

<b>Commercial Reimbursement Policy</b>	
<b>Subject: Trauma Activation - Facility</b>	
<b>Policy Number: C-24003</b>	<b>Policy Section: Facilities</b>
<b>Last Approval Date: 01/01/2026</b>	<b>Effective Date: 01/01/2025</b>

### Policy

The health plan allows reimbursement for trauma activation for outpatient medical visits billed on a UB04 claim when billed with revenue code 068X unless provider, state, federal contracts and/or mandates indicate otherwise.

The health plan requires providers to follow the below guidelines when reporting trauma activation:

- Revenue Code 068X is required.
- CPT code 99291 must be billed on the same claim.
- A minimum critical care duration of 30 minutes is required.

Trauma activation will not be considered for reimbursement when submitted without the critical care CPT code billed on the same claim.

### Related Coding

Code	Description	Comments
Revenue code 0681	Level 1 Trauma	Must be billed with 99291 on the same claim
Revenue code 0682	Level 2 Trauma	Must be billed with 99291 on the same claim
Revenue code 0683	Level 3 Trauma	Must be billed with 99291 on the same claim
Revenue code 0684	Level 4 Trauma	Must be billed with 99291 on the same claim
Revenue code 0689	Other Trauma Response	Must be billed with 99291 on the same claim
HCPCS code G0390	Trauma response team associated with hospital critical care service	Reimbursable
CPT code 99291	Critical care, evaluation, and management of the critically ill or	Reimbursable

	critically injured patient; first 30-74 minutes	
CPT code 99292	Critical care, evaluation, and management of the critically ill or critically injured patient; each additional 30 minutes	Non reimbursable

Exemptions	
Maryland	This market is not subject to this policy.

Definitions	
Trauma Activation	The deployment of medical professionals, or a trauma team, to coordinate care for a patient with traumatic injury based on predefined criteria, for instance vital sign abnormalities, neurological dysfunction, or mechanism of injury.
General Reimbursement Policy Definitions	

Related Policies and Materials	
Outpatient Facility Revenue Code Billing - Facility	

References and Research Materials	
This policy has been developed through consideration of the following:	
<ul style="list-style-type: none"> <li>• CMS</li> <li>• Optum EncoderPro 2024</li> <li>• The American Association for the Surgery of Trauma</li> </ul>	

Policy History	
01/01/2026	Entered Washington
01/01/2025	Initial approval and effective for Florida, Maryland, and Texas

**Disclaimer**

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member’s benefit plan. The determination that a service, procedure, or item is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member’s state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedural Terminology (CPT®) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

### **Use of Reimbursement Policy**

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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