Notice to Providers Regarding AB 2843: Healthcare Coverage for Rape and Sexual Assault Effective July 1, 2025

AB 2843

This bill would require a health plan contract (issued, amended or renewed on or after July 1, 2025) to provide coverage without cost sharing for emergency room medical care and follow-up health care treatment for nine months after the enrollee initiates treatment following a rape or sexual assault. This mandate applies to all commercial lines of business (i.e., Large Employer Group, Small Business, & Kaiser Permanente Individual and Family (KPIF), Medicare Group, and Medi-Cal plans.

For individuals enrolled in Health Savings Account (HSA) qualified high-deductible health plans, these requirements will apply only once the deductible has been met.

CA AB 2843 bill text and details:

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill id=202320240AB2843

Eligibility

This mandate would prohibit a health plan from requiring an enrollee to file a police report, charges to be brought against an assailant, or an assailant to be convicted, as a condition of providing coverage. It would not require a health plan to cover follow-up treatment provided by a non-participating provider, except when the enrollee is seeking emergent or urgent care. A health plan would have to arrange for the provision of follow-up treatment from nonparticipating providers if those services are unavailable within the network to ensure timely access.

Covered Services

Covered treatment and services include:

- Emergency department visits
- Inpatient services are covered under this mandate
- Any medical or surgical services for the diagnosis, prevention, or treatment of medical conditions arising from an instance of rape or sexual assault. These services may be delivered in both inpatient and outpatient settings.
- Follow-up treatment may include, but is not limited to:
 - Primary and specialty care
 - Mental health and substance use disorder services
 - Acupuncture and chiropractic care (when referred)
 - Durable Medical Equipment (DME) and Prosthetics & Orthotics (P&O)
 - Pharmacy prescriptions
- Please note, AB 2843 does not mandate that plans must cover new services that go above and beyond the scope of a member's Evidence of Coverage (EOC)
 - AB 2843 only specifies that covered services tied to follow-up treatment for a disclosed sexual assault or rape are to be \$0 (for non-HSA high-deductible health plans)
- Non-participating provider services are not covered under this mandate (exceptions include ER and urgent care services)

Cost Share Collection and Billing

As of July 1, 2025, in order to comply with AB 2843, patient cost share should <u>not</u> be collected at the point of service. For HSA qualified high-deductible plan members, cost sharing may be collected until the deductible is met. You and your staff may continue to use the same method for determining benefits and member cost share as you do today.

When a member is referred for services, look for either a diagnosis code or note indicating need for treatment due to rape or sexual assault. Please see list of diagnosis codes below. Members' Evidence of Coverage (EOC) issued on or after January 1, 2025 will reflect these revisions. Please be sure to include a rape and/or sexual assault diagnosis code in the primary position on a claim when billing for services rendered.

| Diagnosis Code | Description |
|----------------|--|
| 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 |
| T74.21XA | Adult sexual abuse, confirmed, initial encounter |
| T74.21XD | Adult sexual abuse, confirmed, subsequent encounter. |
| T74.21XS | ADULT SEXUAL ABUSE, CONFIRMED, SEQUELA (should be secondary only) |
| T74.22XA | Child sexual abuse, confirmed, initial encounter |
| T74.22XD | Child sexual abuse, confirmed, subsequent encounter |
| T74.51XA | Adult forced sexual exploitation, confirmed, initial encounter |
| T74.51XD | Adult forced sexual exploitation, confirmed, subsequent encounter |
| T74.51XS | Adult forced sexual exploitation, confirmed, sequela |
| T74.52XA | Child forced sexual exploitation, confirmed, initial encounter |
| T74.52XD | Child forced sexual exploitation, confirmed, subsequent encounter |
| T74.52XS | Child forced sexual exploitation, confirmed, sequela |
| T76.21XA | Adult sexual abuse, suspected, initial encounter |
| T76.21XD | Adult sexual abuse, suspected, subsequent encounter |
| T76.22XA | Child sexual abuse, suspected, initial encounter |
| T76.22XD | Child sexual abuse, suspected, subsequent encounter |
| T76.51XA | Adult forced sexual exploitation, suspected, initial encounter |
| T76.51XD | Adult forced sexual exploitation, suspected, subsequent encounter |
| T76.51XS | Adult forced sexual exploitation, suspected, sequela |
| T76.52XA | Child forced sexual exploitation, suspected, initial encounter |
| T76.52XD | Child forced sexual exploitation, suspected, subsequent encounter |
| T76.52XS | Child forced sexual exploitation, suspected, sequela |
| Z04.41 | Encounter for examination and observation following alleged adult rape |
| Z04.42 | Encounter for examination and observation following alleged child rape |
| Z04.71 | Encounter for examination and observation following alleged adult physical abuse |
| Z04.72 | Encounter for examination and observation following alleged child physical abuse |
| T74.22XS | Child sexual abuse, confirmed, sequela |
| T76.21XS | Adult sexual abuse, suspected, sequela |
| T76.22XS | Child sexual abuse, suspected, sequela |
| Z04.81 | Encounter for examination and observation of victim following forced sexual |
| | exploitation |

Provider Resources

KP is responsible for payment of authorized services only. Bills for covered services rendered to our KP members will be paid in accordance with the applicable terms of your KP agreement. Providers may verify members' eligibility, benefits and cost share structure as you do today, either through your Online Affiliate account or by contacting the KP Member Services Call Center at (888) 576-6789.

Please also see kp.org Provider Claims resources for additional information on claims submission:

Northern CA: https://healthy.kaiserpermanente.org/northern-california/community-providers/claims
https://healthy.kaiserpermanente.org/southern-california/community-providers/claims

Sincerely, Kaiser Permanente