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REVENUE CYCLE RESOURCES

Critical Care & Trauma Activation

Never Skip a Beat

CAH Conference 2025

Disclaimer

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OIG Review of Trauma Claims

"There have been concerns about trauma centers improperly billing for trauma team activation that is not medically necessary. In addition, we found some providers have received trauma team activation payments without proper designation or verification. Currently, CMS does not track which providers are designated or verified as trauma centers. We will determine the amount of Medicare overpayments and Medicare charges that affect future hospital payments, and we will identify providers that are not trauma centers or that billed for medically unnecessary trauma team activations."

Source: Review of Medicare Payments for Trauma Claims

The expected date of the OIG report is 2025

Key Issues

- Non-designated/verified trauma centers using UB 68x revenue code
- Using UB 68x correctly
- Trauma team upgrades and downgrades
- How the OIG audit could affect payments

Downgrades

- **Benefit:**
  - Patient is not billed for trauma activation response
  - Lowers over-triage rates
- **Risk:**
  - Overburdening the trauma team with unnecessary notifications

Upgrades

- **Benefit:**
  - Patients receive the level of care necessary to treat injury
  - Lowers under-triage rates
- **Risk:**
  - Delaying care for patients in need of rapid evaluation
  - Activating a team response when a simple surgical consult is needed

Designated or Verified Trauma Centers

- **Revenue Code UB 68x Trauma Team Response**
  - "x" indicates trauma center level
    - 681 Level I
    - 682 Level II
    - 683 Level III
    - 684 Level IV
    - 689 Other

Supporting Documentation

- **Requirements**
  - Trauma team activation criteria
  - Trauma team activation roles and responsibilities

5.3 Levels of Trauma Activation–

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, the criteria for tiered activations must be clearly defined. For the highest level of activation, the following eight criteria must be included:

1. Confirmed blood pressure less than 90 mm Hg at any time in adults, and age-specific hypotension in children
2. Gunshot wounds to the neck, chest, or abdomen
3. GCS less than 9 (with mechanism attributed to trauma)
4. Transfer patients from another hospital who require ongoing blood transfusion
5. Patients intubated in the field and directly transported to the trauma center
6. Patients who have respiratory compromise or are in

CRITERIA FOR TRAUMA TEAM ACTIVATION

Any major trauma patient requiring surgical intervention for orthopedic injuries must be cleared by the General Surgeon prior to surgery.

Level I Activation Trauma Team and General Surgeon Only	Level II Activation Trauma Team Only	EMS Field Triage Criteria Level II Activation Trauma Team Only
1. Multi-system trauma with unstable vital signs (B/P less than 90, GCS less than 12, and/or sustained heart rate greater than 140)	1. Two or more long bone fractures	1. High energy impact (Rollover, head-on collision, etc.)
2. Intubated or compromised airway (exception : isolated head injury)	3. Isolated head injuries requiring neurosurgical care	2. Falls greater than two (2) times patient height
3. Penetrating injury to neck, back, abdomen, genitalia, buttocks	4. Major trauma patients less than 12 or greater than 65 years of age	3. Ejection from Vehicle
4. Flail Chest	5. Burns greater than 20% (2nd or 3rd degree) of BSA or involving airway, hands, feet, or genitalia	4. Collision with 20-inch intrusion into vehicle
5. Unstable pelvis or suspected pelvic fracture with unstable vital signs or other injuries	5. Pediatric patients with 2nd or 3rd degree burns greater than 10% BSA	5. Auto/pedestrian
6. Amputations (excluding digits)	6. Pregnancy greater than 24 weeks gestation with trauma injuries	6. Any multi-victim collision/incident
7. Arterial Lacerations	7. Paralysis or other signs of spinal cord injury	7. Motorcycle, ATV or bicycle crash greater than 20mph or with separation of rider from bike
	8. Pediatric trauma with PTS score of 8 or	

Trauma Roles and Responsibilities for Trauma Team Activation

The individual roles of the team members are subject to change based on the needs of the patient and resources available during the resuscitation. The physician leading the resuscitation may modify the duties of any team member if in the best interest of the patient.

Emergency physician

- Present in the trauma room on the arrival of a Level I Trauma Team Activation (TTA) and within 5 minutes for a Level II TTA; wear PPE
- Perform primary survey on Level I and continue with the secondary survey if the trauma surgeon has not yet arrived; primary and secondary surveys on Level II patients. Timely consult to trauma surgeon on Level II TTA to determine if the trauma surgeon is needed within 30 minutes
- Perform or delegate airway management
- Perform procedures as needed such as chest tube insertion, central venous access, FAST exam if needed
- Initiate trauma order set
- Responsible for all medications and fluids given
- Make triage and transfer decisions in collaboration with the trauma surgeon
- Determine mode of inter-facility transfer (air vs. ground)
- Communicate directly with receiving physician at trauma hospital regarding transfer if so delegated by the trauma surgeon
- Document case -dictate emergency department note including level of TTA
- Complete and sign patient transfer form
- Coordinate priorities when more than one critical patient in the emergency department
- Coordinate the roles of the team members with the trauma surgeon and primary nurse

Trauma Surgeon (Trauma Lead)

- Arrive within 15 minutes to the trauma room for a Level I TTA (with an ETA < 15min); be present on the arrival of a Level I TTA patient with an ETA>15min; Arrive within 30 minutes for a Level II TTA (wear PPE)
- Perform the primary survey (if not already completed by the EDMD) and secondary survey
- Assure a stable airway in conjunction with the EDMD
- Perform procedures as needed such as chest tube insertion, central line placement, arterial line placement
- Confirm trauma order set
- Admit patients to the trauma service under the care of the trauma surgeon attending to the patient in the ED
  - Enter and confirm trauma in-house orders
- Dictate level of care for admission – ICU vs floor vs observation
- Communicate with the receiving facility to enable transfer out to a Level I-II trauma center
- Document the patient's Trauma History and Physical
  - Sign trauma flowsheet
- Communicate with anesthesia and the OR for cases going direct to OR
  - Communicate with IR for embolization cases, consultants such as

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Critical Care

Primary Component

What is critical care?

- Patient has:
  - Critical illness or injury
  - Single or multiple vital organ system failure(s)
  - A high probability of imminent or life-threatening deteriorating in the patient's condition without intervention

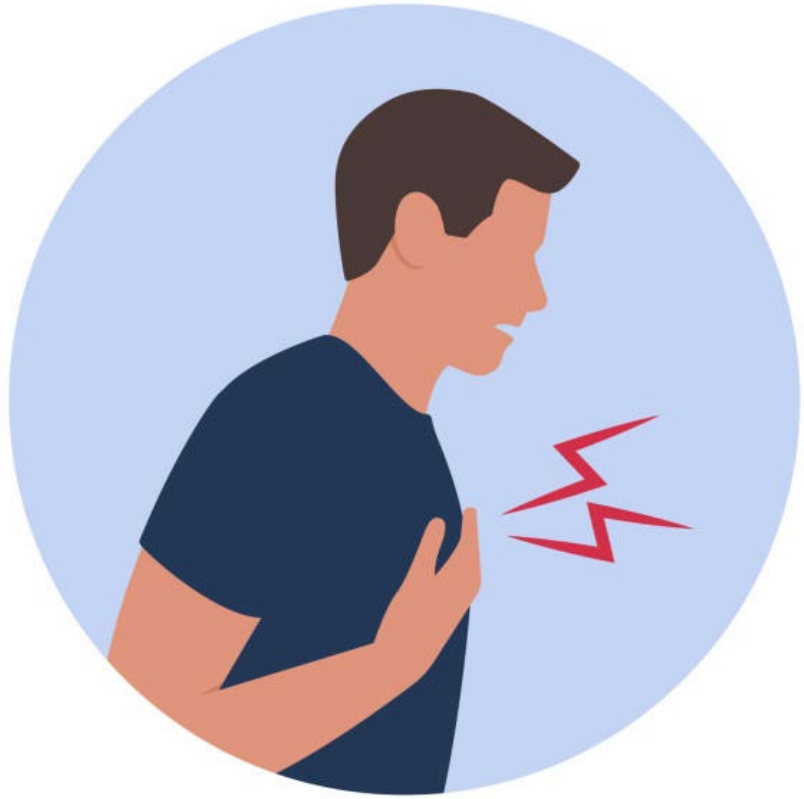
- Vital organ system failure may include: central nervous system failure, circulatory failure, shock, renal, hepatic, metabolic and/or respiratory failure

CMS Critical Care

- **CMS adds…**
  - *"Failure to initiate **interventions** on an urgent basis would likely result in sudden, clinically significant or life-threatening deterioration in the patient's condition."*

Critical Care

- **Chest Pain**
  - Consider critical care
    - Acute STEMI or NSTEMI
    - Acute coronary syndrome
    - Chemical cardioversion (>1 dose)
  - Probably not critical care
    - EKG normal, given ASA per protocol
    - Repeat EKG, enzymes normal
    - SL or topical nitroglycerin only
    - Disposition home



Critical Care

- **Dyspnea**
  - Consider critical care
    - Respiratory failure
    - BiPap, CPAP, 100% non-rebreather or > 40% venti-mask
    - Ventilator management
    - Upper airway obstruction with stridor (severe croup or epiglottitis)
    - Pulmonary embolus with therapy
  - Probably not critical care
    - 2-4 nebulizer treatments or continuous with steroids
    - Disposition home

Critical Care

- **Hypertension**
  - Consider critical care
    - Hypertensive emergency requiring IV vasoactive drugs (>1 dose)
    - End organ(s) affected
      - Brain
      - Kidney
      - Heart
    - Ongoing treatment with admission
  - Probably not critical care
    - Hypertensive urgency
    - Incidental finding unrelated to main problem
    - May receive PO or IV Rx, usually discharged or admitted as observation only

Critical Care Services: 99291

Code selections utilizing time

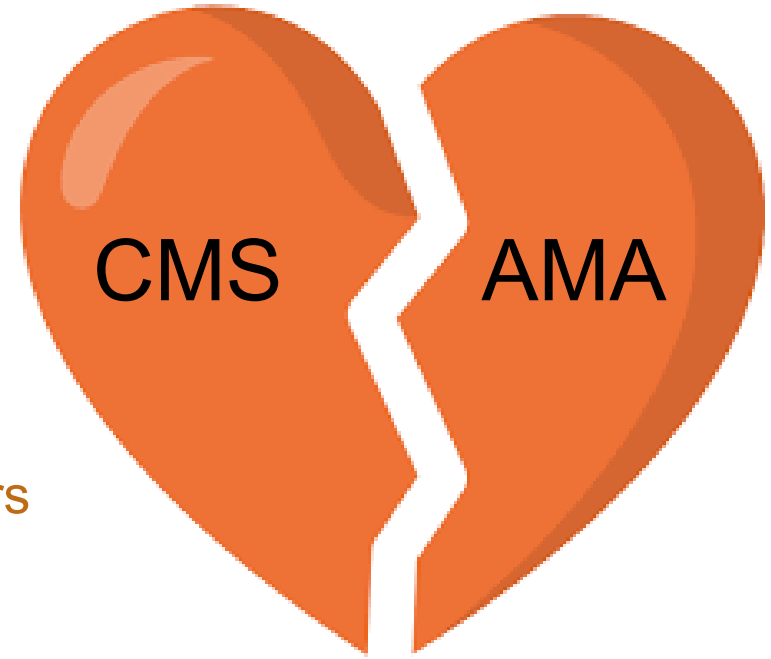
Utilized for outpatient and inpatient services

Physicians Office	Inpatient/Observation	Emergency department

May be reported over multiple days if the patient's condition continues to be critical

Critical Care Services

- **Technical correction provided by CMS (2023 Final Rule)**
  - 99291: Critical care services, first 30-74 minutes
  - 99292: Critical care services, each additional 30 minutes
    - 99291 reportable for the first 30-74 minutes of critical care furnished by a single physician or multiple providers in the same specialty or group
    - 99292 reportable for each **completed** 30-minute increment of time furnished to the same patient.



Critical Care Services

Service	AMA Code Times	Service	CMS Code Times
Critical Care Time Calculations			
99291	30-74 minutes	99291	30-103 minutes
99291 99292	75-103 minutes	99291 99292	104-133 minutes
99291 99292 x2	104-133 minutes	99291 99292 x2	134-163 minutes
99291 99292 x3	134-163 minutes	99291 99292 x3	163-192 minutes

**The critical care "clock" stops when separately reported procedures or services are performed. The time spent performed. The time spent performing these separately reportable services should not be included in critical care time.*

Bundling**

- **Providers may NOT report these codes, but facilities MAY do so:**
  - Blood gases: collection and interpretation of physiological data
  - Gastric intubation (43752, 43753)
  - Vascular access procedures (36000, 36410, 36415, 36591, 36600)
  - Ventilatory management (94002-94004, 94660, 94662)
  - Pulse oximetry (94760-94762)
  - Cardiac output measurements (93598)
  - Chest x-rays (71045, 71046)
  - Temporary transcutaneous pacing (92953)

***Bundled with professional services.*
Facility services may be separately reported.

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Trauma Activation

Secondary Component

Trauma Flow Sheet

Trauma Flow Sheet

Patient Tag/Sticker

Date of Birth

Gender

Medical Record #

Patient Name

Admit Date / /

Arrival Time :

MR#

Trauma Team Notification/Arrival

Trauma Team Activated? ☐Yes ☐No Time: : Tier ☐1 ☐2 ☐3

Prompt General Surgeon Communication? ☐Yes ☐No

Name		Time called	Time arrived	Pr arr
General Surgeon		:	:	
ED Physician		:	:	
Anesthesia		:	:	
		:	:	

Arrived via:
☐Ambulance
☐Helicopter
☐Police
☐Self
☐
☐Transfer from:
☐EMS report in Pt chart

Pre-hospital Interventions
Airway:
☐Oral ☐Nasal ☐Intubated ☐O_2
☐IV size _____ site _____
☐IV #2 size _____ site _____
☐Blood sugar _____ mg/dl
☐CPR ☐LBB ☐C collar ☐MAST
☐Splint type _____ location _____
Meds:
☐Morphine _____ mg ☐Versed _____mg
☐ _____ _____mg

Pt. Medications
☐unknown

Past History
☐unknown
last tetanus_____
last P.O._____

All
☐u

Mechanism of Injury

Motor Vehicle

Involved:
☐Auto
☐Light truck
☐Heavy truck
☐Motorcycle
☐ATV
☐Bicycle
☐Pedestrian
☐Watercraft
☐Sporting _____
☐

Patient was:
☐Driver
☐Passenger-front
☐Passenger-back
☐Pedestrian struck by auto
☐Bicyclist struck by auto
☐Unknown

☐Seatbelt
☐Airbag
☐Child seat
☐Helmet
☐Ejected
☐Extrication
☐Death of another occupant

Impact:
☐Front
☐Side
☐Rear
☐Rollover
☐T-bone

Fall/Jump
Approx. height: _____
Landing surface:
☐Grass/dirt/earth
☐Stone
☐Concrete/brick
☐Tile/wood
☐Carpet
☐Water
☐

Burn
☐Flame
☐Steam
☐Chemical
☐Radiation
☐Inhalation
☐Electrical voltage:_____

Pe
☐GS
caliber
distan
☐Sta
blade
☐Self
☐Imp

Primary Survey and Preliminary Interventions

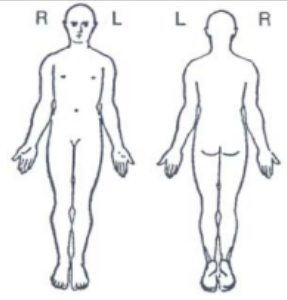
☐Jaw thrust

☐Intubation ☐RSI

Initial ED Vital Signs
Time:____:_____

Secondary Survey

Head	☐Pain/tenderness Drainage from: ☐ears ☐nose ☐mouth
Neck	☐Pain/tenderness ☐JVD
Chest	☐Pain/tenderness ☐Dyspnea ☐ Deformity ☐ Paradoxical expansion
Abdomen	☐Pain ☐Tender ☐Rigid ☐Bowel sounds present ☐Soft ☐Guarded ☐Distended ☐Bowel sounds absent Emesis/gastrocult: ☐+ ☐-
Pelvis/Genital	☐Pain/tenderness Pelvis: ☐stable ☐unstable ☐Blood at the meatus Rectal tone: ☐present ☐absent Hemocult: ☐+ ☐-
Extremities	☐Pain/tenderness ☐CMS intact x4 ☐Moves all extremities ☐Extremities warm and pink
Back	☐Pain/tenderness ☐Deformity



Surface Trauma

Ongoing Monitoring

Time	:	:	:	:	:	:	:	:	:	:	:
BP	/	/	/	/	/	/	/	/	/	/	/
Pulse											
Resp.											
SaO2	%	%	%	%	%	%	%	%	%	%	%
GCS											
Temp.	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C
EKG											
$ETCO_2$											
Pain scale	/10	/10	/10	/10	/10	/10	/10	/10	/10	/10	/10

Medications

Drug/Procedure	Dose	Route	Start Time	End Time	Administered by	Response
			:	:		☐no change ☐improved
			:	:		☐no change ☐improved

Auditing Trauma Activation

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Trauma Flow Sheet Documentation Audit Tool

Patient Trauma Number	
MRN	
Date of service	
RN Reviewing	

☐ **Trauma Activation Time and Arrival Times of all team members**

☐ **Activation Level documented**

☐ **Mechanism of injury data complete**

☐ **Primary and Secondary Assessments complete**

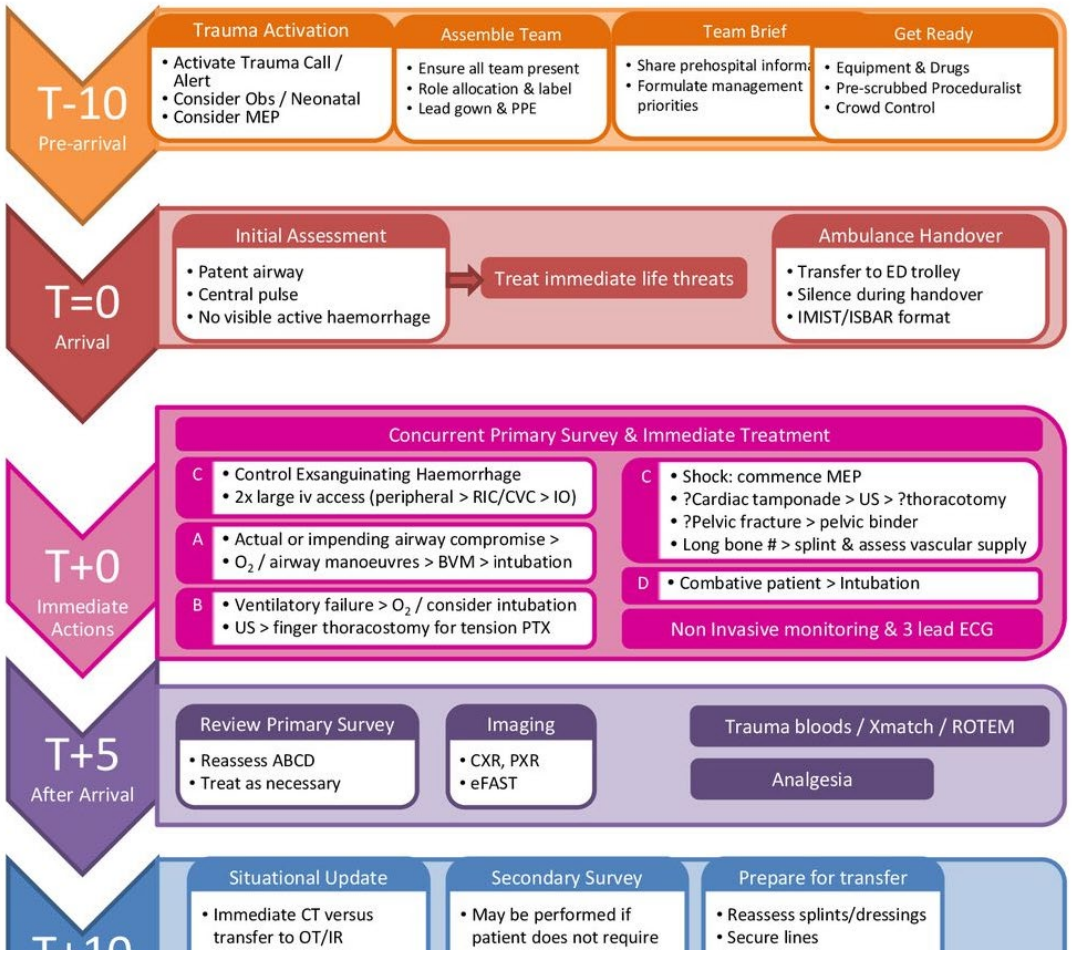
☐ **Complete set of initial vital signs (Temperature, SPO2, Pulse, RR, BP and Pain) and Glasgow Coma Scale documented. If incomplete, list missing elements;**

_____

☐ **Serial Vital signs, GCS documented (Level 1-Q5min for 20 min, Q15min for 1hr, Q30min thereafter)(Level 2- Q15min for 1 hr, Q30min for 2 hr)**

☐ **Medications documented to include dose and route**

CMS Rules for UB 68x



- Must meet trauma team activation criteria
- Each level of response must be clearly defined, including members
- Must show evidence of pre-hospital notification

UB 68x and Prenotification

- **CMS:**

> ◆ This revenue code category is used for patients for whom trauma activation/response occurred as indicated by the "notification of key hospital personnel in response to triage information from prehospital caregivers in advance of the patient's arrival."

- **Qualifying prehospital caregivers:**
  - EMS
  - Police
  - Fire
  - Referring facility (ED, urgent care, doctor's office, SNF, rehab, etc.)

UB 68x without prenotification

- **Cannot bill using UB 68x without pre-notification**
  - The National Uniform Billing Committee specifically instructs a hospital to bill UB450 in addition to UB68X when pre-arrival notification is given.
  - The UB 450 level of service is the only alternative to recover costs when a patient arrives without pre-notification. Every patient must still meet the trauma team activation criteria. (TCAA Finance and Business Manual)
  - Charges should be related consistently to the cost of the services and uniformly applied to all patients whether inpatient or outpatient. (Provider Reimbursement Manual 1, Chapter 22, Section 2202.4)

Trauma Patient Registration

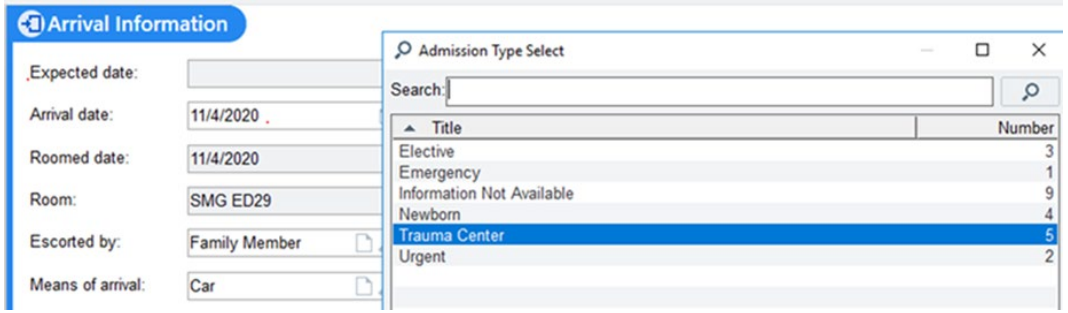
- Form/Field Locator 14, Type 5 = Trauma Center
- Used in the registration process to identify the top of patient admission
  - 1 Emergency
  - 2 Urgent
  - 3 Elective
  - 4 Newborn
  - 5 Trauma

  - Must be used to identify trauma patients for subsequent coding of UB 68x

5 Trauma

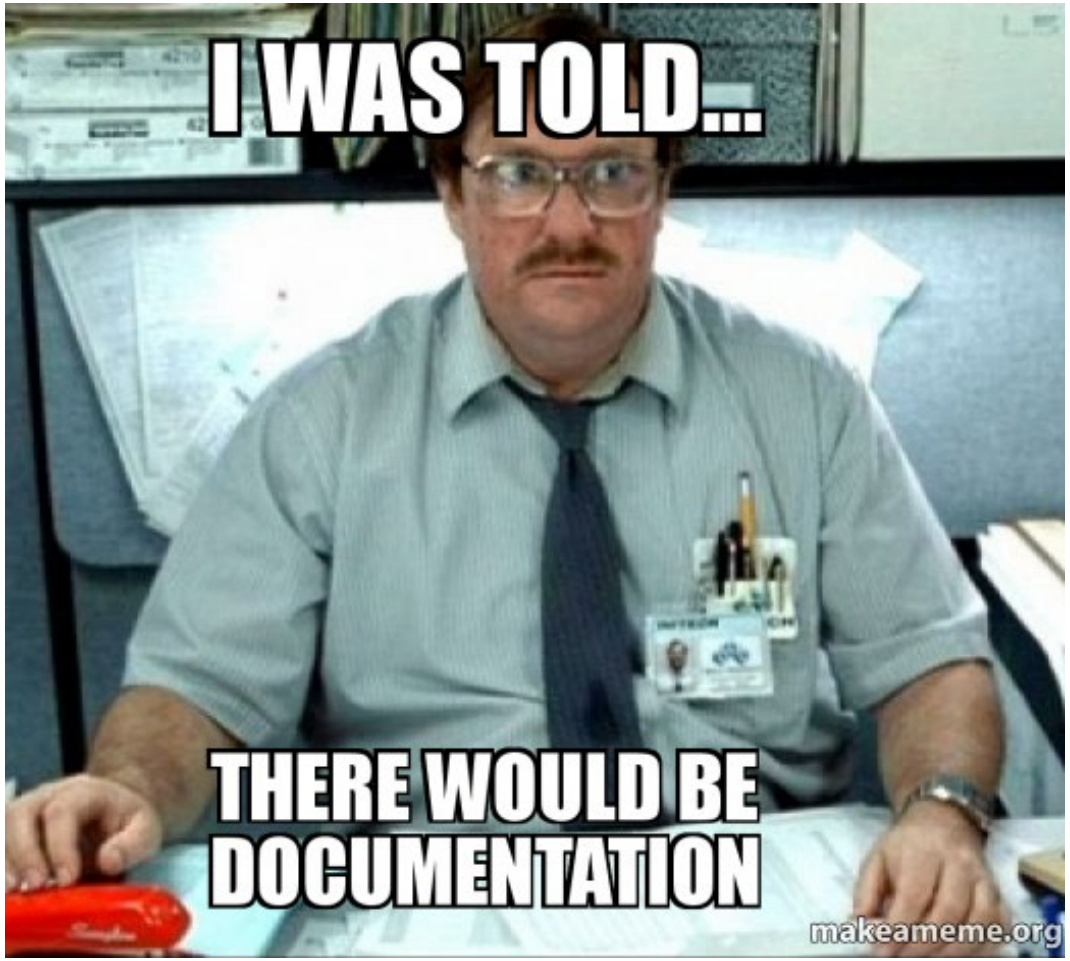
This code is for a visit to a trauma center/hospital as licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons and involving a trauma activation.

- This type of admission or visit code may be used alone. However, if RC category 068X is reported on the claim, NUBC usage notes require that RC be used in conjunction with this type of admission or visit.



CMS Rules for UB 68x

- Must use UB 68x revenue code
- Must use G0390 combined with 30 minutes of critical care time
  - What happens when critical care time is not documented?



Trauma Activation Requirements

- **Two ways to report trauma activation**
  - With critical care services
  - Without critical care services
    - When less than 30 minutes of critical care documented
    - When no critical care time has been documented

Trauma Activation

- **With critical care documented**

Facility UB-04 Reporting		
0450 Revenue Code	99291 (first 30-74 minutes)	$ xxxx.xx
0450 Revenue Code	+99292 (each add'l 30 minutes)	$ xxxx.xx
0684 Revenue Code	G0390 (trauma activation)	$ xxxx.xx

Trauma Activation

- **Without critical care documented**

Facility UB-04 Reporting		
0450 Revenue Code	99285 (High Complexity MDM)	$ xxxx.xx
0684 Revenue Code	**NO** HCPCS code*	$ xxxx.xx

If critical care is not performed or documented, the facility may still bill revenue code 068x without an associated HCPCS code. Medicare will not reimbursement separately for this, but this may still be captured on the facility cost report with can impact future reimbursement.

Exceptions

Blue Cross Blue Shield of Nebraska

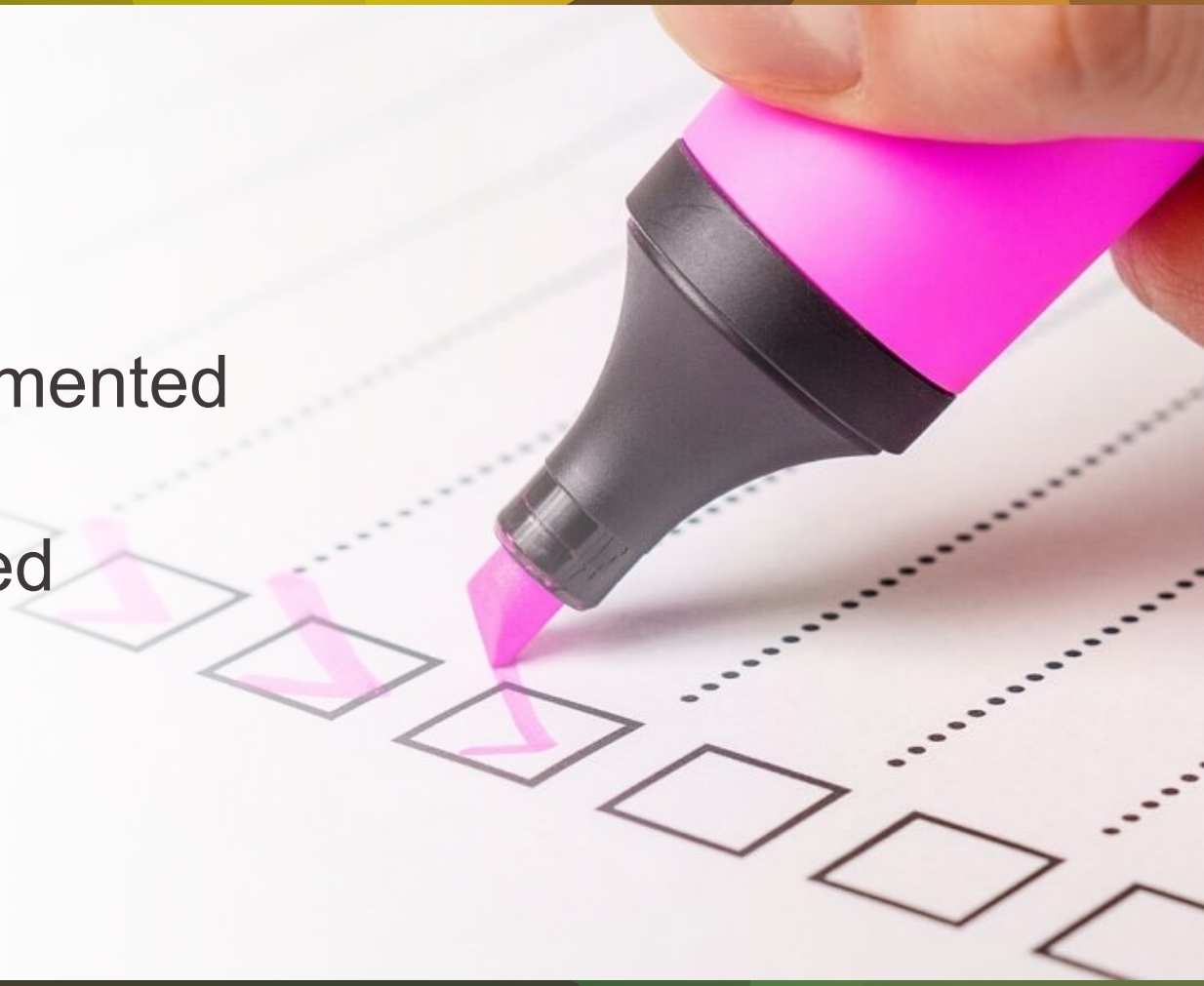
Billing and Reimbursement Policy Number: RP-P-002

Critical care services should be reported following AMA CPT Coding Guidelines. Add-on code 99292 must be performed by the same physician that is reporting 99291.

Critical care codes apply only to professional services and are not applicable to facility services provided in the emergency department. Critical care codes will not be reimbursed when submitted on a UB04 claim.

Coding Checklist

- [x] Trauma Flowsheet
- [x] Prehospital notification documented
- [x] Critical Care time documented
- [x] Procedures documented



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Questions?

coding@ruralmed.net

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