Medicaid Billing Instructions

TRAUMA SERVICES

Senate Bill 479/House Bill 1 (2003) which is concerned with uncompensated trauma care funding established a trauma fund which will subsidize trauma physicians for uncompensated trauma care. The bills also require the Medical Assistance Program to reimburse trauma physicians at the greater of the Program's fee schedule amount or up to 100% of the current Medicare facility-based payment rate (Baltimore carrier locality). The trauma fund bill also allows the Program to be reimbursed for the amount of the trauma fee increases from the trauma fund. Due to HIPAA and other implementation requirements, the bills provisions will take effect on December 1, 2003. The Maryland Health Care Commission and the Health Services Cost Review Commission have oversight responsibility for the trauma care fund. The amount of the Medicaid trauma fee increases and reimbursement from the fund are subject to the availability of the monies in the trauma fund. The Maryland Health Care Commission may make adjustments to the Medicaid trauma rates in accordance with COMAR 10.24.01 and will provide the program with at least four months prior notice of such changes.

A trauma physician is defined in the trauma bills as a trauma surgeon, an emergency room physician, an orthopedic surgeon, a neurosurgeon, a critical care physician or an anesthesiologist who provides care in a trauma center to trauma patients on the State Trauma Registry. Emergency room physicians, however, are eligible for uncompensated care reimbursement **only** from the Trauma Fund and not from Program physician fee increases. CLAIMS FOR TRAUMA SERVICES BY EMERGENCY ROOM PHYSICIANS WILL BE DENIED.

Trauma services are defined as the care provided to a trauma patient in a trauma center within an emergency room or the inpatient acute care setting. Trauma centers are those designated by the Maryland Institute for Emergency Medical Services System (MIEMSS).

A trauma patient is a patient treated at one of the MIEMSS-designated trauma centers with an injury as defined by ICD-9-CM diagnosis codes 800.00 to 959.9 or with a supplementary classification of external causes of injury and poisoning codes E800 – E999. To be eligible for the Medicaid differential payment, the patient must be included in the Maryland Trauma Registry administered by MIEMSS.

The following billing instructions for the CMS-1500 must be followed by trauma physicians in order to be reimbursed for trauma services at the higher Medicare rate:

1. A primary or subsequent diagnosis code listed in Block 21 (the diagnosis field) must be from **800.00 – 959.9**, or if not, a supplementary classification of external causes and injury and poisoning code from **E800 – E999** must appear as a subsequent supplementary classification in Block 21.

2. The last 2-digits of the trauma center identification number and the 6-digit trauma registry (patient identification) number must be reported in Block 23 (the prior authorization number field) as a 8-position number. The trauma registry number is available from the trauma center where care was provided. If the trauma registry number is less than six digits, place zeros in front of the trauma registry number until you have a 6-digit number. For example, if there is only a 4-digit trauma registry patient number, fill in the first two positions with zeros.

FACILITY NAME	TRAUMA CENTER ID (Last 2-Digits of the MIEMSS Facility ID #) + TRAUMA REGISTRY NUMBER
Primary Adult Resource Center	
R. Adams Cowley, Shock Trauma Center, Baltimore	34 + 6-Digit Trauma Registry Patient Number
Level I Trauma Center	
Johns Hopkins Medical System, Adult Trauma Center, Baltimore	04 + 6-Digit Trauma Registry Patient Number
Level II Trauma Centers	
Johns Hopkins Bayview Medical Center, Adult Trauma Center, Baltimore	01 + 6-Digit Trauma Registry Patient Number
Prince George's Hospital Center, Adult Trauma Center, Cheverly	32 + 6-Digit Trauma Registry Patient Number
Sinai Hospital of Baltimore, Adult Trauma Center	10 + 6-Digit Trauma Registry Patient Number
Suburban Hospital, Adult Trauma Center, Bethesda	49 + 6-Digit Trauma Registry Patient Number
Level III Trauma Centers	
Western Maryland Health System, Cumberland Memorial Trauma Center	20 + 6-Digit Trauma Registry Patient Number
Peninsula Regional Medical Center, Adult Trauma Center, Salisbury	08 + 6-Digit Trauma Registry Patient Number
Washington County Hospital, Adult Trauma Center, Hagerstown	89 + 6-Digit Trauma Registry Patient Number
Pediatric Trauma Centers	
John Hopkins Medical System, Pediatric Trauma Center, Baltimore	05 + 6-Digit Trauma Registry Patient Number
Children's National Medical Center, Pediatric Trauma Center, Washington, D.C.	17 + 6-Digit Trauma Registry Patient Number

3. Only the place of service codes **21** (inpatient) and **23** (emergency room) can be reported in Block 24B (place of service field) for trauma services.

4. The modifier **–U1** must be reported in one of the modifier positions for the trauma service in Block 24D (modifier field). This modifier is being used to reimburse trauma providers for trauma services at the Medicare rate instead of the current Medicaid rate.

5. The Medicaid provider number of the hospital where the trauma center is located must be reported in Block 32 (the facility identification field).

The increased fees are only applied to the trauma services rendered during the initial admission or trauma center visit and the resulting acute care stay, not for subsequent follow-up services. All reporting of the modifier –U1 will be subject to post-payment audit.