



Trauma Finance 101

TCAA or Foundation for Trauma Care

- Use your resources.
- Other centers in your state- The center you refer to.
- AZDHS- BEMS and Trauma
- TCAA-Trauma PI, Trauma Finance, TMD class
- American Trauma Society- Trauma Program Mgr. class
- Me or Bill

What is an Activation Fee?

- Designated/verified trauma centers should use a trauma response (activation) fee for patients with trauma. Patients with trauma undergo an intensive level of examination that requires hospitals to expend higher level of resources.
- Emergency department (ED) level charge does not cover this additional cost burden.
- With the UB revenue code 68x, hospitals have the opportunity to bill for these costs. (Supercoder.com)

What is an Activation Fee?

- It's a **Readiness Fee**– To help offset the cost of the trauma team response
 - Team (Lab, X-ray, RT, MD, RN's)
 - Supplies (IV, O₂, PPE, etc.)
 - OR and CT availability
 - Emergency release blood
- Can be:
 - cost based (what it costs you) Easy to justify
 - market based (what others are charging)
- The trauma response (activation) charge is for the level of response a patient received regardless of whether the patient is admitted, is discharged, died, or is transferred.

When can I use an Activation Fee?

- Must have Pre-hospital notification and meet Field Triage Criteria
- Or Inter-facility Transfer
- Must have appropriate team response
- You should always chart the fact that there was a pre-arrival notice from a medical third party, as well as the reason/criteria for activation, and maintain these details about the activation and response in the patient's medical record.



Levels of Activation

- Vary by Institution and service availability
- **Level I Trauma Critical, Trauma Red, etc.** – Trauma Team, ED Physician, Surgeon, Anesthesia, Emergency release blood
- **Level II** – Trauma Team, ED Physician
- **Level III** – Trauma Evaluation or Surgeon Consult and admission for Injury.

68x charges vs. 450 charge

- **68x is your Activation charge**

The x is based on the level of your trauma center.

Example: FMC 681 Verde 684

- **45x is your ED level charge** (1-5 Based on ED triage acuity)
- **Unbundle the charges** (often placed in 450 charge)
- **You can bill Trauma and ED charges on the same bill but as a separate charge.**
- Medicare Claims Processing Manual, Pub 100-04, Chapter 25, §75.3

Activation and Critical Care

- 2007 CMS began paying differently for critical care with trauma activation.
- 68x charge AND CPT code 99291
(30 minutes of critical care).
- Then the hospital may bill one unit of HCPCS code G0390

Medicare Claims Processing Manual,
Pub 100-04, Chapter 4, §160.1



Hospital Chargemaster

- Everyone has one
- Submitted to the state annually

Important to know IF you are charging and what you are charging

- **Cost Comparison Report**
- [Hospital Rates and Charges 2012 - Alphabetical Order](#) (posted 07/18/13)
- <http://www.azdhs.gov/plan/crr/cr/hospitals.htm>

Who should charge the patient

- We tried:
- ED charge RN's
- ED Coders
- One Call

Should be someone who knows the criteria and what constitutes a trauma patient.

I do it.

I change the admit type at the same time.

Admit Type (8 choices):

- **Trauma** (Must have a Trauma Admit Type for 68x Charge)
- Stat/Urgent
- New Born
- Observation
- Direct Admit
- Emergency
- Routine/Elective
- Information Not Available
- (Encounter type) = Emergency, Inpatient,

How do I find the trauma patient?

- Start with a couple of reports
- Trauma Flow sheet report
- ED Log – complaint –admission or not
- Surgeon and Unit lists
- Ortho offices
- Sometimes I miss one –
- Have a report **built** to help you!