic exam, or if not available or if verbal consent, then the agency requesting the exam
- Medical provider performing the forensic exam
- If applicable, SAFE-CARE provider reviewing the forensic exam
  - Only for a non-emergency exam on a child age 0-13 years if exam was not performed by a SAFE-CARE provider
Procedural checklist

Indicate each procedure performed during the forensic exam.
Drug screen testing for patients age 14 years or older is only eligible if a drug-facilitated crime is indicated.
Itemized billing statement

Must include:

- Patient name
- Account number
- Diagnosis codes
  - Common codes include, but are not limited to:
    - T74.21XA – Adult sexual abuse, confirmed
    - T74.22XA – Child sexual abuse, confirmed
    - T76.21XA – Adult sexual abuse, suspected
    - T76.22XA – Child sexual abuse, suspected
    - Z04.41 – Observation following alleged adult rape or seduction
    - Z04.42 – Observation following alleged child rape or seduction

- Facility name and remit to address
- Forensic exam charges including description and cost
Reimbursable forensic charges

- Facility fee
  - Emergency room or clinic visit

- Professional fee
  - Eligible medical provider who performs forensic exam and, if appropriate, the SAFE-CARE provider who reviewed the exam

- Lab fees
  - Dependent upon age of patient and if crime was drug-facilitated
    - Age 0-13 years: STD, HIV, pregnancy, or drug screen
    - Age 14+ years: drug screen only if drug facilitated
Reimbursement Limits

- **Hospitals**
  - Up to $900
    (includes facility and professional fees)

- **Clinics / Child Advocacy Centers**
  - Up to $650
    (includes facility and professional fees)

- **Labs**
  - Up to $200
    (for exams conducted at either hospital, clinic/CAC or a separate facility)
Unallowable charges

Charges for medical treatment of any injuries or health concerns, including but not limited to:

- Testing for STD or HIV (unless patient is under age 14)
- Treatment/prophylaxis of STD or HIV
- Antibiotics / immunizations
- Pregnancy testing (unless patient is under age 14)
- Emergency contraception
- Wound care / laceration repair
- Fractures / sprain treatment
- Surgical procedures
- Discharge instructions or outpatient follow-up
SAFE Program

- Primary payor for forensic exam charges
  - Health insurance carrier may be billed as secondary
  - Forensic exam charges may NOT be billed to the patient
  - Medical treatment charges may be billed to the patient
    - Refer patient to the Crime Victims’ Compensation Program
      - Website: dps.mo.gov
      - Email: cvc@dps.mo.gov
      - Phone: 1-800-347-6881
Questions?
Child Physical Abuse Forensic Examination (CPAFE) Program

Missouri Department of Public Safety
OFFICE FOR VICTIMS OF CRIME
Guidance for the CPAFE Program is based on

Missouri statute 334.950.1 RSMo and
rules and regulations 11 CSR 30-12.020
Purpose

The CPAFE Program was established to cover the cost of the professional fee for SAFE-CARE providers who

- Perform a forensic exam to collect or preserve evidence on children age 0-17 years who have been a victim of alleged abuse or

- Provide a case review
  - Defined as a written record review or evaluation of previously gathered photographs, medical records and investigative information provided by a multi-disciplinary team
Eligibility Requirements

- Crime must have occurred in Missouri or, if unknown, the patient must be a Missouri resident
- Patient must be age 17 years or younger
- Only child physical abuse is covered
- Claims must be submitted to the CPAFE Program within 90 days of the forensic exam or the case review

Email: SAFE-CPAFE@dps.mo.gov
Fax: (573) 526-4940
Mail: PO Box 1589
Jefferson City, MO 65102

- Claim documents include:
  - CPAFE Program claim form
  - Itemized billing statement
**CPAFE claim form**

Available at dps.mo.gov

- Scroll down to: Director’s Office Programs
- Click on link for: Office for Victims of Crime
- Click on link for: Crime Victims’ Compensation (CVC)
- Click on link for: Child Physical Abuse Forensic Examination (CPAFE)
- Click on link for: Forms & Applications
- Click on link for: Claim Form/Application
Patient, parent, or guardian consenting to the forensic exam, OR if not available or if verbal consent, then agency requesting the exam

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<thead>
<tr>
<th>CONSENT FOR FORENSIC EXAMINATION</th>
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<tbody>
<tr>
<td>I hereby request a forensic examination for evaluation of suspected physical abuse. I understand the collection of evidence may include photographing injuries and that photographs may include the genital area.</td>
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<tr>
<td>I further understand that hospitals and physicians are required by law to notify the Children’s Division of known or suspected child abuse. If child abuse is found or suspected, this form and any evidence will be released to the Children’s Division, the Juvenile Justice Office, Law Enforcement and/or the Prosecuting Attorney. This form will be submitted to the Department of Public Safety for billing purposes.</td>
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<tr>
<th>SIGNATURE OF (CHECK ONE)</th>
<th>SIGNATURE</th>
<th>DATE</th>
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<tbody>
<tr>
<td>Patient</td>
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<td>Parent</td>
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<td>Guardian</td>
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<tr>
<th>AUTHORIZATION FOR FORENSIC EXAMINATION BY REQUESTING AGENCY</th>
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<tr>
<td>I request a forensic examination be performed on the above patient who is suspected of being the victim of physical abuse.</td>
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<th>NAME AND AGENCY (PLEASE PRINT)</th>
<th>SIGNATURE</th>
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Required signatures, con’t

- Medical professional or SAFE-CARE provider performing the forensic exam
- SAFE-CARE provider who reviews forensic exam or performs a case review
Itemized billing statement

Must include:

- Patient name
- Account number
- Diagnosis codes
  - Common codes include but are not limited to:
    - T74.12XA – Child physical abuse, confirmed
    - T74.4XXA – Shaken baby syndrome
    - T74.92XA – Other child abuse and neglect
    - T76.12XA – Child physical abuse, suspected
    - T76.92XA – Child abuse, unspecified
    - Z04.72 – Abuse and neglect
    - Z04.8 – Observation following other inflicted injury
- Facility name and remit to address
- Description and cost of service
Reimbursement

Professional fee for SAFE-CARE provider ONLY

- Performance of forensic exam
  - Up to $750

- Review of forensic exam or case review
  - Up to $400
The SAFE-CARE provider’s professional fee should NOT be billed to the patient’s parent, guardian or health insurance.

11 CSR 30-12.020 (8)
SAFE or CPAFE Program

If the patient is a victim of both sexual assault and child physical abuse, only one claim per crime event may be reimbursed.

11 CSR 30-12.020 (11)
The CVC, SAFE and CPAFE Programs are not insurance programs and should not be considered as such in billing processes. Eligibility is based on specific crime events only.
For More Information

SAFE or CPAFE Programs
P.O. Box 1589
Jefferson City, MO 65102-1589

E-mail: SAFE-CPAFE@dps.mo.gov
Website: www.dps.mo.gov
Phone: (573) 526-6006
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Questions?