



INSTRUCTIONS FOR CLAIMING PAST OUT-OF-POCKET MEDICAL EXPENSES

As part of the economic loss component of your claim, you can request reimbursement for past out-of-pocket medical expenses you have paid as a result of your eligible condition(s).

Because claims for reimbursement of out-of-pocket medical expenses require the submission and review of significant documentation establishing both that the claimed medical expense was related to your eligible condition and that you personally paid for the expense out of pocket, processing these claims takes time and can delay your award. It is therefore VCF policy that claims for reimbursement of past out-of-pocket medical expenses will **only** be considered if the following criteria are met:

- The claim for medical expenses must be submitted as a compensation [amendment](#) to your claim and only **after** you have received your initial award determination. This allows the VCF to issue your initial award determination more quickly, since we are not spending time during our initial review to verify each claimed medical expense.
- If you amend your claim to seek reimbursement for medical expenses, the VCF will only review the amendment if the total amount of the claimed medical expenses incurred due to eligible conditions exceeds \$5,000.
- The amendment must be submitted with the required documentation as explained below, and in the required format, in order to be considered for reimbursement.

The Special Master may exercise discretion to waive one or more of these requirements as appropriate based on individual claimant circumstances. If you wish to seek a waiver, please contact the VCF Helpline.

I. When To File A Medical Expenses Claim.

- A. By Amendment.** Claims for medical expenses will only be processed by the VCF when filed as an amendment once your initial award determination is received. You may also amend your claim to seek reimbursement for medical expenses after receiving a revised award decision. Instructions for how to amend your claim can be found under “Forms and Resources” on the VCF website.

The amendment may be filed at any time following receipt of your initial award determination, but no later than October 1, 2090.

The VCF will only consider reimbursement for medical expenses incurred as of the date the amendment is submitted. This means if you amend your claim to seek reimbursement for medical expenses, you must have paid the expenses prior to the date you submit the amendment. By statute, the VCF does not compensate for potential or anticipated future medical expenses.

- B. Pending Claims and Amendments:** If you have already filed a claim for medical expenses as part of your claim form submission, *effective immediately, the VCF will not review the expenses as part of our initial review of your claim.*

Once you receive your award determination, you will need to determine if your out-of-pocket medical expenses meet the \$5,000 minimum threshold for filing an amendment to seek reimbursement. You are not required to amend your claim if you decide you no longer want to seek reimbursement for medical expenses. If your paid medical expenses meet the \$5,000 threshold and you want to seek reimbursement of the expenses, you must submit an amendment to reactivate your request. You do not need to resubmit documents in support of your medical expenses claim if you already submitted them with your claim form, although you may submit additional documentation if you paid expenses between the date you submitted your claim and the date you file your amendment. You must be certain any documentation you provide meets the criteria outlined below.



If you have already filed an amendment to seek medical expenses reimbursement, the VCF will review the expenses as part of our review of your amendment, provided the expenses meet the \$5,000 minimum threshold. You do not need to resubmit documents you have already submitted in support of your amendment, but you must be certain the documentation you provided meets the criteria outlined below.

- C. Claim Form for New Claims:** If you are filing a new claim and you plan to seek reimbursement for medical expenses by filing an amendment after you receive your initial award determination, please select “Medical Expenses” in the “Type of Loss” section of the claim form. This will allow the VCF to monitor the number of anticipated future amendments for medical expense claims.

Selecting the medical expenses option is strictly for VCF informational purposes and your request will not be reviewed as part of your claim. You therefore do not need to submit any documentation in support of the medical expenses when you submit your claim form; you only need to submit that information if you decide to amend your claim after receiving your initial award.

Failing to affirmatively indicate an intent to file a later claim for medical expenses when filing your claim form will not prevent you from filing an amendment seeking such reimbursement later.

II. Acceptable Medical Expenses Claims.

- A. Types of Expenses Covered.** By statute, the VCF does not compensate for potential or anticipated future medical expenses.

Compensable expenses include costs you have paid out-of-pocket for prescription medication, prescribed medical equipment, doctor visits, diagnostic tests, surgeries, or other medical procedures relating to your eligible conditions. The VCF will not compensate for any travel expenses you incurred while seeking medical treatment, including the cost of gas, public transportation, hotels, and meals, except in extraordinary circumstances.

Only expenses that you have paid out-of-pocket will be reimbursed. Compensable expenses do not include any costs for which you have been, or will be, reimbursed by your insurance company, a secondary payer (like Medicaid, Medicare, or a second insurance provider), or any other collateral source.

- If you have insurance, the VCF will not compensate for any expenses that have not yet been evaluated by your insurance company or any applicable secondary payer.
- If the service or medication is provided to you by the WTC Health Program, it is not eligible for reimbursement from the VCF and you should not include it with your claim.
- Treatment expenses covered by private health insurance, Workers’ Compensation, or other programs will not be reimbursed. If you receive a benefit intended to cover medical expenses from Workers’ Compensation or any other collateral source, please include information regarding that payment, so that it can be appropriately offset from your medical expenses award.
- Treatment expenses billed to you as a co-payment, after denial of insurance coverage, or that you pay because they fall within your insurance deductible, may be reimbursed if appropriate documentation is submitted.

- B. The Minimum Monetary Threshold.** The VCF will consider claims for medical expenses only if the total amount legitimately claimed in your amendment exceeds \$5,000. The “total amount legitimately claimed” means that the claimed expenses are reasonably related to your eligible conditions (as identified in your most recent eligibility determination letter) and that you have documentation demonstrating that you paid the expense out-of-pocket.



If your medical expenses claim does not meet the documentation requirements described in the next section, the VCF reserves the right to deny the amendment.

III. Documentation Required to Support a Medical Expenses Claim.

For the VCF to consider your amendment for medical expenses, you must submit the following documents in support of your amendment:

- A. [VCF Medical Expense Worksheet](#) (available under “Forms and Resources” on the VCF website); and
- B. A **Medical Expense Supporting Documentation Packet** that verifies: (a) the relationship of each claimed expense to one of your eligible conditions; and (b) the amount of each claimed expense that you have paid out-of-pocket.

The requirements for each of these items are described in greater detail below.

- **The Medical Expense Worksheet.** The Medical Expense Worksheet is used to identify each discrete medical expense for which you are seeking reimbursement. The worksheet must be completed following the instructions below (the instructions are also included in the worksheet). The VCF will not review your amendment if the worksheet is not properly completed. If you are unable to complete the worksheet in Excel format, please contact the VCF Helpline for assistance.

Instructions for Completing the Worksheet. The numbers below correspond to the numbers for each field or column in the worksheet.

1. **Claim Number:** enter your **7-digit VCF claim number** including any leading zeros.
2. **Victim Name:** enter your full name (or the victim’s name if you are not the victim).
3. **Medical Insurance (Primary and Secondary if applicable):** Enter the name of your insurance carrier (if you had one) at the time the expense was incurred and the name of any applicable secondary payer, such as Medicaid, Medicare, or a second insurance provider.

Each expense you are claiming must be entered in a separate row in the Worksheet following the guidelines below. Do not group expenses together – each unique expense must be entered as a separate line item. You should sort the Worksheet chronologically by column A, the date of service.

4. **Date of Service:** Enter the date that you received the medical service. The field will automatically format the date to MM/DD/YYYY. For doctor visits, diagnostic tests, surgeries, or other procedures, this is the date you went to the doctor or had the test or procedure performed. For prescriptions or equipment, this is the date you filled the prescription or purchased the equipment. It is very helpful if you list the dates in chronological order (starting with the oldest date of service and ending with the most recent date of service).
5. **Name of Doctor, Facility, or Pharmacy:** Enter the name of the doctor, facility, or pharmacy as shown on the invoice, receipt, or medical records.
6. **Short description of Procedure, Treatment, or related Expense:** Enter a brief description of the treatment, procedure, or test. Some examples are: office visit; surgery; prescription - [name of prescription drug]; MRI; blood test.
7. **Related Eligible Condition:** Enter the name of the eligible condition to which the specific expense relates. The condition name MUST match the name of one of the conditions listed on your most recent eligibility determination letter.



8. **Amount Paid by Victim/Claimant:** Enter the amount you paid out-of-pocket for the medical service or treatment. This is the amount for which you are personally responsible; it should not include any portion covered by insurance or any other source. Do not include any amounts that have not yet been evaluated by your insurance company or any applicable secondary payer. The field will automatically format the entry in \$0.00 format.
9. **Page within Supporting Documentation Packet that shows relationship to Eligible Condition:** Unless the expense claimed is on the list of **Presumptively Compensable Expenses** (see Table 1 on page 6), enter the page number (or numbers) from the Supporting Documentation Packet that shows that the expense is related to one of your eligible conditions.

If the expense claimed is on the list of **Presumptively Compensable Expenses**, this cell may be left blank.
10. **Specific Page within Supporting Documentation Packet that shows Proof of Payment:** Enter the page number (or numbers) from the Supporting Documentation Packet that show that you personally paid for the claimed expense. Note that there must be specific documentation supporting the payment of the claimed expense. A credit card statement or cancelled check will not be sufficient if it identifies only that an amount was paid to a pharmacy such as CVS or Duane Reade, but is not accompanied by a receipt that demonstrates that the amount paid for was for the specific claimed prescription cost.

Submitting the Worksheet: You must upload the Worksheet to your claim in Excel format. If you do not upload the Worksheet, or if you upload the file in any format other than Excel, the VCF reserves the right to deny your medical expenses claim.

When uploading the Worksheet to your online claim, **select “Medical Expense Worksheet” as the document type.**

- **Medical Expense Supporting Documentation Packet.** For each discrete medical expense entered on the Medical Expense Worksheet, the Supporting Documentation Packet must include:
 - (1) A document that demonstrates that the expense is related to one of your eligible conditions, **unless** the expense is on the list of **Presumptively Compensable Expenses** (see Table 1 on page 6); **and**
 - (2) A document that demonstrates the amount of the expense that you have paid out-of-pocket.

When uploading the Supporting Documentation Packet to your claim, **select the document type “Medical Expense Supporting Documentation Packet.” If you fail to include the required supporting documentation, your amendment will be denied.**

1. **Demonstrating the Relationship between the Claimed Expense and your Eligible Condition.**
 - **Presumptively Compensable Expenses:** If your eligible conditions falls within one of the categories in Table 1, the VCF will presume that any expense for the medications and procedures listed in Table 1 is related to your eligible condition and you do not need to provide any further proof of the relationship. You still must complete the Medical Expense Worksheet to list the specific expense, but you may leave Column F blank for the specific entry.



Please note that this list is subject to change. Please be sure to check the most recent version of the list (available on the VCF website) when completing your Medical Expense Worksheet.

- **Non-Presumptively Compensable Expenses:** If your eligible condition or your medical expense is not listed in Table 1, then you must submit medical records that demonstrate the relationship between each claimed expense and one (or more) of your eligible conditions. The medical records must include your name, date of birth or other identifying information, and date of service, and must state the condition for which you were treated. If medical records are not available, you may instead submit a letter from your doctor explaining how the expense is related to your eligible condition.

2. **Demonstrating the Amount of the Expense you Paid.** For all claimed medical expenses (without regard to whether they are Presumptively Compensable Expenses), you must submit documentation showing the amount you were billed, the date of service, the service provider, and proof that you paid the expense. The documentation must also include your name or other identifying information.

Documents that are sufficient to demonstrate the amount of the expense you paid include receipts from providers or pharmacies, provider billing statements, cancelled checks or credit card statements if they contain the necessary detail, pharmacy prescription histories, or an explanation of benefits statements from your insurance provider if you do not have a secondary payer.

If you have insurance or a secondary payer, do not submit any bill or invoice for expenses that have not yet been evaluated by your insurance company, or an explanation of benefits statement that does not reflect the contribution of the secondary payer.

3. **General organization of Supporting Documentation Packet.** It is extremely helpful to the VCF, and will minimize delay in processing your amendment once it is in substantive review, if you organize the Supporting Documentation Packet in the following way:
 1. Label all submitted documentation with the line number from the Medical Expense Worksheet that corresponds to the specific expense. This helps the VCF to easily match the documentation to the associated entry on the worksheet.
 2. Sort the submitted documentation chronologically by the date of service. This should match the "Date of Service" as entered on the worksheet for the specific item.
 3. Organize the documents in the packet so that the documentation demonstrating that the expense is related to an eligible condition (when required) is immediately followed by the documentation demonstrating the amount of the expense and your proof of payment.

If the VCF, with reasonable effort, cannot clearly identify the required documentation necessary to support each claimed medical expense, the VCF reserves the right to deny your medical expenses claim.



Table 1: Presumptively Compensable Expenses

This chart may change over time. Please be sure to refer to the most recent chart posted to the VCF website prior to filing your amendment for medical expenses.

Condition Category	Includes	Presumptively Compensable Medications (generic name is listed first, followed by brand name)	Presumptively Compensable Procedures
Obstructive Airway Disease	<ul style="list-style-type: none"> • Asthma • Bronchiectasis • Chronic airway obstruction • Chronic bronchitis • Chronic obstructive pulmonary disease (COPD) • Emphysema • Reactive airways disease • Reactive airways dysfunction • Respiratory conditions due to fumes and vapors 	<ul style="list-style-type: none"> • Albuterol (ProAir, Proventil, Ventolin) • Atrovent (ipratropium) • Beclomethasone (Qvar) • Benzonatate (Tessalon Perles) • Budesonide (Pulmicort, Symbicort) • Ciclesonide (Alvesco) • Fluticasone propionate (Advair, Flovent) • Formoterol (Dulera, Foradil, Symbicort) • Ipratropium (Atrovent) • Levalbuterol (Xopenex) • Metaproterenol (Alupent) • Mometasone (Asmanex, Dulera) • Montelukast (Singulair) • N-acetylcysteine (Mucomyst) • Oxygen • Pirbuterol (Maxair) • Salmeterol (Advair, Serevent) • Terbutaline (Brethine) • Tiotropium (Spiriva) • Zafirlukast (Accolate) • Zileuton (Zyflo) 	<ul style="list-style-type: none"> • Bronchoscopy • CAT Scan Chest/Thorax (CT)(CT Scan) • Chest X-ray (CXR) • MRI Chest • Pathology – lung specimens • Sputum Cultures • Thoracoscopy/ Thoracotomy • Video-Assisted Thoracotomy (VAT) • Wedge resection of the lung
Interstitial Lung Disease	<ul style="list-style-type: none"> • Asbestosis • Granulomatosis • Interstitial pneumonia • Pneumonitis • Pulmonary fibrosis • Sarcoidosis 	<ul style="list-style-type: none"> • Azathioprine (AZA, Imuran) • Cyclophosphamide (Cytoxan) • Cyclosporine (Restasis, Sandimmune, Neoral, Gengraf, Apo-Cyclosporine) • Methotrexate (Trexall, Rheumatex, Rasuvo, Otrexup) • N-acetylcysteine (Mucomyst) • Oxygen 	<ul style="list-style-type: none"> • Bronchoscopy • CAT Scan Chest/Thorax (CT)(CT Scan) • Chest X-ray (CXR) • MRI Chest • Pathology – lung specimens • Sputum Cultures • Thoracoscopy/ Thoracotomy • Video-Assisted Thoracotomy (VAT) • Wedge resection of the lung



**INSTRUCTIONS FOR CLAIMING PAST
OUT-OF-POCKET MEDICAL EXPENSES**

Condition Category	Includes	Presumptively Compensable Medications (generic name is listed first, followed by brand name)	Presumptively Compensable Procedures
Gastroesophageal Reflux		<ul style="list-style-type: none"> • Esomeprazole (Nexium) • Famotidine (Pepcid) • Lansoprazole (Prevacid) • Omeprazole (Prilosec) • Pantoprazole (Protonix) • Ranitidine (Zantac) 	<ul style="list-style-type: none"> • Barium Swallow • Esophagogastroduodenoscopy (EGD) • Laryngopharyngeal Endoscopy • Pathology – Esophagus, gastric, duodenum specimens • Upper GI Series
Upper Respiratory Disease	<ul style="list-style-type: none"> • Rhinitis • Sinusitis • Rhinosinusitis • Tracheitis • Laryngotracheitis • Laryngitis • Nasopharyngitis • Pharyngitis 	<ul style="list-style-type: none"> • Azelastine (Astelin, Astepro) • Budesonide (Rhinocort) • Fluticasone propionate (Flonase) • Ipratropium bromide (Atrovent) • Mometasone (Nasonex, Asmanex) • Oxymetazoline (Afrin) 	<ul style="list-style-type: none"> • CAT Scan Head/Sinuses • Endoscopy of Nasal and Sinus Cavities • Laryngopharyngeal Endoscopy • Pathology – Nasal and Sinus specimens • Septoplasty • Sputum Cultures
Prostate Cancer		<ul style="list-style-type: none"> • Sildenafil (Viagra) • Tamsulosin (Flomax) 	<ul style="list-style-type: none"> • Prostate Biopsy • Radical Prostatectomy • Radiation Seed Implants