



# Issues with **Trauma Team Activation Ambulance Coding**

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## Background

- **Criminals steal \$80 billion every year using various insurance fraud schemes. That's a lot of money... a lot of crime... and a plenty of harm to honest Americans everywhere.**

(From Coalition Against Insurance Fraud)

- **They don't play favorites, the bad guys are willing to take money from Medicare, Medicaid, Workers' Compensation, Private Health Insurance, Homeowners Insurance and Automobile Insurance**



# Language of Medical Billing

- **CPT® Codes**
  - Professional Procedures
- **HCPCS Codes**
  - Supplies, Ambulance, DME, Prosthetics, Orthotics
- **ICD-10-CM Codes**
  - Diagnoses
- Make Up the Language of Medical Billing
- Are Keys to Detecting Fraud

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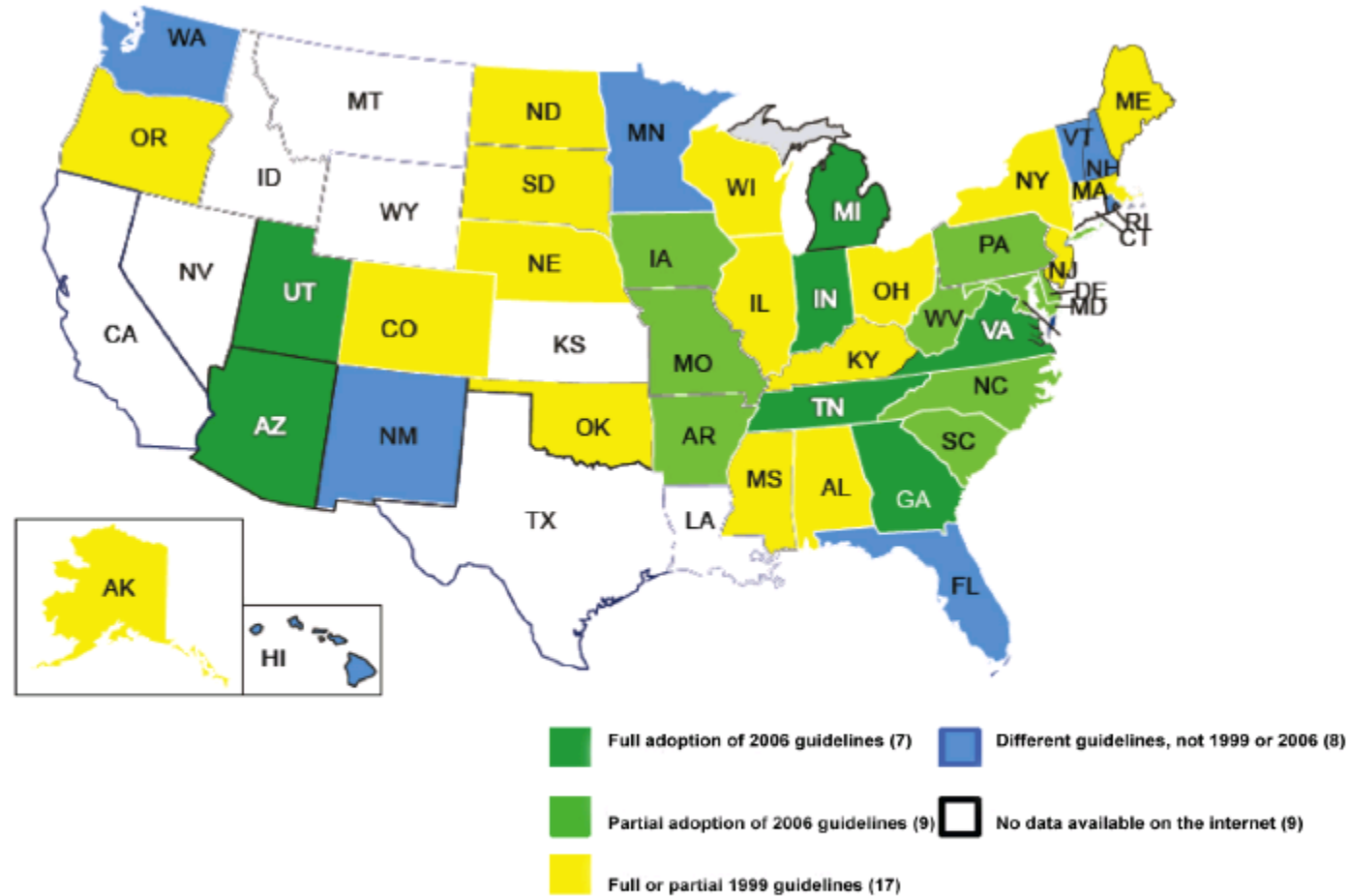


## **Billing for Services Not Rendered**

### **Example: Activation of the Trauma Team**

- **Trauma Activation Fees are Relatively New**
- **Properly Applied They Provide a Real Benefit**
  - Source of funding for excellent trauma resources in the ER
  - Which save thousands of lives each year
- **They Also Provide an Opportunity for Fraud**
- **Trauma Team Activation Criteria are Clearly Defined**
  - Fraud occurs when the criteria are ignored
  - Or when no activation takes place, but is placed on the bill
  - The ER bill is increased by several thousand dollars

## Adoption of National Trauma Team Standards



**Figure 4.** Adoption status of the 2006 field triage guidelines by state as of April 2010.

# Trauma Team Activation Criteria

## Guidelines for Activating the Trauma Team

Physiologic

Anatomic

Mechanism Of Injury

Special Considerations

## Trauma Team Activation Criteria

Physiologic

Anatomic

Mechanism Of Injury

Special Considerations

- Glasgow Coma Scale less than or equal to 13
- Systolic blood pressure less than 90 mmHg
- Respiratory rate less than 10 or greater than 29 breaths per minute (less than 20 for an infant of less than one year of age), or need for ventilator support

## Trauma Team Activation Criteria

Physiologic

Anatomic

Mechanism Of Injury

Special Considerations

- All penetrating injuries to head, neck, torso, and extremities proximal to the elbow or knee
- Chest wall instability or deformity (e.g., flail chest)
- Two or more proximal long-bone fractures
- Crushed, degloved, mangled or pulseless extremity
- Amputations proximal to the wrist or ankle
- Pelvic fractures
- Open or depressed skull fractures
- Paralysis

## Trauma Team Activation Criteria

Physiologic

Anatomic

Mechanism Of Injury

Special Considerations

- **Falls**

- Adults: greater than 20 feet (one store is equal to 10 feet)
- Children (less than age 15): greater than 10 feet or two to three times the height of the child

- **High risk auto crash**

- Intrusion, including roof: greater than 12 inches occupant site; greater than 18 inches any site
- Ejection (partial or complete) from automobile
- Death in same passenger compartment
- Vehicle telemetry data consistent with high risk of injury

- **Auto vs. pedestrian/bicyclists thrown, run over, or with significant (greater than 20 mph) impact**

- **Motorcycle crash at greater than 20 miles per hour**

## Trauma Team Activation Criteria

Physiologic

Anatomic

Mechanism Of Injury

Special Considerations

- **Older adults (greater than 55)**
  - Risk of injury / death increases after age of 55 years
  - SBP less than 110 might represent shock after age 65 years
  - Low impact mechanisms (e.g., ground level falls) might result in severe injury
- **Children**
  - Should be triaged preferentially to pediatric capable trauma centers
- **Anticoagulants and bleeding disorders**
  - Patients with head injury are at high risk for rapid deterioration
- **Burns**
  - Without other trauma mechanism: triage to burn facility
  - With trauma mechanism: triage to trauma center
- **Pregnancy greater than 20 weeks**
- **EMS provider judgment**

## Trauma Team Activation Criteria

Physiologic

Anatomic

Mechanism Of Injury

Special Considerations

**Patients that do not meet any of the triage criteria in steps one through four should be transported to the most appropriate medical facility as outlined in local EMS protocols.**

## Glasgow Coma Scale (GCS)

- **Neurological scale**

- Aims to give a reliable, objective way of recording the conscious state of a person for initial as well as subsequent assessment
- A patient is assessed against the criteria of the scale, and the resulting points give a patient score between 3 (indicating deep unconsciousness) and 15 (indicating normal neurological presentation)

	1	2	3	4	5	6
Eyes	Does not open eyes	Opens eyes in response to painful stimuli	Opens eyes in response to voice	Opens eyes spontaneously	N/A	N/A
Verbal	Makes no sounds	Incomprehensible sounds	Slurred speech, muttering	Confused, disoriented	Oriented, converses normally	N/A
Motor	Makes no movements	Extension to painful stimuli	Abnormal flexion to painful stimuli	Flexion / Withdrawal to painful stimuli	Localizes painful stimuli	Obeys commands

## Glasgow Coma Scale (GCS)

### ▪ Usage

- Initially used to assess level of consciousness after head injury
- Scale is now used by first aid, EMS, and doctors as being applicable to all acute medical and trauma patients
- In hospitals it is also used in monitoring chronic patients in intensive care.

	1	2	3	4	5	6
Eyes	Does not open eyes	Opens eyes in response to painful stimuli	Opens eyes in response to voice	Opens eyes spontaneously	N/A	N/A
Verbal	Makes no sounds	Incomprehensible sounds	Slurred speech, muttering	Confused, disoriented	Oriented, converses normally	N/A
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## Trauma Team Activation Criteria

- **National Field Triage Guidelines Endorsed by Industry**
- **Local guidelines for transport may vary**
- **Influenced by the National Guidelines regarding field triage and trauma activation by EMS**

### Organizations and Federal Agencies Endorsing the Guidelines for Field Triage of Injured Patients

List as of December 2011

Air Medical Physician Association, American Academy of Orthopedic Surgeons, American Academy of Pediatrics, American Association of Critical-Care Nurses, American Association for Respiratory Care, American Association for the Surgery of Trauma, American Burn Association, American College of Emergency Physicians, American College of Osteopathic Surgeons, American College of Surgeons, American Public Health Association, American Trauma Society, Association of Air Medical Services, Association of Critical Care Transport, Association of Public-Safety Communications Officials–International, Association of State and Territorial Health Officials, Brain Trauma Foundation, Commission on Accreditation of Medical Transport Systems, Eastern Association for the Surgery of Trauma, Emergency Nurses Association, International Academies of Emergency Dispatch, International Association of Emergency Medical Services Chiefs, International Association of Fire Chiefs, International Association of Flight and Critical Care Paramedics, National Association of Emergency Medical Technicians, National Association of EMS Educators, National Association of EMS Physicians, National Association of State EMS Officials, National EMS Information System, National EMS Management Association, National Volunteer Fire Council, Safe States Alliance, Society for Academic Emergency Medicine, Society for the Advancement of Violence and Injury Research, Society of Emergency Medicine Physician Assistants, Trauma Center Association of America, Western Trauma Association, Federal Interagency Committee on Emergency Medical Services (comprising representatives from the U.S. Department of Health and Human Services, the U.S. Department of Transportation, the U.S. Department of Homeland Security, the U.S. Department of Defense, and the U.S. Federal Communications Commission).

The National Highway Traffic Safety Administration concurs with these Guidelines.

## Who Activates the Trauma Team?

- **Most trauma patients arrive via ambulance**
  - The rescue personnel (paramedic, EMT) communicate by radio with the emergency department personnel (usually a specially trained ER nurse but sometimes directly with an ER physician).
  - These two individuals decide whether or not the trauma team needs to be activated.
  - They may decide to initiate full activation of the trauma team or limited activation of the trauma team based on certain predetermined criteria.
- **Inter-facility transfers are initiated by the (current) hospital physicians**



## Proper Coding & Documenting for Trauma Team

- **Trauma Team Activation criteria met and documented in hospital medical records (and in EMS documents)**
- **Proper Team Response documented**
- **If > 30 minutes of critical care documented**
  - Trauma Team Response is coded as HCPCS Code G0390
  - Critical care billed with 99291
- **If < 30 minutes of critical care**
  - Appropriate level of ER code billed (i.e., 99285)
  - Trauma Team Response can be billed under revenue code 068X, IF all other activation criteria is met
  - Not reimbursable by CMS
  - Is reimbursable at private payer discretion

## **Review: What to Look for with Trauma Team Charges**

- **Must be prehospital activation by EMS**

**OR**

- **Hospital transfer by MD**
- **EMS must activate based on the National Field Triage criteria**
- **Appropriate response:**
  - Team Response (see who signed in, times of sign in, interventions)
  - Critical care procedures/ treatment documented in hospital records
  - Critical care by itself does not Equal Trauma Team Activation
  - Activation documented must be clearly supported by stating reason (criteria), communication, team response

**TRAUMA IS NOT NECESSARILY TRAUMA ACTIVATION**

## Another Thing to Look For

- **Trauma Team /Activation Charges Billed by the Hospital without a Code and ER level CPT code 99281-99284**
  - This case would need very clear EMS criteria met & clear response with trauma team
  - At payer discretion/ contract
- **Trauma Team Billed with HCPCS Code G0390 and ER level CPT code 99281-99285**
  - This is not appropriate
  - Code G0390 is only to be used when greater than 30 minutes of critical care are documented, and critical care is billed with 99291

## **What Can You Do Besides Review the Coding?**

**If You Can, Ask the Patient What Happened When They Reached the Hospital.**

- **Were They Triageed by a Nurse Then Ask to Wait for the Doctor?**
- **Or Were They Surrounded by a Medical Team With Needles, Syringes, Respirators and IVs?**

**That's a Trauma Team!**



# ER Department Evaluation and Management Codes

Fee Viewer 3.1

File Edit Import Options Help

**CONTEXT<sup>4</sup>**  
HEALTHCARE

UCR Standard Anesthesia Anesthesia with Base Units

Zip Code Code Modifier ☐ Medical ☐ Dental ☐ HCPCS ☒ OPF ☐ IPF Per Day ☐ IPF Full Stay

93721 99285  ☐ Search all modifiers Search Clear

Zipcode	Code	Status	Description	Modifier	Type	25th	50th	60th	70th	80th	85th
93721	99281		emergency dept visit		OUT	50.97	73.96	83.78	95.45	110.79	119.37
93721	99282		emergency dept visit		OUT	316.53	459.29	520.25	592.75	687.97	741.28
93721	99283		emergency dept visit		OUT	552.00	800.95	907.27	1,033.70	1,199.76	1,292.73
93721	99284		emergency dept visit		OUT	879.97	1,276.84	1,446.32	1,647.87	1,912.58	2,060.80
93721	99285		emergency dept visit		OUT	1,319.09	1,913.99	2,168.05	2,470.17	2,866.98	3,089.16

Open Database: S:\UCR Data\2020.mdb

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Close

Note: 2020 Prices for Fresno, CA



# ALS and BLS Transport

Advanced Life Support (ALS) Transport	Basic Life Support (BLS) Transport
<ul style="list-style-type: none"><li>Includes Invasive Procedures</li><li>Includes Injections, IV lines, breathing tubes, drawing blood</li></ul>	<ul style="list-style-type: none"><li>Includes Only Non-Invasive Procedures</li><li>Vital signs, palpations, oxygen, cervical collar, back board</li></ul>
<ul style="list-style-type: none"><li>HCPSC Code A0427 – ALS1 Emergency - \$1,724.50</li></ul>	<ul style="list-style-type: none"><li>HCPSC Code A0429 – BLS Emergency - \$1,405.68</li></ul>

Note: 2020 Prices at 85th Percentile for Fresno, CA



## ALS and BLS Definitions

**BLS** is an acronym for basic life support. BLS is a level of medical care which is used for patients with life-threatening illnesses or injuries until the patient can be given full medical care at a hospital. It can be provided by EMTs, paramedics and by lay persons who have received BLS training.

BLS is generally used in the pre-hospital setting and can be provided without medical equipment. It is non-invasive, i.e.: no needles or other devices that make cuts in the skin are used. BLS providers cannot administer medicines.

**ALS** is an acronym for advanced life support. The ALS system is comprised of paramedics who have received training in aggressive cardiac life support, pediatric life support, severe trauma and over 200 other life threatening emergency medical conditions. Paramedics can administer over 30 advanced medications and medical procedures. Paramedics work to orchestrate an emergency medical scene and direct the operations inside the medical transport unit (ambulance). During an emergency medical call the paramedic is in constant phone contact with a hospital emergency room physician. The paramedic and the physician pair together in making critical life care decisions.

ALS is a set of life-saving protocols and skills that extend BLS to further support the circulation and provide an open airway and adequate ventilation (breathing). Typically ALS includes invasive techniques such as IV therapy, intubation, and/or drug administration.

## ALS and BLS Definitions (continued)

The ambulance services are identified with HCPCS codes. This coding system, the Healthcare Common Procedure Coding System, pronounced 'hix-pix', is a set of alphanumeric codes that are used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies when used outside a physician's office.

There are four HCPCS codes to identify ambulance services: A0428 for non-emergency BLS and A0429 for emergency BLS. Emergency ALS services are identified with HCPCS code A0427, and non-emergency ALS with code A0426.

Medical invoices that include an ambulance services billed with one of the BLS HCPCS codes with the facility billing for a trauma activation is considered incongruent by the code definitions and coding rules, and a review of the invoicing is recommended.

In addition, if an ambulance invoice includes a charge billed with an ALS HCPCS code, yet the patient is not evaluated by the physician for 30 minutes, a review of the records and invoicing is suggested.

## Necessary Information to Request

- **The Essentials**

- Police Report
- Ambulance Notes
- Ambulance Bill
- ER Triage Notes
- ER Flow Sheet
- Trauma Flow Sheet
- ER Discharge Report
- ER Bill – Itemized

- **Supplementary Information – If Challenged**

- Hospital Trauma Activation Policy and Procedure
- Algorithm for Activation of the Trauma Team (Section 1, page 7 of Trauma Team Binder)

# Useful Tools



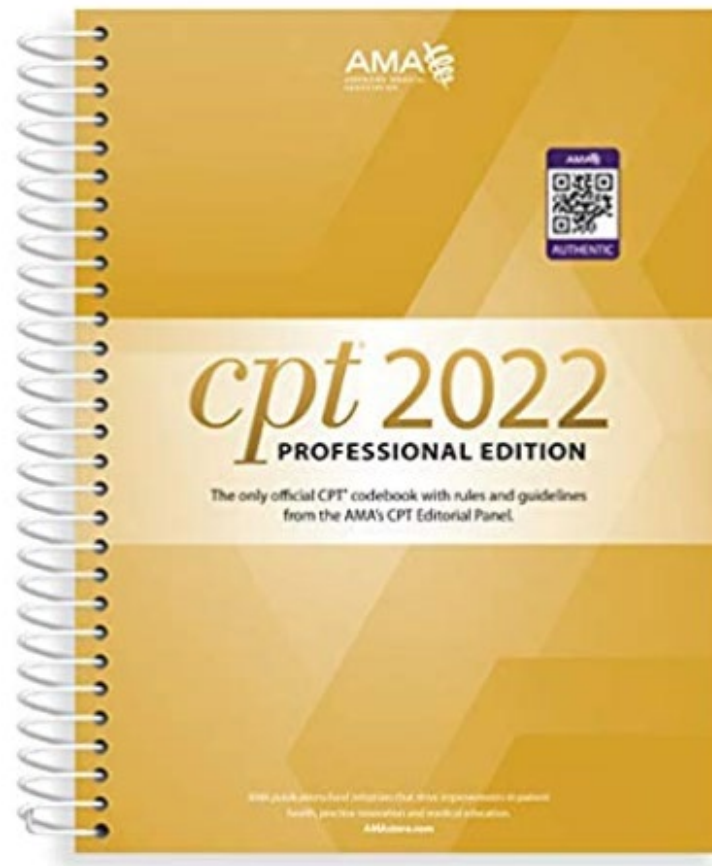
## Useful Tools Overview

- **CPT® 2022 Professional Edition**
  - Definitive reference guide to proper CPT coding
- **Medical Fees in the U.S. 2020**
  - Usual and customary fees with geographic adjustments
- **National Fee Analyzer in the U.S. 2020**
  - Usual and customary fees with geographic adjustments
- **<http://www.icd10data.com/>**
  - Website for diagnosis code lookup
  - Also HCPCS lookup



## Useful Tools

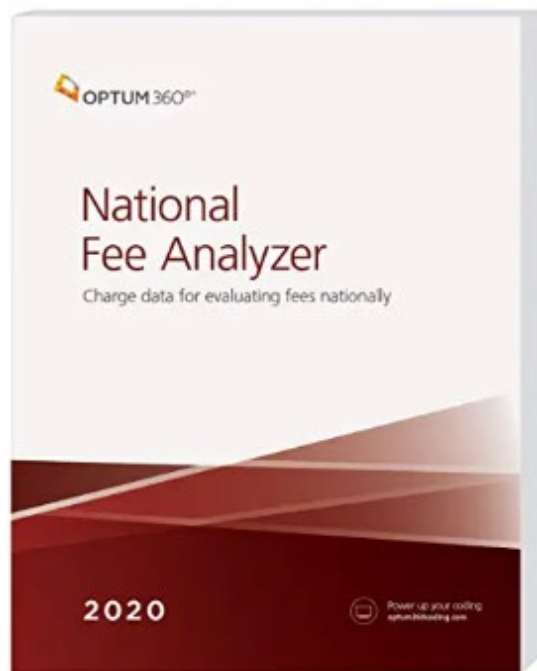
### CPT® 2022 Professional Edition



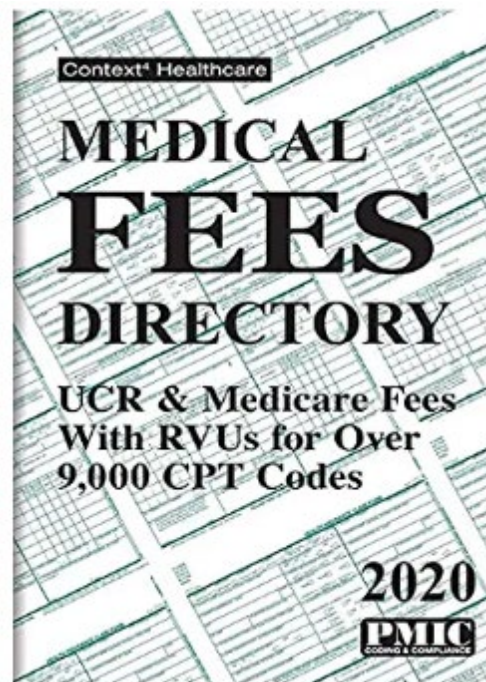
\$109.76 on Amazon

## Useful Tools

### Professional Fees - UCR



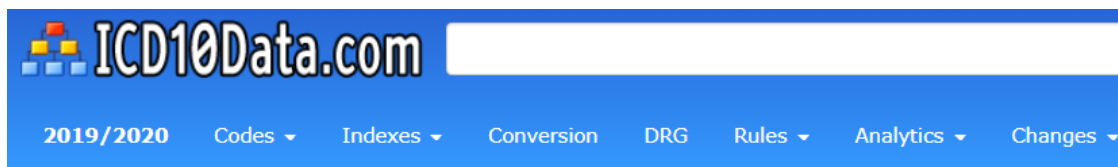
Based on Fair Health Database  
\$199.95 on Amazon



Based on Context4Healthcare Database  
\$149.95 on Amazon

## Useful Tools

### Free ICD-10 Website



#### The Web's Free 2019/2020 ICD-10-CM/PCS Medical Coding Reference

ICD10Data.com is a free reference website designed for the fast lookup of all current American ICD-10-CM (diagnosis) and ICD-10-PCS (procedure) medical billing codes.

The 2020 ICD-10-CM/PCS code sets are now fully loaded on ICD10Data.com. 2020 codes became effective on **October 1, 2019**, therefore all claims with a date of service on or after this date should use 2020 codes.

Suggest a feature or send your comments to [feedback@icd10data.com](mailto:feedback@icd10data.com).

#### 2019/2020 ICD-10-CM Diagnosis Codes

- [ICD-10-CM Codes](#)
  - [New Codes](#)
  - [Revised Codes](#)
  - [Deleted Codes](#)
  - [Billable/Specific Codes](#)
  - [Non-Billable/Non-Specific Codes](#)

#### 2019/2020 ICD-10-PCS Procedure Codes

- [ICD-10-PCS Codes](#)
  - [New Codes](#)
  - [Revised Codes](#)
  - [Deleted Codes](#)

#### 2019/2020 ICD-10-CM Coding Rules

- [Newborn Codes](#)
- [Pediatric Codes](#)
- [Adult Codes](#)
- [Maternity Codes](#)
- [Female Only Diagnosis Codes](#)
- [Male Only Diagnosis Codes](#)
- [Manifestation Codes](#)
- [POA Exempt Codes](#)
- [Questionable Admission Codes](#)

#### 2019/2020 ICD-10-PCS Coding Rules

- [Female Only Procedure Codes](#)
- [Male Only Procedure Codes](#)

#### Convert ICD-10-CM/PCS <-> ICD-9-CM Codes

- [Conversion](#)

#### Diagnostic Related Groups (v36.0)

- [DRG Data](#)

#### 2020 HCPCS Codes

- [Codes](#)
- [Modifiers](#)

#### 2015 ICD-9-CM Codes

- [Legacy ICD-9-CM Codes](#)

# Example 1



**Innocent looking bill, the prices aren't bad at all. However, this provider was billing Advanced Life Support (HCPCS Code A0427) on all their transports, no Basic life Support (BLS) at all.**

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E.	F.	G.	H.	I.	J.	
From To						PLACE OF SERVICE						DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	PSTOT PER UNIT	ID. QUAL	RENDERING PROVIDER ID. #	
NOM	DD	YY	MM	DD	YY	EMG		CPT/HCPCS	MODIFIER									
ALS	05	15	09	05	15	09	41	Y	A0427	SH	:	:	:	1	600	00	1	G2 756000640
MILES	05	15	09	05	15	09	41	Y	A0425	SH	:	:	:	1	10	00	1	NPI 1982742698
											:	:	:					G2 756000640
											:	:	:					NPI 1982742698
											:	:	:					NPI
											:	:	:					NPI
											:	:	:					NPI
											:	:	:					NPI
											:	:	:					NPI
25. FEDERAL TAX I.D. NUMBER						SSN EIN	26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE	
756000640						<input type="checkbox"/> X	3-113690-0007176				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		\$ 610 00		\$ 0 00		\$ 610 00	



# Example 1

## ER Bill

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
250-PHARMACY-GENERAL						
010511	05B079	0712	108095	186011401	1 XYLO/EPI 1% 30ML INJ	54.61
					SUBTOTAL:	54.61
259-PHARMACY-OTHER						
010511	05B079	0712	107895	74194912	2 VICODIN 5/500 TAB	18.56
					SUBTOTAL:	18.56
272-MED/SURG STERILE SUPPLY						
010511	06B202	0718	327774		1 STAPLER SKIN 35 REG	55.00
010511	06B202	0718	516485		1 ADHESIVE DERMABOND VL	144.00
010511	06B202	0718	431044		1 TRAY GAUZE STERILE 4X4	3.00
					SUBTOTAL:	202.00
300-LAB-GENERAL						
010511	05B074	0736	803897	36415	1 VENIPUNCTURE	32.00
					SUBTOTAL:	32.00
301-LAB-CHEMISTRY						
010511	05B074	0736	802152	84703	1 HCG QUALITATIVE SERUM	253.00
					SUBTOTAL:	253.00
320-RAD DX-GENERAL						
010511	05B081	0728	700673	72170	1 XR PELVIS 1/2 VIEWS	473.00
010511	05B081	0728	177678	73510LT	1 XR HIP UNI 2 + V LT	430.00
					SUBTOTAL:	903.00
351-CT SCAN-HEAD SCAN						
010511	05B081	0726	070442	70450	1 CT HEAD/BRAIN W/O CONT	2700.00
					SUBTOTAL:	2700.00
352-CT SCAN-BODY SCAN						
010511	05B081	0726	704415	72125	1 CT C-SPINE W/O CONTRAS	2971.00
					SUBTOTAL:	2971.00
450-EMERGENCY ROOM						
010511	06B202	0780	108664		1 PROCEDURE CATEGORY I	371.00
010511	06B202	0780	108656	99284	1 EMER DEPT LEVEL 4	1398.00
					SUBTOTAL:	1769.00

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
636-PHARMACY-DETAILED CODING						
010511	05B078	0712	107478	80718	1 TET DIPH TOX ADULT DO	59.00
					SUBTOTAL:	59.00
683-TRAUMA RESPONSE LVL III						
010511	06B202	0780	190995	G0390	1 TRAUMA L2 ACTIVATION	15000.00
					SUBTOTAL:	15000.00
771-VACCINE ADMINISTRATION						
010511	06B202	0780	108651	90471	1 IMMUNIZ ADMIN SGL	85.00
					SUBTOTAL:	85.00
TOTAL ANCILLARY CHARGES						24047.17
TOTAL CHARGES						24047.17
PAYMENTS						.00
ADJUSTMENTS						.00
BALANCE						24047.17

## Example 1

### ER Bill - Analysis

#### Trauma Issues of Consideration

According to the ambulance documentation, this patient was a restrained front-seat passenger of vehicle that was traveling at approximately 35 to 45 miles per hour when it suffered a frontal impact. There was no intrusion into the vehicle's passenger compartment; the windshield and dashboard were intact; airbags deployed. This patient had a minor laceration to the bridge of her nose with minor bleeding; she reported head and neck pain. She was ambulatory at the scene.

During ambulance transport, vital signs and an electrocardiogram were monitored. The patient's physical assessment was noted to include "no abnormalities." The patient was medicated intravenous injections of Zofran for nausea and Dilaudid for pain.

- The ambulance documentation did not support that the field trauma triage protocol was met.
- The ambulance report indicated only that the hospital was notified of this patient's transport; there was no constant contact with the trauma center in order for the ambulance personnel to coordinate critical care with the trauma physician.
- The emergency room documentation did not reflect that hospital personnel were in constant contact with the ambulance during this patient's transport.
- According to the emergency room report, this patient suffered no loss of consciousness, had no respiratory distress, no blunt abdominal or thoracic trauma or penetrating injuries, no obvious broken bones, and no acute, profuse bleeding. There was no indication that this was a "critically injured" patient with life-threatening impairment to one or more vital organ systems.
- The invoice included a charge for HCPCS code G0390 for the trauma activation but no charge for CPT code 99291, for 30 minute of critical care.

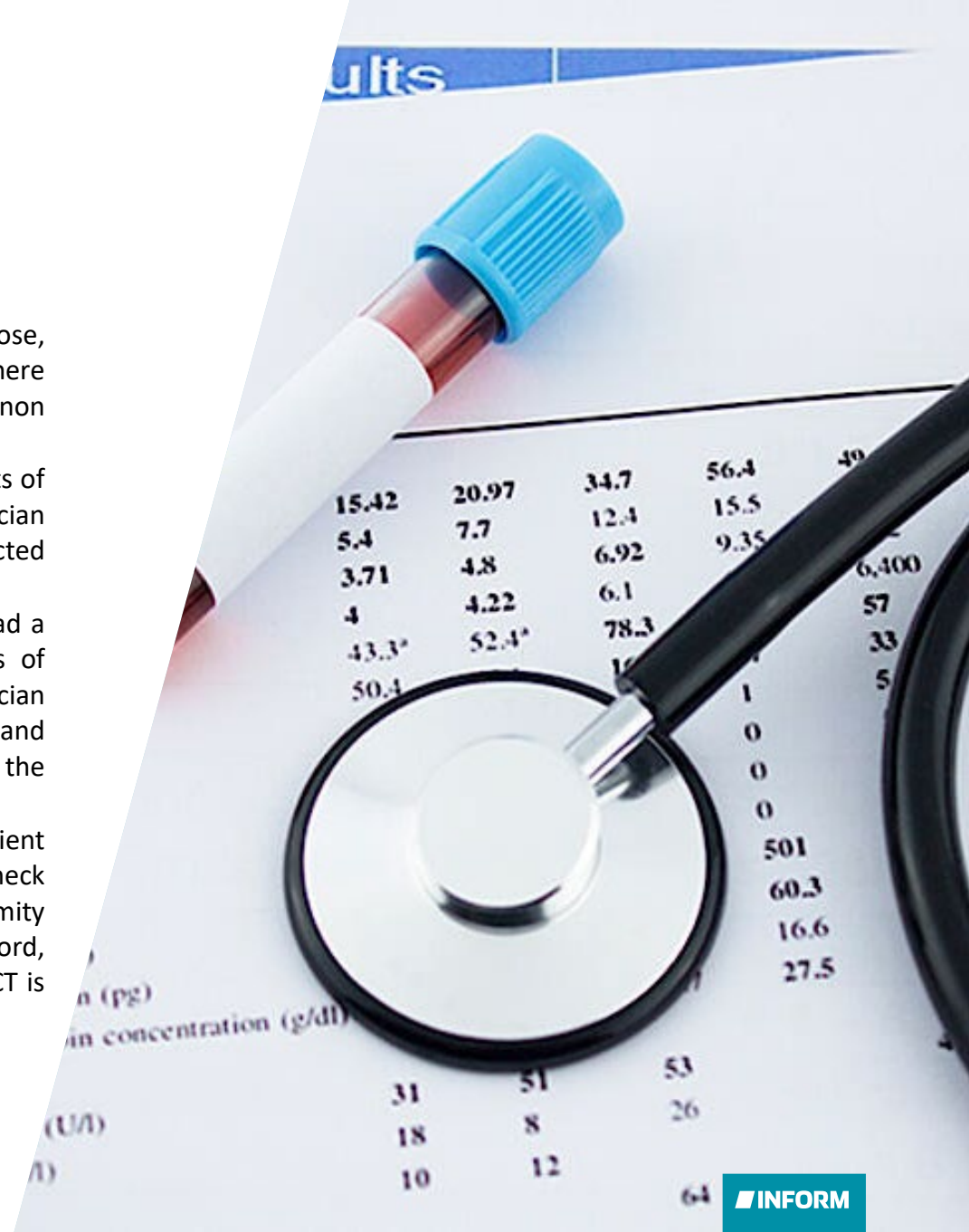


## Example 1

### ER Bill - Analysis

#### Other Issues of Consideration

- The invoice included a charge for a pregnancy (HCG) test. The patient reported head, nose, neck, and left hip and leg pain. She had no abdominal pain, and upon examination, there was no indication of blunt abdominal or pelvic trauma, her abdomen was soft and non tender with “no visible injury”, and her pelvis was stable.
- The invoice included charges for hip and pelvis x-rays. This patient did report complaints of hip and leg pain, but had been ambulatory at the scene; the emergency physician documented no hip or pelvis findings. The secondary survey examination findings reflected only that her pelvis was stable.
- A CT scan of this patient’s head / brain was taken. She did report a headache, and had a minor laceration to her forehead. The ambulance personnel documented no loss of consciousness, no confusion, and no amnesia. According to the emergency physician report, she suffered no loss of consciousness or seizure, was not dazed, and was alert and oriented with a Glasgow Coma Scale of 15 of 15. The documentation did not reflect the clinical rationale for brain imaging.
- A cervical spine CT scan was also performed. The documentation reflected that this patient had reported neck pain, but on examination, the emergency physician noted that her neck was nontender with painless neck range of motion. There were no upper extremity complains such as pain, weakness, or numbness to suggest injury to the cervical spinal cord, discs, or nerves documented. Typically, neck pain is first evaluated by an x-ray, and a CT is subsequently done to assess any questionable abnormalities found on the x-ray.

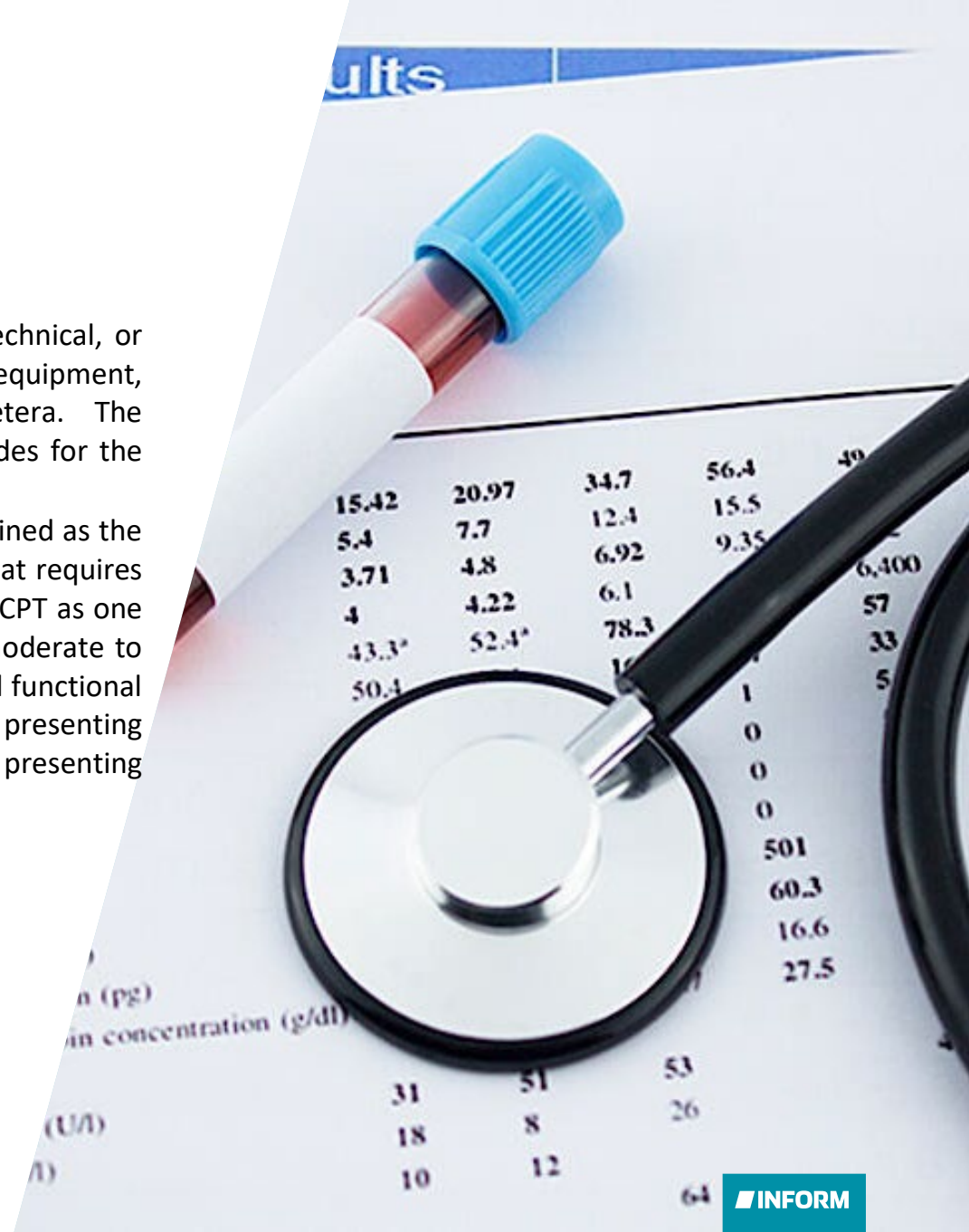


## Example 1

### ER Bill - Analysis

#### Other Issues of Consideration

- The charges for images taken at a hospital or medical center represent the technical, or taking, component of the films only. This component includes the use of the equipment, the technician's services to take the films, the developing of the film, et cetera. The professional, or interpretation, component is billed by the radiologist. CPT codes for the technical component only are to be modified with CPT modifier TC.
- The emergency room services were billed with CPT code 99284. This code is defined as the emergency examination of patient with a presenting problem of high severity that requires an urgent evaluation by the physician. A problem of high severity is defined by CPT as one where the risk of morbidity without treatment is high to extreme; there is a moderate to high risk of mortality without treatment OR high probability of severe, prolonged functional impairment. The documentation did not clearly indicate that this patient's presenting problems were of high severity but appeared to be more consistent with presenting problems of low to moderate to severity.



## Example 1

### Usual and Customary Results

- **Bill reduced from \$24,047.17 to \$10,937.30**
  - Based only on pricing
- **Bill reduced from \$24,047.17 to \$1,275.89**
  - Based on Billing and Coding Review and pricing



## Example 2

9-year-old girl brought in by father (no ambulance)  
with a seatbelt sign in her collarbone area and no  
other complaints



## Example 2

### ED Provider Note

Primary Care Provider:  
Means of Arrival: Walk-In  
History obtained from: Parent  
History limited by: None

#### CHIEF COMPLAINT

Chief Complaint

Patient presents with

- Trauma Green

#### HPI

Patient is a 9 y.o. who was brought into the ED as a Trauma Green status post MVA. The patient was the restrained rear passenger of a vehicle traveling approximately 65 mph which T-boned another vehicle. Air bags were deployed. Patient denies any loss of consciousness and was able to ambulate and self extricate without difficulty. Upon arrival she complains of some pain to her collar bone from the seat belt mark, but otherwise has no acute medical complaints. The patient has no major past medical history, takes no daily medications, and has no allergies to medication. Vaccinations are up to date.

Historian was the father

## Example 2

### Admission & Discharge Information

#### Admission Information

Arrival Date/Time:	08/29/ 1 2026	Admit Date/Time:	08/29/ 2026	IP Adm. Date/Time:
Admission Type:	Trauma Center	Point of Origin:	Non-health Care	Adm. Category:
Means of Arrival:	Walk-In	Primary Service:	Emergency	Secondary Service:
Transfer Source:		Service Area:		Unit:
Admit Provider:		Attending Provider:		Referring Provider:

#### Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
08/29/ 2119	Discharged To Home/self Care (01)	Home	None	

#### Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
S40.211A [Principal]	Abrasion of right shoulder, initial encounter				
G89.11	Acute pain due to trauma				

## Example 2 Summary



- Time from check in to discharge was less than an hour
- Time from being seen by a doctor to discharge plan being discussed was about 18 minutes

## Example 2 Bill

Hospital Account ID:  
Guarantor ID:

Guarantor Name/Address:

Patient Name:

Admit Date: 08/29/

Account Class: Emergency  
Attending Physician:

Discharge Date: 08/29/

Primary Payor: Misc Accident Liability - Misc Accident Liability  
Secondary Payor:

### Hospital Charges

Rev Code	Service Date	Unit Number	Description	CPT or HCPCS Code	Qty	Amount
0324	08/29	200251	HCHG CHEST XRAY SINGLE VIEW	71045	1	526.00
0450	08/29	200323	HCHG GREEN TRAUMA TEAM SERVICES		1	13,735.00
0450	08/29	200323	HCHG LEVEL IV EXTENDED	99284	1	2,364.00

Total hospital charges: 16,625.00

Total hospital payments and adjustments:

Account Balance: 16,625.00

CPT or HCPCS Code	Mod	Qty	Description	Amount Billed	Audited UCR Amount at 85th Percentile
71045		1	CHEST X-RAY, 1 VIEW	526.00	526.00
		1	GREEN TRAUMA TEAM SERVICES	13,735.00	0.00
99284		1	EMERGENCY DEPT VISIT	2,364.00	2,364.00
				16,625.00	2,890.00

## Example 3

32-year-old male self-presented the day after being involved in a motor vehicle accident / not from the scene of the MVA



## Example 3

### ED Provider Note

Primary care provider: **Provider A**  
Means of arrival: walk in  
History obtained from: patient  
History limited by: none

#### CHIEF COMPLAINT

##### Chief Complaint

Patient presents with

- Low Back Pain
- Shoulder Pain
- Trauma Green

#### HPI

Patient is a 32 y.o. male who presents to the Emergency Department as a trauma green complaining of neck and low back pain status post motor vehicle accident last night. Patient reports associated shoulder pain, nausea. He states that he was the restrained driver who T-boned another driver last night at an unknown rate of speed. Air bags were not deployed and there was severe damage to both vehicles. Patient was evaluated by EMS after the event, but did not report any initial pain so he left without coming to the ED. He reports that since the collision, he has developed pain that has gradually increased, prompting him to come to the ED for evaluation. Patient denies vomiting, loss of consciousness.

#### REVIEW OF SYSTEMS

Pertinent positives include neck pain, back pain, shoulder pain, nausea.

Pertinent negatives include no vomiting, loss of consciousness.

All other systems reviewed and negative. See HPI for further details.

## Example 3

### Admission & Discharge Information

#### Admission Information

Arrival Date/Time	... 0915	Admit Date/Time	... 0915	IP Adm. Date/Time
Admission Type	Emergency	Point of Origin	Non-health Care	Admit Category
Means of Arrival	Walk-In	Primary Service	Emergency	Secondary Service
Transfer Source		Service Area		Unit
Admit Provider		Attending Provider		Referring Provider

#### Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
... 1004	Discharged To Home/self Care (01)	Home	None	

#### Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
S16 1XXA [Principal]	Strain of muscle, fascia and tendon at neck level, initial encounter				
S39 012A	Strain of muscle, fascia and tendon of lower back, initial encounter				
F17 200	Nicotine dependence, unspecified, uncomplicated				

## Example 3

### Summary



- Discharge diagnoses of motor vehicle collision and strains of the neck muscles and lumbar region
- Time from check in to discharge was less than an hour
- Underwent no testing; only examined by one ER doctor, who said injuries were musculoskeletal, not concerning for fracture

# Example 3

## Bill

### DETAIL BILL

Hospital Account ID\*  
Guarantor ID

Guarantor Name/Address\*

Patient Name:  
Account Class      Emergency  
Attending Physician

Admit Date\*      07/23/  
Discharge Date    07/23/

CPT or HCPCS				Audited UCR
Code	Mod	Qty	Description	Amount at 85th Percentile
			HCHG GREEN TRAUMA TEAM SERVICES	
		1		0.00
99284		1	EMERGENCY DEPT VISIT	2,470.00
				2,470.00

### Hospital Charges

Rev. Code	Service Date	Cost Center Code	Description	CPT/ HCPCS	Qty.	Amount
0450	07/23	200328	HCHG GREEN TRAUMA TEAM SERVICES		1	11,562.00
0450	07/23	200328	HCHG LEVEL IV EXTENDED	99284	1	2,883.00
Total hospital charges						14,445.00

## Example 4

37-year-old woman brought in by EMS non-emergent transport: patient care report states that no major trauma was noted, she asked to be brought to the ER



## Example 4

### ED Provider Note

Primary care provider: None noted  
Means of arrival: EMS  
History obtained from: Patient  
History limited by: None

#### **CHIEF COMPLAINT**

Motor Vehicle Accident

#### **HPI**

Reston Forty-One is a 37 y.o. female who presents as a Trauma Green following a MVA where she was a restrained driver with no air bag deployment. She states that she was at a stop light when another car hit her left, front bumper going about 50 mph. The patient is currently complaining of right sided neck pain, right sided flank pain, and a headache. She states that the pain was delayed until a while after the initial crash. She was able to ambulate following the accident. She does not remember much of the accident, but denies loss of consciousness, abdominal pain, weakness, tingling, numbness, hip pain, or pain to the left side of her body. She denies exacerbated pain in the chest upon deep inspiration. She has no known medical problems and takes no daily medications.

#### **REVIEW OF SYSTEMS**

Pertinent positives include: right sided neck pain, right sided flank pain, and a headache.

Pertinent negatives include: loss of consciousness, abdominal pain, weakness, tingling, numbness, hip pain, or pain to the left side of her body.

10+ systems reviewed and negative.

## Example 4

### Admission & Discharge Information

#### Admission Information

Arrival Date/Time:	04/24/ 1701	Admit Date/Time:	04/24/ 1701	IP Adm. Date/Time:	
Admission Type:	Trauma Center	Point of Origin:	Non-health Care	Admit Category:	
Means of Arrival:	Other	Primary Service:	Emergency	Secondary Service:	
Transfer Source:		Service Area:		Unit:	
Admit Provider:		Attending Provider:		Referring Provider:	Emergency Dept

#### Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
04/24/ 1831	Discharged To Home/self Care (01)	Home	None	

#### Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
S13.4XXA [Principal]	Sprain of ligaments of cervical spine, initial encounter				
S20.211A	Contusion of right front wall of thorax, initial encounter				

## Example 4 Summary



- Time from arrival to discharge was less than an hour
- Only objective finding was mild chest wall tenderness; “patient has no probable cause for labs or imaging to be ordered”
- About 23 minutes from time seen by ER doctor until discharge plan was discussed
- Referred to as "Reston Forty-One" in some records, indicative of false/fraudulent/inaccurate documentation

## Example 4 Bill

Hospital Account ID:  
Guarantor ID:

Guarantor Name/Address:

Patient Name:  
Account Class: Emergency  
Attending Physician:

Admit Date: 04/24  
Discharge Date: 04/24

Primary Payor:  
Secondary Payor: Misc Accident Liability - Misc Accident Liability

### Hospital Charges

Rev. Code	Service Date	Cost Center Code	Description	CPT/ HCPCS	Qty.	Amount
0450	04/24/	200326	HCHG LEVEL IV EXTENDED	99284	1	2,990.00
0682	04/24/	200326	HCHG GREEN TRAUMA ACT PRE-NOTIFY NO CC		1	12,718.00
Total hospital charges:						15,708.00

CPT or HCPCS Code	Mod	Qty	Description	Amount Billed	Audited UCR Amount at 85th Percentile
99284		1	EMERGENCY DEPT VISIT	2,990.00	2,938.00
		1	HCHG GREEN TRAUMA ACT PRE-NOTIFY NO CC	12,718.00	0.00
				15,708.00	2,938.00

# Example 5

23-year-old male self-presented to hospital



## Example 5

### ED Provider Note

Primary care provider: None noted  
Means of arrival: Walk-in  
History obtained from: Patient  
History limited by: None

#### CHIEF COMPLAINT

##### Chief Complaint

Patient presents with

- Trauma Green

*walk in from triage as trauma green, restraint driver got into a head on collision by another vehicle approximately 45mph. denies loc. (+)seat belt (+)airbag. gcs of 15. has left forearm hematoma. has tingling in left hand.*

#### HPI

**Patient** is a 23 y.o. male who presents to the Emergency Department as a trauma green after being the restrained driver in a head on collision prior to arrival. Patient states that he was traveling 30 mph when a car crossed over the median and collided with his car. He adds that the other car was traveling approximately 45-50 mph. Patient notes that his airbag deployed at the time of impact. Patient denies any loss of consciousness. Patient notes that his friend was driving in front of him and had to swerve his car in order to avoid being hit. Patient is currently experiencing left forearm pain. Patient denies any chest pain, shortness of breath, abdominal pain, nausea, vomiting, back pain, or neck pain.

**PPE Note:** I personally donned full PPE for all patient encounters during this visit, including being clean-shaven with an N95 respirator mask and gloves.

Scribe remained outside the patient's room and did not have any contact with the patient for the duration of patient encounter.

#### REVIEW OF SYSTEMS

Pertinent positives include left forearm pain. Pertinent negatives include no loss of consciousness, chest pain, shortness of breath, abdominal pain, nausea, vomiting, back pain, or neck pain. All other systems reviewed and negative.

## Example 5

### Admission & Discharge Information

#### Admission Information

Arrival Date/Time:	05/01 1457	Admit Date/Time:	05/01 1457	IP Adm. Date/Time:
Admission Type:	Trauma Center	Point of Origin:	Non-health Care	Admit Category:
Means of Arrival:	Walk-in	Primary Service:	Emergency	Secondary Service:
Transfer Source:		Service Area:		Unit:

Admit Provider:

Attending Provider:

Referring Provider:

#### Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider
05/01/ 1646	Discharged To Home/self Care (01)	Home	None

#### Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
S50.12XA [Principal]	Contusion of left forearm, initial encounter				

## Example 5 Summary



- Only treatment was evaluation by 1 doctor, left arm x-ray which was negative, and prescribed Flexeril
- No criteria met (physiologic, anatomic, mechanism of injury, etc)

## Example 5 Bill

Hospital Account ID:  
Guarantor ID:

Guarantor Name/Address:

Patient Name:  
Account Class: Emergency  
Attending Physician:

Admit Date: 05/01/  
Discharge Date: 05/01/

Primary Payor: Misc Accident Liability - Misc Accident Liability  
Secondary Payor:

### Hospital Charges

Rev. Code	Service Date	Cost Center Code	Description	CPT/HCPCS	Qty	Amount
0320	05/01	200251	HCHG X-RAY FOREARM 2 VW	73090	1	526.00
0450	05/01	200326	HCHG GREEN TRAUMA TEAM SERVICES		1	13,735.00
0450	05/01	200326	HCHG LEVEL IV EXTENDED	99284	1	2,364.00

Total hospital charges: 16,625.00

Total hospital payments and adjustments:

Account Balance: 16,625.00

CPT or HCPCS Code	Mod	Qty	Description	Amount Billed	Audited UCR Amount at 85th Percentile
73090	TC	1	X-RAY EXAM OF FOREARM	526.00	526.00
		1	GREEN TRAUMA TEAM	13,735.00	0.00
99284		1	EMERGENCY DEPT VISIT	2,364.00	2,364.00
				16,625.00	2,890.00

## Example 6

31-year-old male that refused transportation to the ER from scene of MVA, decided to self-present later with complaints of shoulder, hip, and neck pain



## Example 6

### ED Provider Note

Primary care provider: None noted  
Means of arrival: Walk in  
History obtained from: Patient  
History limited by: None .

#### CHIEF COMPLAINT

##### **Chief Complaint**

Patient presents with

- Trauma Green

*Head on collision at 35 mph. Pt was driver, restrained, no air bag deployment. Pt ambulated into hospital on his own, wofe transported by ambulance*

#### HPI

Patient is a 31 y.o male who presents to the Emergency Department for evaluation of possible injuries secondary to a MVA. The patient was going 35 mph when he collided with another vehicle going 35 mph. He was struck on the passenger side. The patient was wearing a seatbelt at the time of the accident. Airbags were not deployed. He reports shoulder, hip, and neck pain. He denies hitting his head on the windshield. He denies drinking any alcohol tonight. The patient ambulated into the hospital on his own as his wife was transported via ambulance. The patient additionally reports being allergic to ibuprofen.

## Example 6

### Admission & Discharge Information

#### Admission Information

Arrival Date/Time	11/23/ 2128	Admit Date/Time	11/23/ 2128	IP Adm Date/Time
Admission Type	Trauma Center	Point of Origin	Non-health Care	Admit Category
Means of Arrival	Walk-in	Primary Service	Emergency	Secondary Service
Transfer Source		Service Area		Unit
Admit Provider		Attending Provider		Referring Provider

#### Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
11/23/ 2321	Discharged To Home/self Care (01)	Home	None	

#### Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
M54.2 [Principal]	Cervicalgia				
M25.552	Pain in left hip				
T14.8XXA	Other injury of unspecified body region, initial encounter				
Z86.6	Allergy status to analgesic agent status				

## Example 6 Summary



- No signs of trauma or serious complaints / conditions on triage or exam / no criteria met (physiologic, anatomic, mechanism of injury, etc)
- Time between being seen by ER doctor and discharge discussion was just over an hour, mostly because multiple CT scans and x-rays were ordered and took time to complete: all imaging was negative
- Discharge diagnoses of motor vehicle accident and muscle strain

## Example 6 Bill

Hospital Account ID:  
Guarantor ID:

Guarantor Name/Address:

Patient Name:  
Account Class: Emergency  
Attending Physician:

Admit Date: 11/23/  
Discharge Date: 11/23/

### Hospital Charges

Rev	Service	Cost Center	Description	CPT/HCPCS	Qty	Amount
Code	Date	Code				
0320	11/23/	200251	HCHG X-RAY PELVIS 1/2 VW	72170	1	1,125.00
0324	11/23/	200251	HCHG CHEST XRAY SINGLE VIEW	71045	1	623.00
0352	11/23/	200253	HCHG CT SCAN,CERVICAL SPINE,W/O CONTRAST	72125	1	1,125.00
0352	11/23/	200253	HCHG CT SCAN,LUMBAR SPINE,W/O CONTRAST	72131	1	1,125.00
0352	11/23/	200253	HCHG CT SCAN,THORACIC SPINE,W/O CONTRAST	72128	1	1,125.00
0450	11/23/	200326	HCHG GREEN TRAUMA TEAM SERVICES		1	11,562.00
0450	11/23/	200326	HCHG LEVEL IV EXTENDED	99284	1	2,883.00

Total hospital charges 19,568.00

CPT or HCPCS Code	Mod	Qty	Description	Amount Billed	Audited UCR Amount at 85th Percentile
72170	TC	1	X-RAY EXAM OF PELVIS	1,125.00	434.00
71045	TC	1	CHEST X-RAY, 1 VIEW	623.00	385.00
72125	TC	1	CT NECK SPINE W/O DYE	1,125.00	1,125.00
72131	TC	1	CT LUMBAR SPINE W/O DYE	1,125.00	1,125.00
72128	TC	1	CT CHEST SPINE W/O DYE	1,125.00	1,125.00
		1	HCHG GREEN TRAUMA TEAM SERVICES	11,562.00	0.00
99284		1	EMERGENCY DEPT VISIT	2,883.00	2,470.00
				19,568.00	6,664.00

## Questions & Contact Information

Do you have any Questions?

**Note:**

The examples shown in this presentation would be detected automatically by RiskShield.



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