IMPLEMENTING A TRAUMA ICU DAILY 208 REVENUE CODE
Gina Solomon RN CCRN TCRN, Janet Schwalbe CMPE and Siobhan Seidner MSHS
Gwinnett Medical Center

Trauma patients requiring critical care utilize numerous resources in the course of their stay. Often these patients are the most labor intensive and resource intensive patients in the critical care unit. This prompted our facility to look at the cost incurred when caring for these patients in comparison to other patient populations in the critical care unit.

The project included an administrative champion, Trauma Program Manager, ICU Practice Specialist and finance team members. A data set of trauma patients requiring ICU care was gathered and sent to the finance team members. The team compared charges and costs with other patient populations in the ICU in the same time period. Members of the finance team also spent time in the ICU with the Trauma Program Manager and ICU Practice Specialist to understand the non-chargeable items and resources consumed by the trauma critical care patients. Some of the items reviewed were the increased nursing time needed to mobilize patients with spinal precautions, weekly rounding on these patients by the Trauma Program Manager, and increased utilization of other clinical support services such as social work that was unique to the trauma population. Finance team members then used this information to assign a “cost” to these non-chargeable items. In addition, Finance also utilized supporting expense data from the hospital accounting, materials management and accounting systems.

Analysis of this data showed trauma patients cost approximately 40% more to care for than the other critical care populations in the hospital. This information was then utilized to review the daily ICU charge for these patients and develop a Trauma ICU accommodation code with an appropriate increase in the daily charge that reflects resources utilized. Informatics was engaged to develop a specific Trauma ICU accommodation code that is to be ordered by the admitting trauma surgeon. This accommodation code then triggered patient access to utilize the trauma ICU 208 revenue code on the patient’s account.

Assuring the codes application to the trauma population and hardwiring of the process has been a bit of challenge. Education for the physicians was necessary along with reminders needed to assure they had ordered the correct level of care. The Trauma Program Manager works with the finance team to conduct audits to make sure the appropriate patients are being captured and fix any barriers to the process.

Providing the necessary care to the unique trauma population is costly. Trauma patients are typically carved out of many managed care contracts due to the cost associated with the delivery of their care. In order for hospitals to continue to be able to support this community need, we have to ensure that the appropriate charges are associated with the actual delivery of the care. We must be fiscally responsible and ensure appropriate billing for our services. This type of project would benefit trauma centers by allowing them to evaluate their cost in caring for critical trauma patients and set appropriate charges for the delivery of that care. Every center should work with their internal stakeholders to undertake this project.