Trauma Finance 101 & Business Planning

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Trauma Fiscal Philosophy

- Trauma care is not charity care
  - Risk for Serious injuries &/or have wounds brought on by either an 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

New York State Department of Health
Trauma Regions
May 2007
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)
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<thead>
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<th>Code</th>
<th>Description</th>
<th>G0390</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>0681</td>
<td>Field Full Act</td>
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<td>$7,000</td>
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<tr>
<td>0681</td>
<td>Field Mod Act</td>
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<tr>
<td>0450</td>
<td>In House Full Act</td>
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<tr>
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<tr>
<td>0450</td>
<td>ED CC</td>
<td>99291</td>
<td>$750</td>
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<tr>
<td>0450</td>
<td>ED Lvl</td>
<td>99285</td>
<td>$500</td>
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<tr>
<td>0208</td>
<td>ICU Trauma Room Rate</td>
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<td>+ $1,500</td>
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</tbody>
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### Example – Field Full w/CC

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#### 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
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
0681

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

0681

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

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