

Agency for Health Care Administration

Florida Center for Health Information
And Policy Analysis

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Title:

Emergency Department Utilization Report 2010

Summary:

The Florida Agency for Health Care Administration (Agency) prepares an annual report on emergency department (ED) costs and utilization in Florida. This report provides patient demographic information and other characteristics of emergency department visits for calendar year 2010 as well as information on visits to the ED that resulted in an inpatient admission.

This analysis of calendar year 2010 data reveals that 68.3 percent of pediatric ED visits were made by children under age 9 and 64.2 percent of adult ED visits were for persons under age 55. Nearly 34 percent of pediatric ambulatory ED visits and 22.6 percent of adult ambulatory ED visits were low acuity. Over 58 percent of pediatric and over 55 percent of adult Florida resident Medicaid ambulatory ED visits could potentially be avoided through greater utilization of primary care services.

**Relevant
Florida Statutes:**

Section 408.062(1)(i), F.S., directs the Agency to report to the Legislature each year on the use of emergency department services by patient acuity level and the implication of increasing hospital cost by providing non urgent care in emergency departments.

**For Information
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www.FloridaHealthFinder.gov

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Introduction

In the interest of developing recommendations for alleviating the strain on Florida emergency departments (EDs), the Florida Legislature requests an annual study of ED utilization and costs, grouped by the acuity level of patients using the ED. This report uses the ED data as well as the Agency for Health Care Administration's (Agency) hospital inpatient data to provide information on patient demographics and other clinical characteristics of all visits to the emergency department.

On August 31, 2011, all available records from the Agency's ED database collected during the 2010 calendar year were selected for analysis. The financial information in this report reflects reported hospital charges for services provided and not the actual cost or revenue received by the hospital for the services provided. The analysis was done separately for pediatric and adult utilization.

Legislative Directions and Mandates

Section 408.062, F.S. mandates that;

- (1) The agency shall conduct research, analyses, and studies relating to health care costs and access to and quality of health care services as access and quality are affected by changes in health care costs. Such research, analyses, and studies shall include, but not be limited to:
 - (i) The use of emergency department services by patient acuity level and the implication of increasing hospital cost by providing non-urgent care in emergency departments. The agency shall submit an annual report based on this monitoring and assessment to the Governor, the Speaker of the House of Representatives, the President of the Senate, and the substantive legislative committees with the first report due January 1, 2006.

The Florida Center for Health Information and Policy Analysis (Florida Center) initiated collection of patient records for all ambulatory visits to a hospital emergency department (ED), beginning with visits in January 2005. The ED database provides a detailed look at the reasons people seek care at the ED, the charges and the payers for these visits, as well as the diagnoses and procedures performed in that setting.

The Florida Agency for Health Care Administration (Agency) started collecting ambulatory visit records to hospital EDs in January 2005. This data provides information about the acuity level (the severity of the visit) for all patients where the visit did not result in an inpatient admission.

Findings

Patient Characteristics

Table 1 displays all pediatric and all adult emergency department (ED) visits for 2010 by patient characteristics (see **Appendix B** for a description of the racial/ethnic groups and payer groups). Pediatric males were 52.6 percent of all pediatric ED visits, whereas adult females were 58.3 percent of all adult ED visits. Non-whites represented 57.7 percent of all pediatric ED visits, while white adults were 59.9 percent of all adult ED visits. The top principal payer for all adult ED visits was Medicare. Additionally, self-pay and charity comprised more than 25 percent of all adult ED visits. Medicaid was the top principal payer for all pediatric ED patients, accounting for 62.5 percent of all pediatric ED visits.

Table 1: ED Visits by Patient Characteristics

| Gender | | | | | |
|----------------------|-----------|---------|------------------|-----------|---------|
| Pediatric | ED Visits | Percent | Adult | ED Visits | Percent |
| Male | 879,459 | 52.6% | Male | 2,703,273 | 41.7% |
| Female | 793,631 | 47.4% | Female | 3,771,663 | 58.3% |
| Racial/Ethnic Group | | | | | |
| Pediatric | ED Visits | Percent | Adult | ED Visits | Percent |
| Black | 452,366 | 27.0% | Black | 1,380,828 | 21.3% |
| Hispanic | 463,518 | 27.7% | Hispanic | 1,020,526 | 15.8% |
| White | 679,147 | 40.6% | White | 3,880,227 | 59.9% |
| Other | 49,825 | 3.0% | Other | 113,314 | 1.8% |
| Age Group | | | | | |
| Pediatric | ED Visits | Percent | Adult | ED Visits | Percent |
| Ages 0-4 years | 799,858 | 47.8% | Ages 18-34 years | 2,139,425 | 33.0% |
| Ages 5-9 years | 343,452 | 20.5% | Ages 35-54 years | 2,019,388 | 31.2% |
| Ages 10-14 years | 290,990 | 17.4% | Ages 55-64 years | 754,442 | 11.7% |
| Ages 15-17 years | 238,790 | 14.3% | Ages 65-79 years | 908,067 | 14.0% |
| | | | Ages 80+ years | 653,616 | 10.1% |
| Payer Group | | | | | |
| Pediatric | ED Visits | Percent | Adult | ED Visits | Percent |
| Medicaid | 1,046,220 | 62.5% | Medicaid | 1,204,052 | 18.6% |
| Commercial | 371,780 | 22.2% | Commercial | 1,493,816 | 23.1% |
| Charity | 11,222 | 0.7% | Charity | 188,072 | 2.9% |
| Self-Pay | 156,609 | 9.4% | Self-Pay | 1,443,699 | 22.3% |
| Medicare | 2,594 | 0.2% | Medicare | 1,857,496 | 28.7% |
| Other Government | 83,850 | 5.0% | Other Government | 278,061 | 4.3% |
| All Pediatric Visits | 1,673,090 | 100.0% | All Adult Visits | 6,474,938 | 100.0% |

Data Source: AHCA outpatient and inpatient database

Data excludes ED visits with unknown race/ethnicity and unknown payer

Inpatient Hospitalization

In 2010, there were 8,148,028 emergency department (ED) visits with 1,578,205 (19.4 percent) subsequently resulting in hospital admission. **Table 2** displays ED visits resulting in inpatient hospitalization by patient characteristics. Over 23 percent of adult ED visits resulted in inpatient hospitalization while 4.9 percent of pediatric ED visits resulted in inpatient hospitalization. Regardless of patient characteristics, the rate of pediatric ED visits resulting in inpatient admission was much lower than the rate for adult ED visits.

Table 2: ED Visits Resulting in Hospital Admission by Patient Characteristics

| Gender | | | |
|----------------------|---------|------------------|---------|
| Pediatric | Percent | Adult | Percent |
| Male | 5.0% | Male | 25.7% |
| Female | 4.7% | Female | 21.2% |
| Racial/Ethnic Group | | | |
| Pediatric | Percent | Adult | Percent |
| Black | 5.0% | Black | 18.1% |
| Hispanic | 4.8% | Hispanic | 23.0% |
| White | 4.8% | White | 25.0% |
| Other | 5.7% | Other | 21.1% |
| Age Group | | | |
| Pediatric | Percent | Adult | Percent |
| Ages 0-4 years | 5.0% | Ages 18-34 years | 8.3% |
| Ages 5-9 years | 3.8% | Ages 35-54 years | 17.6% |
| Ages 10-14 years | 4.8% | Ages 55-64 years | 30.8% |
| Ages 15-17 years | 6.3% | Ages 65-79 years | 42.8% |
| | | Ages 80+ years | 52.3% |
| Payer Group | | | |
| Pediatric | Percent | Adult | Percent |
| Medicaid | 4.8% | Medicaid | 16.2% |
| Commercial | 6.5% | Commercial | 17.7% |
| Charity | 3.9% | Charity | 19.1% |
| Self-Pay | 1.8% | Self-Pay | 8.7% |
| Medicare | 3.7% | Medicare | 44.4% |
| Other Government | 5.0% | Other Government | 18.0% |
| All Pediatric Visits | 4.9% | All Adult Visits | 23.1% |

Data Source: AHCA outpatient and inpatient database

Data excludes ED visits with unknown race/ethnicity and unknown payer

Patient Acuity of ED Visits

Current Procedural Terminology (CPT) Evaluation & Management codes were used to categorize ambulatory emergency department (ED) visits into low and high acuity level visits. This information is only available for ambulatory ED visits and not for patients who were

subsequently admitted as an inpatient. Ambulatory ED visits without CPT Evaluation & Management codes (1 percent of pediatric visits and 2.2 percent of adult visits) were excluded in this section of the report (see **Appendix A** for a description of low and high acuity CPT codes).

Table 3 displays ED visits by acuity level and patient characteristics. Nearly 34 percent of pediatric ambulatory ED visits were low acuity while 22.6 percent of adult ambulatory ED visits were low acuity. The proportion of low acuity visits decreased with age, in contrast to the average charge for low acuity visits, which increased with age.

Table 3: ED Visits by Patient Acuity Level and Patient Characteristics

| Gender | | | | | | | |
|----------------------|------------|-------------|-------------|------------------|------------|-------------|-------------------------|
| | Low Acuity | | | High Acuity | | | |
| Pediatric | Low Acuity | Mean Charge | Mean Charge | Adult | Low Acuity | Mean Charge | High Acuity Mean Charge |
| Male | 34.2% | \$640 | \$2,013 | Male | 20.8% | \$875 | \$4,456 |
| Female | 33.3% | \$631 | \$2,103 | Female | 17.7% | \$909 | \$4,387 |
| Racial/Ethnic Group | | | | | | | |
| | Low Acuity | | | High Acuity | | | |
| Pediatric | Low Acuity | Mean Charge | Mean Charge | Adult | Low Acuity | Mean Charge | High Acuity Mean Charge |
| Black | 35.9% | \$549 | \$1,873 | Black | 20.3% | \$760 | \$3,915 |
| Hispanic | 37.5% | \$753 | \$2,082 | Hispanic | 19.7% | \$1,323 | \$5,129 |
| White | 29.8% | \$599 | \$2,147 | White | 18.2% | \$824 | \$4,409 |
| Other | 31.7% | \$624 | \$2,122 | Other | 17.9% | \$824 | \$4,369 |
| Age Group | | | | | | | |
| | Low Acuity | | | High Acuity | | | |
| Pediatric | Low Acuity | Mean Charge | Mean Charge | Adult | Low Acuity | Mean Charge | High Acuity Mean Charge |
| Ages 0-4 years | 38.1% | \$565 | \$1,628 | Ages 18-34 years | 22.2% | \$783 | \$3,551 |
| Ages 5-9 years | 34.9% | \$634 | \$1,919 | Ages 35-54 years | 19.0% | \$885 | \$4,537 |
| Ages 10-14 years | 28.8% | \$751 | \$2,407 | Ages 55-64 years | 16.8% | \$1,008 | \$5,157 |
| Ages 15-17 years | 23.7% | \$849 | \$3,004 | Ages 65-79 years | 13.9% | \$1,219 | \$5,492 |
| | | | | Ages 80+ years | 10.7% | \$1,413 | \$5,644 |
| Payer Group | | | | | | | |
| | Low Acuity | | | High Acuity | | | |
| Pediatric | Low Acuity | Mean Charge | Mean Charge | Adult | Low Acuity | Mean Charge | High Acuity Mean Charge |
| Medicaid | 34.3% | \$600 | \$1,903 | Medicaid | 18.2% | \$792 | \$3,884 |
| Commercial | 32.0% | \$775 | \$2,453 | Commercial | 17.4% | \$1,144 | \$4,779 |
| Charity | 28.7% | \$656 | \$2,112 | Charity | 26.6% | \$935 | \$4,376 |
| Self-Pay | 38.9% | \$561 | \$2,008 | Self-Pay | 24.4% | \$676 | \$3,756 |
| Medicare | 20.0% | \$799 | \$2,020 | Medicare | 13.3% | \$1,146 | \$5,294 |
| Other Government | 26.6% | \$674 | \$2,226 | Other Government | 19.3% | \$883 | \$4,049 |
| All Pediatric Visits | 33.8% | \$635 | \$2,056 | All Adult Visits | 22.6% | \$799 | \$3,922 |

Data Source: AHCA outpatient and inpatient database

Data excludes ED visits without evaluation and management codes

Data excludes ED visits with unknown race/ethnicity and unknown payer

Emergency Status of ED Visits

This section of the report analyzes ambulatory emergency department (ED) visits from the perspective of primary and preventative care. The New York University (NYU) algorithm of classifying ED visits was used to assign ED visits for Florida residents by principal diagnosis (see **Appendix C** for a description of the NYU algorithm and the classification categories used in this report). This report classifies ED visits into the following three categories:

- (1) ED avoidable - ED visits with conditions that were potentially preventable or avoidable through treatment in a primary care setting
- (2) Emergent - not preventable/avoidable - ED visits where care was required and ambulatory care treatment could not have prevented the condition (e.g., trauma, appendicitis, heart attack, etc.).
- (3) All other conditions - ED visits with conditions not assigned to classification 1-2 above.

The term “**Emergency Status**” is used to represent the cases identified as non-emergent or emergent (classifications 1-2 above respectively) by the NYU algorithm. The NYU algorithm assigned an emergency status to 4,049,877 ED visits, representing 62 percent of all Florida resident ambulatory ED visits.

Table 4 shows ED visits by category and gender in 2010. The rate for ED avoidable visits per 1,000 population was nearly equal for boys (205) and girls (213), whereas the rate for women (207) was nearly 70 percent higher than the rate for men (122). The ED avoidable population rate for boys was 68 percent higher than the rate for men, while the rate for girls was only 2.9 percent higher than the rate for women. Although pediatric ED avoidable rates were higher than adult rates, the average ED avoidable charge for adults ED visit was more than twice the charge for pediatric ED visits.

Table 4: ED Visits by Gender and ED Visit Category

| Pediatric | ED Avoidable Visits | Emergent - Not Preventable / Avoidable | All Other Conditions | Adult | ED Avoidable Visits | Emergent - Not Preventable / Avoidable | All Other Conditions |
|--|---------------------|--|----------------------|---------------|---------------------|--|----------------------|
| Percentage of ED Visits by Emergency Status and Gender | | | | | | | |
| Male | 51.7% | 5.5% | 42.9% | Male | 43.3% | 12.7% | 44.1% |
| Female | 56.8% | 6.9% | 36.3% | Female | 52.7% | 13.5% | 33.8% |
| All ED Visits | 54.1% | 6.2% | 39.7% | All ED Visits | 48.9% | 13.2% | 37.9% |
| ED Visits by Emergency Status and Gender per 1,000 population | | | | | | | |
| Male | 205 | 22 | 170 | Male | 122 | 36 | 125 |
| Female | 213 | 26 | 136 | Female | 207 | 53 | 133 |
| All ED Visits | 209 | 24 | 153 | All ED Visits | 166 | 45 | 129 |
| Average Charge for ED Visits by Emergency Status and Gender | | | | | | | |
| Male | \$1,325 | \$2,403 | \$1,671 | Male | \$3,444 | \$6,436 | \$3,131 |
| Female | \$1,454 | \$2,626 | \$1,631 | Female | \$3,569 | \$5,863 | \$3,149 |
| All ED Visits | \$1,390 | \$2,522 | \$1,654 | All ED Visits | \$3,525 | \$6,086 | \$3,141 |

Source: AHCA outpatient database. Population statistics : The Florida Legislature, Office of Economic and Demographic Research

Table 5 shows ED visits by category and racial/ethnic groups in 2010. ED avoidable visits per 1000 population 1,000 for pediatric blacks (292) and adult blacks (302) were more than 41 percent and 84 percent higher than the rate for all ED visits (206) and (164) respectively. However, the average ED avoidable charge for blacks was the lowest for all racial groups. The average charge for pediatric ED avoidable visits was less than half the average charge for adult ED avoidable visits.

Table 5: ED Visits by Race and ED Visit Category

| Pediatric | ED Avoidable | Emergent - Not Preventable / Avoidable | All Other Conditions | Adult | ED Avoidable | Emergent - Not Preventable / Avoidable | All Other Conditions |
|--|--------------|--|----------------------|---------------|--------------|--|----------------------|
| Percentage of ED Visits by Emergency Status and Race/Ethnicity | | | | | | | |
| Black | 58.4% | 5.9% | 35.7% | Black | 55.3% | 12.3% | 32.4% |
| Hispanic | 58.4% | 6.6% | 34.9% | Hispanic | 51.5% | 14.3% | 34.2% |
| White | 48.6% | 6.0% | 45.4% | White | 45.8% | 13.2% | 41.0% |
| Other | 52.6% | 6.1% | 41.3% | Other | 47.7% | 13.6% | 38.7% |
| All ED Visits* | 54.2% | 6.2% | 39.6% | All ED Visits | 49.0% | 13.2% | 37.9% |
| ED Visits by Emergency Status and Race/Ethnicity per 1,000 population | | | | | | | |
| Black | 292 | 29 | 178 | Black | 302 | 67 | 177 |
| Hispanic | 233 | 26 | 139 | Hispanic | 133 | 37 | 88 |
| White | 156 | 19 | 146 | White | 145 | 42 | 129 |
| Other | 171 | 20 | 134 | Other | 123 | 35 | 100 |
| All ED Visits* | 206 | 23 | 150 | All ED Visits | 164 | 44 | 127 |
| Average Charge for ED Visits by Emergency Status and Race/Ethnicity | | | | | | | |
| Black | \$1,249 | \$2,069 | \$1,496 | Black | \$3,076 | \$5,180 | \$2,762 |
| Hispanic | \$1,431 | \$2,456 | \$1,656 | Hispanic | \$4,183 | \$6,916 | \$3,551 |
| White | \$1,466 | \$2,874 | \$1,736 | White | \$3,537 | \$6,174 | \$3,168 |
| Other | \$1,460 | \$2,575 | \$1,720 | Other | \$3,545 | \$6,033 | \$3,097 |
| All ED Visits* | \$1,391 | \$2,527 | \$1,656 | All ED Visits | \$3,526 | \$6,087 | \$3,142 |

Source: AHCA outpatient database. Population statistics : The Florida Legislature, Office of Economic and Demographic Research

*Total excludes ED visits with unknown race/ethnicity

Table 6 shows ED visits by category and age in 2010. ED avoidable utilization rates decreased with age for both pediatric ED visits and adult ED visits, while ED utilization rates for emergent - not preventable/avoidable conditions increased with age. Contrary to the trend in ED avoidable utilization rates, the average charge for ED avoidable visits increased significantly with age.

Table 7 shows ED visits by category and payer in 2010. ED avoidable utilization was highest for Medicaid, charity, and self-pay patients.

Table 6: ED Visits by Age and ED Visit Category

| Pediatric | ED Avoidable | Emergent - Not Preventable / Avoidable | All Other Conditions | Adult | ED Avoidable | Emergent - Not Preventable / Avoidable | All Other Conditions |
|---|--------------|--|----------------------|---------------|--------------|--|----------------------|
| Percentage of ED Visits by Emergency Status and Age | | | | | | | |
| Ages 0-4 | 60.1% | 5.3% | 34.6% | Ages 18-34 | 52.6% | 11.4% | 36.0% |
| Ages 5-9 | 55.0% | 5.7% | 39.2% | Ages 35-54 | 49.2% | 13.7% | 37.2% |
| Ages 10-14 | 44.0% | 6.7% | 49.4% | Ages 55-64 | 46.0% | 14.9% | 39.1% |
| Ages 15-17 | 45.0% | 9.2% | 45.8% | Ages 65-79 | 43.9% | 15.5% | 40.6% |
| All ED Visits | 54.1% | 6.2% | 39.7% | Ages 80+ | 37.8% | 14.5% | 47.7% |
| All ED Visits | | | | All ED Visits | 48.9% | 13.2% | 37.9% |
| ED Visits by Emergency Status and Age per 1,000 population | | | | | | | |
| Ages 0-4 | 402 | 35 | 231 | Ages 18-34 | 260 | 57 | 178 |
| Ages 5-9 | 161 | 17 | 114 | Ages 35-54 | 162 | 45 | 122 |
| Ages 10-14 | 107 | 16 | 121 | Ages 55-64 | 103 | 33 | 88 |
| Ages 15-17 | 139 | 28 | 142 | Ages 65-79 | 101 | 36 | 93 |
| All ED Visits | 209 | 24 | 153 | Ages 80+ | | | |
| All ED Visits | | | | All ED Visits | 166 | 45 | 129 |
| Average Charge for ED Visits by Emergency Status and Age | | | | | | | |
| Ages 0-4 | \$1,127 | \$1,482 | \$1,323 | Ages 18-34 | \$2,715 | \$4,603 | \$2,632 |
| Ages 5-9 | \$1,309 | \$2,254 | \$1,556 | Ages 35-54 | \$3,673 | \$6,488 | \$3,022 |
| Ages 10-14 | \$1,739 | \$3,420 | \$1,874 | Ages 55-64 | \$4,389 | \$7,285 | \$3,407 |
| Ages 15-17 | \$2,306 | \$3,998 | \$2,332 | Ages 65-79 | \$4,902 | \$7,345 | \$3,905 |
| All ED Visits | \$1,390 | \$2,522 | \$1,654 | Ages 80+ | \$5,147 | \$7,125 | \$4,603 |
| All ED Visits | | | | All ED Visits | \$3,525 | \$6,086 | \$3,141 |

Source: AHCA outpatient database. Population statistics : The Florida Legislature, Office of Economic and Demographic Research

Table 7: ED Visits by Payer and ED Visit Category

| Pediatric | ED Avoidable | Emergent - Not Preventable / Avoidable | All Other Conditions | Adult | ED Avoidable | Emergent - Not Preventable / Avoidable | All Other Conditions |
|--|--------------|--|----------------------|------------------|--------------|--|----------------------|
| Percentage of ED Visits by Emergency Status and Payer | | | | | | | |
| Medicaid | 58.5% | 5.9% | 35.6% | Medicaid | 55.6% | 12.9% | 31.4% |
| Commercial | 42.4% | 6.9% | 50.7% | Commercial | 46.4% | 14.9% | 38.7% |
| Charity | 54.2% | 6.9% | 38.9% | Charity | 54.0% | 12.8% | 33.2% |
| Self | 53.9% | 5.9% | 40.2% | Self | 51.6% | 10.9% | 37.5% |
| Medicare | 54.4% | 7.3% | 38.3% | Medicare | 44.0% | 14.8% | 41.2% |
| Other Government | 50.4% | 6.6% | 42.9% | Other Government | 37.1% | 10.4% | 52.5% |
| All ED Visits* | 54.1% | 6.2% | 39.7% | All ED Visits* | 48.9% | 13.2% | 37.9% |
| Total ED Charges by Emergency Status and Payer (in millions) | | | | | | | |
| Medicaid | \$758 | \$134 | \$549 | Medicaid | \$1,758 | \$694 | \$873 |
| Commercial | \$257 | \$74 | \$333 | Commercial | \$2,300 | \$1,219 | \$1,563 |
| Charity | \$9 | \$2 | \$7 | Charity | \$257 | \$114 | \$146 |
| Self | \$104 | \$21 | \$93 | Self | \$1,846 | \$743 | \$1,331 |
| Medicare | \$2 | \$0 | \$2 | Medicare | \$2,115 | \$1,074 | \$1,683 |
| Other Government | \$66 | \$16 | \$61 | Other Government | \$305 | \$144 | \$331 |
| All ED Visits* | \$1,196 | \$247 | \$1,045 | All ED Visits* | \$8,581 | \$3,987 | \$5,927 |

Source: AHCA outpatient database.

*Total excludes unknown payer.

Top Medical Conditions

Table 8 shows the top ambulatory ED reason for visit, principal diagnosis, and inpatient hospitalization principal diagnosis. The top reason for visit was other injuries and conditions due to external causes. The top principal diagnosis was sprains and strains. The top inpatient principal diagnosis was congestive heart failure.

Table 8: Top Ten Medical Conditions

| Reason for Emergency Department visit | Percent of ED Visits | Average Charge |
|--|------------------------------------|-----------------------|
| Other injuries and conditions due to external causes | 9.7% | \$2,986 |
| Abdominal pain | 9.1% | \$6,224 |
| Other lower respiratory disease | 6.4% | \$2,400 |
| Spondylosis; intervertebral disc disorders; other back problems | 4.9% | \$2,706 |
| Nonspecific chest pain | 4.6% | \$8,230 |
| Fever of unknown origin | 4.3% | \$1,720 |
| Other connective tissue disease | 4.0% | \$2,216 |
| Nausea and vomiting | 3.4% | \$3,202 |
| Headache; including migraine | 3.3% | \$3,774 |
| Other non-traumatic joint disorders | 3.0% | \$2,019 |
| All other reasons for visit | 47.4% | \$2,579 |
| Total Emergency Department Visits | 100.0% | \$3,195 |
| Principal Diagnosis of Emergency Department visit | Percent of ED Visits | Average Charge |
| Sprains and strains | 5.5% | \$2,341 |
| Other upper respiratory infections | 5.4% | \$1,259 |
| Superficial injury; contusion | 5.2% | \$2,616 |
| Abdominal pain | 4.7% | \$6,230 |
| Nonspecific chest pain | 3.4% | \$9,084 |
| Skin and subcutaneous tissue infections | 3.2% | \$1,513 |
| Spondylosis; intervertebral disc disorders; other back problems | 3.1% | \$2,624 |
| Open wounds of extremities | 2.6% | \$1,721 |
| Headache; including migraine | 2.5% | \$3,736 |
| Urinary tract infections | 2.5% | \$3,752 |
| All other principal diagnoses | 61.8% | \$3,071 |
| Total Emergency Department Visits | 100.0% | \$3,195 |
| Inpatient Hospitalization Principal Diagnosis | Percent of Hospitalizations | Average Charge |
| Congestive heart failure; nonhypertensive | 3.9% | \$41,892 |
| Pneumonia (except that caused by tuberculosis or sexually transr | 3.7% | \$40,366 |
| Nonspecific chest pain | 3.5% | \$23,144 |
| Chronic obstructive pulmonary disease and bronchiectasis | 3.1% | \$31,663 |
| Cardiac dysrhythmias | 3.1% | \$35,792 |
| Septicemia (except in labor) | 3.0% | \$81,553 |
| Urinary tract infections | 2.6% | \$27,459 |
| Skin and subcutaneous tissue infections | 2.4% | \$27,119 |
| Acute myocardial infarction | 2.4% | \$80,319 |
| Acute cerebrovascular disease | 2.3% | \$56,427 |
| All other principal diagnoses | 70.1% | \$40,052 |
| Total Inpatient Hospitalizations | 100.0% | \$41,087 |

Data Source: AHCA outpatient and inpatient database

Appendices

- A. CPT Evaluation and Management Codes Used to Classify Acuity Level
- B. Definition of Racial Categories and Principal Payer Categories
- C. New York University Emergency Department Classification Algorithm

Appendix A: CPT Evaluation and Management Codes Used to Classify Acuity Level

The following codes are used to report evaluation and management services provided in the emergency department. No distinction is made between new and established patients in the emergency department.

Hospitals report Type A emergency department visits using the Healthcare Common Procedure Coding System (HCPCS) codes 99281-99285, 99291, and 99292. Hospitals report Type B emergency department visits using HCPCS codes G0380-G0384.

A Type A provider-based emergency department must meet at least one of the following requirements: (1) It is licensed by the State in which it is located under applicable State law as an emergency room or emergency department and be open 24 hours a day, 7 days a week; or (2) It is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment and be open 24 hours a day, 7 days a week.

A Type B provider-based emergency department must meet at least one of the following requirements: (1) It is licensed by the State in which it is located under applicable State law as an emergency room or emergency department, and open less than 24 hours a day, 7 days a week; or (2) It is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment, and open less than 24 hours a day, 7 days a week; or (3) During the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment, regardless of its hours of operation.

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Low Acuity:

99281 - Emergency department visit for the evaluation and management of a patient, which requires these three key components:

- a problem focused history;
- a problem focused examination;
- straightforward medical decision making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problems(s) are self-limited or minor.

99282 - Emergency department visit for the evaluation and management of a patient, which requires these three key components:

- an expanded problem focused history;
- an expanded problem focused examination;
- medical decision making of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.

G0380 - Level 1 hospital emergency department visit provided in a type B emergency department.

G0381 - Level 2 hospital emergency department visit provided in a type B emergency department.

High Acuity:

99283 - Emergency department visit for the evaluation and management of a patient, which requires these three key components:

- an expanded problem focused history;
- an expanded problem focused examination;
- medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity.

99284 - Emergency department visit for the evaluation and management of a patient, which requires these three key components:

- a detailed history;
- a detailed examination;
- medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.

99285 - Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status:

- a comprehensive history;
- a comprehensive examination;

- medical decision-making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems(s) are of high severity and pose an immediate threat to life or physiologic function.

99291 - Critical Care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes.

99292 - Critical Care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes.

G0382 - Level 3 hospital emergency department visit provided in a type B emergency department.

G0383 - Level 4 hospital emergency department visit provided in a type B emergency department.

G0384 - Level 5 hospital emergency department visit provided in a type B emergency department.

Appendix B: Definition of Racial and Payer Categories

| Racial Group | Race/Ethnic Description |
|---------------------|--|
| Hispanic | Hispanic of any race |
| Black | Non-Hispanic black/African-American |
| White | Non-Hispanic white |
| Other | Non-Hispanic Asian/Pacific, Non-Hispanic American Indian; Non-Hispanic other |
| Non-white | Hispanic, black, other |
| No Response | No Response |

| Payer Category | Payer Description |
|---------------------------------|---|
| Medicare | Medicare, Medicare Managed Care |
| Medicaid | Medicaid, Medicaid Managed Care |
| Commercial | Commercial Insurance |
| Charity, Self-Pay, Underinsured | Non-Payment, Self-Pay, Underinsured |
| Other Government | TRICARE or Other Federal Government Veteran Administration (VA) Workers' Compensation Other State/Local Government |
| Unknown | KidCare Unknown |

Source: AHCA

Principal payer is the primary source of expected reimbursement to the hospital for service

Appendix C: Methodology

The New York University ED Classification Algorithm

The New York University (NYU) Center for Health and Public Service Research and the United Hospital Fund of New York developed an algorithm to aid in the analysis of administrative data from emergency department (ED) records. The algorithm classifies ED utilization, based on the principal diagnosis, from the perspective of primary care and preventive care for emergent and non-emergent cases.

Since few diagnostic categories are clear-cut in all cases, the algorithm assigns cases probabilistically on a percentage basis, reflecting this potential uncertainty and variation

Based on this information, each case was classified into one or more of the following categories:

- (1) **Non-emergent** - The patient's initial complaint, presenting symptoms, vital signs, medical history, and age indicated that immediate medical care was not required within 12 hours.
- (2) **Emergent/Primary Care Treatable** - Based on information in the record, treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting. The complaint did not require continuous observation, and no procedures were performed or resources used that are not available in a primary care setting (e.g., CAT scan or certain lab tests).
- (3) **Emergent - ED Care Needed - Preventable/Avoidable** - Emergency department care was required based on the complaint or procedures performed and resources used, but the emergent nature of the condition was potentially preventable/avoidable if timely and effective ambulatory care had been received during the episode of illness (e.g., the flare-ups of asthma, diabetes, congestive heart failure, etc.).
- (4) **Emergent - ED Care Needed - Not Preventable/Avoidable** - Emergency department care was required and ambulatory care treatment could not have prevented the condition (e.g., trauma, appendicitis, heart attack, etc.).

This report uses two categories in addition to the above NYU classification categories. These addition categories are as follows:

- (5) **ED avoidable** - Defined by classifications 1-3 above is used to represent ED visits that are potentially preventable or avoidable through treatment in a primary care setting.
- (6) All other conditions - Defined as all conditions not assigned to classifications 1-4 above.