
Emergency Department Utilization Report 2011

Florida Center for Health Information and Policy Analysis
Agency for Health Care Administration



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Florida Center for Health Information
And Policy Analysis

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Title:

Emergency Department Utilization Report 2011

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 2011 as well as information on visits to the ED that resulted in an inpatient admission.

This analysis of calendar year 2011 data reveals that 68.3 percent of pediatric ED visits were made by children under age 9 and 64.1 percent of adult ED visits were for persons under age 55. More than 32 percent of pediatric ambulatory ED visits and 17.3 percent of adult ambulatory ED visits were low acuity. Nearly 58 percent of pediatric and nearly 56 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 hospital inpatient data to provide information on patient demographics and other clinical characteristics of all visits to the emergency department (ED).

On June 6, 2012, all available records from the Agency's ED database collected during the 2011 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 nonurgent 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 2011 by patient characteristics (see **Appendix B** for a description of the racial/ethnic groups and payer groups). Pediatric males were 52.5 percent of all pediatric ED visits, whereas adult females were 58.4 percent of all adult ED visits. Non-whites represented 57.5 percent of all pediatric ED visits, while white adults were 59.1 percent of all adult ED visits. The top principal payer for all adult ED visits was Medicare. Additionally, self-pay and charity comprised nearly 25 percent of all adult ED visits. Medicaid was the top principal payer for all pediatric ED patients, accounting for 64 percent of all pediatric ED visits.

Table 1: ED Visits by Patient Characteristics

Gender					
Pediatric	ED Visits	Percent	Adult	ED Visits	Percent
Male	906,545	52.5%	Male	2,810,804	41.6%
Female	821,472	47.5%	Female	3,940,421	58.4%
Racial/Ethnic Group					
Pediatric	ED Visits	Percent	Adult	ED Visits	Percent
Black	463,688	26.8%	Black	1,456,497	21.6%
Hispanic	474,197	27.4%	Hispanic	1,084,936	16.1%
White	704,112	40.7%	White	3,989,159	59.1%
Other	55,995	3.2%	Other	124,405	1.8%
Age Group					
Pediatric	ED Visits	Percent	Adult	ED Visits	Percent
Ages 0-4 years	816,922	47.3%	Ages 18-34 years	2,239,001	33.2%
Ages 5-9 years	362,496	21.0%	Ages 35-54 years	2,088,578	30.9%
Ages 10-14 years	305,410	17.7%	Ages 55-64 years	809,736	12.0%
Ages 15-17 years	243,192	14.1%	Ages 65-79 years	942,606	14.0%
			Ages 80+ years	671,315	9.9%
Payer Group					
Pediatric	ED Visits	Percent	Adult	ED Visits	Percent
Medicaid	1,105,316	64.0%	Medicaid	1,276,424	18.9%
Commercial	357,099	20.7%	Commercial	1,538,121	22.8%
Charity	7,720	0.4%	Charity	195,178	2.9%
Self-Pay	149,864	8.7%	Self-Pay	1,467,467	21.7%
Medicare	12,365	0.7%	Medicare	1,973,413	29.2%
Other Government	94,704	5.5%	Other Government	291,018	4.3%
All Pediatric Visits	1,728,020	100.0%	All Adult Visits	6,751,236	100.0%

Data Source: AHCA outpatient and inpatient database

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

Inpatient Hospitalization

In 2011, there were 8,479,256 emergency department (ED) visits with 1,599,511 (18.9 percent) subsequently resulting in hospital admission. **Table 2** displays ED visits resulting in inpatient hospitalization by patient characteristics. Over 22 percent of adult ED visits resulted in inpatient hospitalization while 4.7 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	4.9%	Male	25.1%
Female	4.5%	Female	20.6%
Racial/Ethnic Group			
Pediatric	Percent	Adult	Percent
Black	4.8%	Black	17.4%
Hispanic	4.7%	Hispanic	21.9%
White	4.6%	White	24.6%
Other	5.4%	Other	20.8%
Age Group			
Pediatric	Percent	Adult	Percent
Ages 0-4 years	4.9%	Ages 18-34 years	8.0%
Ages 5-9 years	3.6%	Ages 35-54 years	17.0%
Ages 10-14 years	4.6%	Ages 55-64 years	29.9%
Ages 15-17 years	6.0%	Ages 65-79 years	41.7%
		Ages 80+ years	51.7%
Payer Group			
Pediatric	Percent	Adult	Percent
Medicaid	4.5%	Medicaid	15.7%
Commercial	6.3%	Commercial	16.4%
Charity	3.3%	Charity	20.4%
Self-Pay	1.9%	Self-Pay	8.6%
Medicare	7.2%	Medicare	43.1%
Other Government	5.1%	Other Governmen	17.2%
All Pediatric Visits	4.7%	All Adult Visits	22.5%

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 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. More than 32 percent of pediatric ambulatory ED visits were low acuity while 17.3 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	Low Acuity Mean Charge	High Acuity Mean Charge		Low Acuity	Low Acuity Mean Charge	High Acuity Mean Charge
Pediatric	Acuity			Adult	Acuity		
Male	32.9%	\$709	\$2,134	Male	19.0%	\$988	\$4,718
Female	31.8%	\$706	\$2,210	Female	16.2%	\$1,066	\$4,659
Racial/Ethnic Group							
	Low Acuity	Low Acuity Mean Charge	High Acuity Mean Charge		Low Acuity	Low Acuity Mean Charge	High Acuity Mean Charge
Pediatric	Acuity			Adult	Acuity		
Black	32.6%	\$583	\$1,938	Black	18.3%	\$821	\$4,070
Hispanic	40.2%	\$871	\$2,249	Hispanic	20.7%	\$1,723	\$5,480
White	27.1%	\$638	\$2,260	White	15.9%	\$871	\$4,700
Other	31.0%	\$736	\$2,218	Other	16.9%	\$913	\$4,733
Age Group							
	Low Acuity	Low Acuity Mean Charge	High Acuity Mean Charge		Low Acuity	Low Acuity Mean Charge	High Acuity Mean Charge
Pediatric	Acuity			Adult	Acuity		
Ages 0-4 years	36.9%	\$630	\$1,724	Ages 18-34 years	20.2%	\$891	\$3,738
Ages 5-9 years	33.6%	\$712	\$2,017	Ages 35-54 years	17.3%	\$1,023	\$4,794
Ages 10-14 years	27.1%	\$840	\$2,516	Ages 55-64 years	15.2%	\$1,150	\$5,452
Ages 15-17 years	22.0%	\$932	\$3,186	Ages 65-79 years	12.9%	\$1,451	\$5,904
				Ages 80+ years	10.1%	\$1,653	\$6,146
Payer Group							
	Low Acuity	Low Acuity Mean Charge	High Acuity Mean Charge		Low Acuity	Low Acuity Mean Charge	High Acuity Mean Charge
Pediatric	Acuity			Adult	Acuity		
Medicaid	33.1%	\$680	\$2,018	Medicaid	17.2%	\$933	\$4,053
Commercial	28.7%	\$872	\$2,591	Commercial	15.5%	\$1,357	\$5,053
Charity	28.0%	\$718	\$2,089	Charity	19.8%	\$1,033	\$4,450
Self-Pay	36.8%	\$602	\$2,098	Self-Pay	22.6%	\$767	\$3,961
Medicare	48.0%	\$613	\$2,157	Medicare	12.7%	\$1,302	\$5,694
Other Governemnt	28.1%	\$722	\$2,390	Other Governemnt	17.4%	\$922	\$4,338
All Pediatric Visits	32.4%	\$708	\$2,171	All Adult Visits	17.3%	\$1,032	\$4,682

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 4,050,864 ED visits, representing nearly 62 percent of all Florida resident ambulatory ED visits.

Table 4 shows ED visits by category and gender in 2011. The rate for ED avoidable visits per 1,000 population was nearly equal for boys (208) and girls (218), whereas the rate for women (206) was nearly 75 percent higher than the rate for men (118). The ED avoidable population rate for boys was 76.3 percent higher than the rate for men, while the rate for girls was only 5.8 percent higher than the rate for women. Although pediatric ED avoidable rates were higher than adult rates, the average ED avoidable charge for adult ED visits 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	51.1%	5.7%	43.3%	Male	43.3%	12.7%	44.0%
Female	56.2%	7.1%	36.7%	Female	52.9%	13.6%	33.5%
All ED Visits	53.5%	6.3%	40.1%	All ED Visits	49.1%	13.2%	37.7%
ED Visits by Emergency Status and Gender per 1,000 population							
Male	208	23	176	Male	118	35	120
Female	218	27	142	Female	206	53	130
All ED Visits	213	25	160	All ED Visits	163	44	125
Average Charge for ED Visits by Emergency Status and Gender							
Male	\$1,440	\$2,559	\$1,787	Male	\$3,753	\$6,856	\$3,406
Female	\$1,573	\$2,754	\$1,749	Female	\$3,872	\$6,255	\$3,449
All ED Visits	\$1,506	\$2,663	\$1,771	All ED Visits	\$3,831	\$6,485	\$3,429

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 2011. ED avoidable visits per 1,000 population for pediatric blacks (306) and adult blacks (315) were more than 45 percent and 95 percent higher than the rate for all ED visits (210) and (161) 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	57.6%	6.0%	36.4%	Black	55.3%	12.4%	32.3%
Hispanic	57.4%	6.8%	35.8%	Hispanic	51.5%	14.5%	34.0%
White	48.3%	6.2%	45.5%	White	45.9%	13.2%	40.9%
Other	51.3%	6.1%	42.6%	Other	48.2%	13.8%	37.9%
All ED Visits*	53.6%	6.3%	40.1%	All ED Visits	49.1%	13.2%	37.6%
ED Visits by Emergency Status and Race/Ethnicity per 1,000 population							
Black	306	32	193	Black	315	71	184
Hispanic	227	27	141	Hispanic	134	37	88
White	170	22	160	White	142	41	127
Other	101	12	84	Other	73	21	58
All ED Visits*	210	25	157	All ED Visits	161	43	123
Average Charge for ED Visits by Emergency Status and Race/Ethnicity							
Black	\$1,343	\$2,196	\$1,582	Black	\$3,268	\$5,387	\$2,955
Hispanic	\$1,544	\$2,636	\$1,740	Hispanic	\$4,499	\$7,390	\$3,796
White	\$1,596	\$2,982	\$1,886	White	\$3,888	\$6,617	\$3,499
Other	\$1,592	\$2,639	\$1,837	Other	\$3,964	\$6,524	\$3,422
All ED Visits*	\$1,504	\$2,659	\$1,770	All ED Visits	\$3,829	\$6,481	\$3,430

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 2011. 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 2011. 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	59.4%	5.4%	35.2%	Ages 18-34	52.9%	11.6%	35.5%
Ages 5-9	54.5%	5.9%	39.6%	Ages 35-54	49.4%	13.8%	36.8%
Ages 10-14	43.5%	6.9%	49.6%	Ages 55-64	46.1%	14.9%	39.0%
Ages 15-17	44.6%	9.5%	45.9%	Ages 65-79	43.7%	15.3%	40.9%
				Ages 80+	37.6%	14.1%	48.3%
All ED Visits	53.5%	6.3%	40.1%	All ED Visits	49.1%	13.2%	37.7%
ED Visits by Emergency Status and Age per 1,000 population							
Ages 0-4	417	38	247	Ages 18-34	256	57	172
Ages 5-9	168	18	123	Ages 35-54	159	45	119
Ages 10-14	108	17	123	Ages 55-64	102	33	86
Ages 15-17	139	30	143	Ages 65-79	92	32	86
				Ages 80+			
All ED Visits	213	25	160	All ED Visits	163	44	125
Average Charge for ED Visits by Emergency Status and Age							
Ages 0-4	\$1,224	\$1,592	\$1,412	Ages 18-34	\$2,941	\$4,847	\$2,842
Ages 5-9	\$1,417	\$2,358	\$1,664	Ages 35-54	\$3,987	\$6,880	\$3,296
Ages 10-14	\$1,873	\$3,552	\$2,000	Ages 55-64	\$4,767	\$7,817	\$3,727
Ages 15-17	\$2,495	\$4,200	\$2,529	Ages 65-79	\$5,462	\$8,082	\$4,307
				Ages 80+	\$5,677	\$7,831	\$5,109
All ED Visits	\$1,506	\$2,663	\$1,771	All ED Visits	\$3,831	\$6,485	\$3,429

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	57.7%	6.0%	36.3%	Medicaid	55.8%	12.7%	31.5%
Commercial	40.6%	7.3%	52.1%	Commercial	46.4%	15.3%	38.3%
Charity	54.3%	7.3%	38.3%	Charity	54.0%	13.4%	32.6%
Self	53.4%	6.1%	40.6%	Self	51.9%	11.2%	37.0%
Medicare	47.8%	7.9%	44.3%	Medicare	44.1%	14.6%	41.3%
Other Governemnt	49.1%	7.1%	43.8%	Other Governemnt	37.2%	10.6%	52.2%
All ED Visits*	53.5%	6.3%	40.1%	All ED Visits*	49.1%	13.3%	37.6%
Total ED Charges by Emergency Status and Payer (in millions)							
Medicaid	\$852	\$151	\$633	Medicaid	\$1,971	\$732	\$999
Commercial	\$246	\$74	\$327	Commercial	\$2,441	\$1,307	\$1,645
Charity	\$6	\$1	\$5	Charity	\$280	\$126	\$151
Self	\$98	\$20	\$90	Self	\$1,928	\$766	\$1,352
Medicare	\$8	\$2	\$6	Medicare	\$2,389	\$1,177	\$1,907
Other Government	\$74	\$19	\$71	Other Government	\$337	\$158	\$364
All ED Visits*	\$1,283	\$268	\$1,131	All ED Visits*	\$9,345	\$4,266	\$6,417

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	9.8%	\$3,243
Abdominal pain	9.5%	\$6,455
Other lower respiratory disease	6.4%	\$2,631
Spondylosis; intervertebral disc disorders; other back problems	5.0%	\$2,968
Nonspecific chest pain	4.6%	\$8,836
Fever of unknown origin	4.2%	\$1,841
Other connective tissue disease	4.1%	\$2,439
Other non-traumatic joint disorders	3.1%	\$2,226
Nausea and vomiting	3.1%	\$3,576
Headache; including migraine	3.1%	\$4,183
All other reasons for visit	47.1%	\$2,790
Total Emergency Department Visits	100.0%	\$3,456
Principal Diagnosis of Emergency Department visit	Percent of ED Visits	Average Charge
Sprains and strains	5.5%	\$2,557
Superficial injury; contusion	5.1%	\$2,811
Other upper respiratory infections	4.9%	\$1,314
Abdominal pain	4.8%	\$6,483
Nonspecific chest pain	3.5%	\$9,709
Skin and subcutaneous tissue infections	3.1%	\$1,670
Spondylosis; intervertebral disc disorders; other back problems	3.1%	\$2,749
Urinary tract infections	2.6%	\$4,043
Open wounds of extremities	2.6%	\$1,910
Other injuries and conditions due to external causes	2.5%	\$3,461
All other principal diagnoses	62.3%	\$3,337
Total Emergency Department Visits	100.0%	\$3,456
Inpatient Hospitalization Principal Diagnosis	Percent of Hospitalizations	Average Charge
Congestive heart failure; nonhypertensive	3.7%	\$44,261
Pneumonia (except that caused by tuberculosis or sexually transn	3.7%	\$42,664
Septicemia (except in labor)	3.3%	\$86,396
Nonspecific chest pain	3.2%	\$24,717
Cardiac dysrhythmias	3.1%	\$38,131
Chronic obstructive pulmonary disease and bronchiectasis	3.1%	\$34,446
Urinary tract infections	2.6%	\$29,278
Skin and subcutaneous tissue infections	2.5%	\$28,576
Mood disorders	2.3%	\$15,706
Acute myocardial infarction	2.3%	\$84,456
All other principal diagnoses	70.2%	\$43,686
Total Inpatient Hospitalizations	100.0%	\$43,522

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 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 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.



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