

TRAUMA ACTIVATION

Scope

This policy applies to:

- | | | |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | |
| <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Medicare | <input type="checkbox"/> Medicaid |

Policy

Original Effective Date: 01/01/2020

Kaiser Permanente will reimburse trauma activation when all criteria are met:

- Have received a pre-notification from EMS or someone who meets either local, state, or ACS field criteria and are given the appropriate team response.
- Bill for trauma activation cost only. Clinical Review will look for documentation of the team members being called to support the trauma activation.
- Reported in conjunction with type of admission/visit code 05 (trauma center).
- Code 99291 must be billed under Revenue Code 450 in order to receive trauma activation reimbursement. When revenue code series 68x trauma response, is billed in association with services other than critical care, payment for trauma activation is bundled into the other services provided on that day.

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

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Policy Definitions

Not applicable

Prerequisite(s)

Not applicable

References

Not applicable

Frequently Asked Questions

Not applicable

Revision History

08/29/2022 – Updated formatting

01/01/2020 – New policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.