

POLICY METADATA

- | | |
|--|--|
| 1. Policy Type: Medical | 5. Last revised Date: NA |
| 2. Status: Approved | 6. Revision Approval Date: (NA) |
| 3. Policy Author: Multi-Discipline Policy Team | 7. Next Review Date (2018 or with any changes) |
| 4. Initial Effective Date: September 1, 2015 | |

POLICY

Forensic examinations and interviews conducted for the sole purpose of gathering evidence of an alleged crime are not covered.

In the case an evaluation and management service or a comprehensive diagnostic assessment is conducted in conjunction with any forensic services it may be covered when it is needed to establish a plan of care for a participant who has witnessed a crime or one who is a victim of a crime. A medically necessary service that is performed by a physician (MD, DO) or other midlevel practitioner (NP, CNS, PA) must be billed with the appropriate level E/M (evaluation and management), CPT code (99201-99215) or psychiatric diagnostic evaluation (90791 – 90792) provided by a mental health practitioner using his/her individual provider number.

NOTE: Any photographs taken during the examination are included in the E/M reimbursement

GLOSSARY

1. **Forensic Examination:** A forensic medical examination is a head-to-toe examination looking for injuries and taking samples that may be used as evidence in a police investigation and any subsequent prosecution.
2. **Forensic Interview:** A forensic interview is a structured conversation with a participant that is intended to elicit detailed information about a possible event(s) that the participant may have experienced or witnessed.

CRITERIA

1. An *acute* forensic medical examination/interview performed on an alleged victim of criminal sexual conduct for the purpose of gathering evidence of an alleged crime MAY NOT be charged to Idaho Medicaid nor to the participant.
2. Examination/interview services billed to Medicaid or the Managed Care Contractor must be medically necessary to the degree they are necessary to establish a plan of care and meet criteria of the specific code that is documented in the medical record and submitted for billing purposes.