

TRAUMA FUND: Recommended Step By Step Guide for **PHYSICIAN** Application

******PLEASE NOTE: CHANGES: ALL DOCUMENTS IN APPLICATION MUST BE LOADED TO YOUR GROUP'S BOX ACCOUNT BY THE DEADLINE. ******

Identify patients to whom you have provided care during the eligible claim period, and have entered information into the Trauma Registry. The Trauma Fund Claim Form will show ICD-9, in accordance with the authorizing statute, however, ICD-10 Codes are required.

UNCOMPENSATED COST

= Medicare Allowable per CPT code
minus Total Collections per CPT code
minus Total Contractual Adjustment
per CPT code

Note:

Contractual Adjustment = Difference between the actual and negotiated charge for a procedure. Adjustment for non-negotiated governmental payor source is zero.

Do not include in uncompensated care any deductible or coinsurance that the patient fails to pay unless the entity has pursued reasonable collection efforts. Do not include any amounts you are not entitled to collect from the patient.

For reference:

Oklahoma Administrative Code Title 310 Oklahoman State Department of Health Chapter 669. Trauma Care Assistance Revolving Fund

Determine which cases are uncompensated

Balance due < \$0

Balance due > \$0 – Unpaid, collection efforts exhausted and written off to bad debt

Using the Physician Claim Form, list each case and all the Primary Injury Codes for CPT, ICD-10 codes (formerly ICD-9 codes) that were used in the billing of that case.

Not eligible for reimbursement

Complete application package must be uploaded to secure portal BOX by indicated deadline.

For each code, complete the following:

- Vendor FEI Number
- Physician License Number (not NPI Number)
- License Type
- Specialty
- Trauma Facility Number
- Trauma Registry Number
- Social Security Number (SSN)
- Patient Last Name
- Patient First Name
- Patient Date of Birth
- Date of Injury
- Date of Service
- Date of Discharge
- ICD-10 Code (formerly ICD-9 Code) (Primary Injury Code)
- CPT Code
- CPT–Code Modifiers
- Actual charges per CPT code
- Medicare Allowable Charges per CPT code
- Contractual Adjustments per CPT code
- Collections per CPT code
- Uncompensated Amount per CPT code
- Primary Payor Source

Invoice/Account Number (optional) – For your convenience only, if needed. In the current print setting, it does not appear.

Upload to BOX Secure Portal.
Make sure you keep a copy for your own records.

Application Package - Checklist for submission:

- ☐ Original, signed, notarized MOA
- ☐ Electronic copy of Physician Claim Form in the supplied MS Excel format **uploaded to BOX a Secure Portal**. Please label your spreadsheet with organization name and application period. **NO CD PLEASE**
- ☐ Contact email and phone number for the person completing the application, printed on electronic claim form
- ☐ Physician list of providers with license numbers and specialty type listed on claim, signed by a member of management or administrator
- ☐ Original signed Vendor/Payee Form *

*** Providers who never received reimbursement from the Trauma Fund must sign and return an original copy of the Vendor/Payee Form.**

If you have had any ownership or address change within the last 6 months, you must resubmit a new Vendor/Payee Form to reflect your current status.

PHYSICIAN GUIDEBOOK

Physician Claim Form

- Column A-B: Enter name of person filling out the claim form. Include email and phone number, in case Trauma Fund needs to contact you.
- Column D: Enter Vendor FEI #, digits only
- Column E: Enter Oklahoma License # (not NPI number)
- Column F: Enter License Type (Only DDS/DO/MD accepted. Do not include any other medical licenses, they are automatically denied)
- Column G: Enter Specialty

The following can be retrieved from Trauma Registry:

- Column H: Enter Trauma Facility Number
- Column I: Enter Trauma Registry Number
- Column J: Enter SSN – Do not use dashes in the number. If unknown, enter 999999999
- Column K: Enter Patient Last Name
- Column L: Enter Patient First Name
- Column M: Enter Patient DOB
- Column N: Enter Date of Injury
- Column O: Enter Date of Service (Must be within application period)
- Column P: Enter Date of Discharge
- Column Q: Enter ICD-10 Code (Primary Injury Codes)
- Column R: Enter CPT-Code
- Column S: Enter CPT-Code Modifiers

The following can be retrieved from your Business Office:

- Column T: Enter Actual Charges Per CPT-Code
- Column U: Enter Medical Allowable Charges
- Column V: Enter Contractual Adjustment per CPT-Code
- Column W: Enter Collection CPT-Code
- Column X: Enter Uncompensated Per CPT-Code (All zero and negative balances are ineligible for reimbursement)
- Column Y: Enter Primary Payor Source
- Column Z: Enter Physician Invoice/Account No. (This is for entity reference only)
- Column AA: Enter Anesthesia Codes
- Column AB: Enter Anesthesia No of Units
- Column AC: Enter Anesthesia M/C Allowable Rate
- Column AD: Enter Comments (Optional)