

Trauma Finance 101 & Business Planning

Maryann Fields RN, BSN, CNOR

Trauma/Helicopter Program Manager

Upstate Medical University

Trauma Fiscal Philosophy

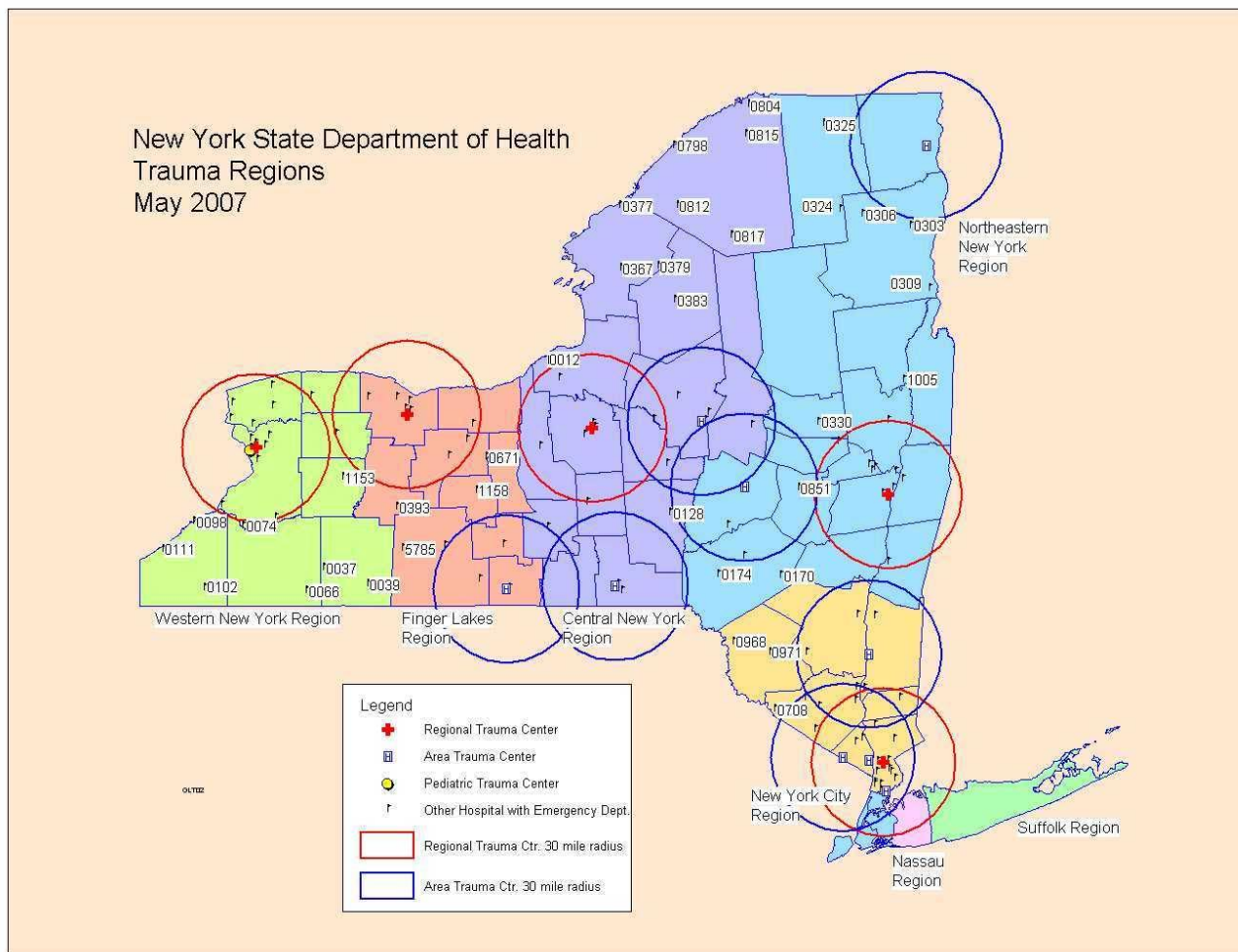
- Trauma care is not charity care
 - Risk for Serious injuries &/or have wounds brought on by either and external force or an energy transfer
 - Life-altering, life-threatening or ultimately fatal

- Payor mix is better than overall hospital's in many cases
- Physicians have higher requirements than general medical staff
 - response, education & participation
- Patients are difficult and more resource consumptive
- Payment is deserved and should be pursued vigorously
- Costs should be contained in an ongoing cycle of fiscal PI

Trauma Care

- Trauma Care is Regionalized
- Critically Injured Patients Transported and Transferred
- Trauma Centers Serve predominantly High cost Injury Victims
- Extraordinary Costs
 - AirMedical
 - OR staffing at Night
 - Additional personnel Resource
 - Physician Costs
 - Equipment

New York State Trauma System



Trauma Center Care

- Resource Intensive Staffing
 - Continuum of Care
 - Trained Staff
 - Surgeon 24/7/365 coverage
 - Multidisciplinary Team
- Dedicated Unencumbered Availability
 - 24/7/365
- Required Full Evaluation of All Trauma Activations

**Finance-Billing, Coding,
Charging, Contracts, Revenue**

TWO Different Worlds

TWO DIFFERENT LANGUAGES

Understand & Define Your 68x Level

- 68x is the Trauma Response Code (pre-hospital notification criteria only)
- “x” relates to level of Trauma Center designation/verification
 - 681 = Level I
 - 682 = Level II

How to Distinguish Trauma Team Activation Levels

- **ED Full Trauma Team**
 - Includes Trauma Surgeon
 - OR notification or standby
 - Full hospital team Response
- **ED Partial Trauma Team**
 - Usually only EM Physician
 - No OR or blood bank
 - Smaller hospital team
- **Policy**

Charge the appropriate 68x activation fee

- Field activated trauma
 - Modified field trauma activation
 - Full field trauma activation
- What about intra-hospital activations
 - Cannot qualify for charges under revenue code 068x
 - Can charge under 0450

Identify the Trauma Patient on Claims

- FL 14 (previously 19), type 5 “trauma center”
 - Emergent is FL 14 **type 1**
- Meets pre-hospital or intra-hospital criteria for whom a trauma team is activated
- Bona fide trauma centers only!
- Review and/or update trauma team activation policy and procedure
- Need not be in the ED
 - Direct admit, Interhospital transfer
 - Physician referral (ortho, neuro)

CDM

0681 – Field Full Act	G0390	\$7,000
0681 – Field Mod Act	G0390	\$3,000
0450 – In House Full Act		\$7,000
0450 – In House Mod		\$3,000
0450 – ED CC	99291	\$750
0450 – ED Lvl	99285	\$500
0208 – ICU Trauma Room Rate		+ \$1,500

Example – Field Full w/CC

0681 – Field Full Act	G0390	\$7,000
-----------------------	-------	---------

0450 – ED CC	99291	\$750
--------------	-------	-------

Discharged ED Patient

Both HCPCS Appear on claim

Medicare pays each HCPCS w/APC payment rate

Admitted Inpatient

Charges & revenue codes appear, but no HCPCS codes

Field Act w/o CC

0681 – Field Full Act	G0390	\$7,000
-----------------------	-------	---------

0450 – ED Lvl	99285	\$500
---------------	-------	-------

Discharged ED Patient

Both revenue codes & charges appear on claim, only 99285 allowed on claim

Medicare pays 99285 w/APC payment rate that includes, on average 068x pmt

Admitted Inpatient

Charges & revenue codes appear, but no HCPCS

In House Act w/CC

0450 – In House Full Act \$7,000

0450 – ED Critical Care 99291 \$750

Discharged ED Patient

Only revenue code 0450 w/99291 allowed on claim,
but charges are \$7,750

Medicare pays 99291 w/APC payment rate that
includes, on average higher 0450 costs due to trauma

Admitted Inpatient

Charges & revenue code appear, but no HCPCS

Bottom Line - ED

- 0681
2011 Trauma Code Level I activations
= _____ codes X \$7000 = \$X,XXX,XXX

**Take your #'s
and insert**

- 0681
2011 Trauma Code Level 2 activations
= _____ days X \$2600 = \$XXX,XXX

CC 5 charge- Approx. \$750 each
~ \$XXX,XXX

Bottom Line - ICU

- 0208
2011 Trauma patient days in ICU
= ____ days X \$1500 = \$X,XXX,XXX
- 0208
2011 (Jan-Oct) Trauma Pt days in ICU
= ____ days X \$1500 = \$X,XXX,XXX

**Take your #'s
and insert**

Use Data in Payer Contracting

- Carve out for 068x in contracts
- Carve out for Patient Type 5
- Carve out for revenue code 0208
- Critical Care 208
 - Replaces 200 or 201
 - Can be 68x “No Charge”
 - Patient Type 5



Questions?

