

# **Trauma Activations Fee's**

## **What's New**

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**YALE-NEW HAVEN  
HOSPITAL**

Trauma Center

# Trauma

- **Trauma** is defined as a an injury (a wound) to living tissue caused by an extrinsic agent
- **Trauma** is the leading cause of death of Americans under the age of 45 and the number one cause of disability for all age groups.
- Over four million people are victims of trauma worldwide.

## What is a Trauma Center?

- The concept of a Trauma Center was introduced in the 1960's by a University of Maryland surgeon R. Adam Cowley.
- Dr. Cowley theorized that even the most severely injured patients, **given the appropriate specialized care within the first sixty minutes of injury**, had the potential for survival.

## Verification and Designation

- The American College of Surgeons has developed guidelines which outline services trauma centers must provide for verification.
- Each state has developed regulations for designation as a Trauma Center
  - 32 Acute Care Hospitals in Connecticut
    - Only 12 Designated as Trauma Centers

# Levels of Trauma Centers

- There are Five levels of Trauma Centers categorized based on the services they provide.

- Adult Level 1      2
- Pedi Level 1      2
- Adult Level 2      8
- Adult Level 3      1

No Level 4 or Level 5 Centers

## Level 1 Centers

- Level 1 trauma centers offer the most comprehensive care.
  - Full compliment of surgical specialist, and anesthesiologist, available **on site** at all times
  - Immediate operating room suites availability,
  - Advanced radiological services
  - An intensive care unit which specializes in the care of the injured trauma patient

## Level 1 Centers

- Patient volume requirements for critically injured patients annually
  - Consistent positive patient outcomes
  - Data submission to National Trauma Data Bank (NTDB)
  - Research
  - Resources- including injury prevention

## Level 2 Centers

- Level 2 centers must be able to provide basic care for the injured patients and have access to trained physicians and nurses in trauma care.
  - No patient volume requirement
  - No benchmarking requirement
  - No research requirement

## Level 3-5 Centers

- Level 3-5 centers are facilities that provide only **basic** emergency care.
  - No advanced services or resources to care for the acutely injured patient.
  - Variable physician presence
- Patients requiring advanced medical or surgical care would need to be transferred to an appropriate facility.

## Why Trauma Activation Fee's

- Trauma patients receive a intensive level of evaluation which require hospitals to expend a higher level of resources.
- ED Level of services do not cover these additional non-clinical costs.

# BACKGROUND

- June 2002 applied to AHA National Uniform Billing Committee (NUBC) for new charge Code.
- October 2002 two new UB92 FL19 Type 5 and FL42 68X were instituted
- Implementation of new codes are inconsistent

## Codes

- FL 14 Type 5 – patient type
- 68x is the assigned UB92 code for billing of trauma activations
- HCPCS G0390 (2008)

## Level of Trauma Activations YNHH

- Full Trauma Response
- Modified Trauma Response
- Trauma Consult
- No Charge

## National Averages of Activations Fees Full Trauma Response

- Maximum      \$ 24,964
- Median        \$4,448
- Minimum      \$1,625

# National Averages of Activations Fees

## Modified Trauma Response

- Maximum      \$19,744
- Median        \$ 2,717
- Minimum      \$ 644

# National Averages of Activations Fees

## Trauma Consults

- Maximum \$ 15,433
- Median \$ 1,200
- Minimum \$ 135

## 68X REVENUE CODE

- Trauma Centers which are verified and designated can use the 68X revenue code
- 681 Level 1
- 682 Level 2
- 683 Level 3

## The 681 Revenue Codes & Inter-Hospital Transfers

- Meets accepted pre-hospital or inter-hospital Trauma Transfer criteria AND receives a Trauma Team Activation at any level.
- May include patients with a single-system injury or requiring a specialist referral (Orthopedics, Neurosurgery) who are referred to the Trauma Service for a “one-time” assessment.

## Activation Criteria

- Field Triage Criteria
- Hospital Activation Criteria

## Documentation Required

- Entry Notification
- Criteria for Activation
- Documented Primary and Secondary Survey
- Plan of Care
- Critical care evaluation and management codes

## Critical Care

- The “direct delivery by a physician (s) of medical care for a critically ill or critically injured patient. A critical illness or injury acutely impairs one or more vital organ systems such that there is **high probability** of imminent or life threatening deterioration in the patient’s condition.”

# Critical Care

- Critical care involves high complexity decision making to assess, manage, and support vital system failure and/or to **prevent** further life threatening deterioration of the patient's condition.

## Critical Care

- Examples of vital organ system failure include, but are not limited to:
  - Central nervous system failure
  - Circulatory failure including shock
  - Organ failure
    - Renal
    - Hepatic
    - Respiratory

## Critical Care

- **Critical Care typically requires interpretation of multiple physiologic parameters and/or application of advanced technology (s)**
- **Critical Care may be provided in life threatening situations when these elements are not present.**

## Billing

- Does Hospital need to “unbundle” Trauma Activation Fees from the 450 Code???

**No!**

# Billing

- Critical Care Codes
  - 200 – General Critical Care
  - 201 – Surgical Critical Care
  - 208 – Trauma Critical Care

## Billing

- Can Hospital's simultaneously bill a 681 Revenue Code and a 450 Code for a Trauma Patient?

**YES!**

Providing all requirements of this regulation change are present.

# Billing

- Managed Care Carve Outs
- Inpatient
- Outpatient

# Reimbursement

## **Medicaid:**

- Trauma response \$152.62 per case
- Critical Care \$152.62 per case

## **Medicare:**

- Trauma response \$1,082.40 per case
- Critical Care \$561.84 per case

**Questions?**



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