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Medical Services Coding

[Ann Emerg Med. 2013;62:446.]

Given the establishment of a uniform transaction code set by the Healthcare Insurance Portability and Accountability Act of 1996, the American College of Emergency Physicians (ACEP) believes that all private, state, and federal health care payers should use a national uniform system for identifying, measuring, and reporting physician services. Consequently, there should be ongoing efforts to develop and maintain procedures and performance codes, definitions, documentation requirements, and other associated policies about medical services in accordance with:

- using appropriate physician experience and expertise in such processes;
- fostering the implementation of reasonable definitions and recognition policies among all payers nationwide;
- establishing, modifying, or deleting codes in a timely manner, according to changing medical practice; and
- having such codes, definitions, documentation requirements, and other associated use and reporting policies readily available whenever requested.

Approved June 2013

Reaffirmed and approved by the ACEP Board of Directors June 2013

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EMS Regionalization of Care

[Ann Emerg Med. 2013;62:446.]

The American College of Emergency Physicians (ACEP) supports the regionalization of care as a systematic method of bringing patients with time-critical illness to designated facilities in a defined geographic region with the capabilities and resources immediately available to provide appropriate, specialized treatment. In addition, ACEP supports the concurrent development of appropriate telecommunications links in support of regionalized emergency care networks as they develop, both to facilitate continuity of care as patients are transported and to enable interfacility communications that may obviate transfer in favor of telemedical consultation and remote management, when such practice serves the patient's best interests. Emergency medical services (EMS) play a vital role in the timely delivery of patients to the closest facility that can optimally achieve these goals.

In addition to the primary objective of ensuring the most appropriate care for the acutely ill or injured patient, important secondary effects include streamlining care, avoidance of test duplication, and good stewardship of health care resources within the regionalized network.

The following key factors must be included in any regionalization of care design:

- the role of EMS must be integrated at all levels of the medical care plan for the system;
- distribution of funding within the regionalized care system must include EMS provider agencies independent from funding of hospital systems;
- cooperative agreements between various EMS agencies in the region must exist;
- involvement in the system design by payers and regulators must exist;
- regionalized clinical operating guidelines and clinical practice guidelines addressing all areas and systems of care, both delegated and independent, must exist;
- EMS must be able to maintain appropriate patient care across geographic boundaries (eg, state, county);
- EMS regionalization of care protocols must be developed with the involvement of the affected medical community and EMS medical directors;
- information technology integration must include
  - health information exchange for records availability to receiving hospital and EMS for patient care and decision support purposes; and
  - distance technology/telemedicine: development of centralized, physician-directed, decision support to facilitate triage to appropriate facility, optimization of en route care, and, potentially, the avoidance of unnecessary transfers when teleconsultation and comanagement serve the best interests of the patient; and
- regional quality assurance (QA) must exist for detection of patterns of over- or undertriage, use, quality assurance/process improvement, outcomes-based assessments, and other specific evidence-based metrics; the QA group should have the authority to recommend modification of regional protocols to promote the best patient outcomes in the most efficient and cost-effective way that includes feedback to the involved EMS providers.

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