

TRAUMA CARE ASSISTANCE REVOLVING FUND

Hospital and Physician Reimbursement Criteria

Trauma Fund reimbursement is available for uncompensated cost of care provided for which no payment was received from the patient or insurer. Uncompensated care is the sum of a distribution entity's bad debt and charity care. Cases that qualify for reimbursement will have to be reported to the Trauma Registry and meet one of the following requirements (I, II or III):

- I. OAC 310:669-5-1(c)(1)** An ICD-10 codes, (**formerly ICD-9 code of 800.00 to 959.9), and is limited to contacts within thirty (30) days of the injury, and is accompanied by one or more of the following events for the patient:
- (A) An admission to a hospital of at least forty-eight (48) hours; or
 - (B) Transfer from a lower level to a higher level of trauma care for major trauma; or
 - (C) Admission to an intensive care unit; or
 - (D) Admission directly to an operating room for surgery of the head, chest, abdomen, or vascular system; or
 - (E) A declaration of dead on arrival; or
 - (F) A declaration of dead in the emergency room or elsewhere in the hospital.
- (G) In addition to meeting the requirements at 310:669-5-1(c) (*as listed above*), each reportable case must also meet at least one of the following criteria as computed by the trauma registry software, unless the patient was declared dead on arrival to the hospital or died while in the hospital:
- (i) Have an Abbreviated Injury Score of 3 or higher; or
 - (ii) Have an Injury Severity Score of 9 or higher; or
 - (iii) Have a Survival Probability of 0.90 or less; or
- II. OAC 310:669-5-1(c)(2)** Oral-maxillo-facial injuries requiring the immediate treatment and presence of a licensed physician or licensed dentist credentialed by the hospital to perform oral-maxillo-facial surgery, with an ICD-10 codes, (**formerly ICD-9 code of 800.0 to 959.9) and meeting at least one of the following criteria:
- (A) Panfacial trauma involving fractures of the zygomaticomalar complex type, or a Lefort type (I, II, or III) and a mandibular fracture. Panfacial trauma may also include multiple soft tissue injuries, lacerations, or avulsions; or
 - (B) Bilateral fracture of the mandible with flail symphyseal segment; or
 - (C) Multiple severe mandibular fractures requiring tracheostomy or intubation of greater than 24 hours; or
 - (D) Depressed zygomaticomalar complex fractures with entrapment of the inferior rectus muscle or impingement on the optic nerve bundle; or
 - (E) Facial lacerations that involve major vessels, major branches of the facial nerve, or the parotid duct; or
- III. OAC 310:669-5-1(c)(3)** Traumatic injuries to the hand requiring the immediate presence and treatment by a physician credentialed by the hospital with ICD-10 codes, (**formerly ICD-9 codes of 800.00 to 959.9) and meeting one of the following criteria:
- (A) Complete amputations or lacerations of the hand which result in disruption of the vascular supply to one or more digits or the entire hand; or
 - (B) Severely crushed or mangled hand injuries with associated vascular injuries, fractures and/or dislocations.

***OAC 310:669-5-1(e)** Cases meeting any of the following exclusionary conditions shall not be reported to the trauma registry or be eligible for reimbursement from the Fund:

- (A) Isolated orthopedic injuries to the extremities due to a same level fall;
- (B) Overexertion injuries;
- (C) Injuries resulting from a pre-existing condition such as osteoporosis or esophageal stricture;
- (D) Injuries greater than 30 days old;
- (E) Poisoning and toxic events; and
- (F) Submersion injuries.

**Added for clarification purposes only.*

***ICD-9 codes in accordance with authorizing statute, but ICD-10 codes are required.*

Excerpt from OAC 310:669-5-1(c)-(e)]

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