

PUBLIC PROTECTION CABINET
Office of Claims and Appeals
Crime Victims Compensation Board
(Amended at ARRS Committee)

802 KAR 3:020. Payment schedule for sexual assault examinations.

RELATES TO: KRS 49.020, 49.490, 216B.015, 216B.400, 403.707

STATUTORY AUTHORITY: KRS 49.010, 49.020, 49.300(1), 49.490, 216B.400(8), 216B.400(9).

CERTIFICATION STATEMENT:

NECESSITY, FUNCTION, AND CONFORMITY: KRS 49.010(4)(b), 49.020~~(7)(a)(5)~~, and 49.300(1) ~~authorize~~authorizes the Crime Victims Compensation Board~~commission~~ to promulgate administrative regulations to carry out the provisions and purposes of the Board~~commission~~. KRS 49.490 and 216B.400(8) require the Board~~commission~~ to administer the sexual assault victim assistance fund and pay the cost of a sexual assault examination. This administrative regulation establishes the reimbursement schedule for performing a sexual assault forensic medical examination. The General Assembly passed Senate Bill 319 in its 2024 Regular Session, which amended KRS 216B.400 to expand the types of services for which hospitals and healthcare providers are prohibited from charging sexual assault victims~~when the victims receive such services related to the sexual assault. Instead, KRS 216B.400 requires the Crime Victims Compensation Board, through its Sexual Assault Examination Program, to directly pay healthcare providers for such services at rates not exceeding the Medicaid reimbursement rate for the same or similar services. KRS 216B.400 requires the board to pay for such services at a rate to be determined by administrative regulations promulgated by the board after consultation with the Sexual Assault Response Team Advisory Committee.~~

Section 1. Sexual Assault Examination Program.

(1) Reimbursement for performing a sexual assault forensic-medical examination pursuant to 502 KAR 12:010 shall be for the actual amount billed and shall not exceed:

- (a) The Medicaid reimbursement rate set by the Department for Medicaid Services on the date of filing ~~[\$200]~~ for a physician, sexual assault nurse examiner, or other qualified medical professional performing the examination;
- (b) The Medicaid reimbursement rate set by the Department for Medicaid Services on the date of filing ~~[\$250]~~ for an examination facility for use of an emergency or examination room;
- (c) The Medicaid reimbursement rate set by the Department for Medicaid Services on the date of filing ~~[\$100]~~ for an examination facility or laboratory that performed diagnostic laboratory testing; and
- (d) The Medicaid reimbursement rate set by the Department for Medicaid Services on the date of filing ~~[\$100]~~ for an examination facility where administered medications and pharmaceuticals were prescribed as a result of the examination and as part of basic treatment.

(2) Reimbursement for additional services related to a sexual assault forensic-medical examination requiring HIV post-exposure prophylaxis shall be for the actual amount billed and shall not exceed~~the following limitations~~:

- (a) The Medicaid reimbursement rate set by the Department for Medicaid Services on the date of filing ~~[\$150]~~ for three (3) follow-up examinations~~not to exceed a total of fifty (50) dollars per examination~~;
- (b) Laboratory testing:

1. The Medicaid reimbursement rate set by the Department for Medicaid Services on the date of filing ~~[\$150]~~ for initial testing conducted during the sexual assault examination in the examination facility; and

2. The Medicaid reimbursement rate set by the Department for Medicaid Services on the date of filing ~~[\$215]~~ for follow-up testing conducted during the three (3) follow-up examinations; ~~[-, not to exceed:-]~~

~~[a.] Fifty (50) dollars for testing conducted during day five (5) to day seven (7) of prophylactic treatment;]~~

~~[b.] Ninety (90) dollars for testing conducted after day twelve (12) of prophylactic treatment; and]~~

~~[c.] Seventy-five (75) dollars for testing conducted near or at the end of prophylactic treatment; and]~~

(c) Medications:

1. The Medicaid reimbursement rate set by the Department for Medicaid Services on the date of filing ~~[\$800]~~ for a twenty-eight (28) day supply of HIV prophylaxis medication; ~~[-, not to exceed:-]~~

~~[a.] \$200 for the first seven (7) day supply; and]~~

~~[b.] \$600 for the remaining twenty-one (21) day supply; and]~~

2. The Medicaid reimbursement rate set by the Department for Medicaid Services on the date of filing ~~[Thirty (30) dollars]~~ for a twenty-eight (28) day supply of anti-nausea medication; and ~~[-]~~

3. The Medicaid reimbursement rate set by the Department for Medicaid Services on the date of filing for all other forms of prophylactic or medically necessary medication administered as a result of the exam.

~~(3) ~~[-(d)-]~~ Strangulation Assessments:~~ The Medicaid reimbursement rate set by the Department for Medicaid Services on the date of filing for strangulation assessments for a physician, sexual assault nurse examiner, or other qualified medical professional performing the assessment.

~~(4) ~~[-(e)-]~~ Other Tests and Services:~~ The Medicaid reimbursement rate set by the Department for Medicaid Services on the date of filing for all other tests and services related to the assault, exam, or treatment performed on the date of the initial exam or within twelve (12) hours before or after the exam if treatment does not occur on calendar date of the exam.

~~(5) ~~[-(f)-]~~ Children's Advocacy Centers:~~ Exams performed by Children's Advocacy Centers, pursuant to 907 KAR 3:160, shall be reimbursed at a rate not to exceed the Medicaid reimbursement rate for such exams set by the Department for Medicaid Services on the date of filing.

Section 2. Incorporation by Reference.

(1) The following material is incorporated by reference:

(a) "SAFE Exam/Treatment Billing Form", January 2025;

(b) "SAFE Evidentiary Report", January 2025;

(c) "Comprehensive Child Sexual Assault Medical Exam/Treatment Billing Form", January 2025;

(d) "HIV Post-Exposure Exam/Treatment Voucher", January 2025;

(e) "HIV Post-Exposure Initial Exam/Treatment Billing Form", January 2025;

(f) "HIV Post-Exposure First Follow-Up Exam/Treatment Billing Form", January 2025;

(g) "HIV Post-Exposure Second Follow-Up Exam/Treatment Billing Form," January 2025; and

(h) "HIV Post-Exposure Third Follow-Up Exam/Treatment Billing Form," January 2025.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Office of Claims and Appeals, 500 Mero St 2SC1, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. and is available online at: https://kycc.ky.gov/Newstatic_info.aspx?static_id=159.

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