



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME LABORATORY

**Non-Reported Sexual Assault Evidence
List of Services Provided**

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Provider of Services:	Survivor Identification:
Examiner's Name:	Survivor's Unique Identifier:
Facility Name:	

Sexual Assault Examination Date: _____

STANDARD COSTS ASSOCIATED WITH EXAMINATION

(Offense dates on or after 7/15/16)

Maximum total amount of reimbursement: \$1000

EXAMINER'S FEES				
Possible Code(s)	Description	Maximum Rate	Notes	Provided
99281 – 99285, 57420 – 57426, 57452 – 57461	Sexual Assault Exam	\$233.00	<ul style="list-style-type: none"> Examiner fee for an exam performed by a physician, licensed nurse practitioner, sexual assault examiner, or sexual assault nurse examiner. This fee covers the basic patient evaluation, however additional examinations may be required based on the findings and history, such as an anogenital assessment or anoscopy, may be submitted for reimbursement. Sexual assault examiners and sexual assault nurse examiners (SANE) may submit a standard billing form with a descriptive itemized statement. 	<input type="checkbox"/>
EXAM FEES				
Possible Code(s)	Description	Maximum Rate	Notes	Provided
99170 – 99199* (Requires itemization or a description of services billed)	Anogenital Exam	\$150.00	<ul style="list-style-type: none"> Anogenital exam using magnification (magnification includes colposcope, SDFI, or other medically accepted magnification for anogenital assessment). 	<input type="checkbox"/>
56820	Exam of Vulva with Magnification	\$150.00	<ul style="list-style-type: none"> Exam of the vulva using magnification (magnification includes colposcope, SDFI, or other medically accepted magnification for assessment). 	<input type="checkbox"/>
46600	Anoscopy	\$71.00	<ul style="list-style-type: none"> Examination by physician, sexual assault nurse examiner, or sexual assault examiner where an anoscopy is performed. 	<input type="checkbox"/>
SEXUAL ASSAULT KIT				
Possible Code(s)	Description	Maximum Rate	Notes	Provided
99070/Kit	Sexual Assault Kit	\$50.00	<ul style="list-style-type: none"> This may be used in addition to supplies-digital photography and other supplies charged under 99070. 	<input type="checkbox"/>



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FACILITY FEES				
Possible Code(s)	Description	Maximum Rate	Notes	Provided
99211	Place of service fee for exam in non-facility setting	\$125.00	<ul style="list-style-type: none"> This includes exams conducted in any healthcare setting other than a hospital (non-facility setting). 	<input type="checkbox"/>
FAC R-450 or R-760	Place of service fee for exam in facility setting	\$350.00	<ul style="list-style-type: none"> This includes exams conducted at a hospital (facility setting). A hospital includes a general or special hospital licensed under the Texas Health and Safety Code, Chapter 241. Charges for hospitals must be on a UB-04, including an itemized statement. Revenue code R-450 or R-760 might be used in conjunction with this fee. 	<input type="checkbox"/>
LABORATORY FEES (Maximum reimbursement for all lab fees: \$250.00)				
Possible Code(s)	Description	Maximum Rate	Notes	Provided
80047 – 89398	Pathology and Laboratory Procedures	\$250.00	<ul style="list-style-type: none"> Requires a detailed or itemized description with a breakdown of charges. Maximum reimbursement for all lab fees: \$250.00. Laboratory procedures including, but not limited to: <ul style="list-style-type: none"> Pregnancy test Urine analysis Drug or alcohol screen STD testing Venipuncture Handling / conveyance of the specimen 	<input type="checkbox"/>
ADDITIONAL FEES				
Possible Code(s)	Description	Maximum Rate	Notes	Provided
99050	After Hours	\$39.00	<ul style="list-style-type: none"> This includes weekends, holidays, or exams conducted between 10pm – 8am. 	<input type="checkbox"/>
99499	Additional Evaluation Management	\$106.00 / Hour	<ul style="list-style-type: none"> Requires Documentation of Procedure. This includes additional time needed <u>after the start of the exam</u>. Examples: language barrier, extensive exam, trauma, waiting for law enforcement arrival to pick up evidence. 	<input type="checkbox"/>



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ADDITIONAL FEES (CONTINUED)				
Possible Code(s)	Description	Maximum Rate	Notes	Provided
99070	Supplies	\$100.00	<ul style="list-style-type: none"> Requires a detailed or itemized description. Extensive laboratory procedures that require excess supplies and materials require Documentation of Procedure and will be reimbursed up to a maximum amount of \$100.00 for the supplies and materials. This may be used in addition to the kit under 99070/Kit or supplies-digital photography charged under 99070. 	<input type="checkbox"/>
99070	Supplies: Digital Photography	\$100.00	<ul style="list-style-type: none"> Requires a detailed or itemized description. Use of digital photography during examination. This includes setup and take down of equipment, burning of CDs, and other activities. This may be used in addition to the kit under 99070/Kit or other supplies charged under 99070. 	<input type="checkbox"/>
SHIPPING / POSTAGE				
Possible Code(s)	Description	Maximum Rate	Notes	Provided
	Shipping	\$75.00	<ul style="list-style-type: none"> Requires submission of receipt. Shipping is reimbursed at actual cost. 	<input type="checkbox"/>