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PAYMENT POLICY ID NUMBER: 25-086**Original Effective Date: 12/11/2025****Revised: N/A****Trauma Alert Activation – Institutional Billing**

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO TRULI MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

This payment policy outlines Truli for Health's guidelines for payment of claims received with a trauma alert activation. It provides information on trauma alert activation criteria and when trauma alert activation services may be billed.

Truli for Health aligns with Centers for Medicare and Medicaid Services (CMS), National Uniform Billing Committee (NUBC), American College of Surgeons (ACS) and Florida Administrative Code 64J-2 guidelines for trauma alert activation services. By aligning with these guidelines, Truli for Health ensures that trauma alert activation services are reported and reimbursed accurately and consistently.

This policy applies to Truli for Health Commercial and BlueCard Host business and those provider types billing on a UB04 claim form or its electronic equivalent.

Per Florida Administrative Code 64J-2.001 (12) Trauma Alert is defined as a notification initiated by Emergency Medical Services (EMS) informing a hospital that they are en route with a patient meeting the trauma alert criteria. As further specified by FAC 64J-2.004; 2.005, Florida Trauma Alert Scorecard criteria are defined as a set of criteria to support the severity of the injury, for adults and pediatric populations.

REIMBURSEMENT INFORMATION:**REVENUE code 68x guidance**

The revenue code (68X) a facility may bill is determined by the designation provided by state or local government authority authorized to do so, or as verified by the American College of Surgeons (ACS). See table below for appropriate revenue codes used by Trauma designated centers

Revenue code	Description
0681	Trauma Center Level 1
0682	Trauma Center Level II
0683	Trauma Center Level III
0684	Trauma Center Level IV
0689	Extend beyond Level IV, assigned by state or local authorities

- This revenue code category is used for patients whom a trauma activation/response occurred as indicated by the “notification of Key hospital personnel in response to triage information from prehospital caregivers in advance of the patient’s arrival.
- To bill the trauma activation fee, there must have been prehospital notification, meeting local, state or American College of Surgeons Field triage criteria, or are delivered via interhospital transfer and are given the appropriate team response.
- For patients who arrive without pre-hospital notification, trauma team activation should not be reported, but may be classified as trauma using type of admission (FL 14) code 05

The following HCPCS code aligns to trauma activation:

- HCPCS G0390 Trauma response team associated with hospital critical care service
- CPT® 99291-99292 Codes corresponds to the above trauma activation
 1. 99291 – Critical care, evaluation and management of the critically ill or critically injured patient, first 30-74 minutes.
 2. 99292 - Critical care, evaluation and management of the critically ill or critically injured patient, for each additional 30 minutes

Services without trauma activation billing guidance

Revenue code 45x may be reported when

- a. The facility is not designated/verified as a trauma center
- b. Patients who are “drive by” or arrive without prehospital notification cannot be charged for activations but may be classified as trauma using type of admission (FL 14) code 05. When critical care services are provided without trauma activation, the hospital may bill CPT® code 99291 (and 99292), as appropriate

Guidelines that must apply prior to billing a trauma activation fee:

- Trauma centers/hospitals must be licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons.
- Prehospital notification must be provided **prior** to patient’s arrival based on triage information from prehospital caregivers, who meet either local, state or American College of Surgeons field triage criteria, or are delivered by inter-hospital transfers
- The facility must document and maintain comprehensive records of the activation in the patient’s medical records, including but not limited to:

- Pre-arrival notification time
- Reason for the activation
- Providers name and time of notification

If services do not meet the criteria outlined in this policy, revenue code 68X should not be submitted.

REFERENCES:

1. Florida Department of Health. (2025) Florida Trauma Centers. https://www.floridahealth.gov/licensing-and-regulation/trauma-system/_documents/Florida-Trauma-Centers.pdf
2. Florida Department of Health. (n.d.). 64J-2: Rules of the Department of Health. <https://flrules.org/gateway/ChapterHome.asp?Chapter=64j-2>
3. American College of Surgeons. (2025). Field Triage Guidelines. <https://www.facs.org/quality-programs/trauma/systems/field-triage-guidelines/>
4. National Uniform Billing Committee, Universal Billing Guide for the UB04 form
5. Centers for Medicare and Medicaid Services, Medicare Claims Processing Manual, Chapter 4 - Part B Hospital 20 - Reporting Hospital Outpatient Services Using Healthcare Common Procedure Coding System (HCPCS) <https://www.cms.gov/regulations-and-guidance/manuals/downloads/clm104c04.pdf>

GUIDELINE UPDATE INFORMATION:

12/11/2025	New Policy established.
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