1871 Trauma Team Leader Template December 2023

DR Name _____   DOS _____

Pt Name (last, First) _____   PHN _____

DOB _____   Dx _____

If a VISIT FEE is billed PRIOR to the start of the 1871 we need the following:

Fee code_____Start time_____ End time _____

Please Note: When a visit is billed prior to the 1871 then the 1871 cannot start until at least 30 minutes after your visit start time and will be paid at the adjudicator's discretion.

1871   Exclusive hands on resuscitation of Pt AND / OR organ / limb saving care per 5 minutes or ANY portion

start time _____   end time_____   # units _____

start time _____   end time_____   # units _____

start time _____   end time_____   # units _____

Times must match charted / dictated times for audit purposes. Please list each non consecutive period of time. **If only billing an 1870 and less than 24 units then this template is not needed, just the start and end times and # of units.**

IF billing more than 24 units then the claim must be supported by a note record explaining the medical necessity for additional time actively providing hands on life saving resuscitative AND / OR organ / limb saving care. Payment is at the discretion of the adjudicator based on the strength of your note.

_____
_____
_____

If a VISIT FEE is billed AFTER the 1870 we need the following:

Fee code_____Start time_____ End time _____

The time cannot overlap the 1870 or additional procedures and should be reasonable for the level billed and will be paid at the adjudicator's discretion.

If any procedural codes are billed (and not listed as inclusive: intubation, cricothyrotomy, Vascular/IO access, invasive monitoring, chest tube, pacemaker or any central to the 1870) please provide codes and non concurrent times

Fee _____ start _____ end _____ Dx _____

Fee _____ start _____ end _____ Dx _____

Fee _____ start _____ end _____ Dx _____

If TTL then call in and / or cont care may be payable.

1200/1/2 (pls circle)   Time called _____ time arrived _____

1205/6/7 (pls circle)   time arrived_____ time end / break in care _____

Phone Calls may be applicable – please refer to rules and note some codes are not applicable with visit fees and none are payable concurrently with a visit or certain visits e.g. 14018 not payable with 1810

Fee _____ Time start _____ Time end_____

TTL follow up hospital visit fees (if applicable)

DR Name _____   DOS _____

Pt Name (last, First) _____   PHN _____

DOB _____   Dx_____

Fee Code	Please indicate DOS below and check corresponding Box for each code / date you are billing						
13008							
13338							
13028							
108							
128							

Fee Code	Please indicate DOS below and check corresponding Box for each code / date you are billing						
13008							
13338							
13028							
108							
128							

Please note:

- 13338 is payable only when billing a 13008 or 13028. Not payable with 108 or 128. Only 1 per Dr per day.
- 13008 MRP and 13028 Supportive care are billable only when the doctor billing is a community based physician
- 108 and 128 is billable for those doctors who do not qualify for the 13008 or 13028