A **trauma team activation/response** is defined as a "Notification of key hospital personnel in response to triage information from pre-hospital caregivers in advance of the patient's arrival" to a trauma center.

Pre-hospital caregivers are Emergency Medical Technicians (basic, intermediate, and paramedic levels) and first responders as recognized by Mississippi Emergency Medical Services or the responsible governing body of the state in which the beneficiary received services.

Trauma team activation/response fees are covered under the Mississippi Medicaid Program according to the following criteria:

- The billing hospital must have a complete designation as a Level I, II, III, or IV trauma center through the Mississippi State Board of Health, Office of Emergency Planning and Response, or if out of state, through the responsible governing body of the state in which the beneficiary received services. Complete designation means the hospital has completed all the requirements for designation at their application level.
    - **Level I**
      Level I Trauma Centers must have a full range of trauma capabilities, including an emergency department, a full-service surgical suite, intensive care unit, and diagnostic imaging. Level I Centers must have a residency program, ongoing trauma research, and provide 24-hour trauma service in their facility. These hospitals provide a variety of other services to comprehensively care for both trauma patients, as well as medical patients. Level I Trauma Centers act as referral facilities for Level II, III, and IV Trauma Centers.
    - **Level II**
      Level II Trauma Centers must be able to provide initial care to the severely injured patient. These facilities must have a full range of trauma capabilities, including emergency department, a full service surgical suite, intensive care unit, and diagnostic imaging. Level II Trauma Centers act as referral facilities for Level III and IV Trauma Centers. For specialty care a patient may be transferred to a Level I Trauma Center.
    - **Level III**
      Level III Trauma Centers must offer continuous general surgical coverage and can manage the initial care of many injured patients. Level III Trauma Centers must also provide continuous orthopedic coverage. Transfer agreements must be in place with Level I and II Trauma Centers for patients that exceed the Level III Trauma Center's resources. Level III may act as a referral facility for Level IV Trauma Centers.
    - **Level IV**
      Level IV Trauma Centers provide initial evaluation and assessment of injured patients. Most patients will require transfer to facilities with more resources dedicated to providing optimal care for the injured patients. Level IV Trauma Centers must have transfer agreements in place with Level I, II, and III Trauma Centers.
- Payment will be made in accordance with the reimbursement methodology of the Division of Medicaid's inpatient or outpatient hospital services.
- Providers may not bill trauma activation fees for beneficiaries who are "drive by" or arrive by private vehicle without notification from pre-hospital caregivers. The patient must arrive by ambulance and the hospital must be pre-notified by pre-hospital caregivers.

- Providers must bill the fees for trauma team/activation response with the appropriate revenue code in the 068X range.

- Documentation must be maintained in the patient's medical record that supports provision of an organized trauma team response that meets the criteria for the Level I, II, III, or IV service. A facility must not bill and cannot be paid for a level of care above the one which they have been designated by the Mississippi State Department of Health.

- All patients must have a primary diagnosis that falls within the ICD-9 diagnosis code range 800-959.9 **plus** documentation in the medical record of one of the following situations:

  1. **Transferal between acute care facilities (in or out)**
     If a trauma center receives a patient that has sustained an injury that the center is unable to treat and transfers the patient to a higher or more appropriate level of care, this patient must be included in the trauma registry at both the transferring and receiving hospital. This will allow regions to identify over and under triage that is occurring.

  2. **Admission to critical care unit (no minimum)**
     Any injury sustained that warrants admission to ICU must be included.

  3. **Hospitalization for three or more calendar days**
     Any patient hospitalized for three or more calendar days must be included. In some situations, patients may be hospitalized for reasons other than the injury, i.e. medical, social, etc. It is recommended that hospitals include all of these for evaluation in their own facility, but only those hospitalized due to the injury should be submitted to the state.

  4. **Death after receiving any evaluation or treatment**
     All trauma deaths that receive any evaluation or treatment in the Emergency Department must be entered in the trauma registry and evaluated for preventability at all levels: pre-hospital, transferring hospital, and receiving hospital.

  5. **Admission directly from Emergency Department to Operating Room for major procedure, excluding plastics or orthopedics procedures on patients that do not meet the three day hospitalization criteria**
     All patients that are admitted directly from the ED to the operating room for a major procedure must be included. Any plastic and/or orthopedic procedures that do not meet one of the other criteria for inclusion must not be entered into the trauma registry.

  6. **Triaged (per regional trauma protocols) to a trauma hospital by pre-hospital care regardless of severity**
     If any patient is triaged to a trauma center by pre-hospital care providers (per regional trauma protocols), the patient must be included in the trauma registry. This is how medical direction for pre-hospital care at the local and regional levels will monitor appropriateness of triage protocols.

  7. **Treated in the Emergency Department by the trauma team regardless of severity of injury**
     Any trauma patient triaged or transferred into a trauma center that results in the activation of the trauma team must be entered into the trauma registry. This will allow a hospital's trauma program manager to monitor appropriateness of trauma team activation protocols.

Note: The term trauma registry that is referenced in items 1-7 above is a system of timely data collection that aids in the evaluation of trauma care. All acute care health facilities that receive injured patients should participate in a trauma registry.

The designation levels have specific criteria and standards of care that guide hospital and emergency personnel in determining the level of care a trauma victim needs and whether that hospital can care for the patient or transfer the patient to a trauma center that can administer more definitive care. The make-up of the trauma team varies according to the designated level and size of the trauma center.