Administrators Committee

GTCNC Update

GEORGIA TRAUMA COMMISSION

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Review of Medicare Payments for Trauma Claims

There have been concerns about trauma centers improperly billing for trauma team activation that is not medically necessary. In addition, we found some providers have received trauma team activation payments without proper designation or verification. Currently, CMS does not track which providers are designated or verified as trauma centers. We will determine the amount of Medicare overpayments and Medicare charges that affect future hospital payments, and we will identify providers that are not trauma centers or that billed for medically unnecessary trauma team activations.

Announced or Revised	Agency	Title	Component	Report Number(s)	Expected Issue Date (FY)
November 2022	Centers for Medicare and Medicaid Services	Review of Medicare Payments for Trauma Claims	Office of Audit Services	WA-23-0004 (W-00-23-35893)	2024

Scope of OIG audit & why

- Any hospital claim with trauma activation charges
- Trauma activation charge payment for a center that is not ACS-verified or state/government designated
- Concerns have been raised regarding improper billing of activation when not medically necessary
- Results of audit will impact future hospital payments

What will they consider overpayment?

- If the trauma center billed 68X and they are not an ACS verified or state/government designated, the payment would be considered an overpayment
- If the center added the G0390 to an outpatient claim and they were not an ACS verified or state/government designated center, the payment would be considered overpayment
- If a verified or designated center submitted an activation charge that was not medically necessary based on their criteria and finance policies and the hospital received payment it would be an overpayment
- If the verified or designated center billed G0390 on an outpatient case that did not have supporting documentation for 99291 (critical care) the payment would be an overpayment

How do you know if your center was selected?

- **You may not know, reviewers use claims data and analytics**
- **Your claims may have been selected but determined to be appropriate**
- **Analytics are used to determine further review such as**
  - Volume of 68X claims are disproportionate to charges
  - Volume of 68X outpatient claims with G0390 are disproportionate to ED visit level of critical care
  - The charge amount for activations is disproportionate

An offense is the best defense

All ACS-verified and state-designated trauma centers should establish a trauma program finance PI committee (FPI) if they do not already have one

Finance policies and procedures should be developed that guide billing practices and denials management

Financial dashboards should be developed and reviewed at least quarterly to identify potential problem areas to alert the FPI team to drill down further and avoid downstream issues