

TRAUMA CARE ASSISTANCE REVOLVING FUND EMS Reimbursement Criteria

Trauma Fund reimbursement is available for uncompensated expenses incurred by an Oklahoma-licensed ambulance service associated with major trauma patients. Uncompensated expenses incurred by a distribution entity associated with major trauma patients, and such trauma care has been reported to the state pre-hospital emergency medical service database and/or the state trauma registry, shall be eligible for reimbursement. Uncompensated expenses incurred for emergency transport to a trauma facility from the scene of the injury or from a lower level to a higher level of trauma care are eligible for reimbursement when the case meets one or more of the following conditions:

- (1) The extent of patient injury is verified through a hospital trauma registry as described at OAC 310:669-5-1(c), (d), and (e); or
- (2) Glasgow coma score equal to or less than thirteen (13) directly related to the mechanism of injury; or
- (3) Signs and symptoms of respiratory compromise resulting from trauma requiring intervention; or
- (4) Hemodynamic compromise from trauma resulting in decreased blood pressure; or
- (5) Penetrating injury above the groin; or
- (6) Amputation proximal to the wrist or ankle; or
- (7) 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
- (8) Severely crushed or mangled hand injuries with associated vascular injuries, fractures and/or dislocations.
- (9) Paralysis resulting from traumatic injury, including pre-hospital treatment for spinal precautions based upon the signs and symptoms of neurological deficit; or
- (10) Flail chest; or
- (11) Two or more proximal long bone fractures (humerus and/or femur); or
- (12) Open or depressed skull fracture; or
- (13) Unstable pelvis; or
- (14) Pediatric trauma score equal to or less than eight (8).
- (15) Time sensitive traumatic injuries requiring immediate surgical intervention by a surgical specialist to prevent loss of life, limb, or vision, and not meeting the criteria identified in 310:669-5-1 (c) and approved by the Medical Audit Committee and the Oklahoma Trauma System Improvement and Development Advisory Council and reported to the Board of Health.

[From OAC 310:669-5-1(a)-(f)].

If you have any questions contact:
Katrina Warden, Special Programs Coordinator
Katrina.Warden@health.ok.gov
Phone (405) 426-8480 / Fax (405) 900-7560 or
esystems@health.ok.gov (using email)