TRAUMA ACTIVATIONS AND CRITICAL CARE

Coding/Billing

**99291 – Critical Care First Hour (First 30-74 minutes)**

* *MCR $666.27 – Facility $280.61 – Professional*
* *BCBS $656.94 – Facility $452.14 – Professional*

**99292 – Critical Care Addl 30 Min (each additional 30 minutes)**

* Facility - Status N- *Items and Services Packaged into APC Rates. Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment.* *$125.42 – Professional*
* *BCBS $113.20 – Facility $201.86 - Professional*

**G0390 – Trauma response team associated with hospital critical care services**

* *MCR $851.40*

Example of how Benefis has Trauma Activation charges set up.

* Trauma Evaluation Level I, Rev 682, HCPCS G0390, $7,981
* Trauma Evaluation Level II, Rev 682, HCPCS G0390, $6,854
* Trauma Evaluation Level III, Rev 682, HCPCS GO390, $2,757

Trauma response revenue codes are not used to report the activity of the patient. Trauma Centers should report the appropriate trauma activation revenue code based on the level the trauma center was designated by the State or local government that governs Trauma centers.

Revenue Code 681 Trauma Response Level I

Revenue Code 682 Trauma Response Level II *(Benefis Health Systems is a Level II)*

Revenue Code 683 Trauma Response Level III

Revenue Code 684 Trauma Response Level IV

**General Information Provided by MedAssets**

HCPCS G0390, Trauma response team associated with hospital critical care service

Revenue code 0680, Charges representing the activation of the trauma team.

According to Medicare and the National Uniform Billing Committee (NUBC) charges representing the activation of a trauma team are reported using revenue code 068x. Revenue category 068X is used for patient for whom trauma activation occurred with or without critical care services. Revenue code category 068X is for reporting trauma activation only. It is an activation fee and not a replacement or a substitute for the emergency room visit fee; if activation occurs, normally both revenue codes 045X and 068X are reported on a Medicare claim. When critical care services are not provided the hospital may report trauma activation without a HCPCS code, but with the appropriate trauma response level revenue code (068X).Only patients for whom there has been pre-hospital notification, who meet either local, state, or American College of Surgeons field triage criteria, or delivered by inter-hospital transfers, and are given the appropriate team response, can be billed the trauma activation fee charge. Patients who are drive-by or arrive without notification cannot be charged activation fee.

The Claims Processing Manual, Chapter 4, Section 160.1 provides the following guidance for reporting trauma activation and critical care services:

When critical care services are provided without trauma activation, the hospital may bill CPT code 99291, Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes (and 99292, if appropriate). If trauma activation occurs under the circumstances described by the NUBC guidelines that would permit reporting a charge under revenue code 068x, the hospital may also bill one unit of code G0390, which describes trauma activation associated with hospital critical care services. Revenue code 068x must be reported on the same date of service.

To appropriately report the critical care, a minimum of 30 minutes of time spent by the physician/ staff engaged in active face-to-face critical care of the critically ill patient. When less than 30 minutes of critical care is provided, report an ED visit level code instead.

Facility documentation should include the time element as well as support the critical care level of service as described in the CPT guidelines and facility policy for assigning E/M level.

Available in Codebase, using the Advance Search option, search revenue code 0680 (collection Revenue code) to review the following usage note for trauma activation revenue code 0680 which states:

Usage Notes: 1. For use by trauma center/hospitals, licensed or designated by the state or local government authority, authorized as a trauma center, or as verified by the American College of Surgeons and as a facility with a trauma activation team. 2. Revenue Category 068X is used for patients for whom trauma activation occurred. A trauma team activation/response is a Notification of key hospital personnel in response to triage information from pre-hospital caregivers in advance of the patient’s arrival. 3. Revenue Category 068X is for reporting trauma activation costs only. It is an activation fee and not a replacement or a substitute for the emergency room visit fee; if trauma activation occurs, there will normally be both a 045X and 068X revenue code reported. 4. Revenue Category 068X is not limited to admitted patients. 5. Revenue Category 068X must be used in conjunction with FL 14 Type of Admission/Visit code 5 Trauma Center; however FL 14 Code 5 can be used alone. Only patients for whom there has been pre-hospital notification, who meet either local, state or American College of Surgeons field triage criteria, or are delivered by inter-hospital transfers, and are given the appropriate team response, can be billed the trauma activation fee charge. Patients who are drive-by or arrive without notification cannot be charged for activations, but can be classified as trauma under Type of Admission Code 5 for statistical and follow-up purposes. 6. Levels I, II, III or IV refer to designations by the state or local government authority or as verified by the American College of Surgeons. 7. Subcategory 9 is for state or local authorities with levels beyond IV. \*