

BILLING FOR TRAUMA TEAM ACTIVATIONS

- Your facility can bill for trauma team activations when patients are brought there by EMS.
 - You can't bill for activations that occur for walk-ins or clients who come in by private vehicles.
 - You should bill for trauma team activations, because trauma patients require an intensive level of resources, evaluation and treatment.
 - The trauma fee is in addition to the emergency department fee.
 - The Centers for Medicare and Medicaid have issued billing codes and instructions for billing for trauma team activations.
 - The links below are to the relevant Medicare Claims Processing Manual and a Medicare Learning Network Matters publication addressing trauma activation billing.
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- CPT=G0390 Trauma Response Team Associated With Hospital Critical Care Services
 - Set up with a REV code of 689
 - Executive Team and Medical Director determine \$ amount to charge. Typically, CAH's charge in the range of \$1000.00-\$2000.00 per Trauma Team Activation.
 - The government pays \$851.40 for this CPT code; it is a Level 4 trauma response.

State resource: Centers for Medicare & Medicaid Services (CMS) Manual

- [CMS Manual: See 1.B.10](#)

National Foundation for Trauma Care – Great FAQ sheet (\$ amount on this sheet is not updated however)

<http://www.health.state.mn.us/traumasystem/hospresources/billingcode/nftcfaq.pdf>