



Emergency Department Utilization Report

2016



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Introduction

The Florida Agency for Health Care Administration (Agency) initiated collection of patient records for all visits to a hospital Emergency Department (ED) beginning 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 the ED setting. This report provides information about the acuity level (the severity of the visit) for all patients where the visit did not result in an inpatient admission.

Emergency Departments (EDs) provide a significant source of medical care in the state of Florida, with over 8.8 million outpatient ED visits occurring in 2016. Over 64 percent (1,823,959 out of 2,837,863) of hospital inpatient admissions in the state of Florida originated in an ED facility. Many ED visits are potentially preventable, meaning that access to high-quality health care in a primary care setting can prevent the need for a portion of ED visits.

This report is submitted in accordance with Section 408.062, Florida Statutes, which reads:

- (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.**

Patient Characteristics

- *Nearly half of all pediatric ED visits were made by children under five years of age.*

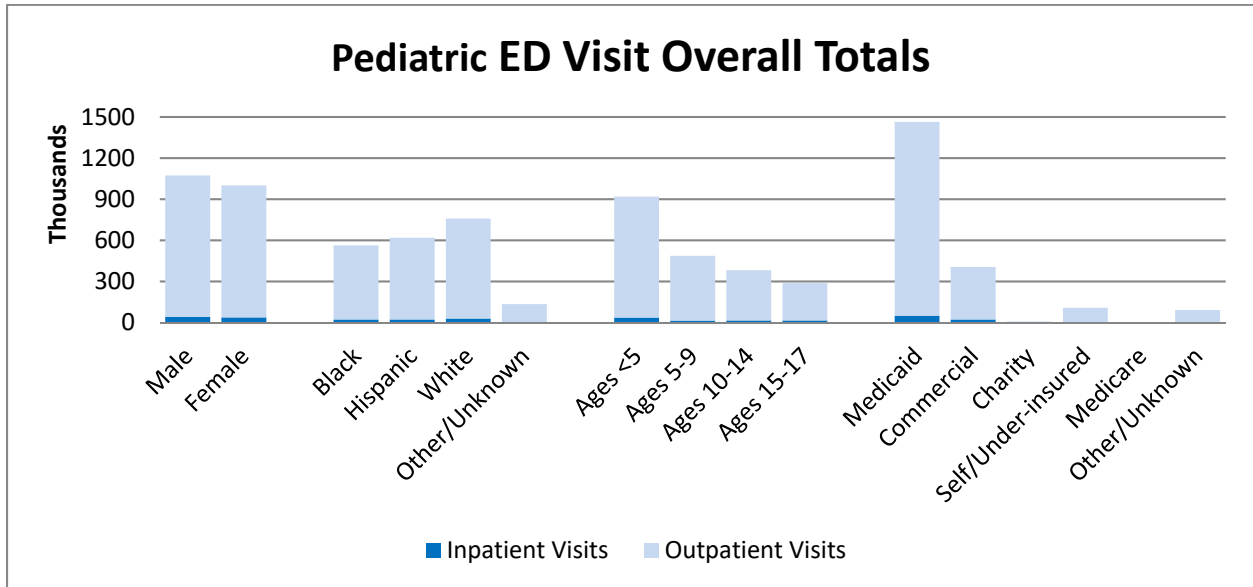
Forty-four percent of all pediatric ED visits were for small children four years old or younger (see Appendix Table 1). The number of pediatric ED visits generally declines with each successive age group. Children ages 15-17 comprise only 14 percent of total pediatric visits.

- *Medicaid is the principal payer for over 2/3rds of pediatric visits.*

Medicaid was the principal payer for pediatric ED visits by a considerable margin, paying for 71 percent of all pediatric visits. Commercial payers were the second-highest payer at 20 percent (see Appendix Table 1).

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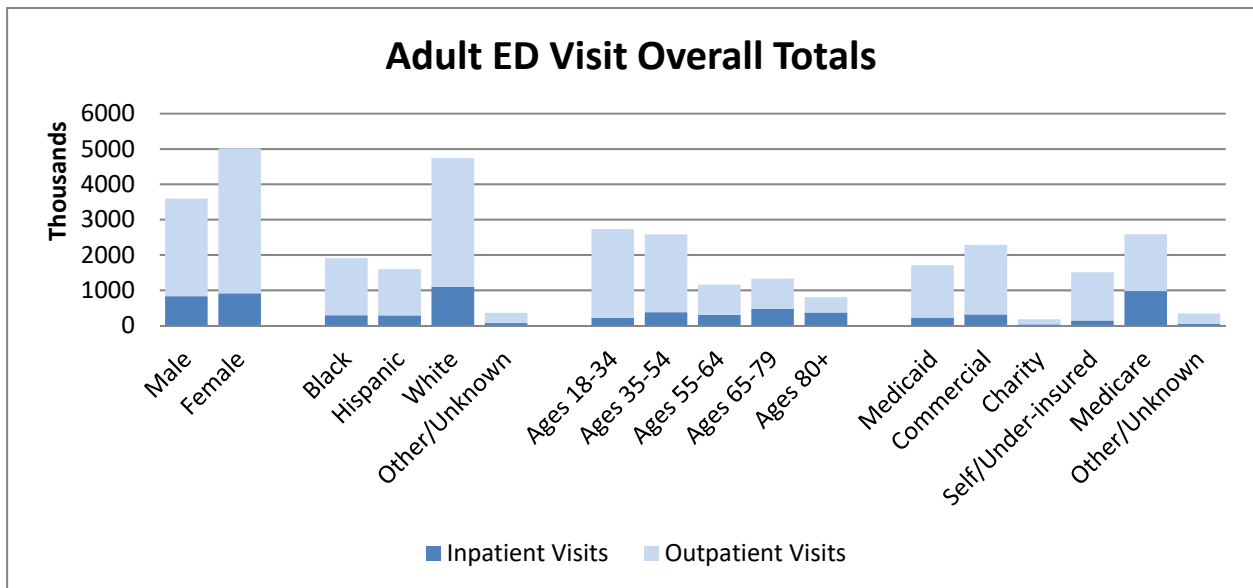
Figure 1. Pediatric ED Visits by Sex, Race/Ethnicity, Age Group, and Payer Group



- *Women comprised over half of all ED visits for 2016.*

Women make up 51 percent of Florida’s adult population¹, but they comprise 58 percent of all ED adult visits (see Appendix Table 2). The number of ED visits for adult women was approximately 10 percent higher than the number of visits by adult men.

Figure 2. Adult ED Visits by Sex, Race/Ethnicity, Age Group, and Payer Group



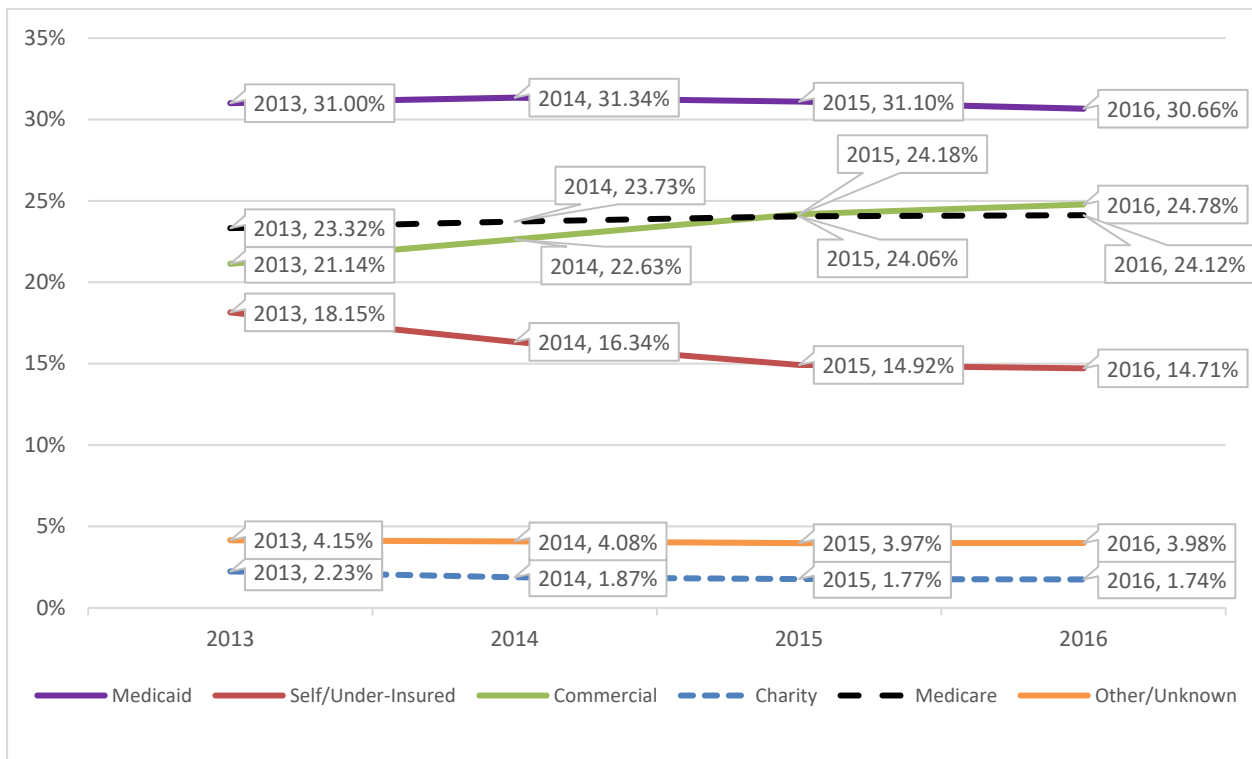
¹ Source: U.S. Census Bureau, 2010-2014 5-Year American Community Survey

Volume Trends over Time

Due in part to population growth, the volume of ED visits for all payers has historically increased by approximately 4 percent every year.³ One of the more interesting developments over the past several years has been slowing growth in the number of visits made by patients who are self-insured or under-insured. While total ED visits grew by 3.89 percent from 2015 to 2016, self/under-insured visits declined by 2.5 percent.

Figure 3 shows the share of ED visits by payer group over the past four years. Except for the under-insured, the general trend is that the overall volume of ED visits grows from year to year while the proportions for each payer group stay relatively constant. A possible emerging trend from 2015-2016 is the slight decline in the proportions of Medicaid and Medicare payers and a small increase in commercial payers.

Figure 3. Total Visits by Payer Group 2013-2016



Inpatient Hospitalization

In 2016, Florida EDs saw 10,682,520 ED visits with 1,823,959 (17.1 percent) of those visits subsequently resulting in a hospital inpatient admission. An inpatient hospitalization resulted from 77,164 pediatric visits and 1,746,795 adult visits. The inpatient hospitalization rate for pediatric visits was 3.7 percent, while the rate for adult visits was 20.3 percent.

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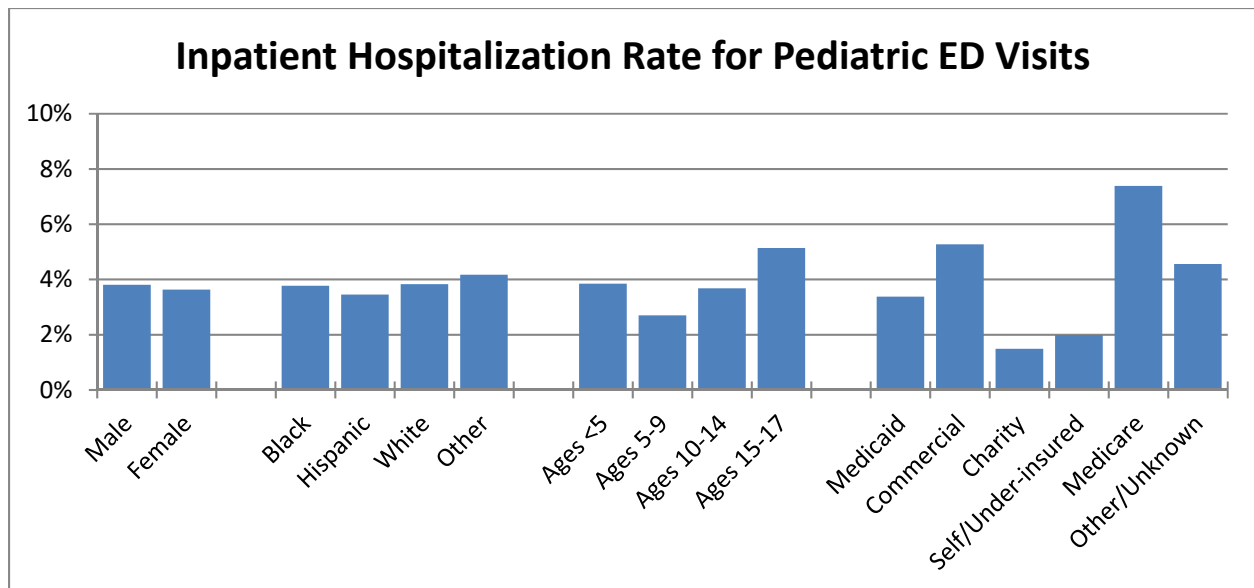
- *Pediatric ED visits are less likely to result in inpatient hospitalization than adult visits.*

Regardless of patient characteristics, the rate of pediatric ED visits resulting in inpatient hospitalization was much lower than the rate for adult ED visits (see Appendix Table 3).

- *Charity, self and under-insured paid visits were less likely to be admitted for inpatient care than government programs or commercial payers for pediatric visits.*

Pediatric ED visits with Medicaid, Medicare, Other Government, or Commercial principal payers resulted in inpatient hospitalization ranging from 3.4 percent for Medicaid to a high of 7.4 percent of Medicare patients. In contrast, only 1.5 percent of Charity and 2.0 percent of Self or Under-insured pediatric visits were admitted for inpatient care. This rate is well below the statewide average of 4.0 percent pediatric ED visits resulting in hospitalization (see Appendix Table 3).

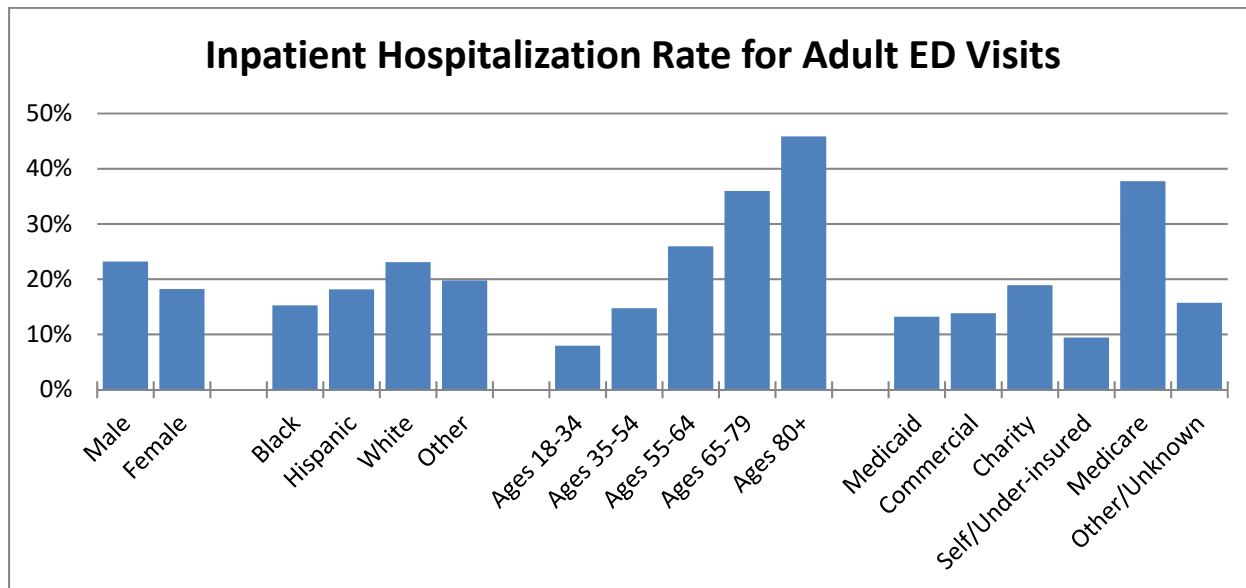
Figure 4. Inpatient Hospitalization Rate for Pediatric ED Visits by Patient Characteristics



- *Patient age is related with an inpatient hospitalization following an ED visit.*

Patients over 80 years of age who visit EDs are more likely to be hospitalized for their conditions (see Appendix Table 3). This phenomenon is likely attributable to the types of health concerns that bring older patients to the ED. Eight of the top ten most common medical conditions for overall inpatient hospitalization, such as heart and lung disease, are among the most common conditions for patients over 65 (see Figure 13). Visits paid by Medicare are approximately twice as likely to result in inpatient hospitalization as other payers, possibly because patients over 65 years of age are also more likely to have Medicare coverage.

Figure 3. Inpatient Hospitalization Rate for Adult ED Visits by Patient Characteristics



Patient Acuity

The Agency for Health Care Administration’s outpatient ED database collects Current Procedural Terminology (CPT) Evaluation and Management codes, designed to categorize the acuity (severity) of a patient’s diagnosis. The following analysis used these CPT codes to label outpatient visits as either high acuity or low acuity visits.²

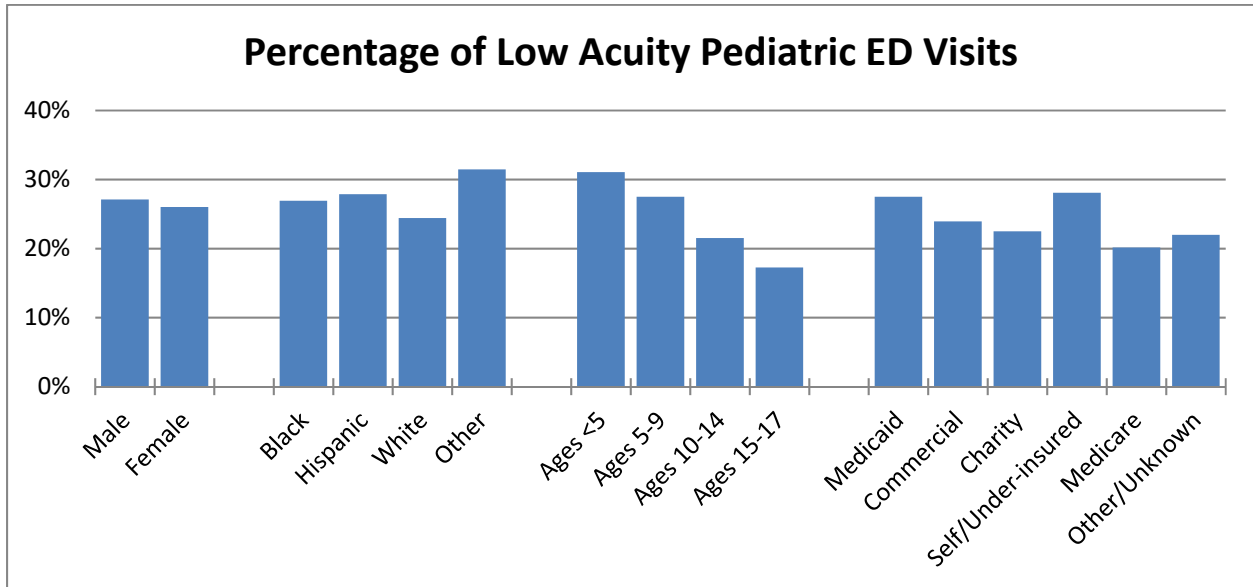
- *Pediatric visits for young children were more likely to be low acuity visits.*

The rate of low acuity visits for children below five years of age was 14 percent higher than the low acuity rate for children aged 15-17 (see Appendix Table 4). Low acuity rates decrease for every increase in age group for pediatric visits.

² For a full definition of patient acuity, see Appendix page 19, “Definition of Patient Acuity.”

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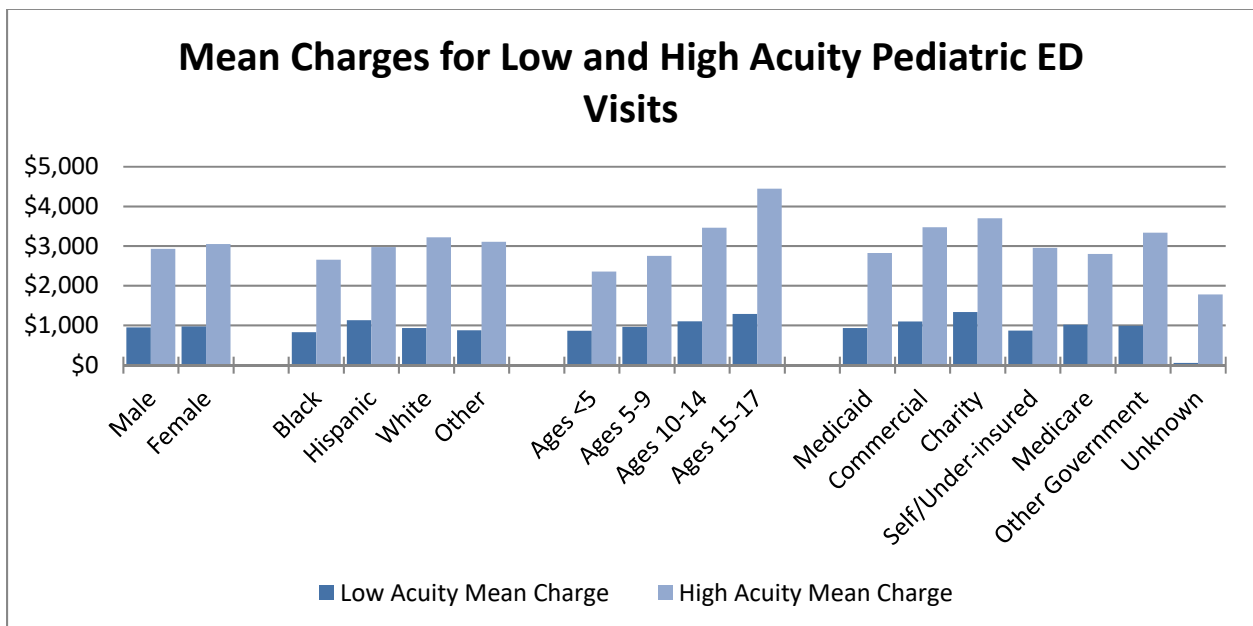
Figure 6. Low Acuity Rate for Pediatric Outpatient ED Visits by Patient Characteristics



- *Average charges for pediatric visits increase with age.*

For both low and high acuity visits, the average charge for a pediatric visit was much higher for the older age groups. The average low acuity charge for ages 15-17 was about 34 percent higher than the statewide pediatric ED visit average of \$960. The average high acuity charge for ages 15-17 was nearly 48 percent higher than the statewide average of \$2,988 (see Appendix Table 4).

Figure 4. Mean Charges for Pediatric ED Outpatient Visits by Acuity and Patient Characteristics

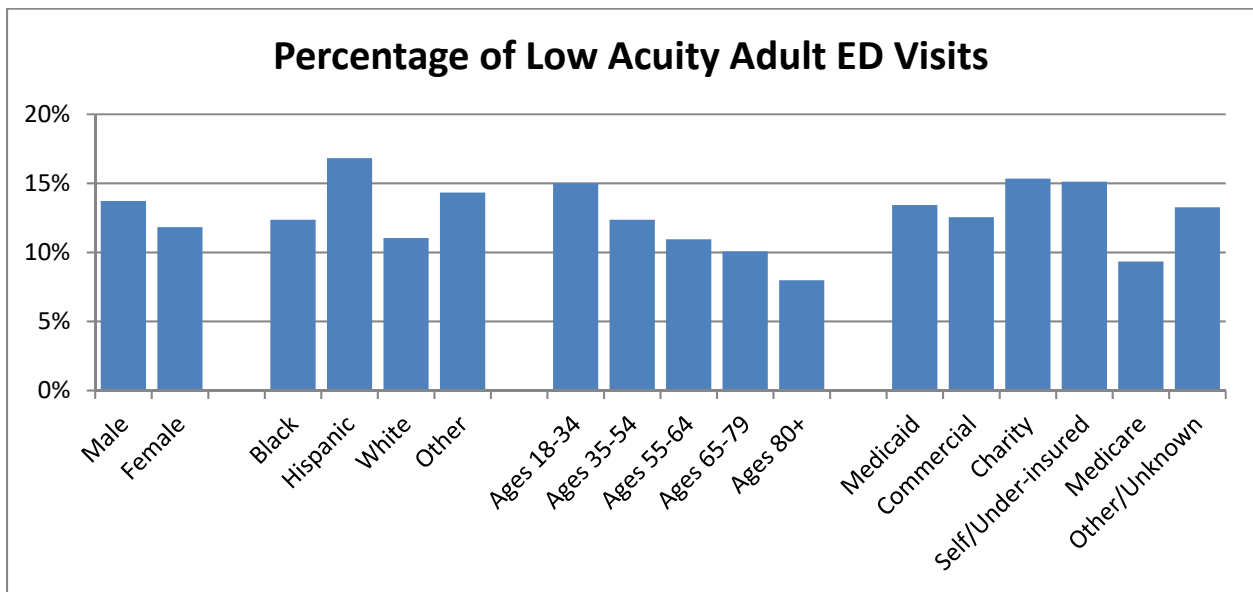


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- *ED visits by adult Hispanic patients were substantially more likely to be low acuity visits, and these visits were costlier than the average visit.*

The low acuity rate for Hispanic adult patients (16.8 percent) was higher than the statewide average of 12.56 percent. The mean charge for low acuity ED visits by Hispanic adults (\$2,524) was around 55 percent higher than the statewide average for all low acuity adult ED visits of \$1,625 (see Appendix Table 5).

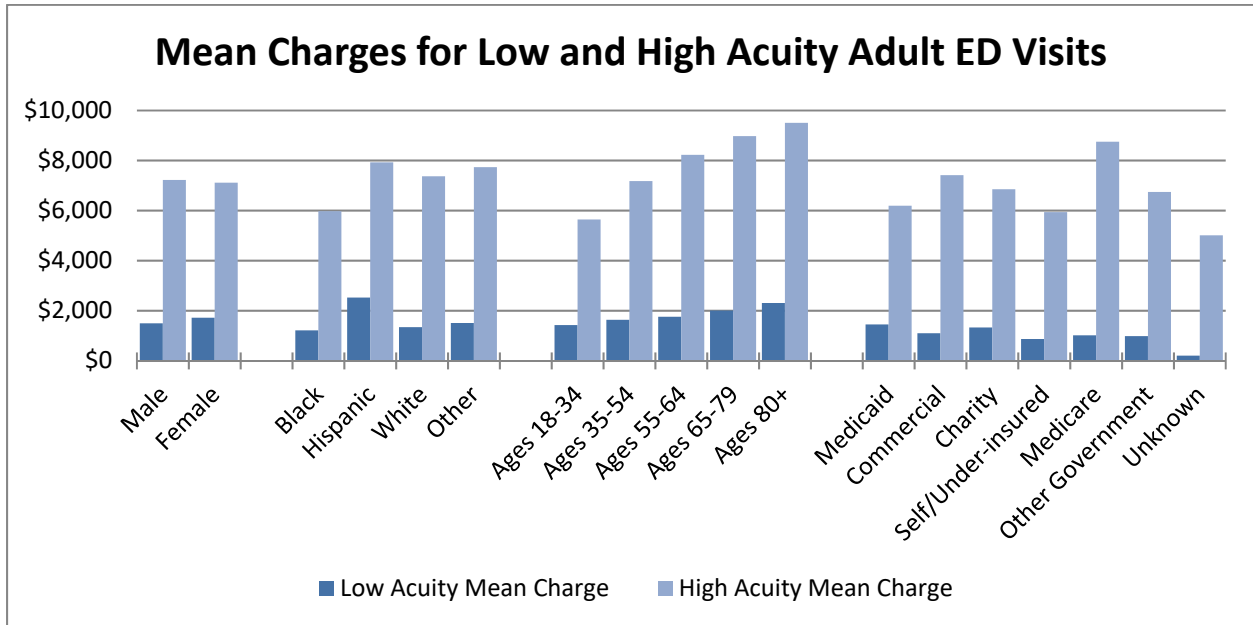
Figure 5. Low Acuity Rate for Adult ED Outpatient Visits by Patient Characteristics



- *Average charges for adult visits also increased with age.*

For both low and high acuity visits, the average charge increased with age. Low acuity visits for patients above 80 years of age were 61 percent costlier than low acuity visits for the youngest adults. The average high acuity visit for a patient over 80 years of age cost 68 percent more than a high acuity visit for a patient aged 18-34 (see Appendix Table 5).

Figure 9. Mean Charges for Adult ED Outpatient Visits by Acuity and Patient Characteristics



Acuity Trends over Time

The number of ED visits per capita in Florida has increased markedly in the past decade.³ Although a few year-to-year totals in Figure 10 show an occasional decline, ED visits per 1,000 population have generally risen since 2006. Although EDs are seeing more patients, the vast majority of visits are considered high acuity visits.

As seen in Figure 10 below, the low acuity rate per 1,000 population for ED visits has decreased by almost 50 percent since 2006. The percentage of Floridians who lack health insurance remained relatively static until 2012 but has declined in the past four years (see Figure 11).⁴ These two trends are not necessarily related, although uninsured patients are more likely to make low acuity visits to EDs than other types of patients (see Figure 8).

³ Unless otherwise noted, all analysis in this report examines the full dataset of ED visits in 2016. In order to maintain comparability with previous years' reports, the "Acuity Trends over Time" and "Volume Trends Over Time" sections examine only visits made by Florida residents.

⁴ The trend in uninsured rates in Florida is consistent with a nationwide increase in health insurance coverage rates. Source: <https://www.census.gov/library/visualizations/interactive/health-insurance-map.html>

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Figure 10. Number of ED Visits Per Capita over Time by Acuity Level

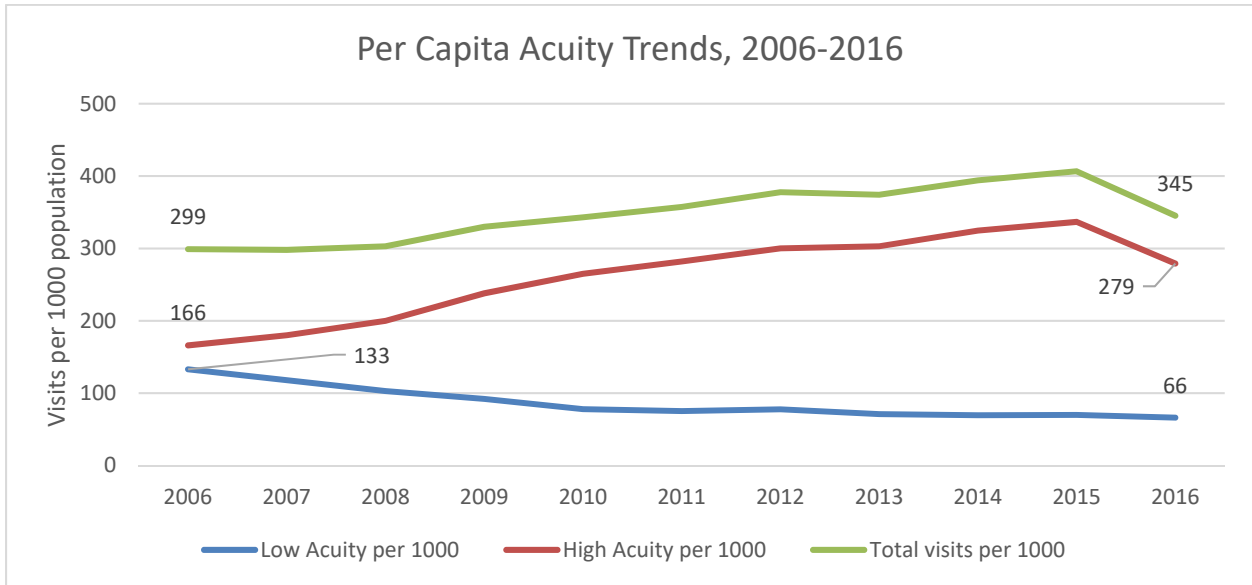
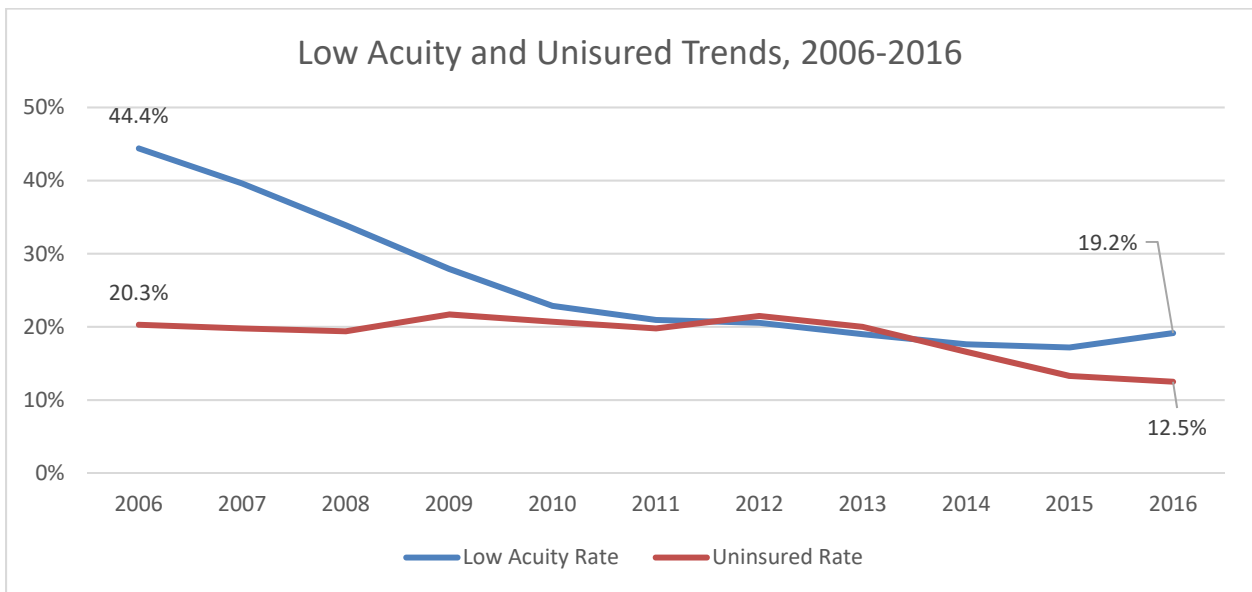


Figure 6. Percentage of Visits Considered Low Acuity Compared to Uninsured Rate



Top Medical Conditions

The following tables show the most commonly diagnosed medical conditions for both outpatient ED visits (Figure 12) and ED visits requiring inpatient hospitalization (Figure 13). The tables also show the average charge for each condition. For a breakdown of top pediatric/adult conditions, see Appendix Tables 6-9.

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Figure 7. Top Ten Most Common Medical Conditions for Outpatient Visits

Outpatient Diagnosis	Percentage of ED Visits	Mean Charges
Other upper respiratory infections	5.49%	\$2,281
Abdominal pain	4.66%	\$9,078
Sprains and strains	4.47%	\$4,254
Superficial injury; contusion	4.41%	\$4,431
Nonspecific chest pain	3.95%	\$12,267
Spondylosis; intervertebral disc disorders; other back problems	3.63%	\$5,041
Urinary tract infections	2.63%	\$6,321
Other injuries and conditions due to external causes	2.63%	\$5,523
Skin and subcutaneous tissue infections	2.62%	\$2,866
Open wounds of extremities	5.49%	\$2,944

Figure 8. Top Ten Most Common Medical Conditions for Inpatient Hospitalizations

Inpatient Diagnosis	Percentage of Hospitalizations	Mean Charges
Septicemia (except in labor)	6.09%	\$104,842
Chronic obstructive pulmonary disease and bronchiectasis	3.39%	\$46,003
Congestive heart failure; nonhypertensive	3.03%	\$57,907
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	3.00%	\$51,204
Cardiac dysrhythmias	2.88%	\$51,819
Skin and subcutaneous tissue infections	2.69%	\$37,562
Acute myocardial infarction	2.46%	\$112,540
Mood disorders	2.44%	\$21,388
Acute cerebrovascular disease	2.35%	\$86,372
Diabetes mellitus with complications	2.30%	\$50,266

Geographic Variation in ED Use

Figure 14 shows the number of ED visits per 1,000 people in each county in Florida⁵ (see Appendix Tables 10-11 for details). Visits are classified by the county of residence for each patient, not the county in which the facility is located. If a patient lives in Nassau County but visits an ED in neighboring Duval County, for example, the visit is classified as a Nassau County visit.

⁵ Population estimates: <http://edr.state.fl.us/Content/population-demographics/data/index.cfm>

Figure 9. ED Visits per 1,000 People by County

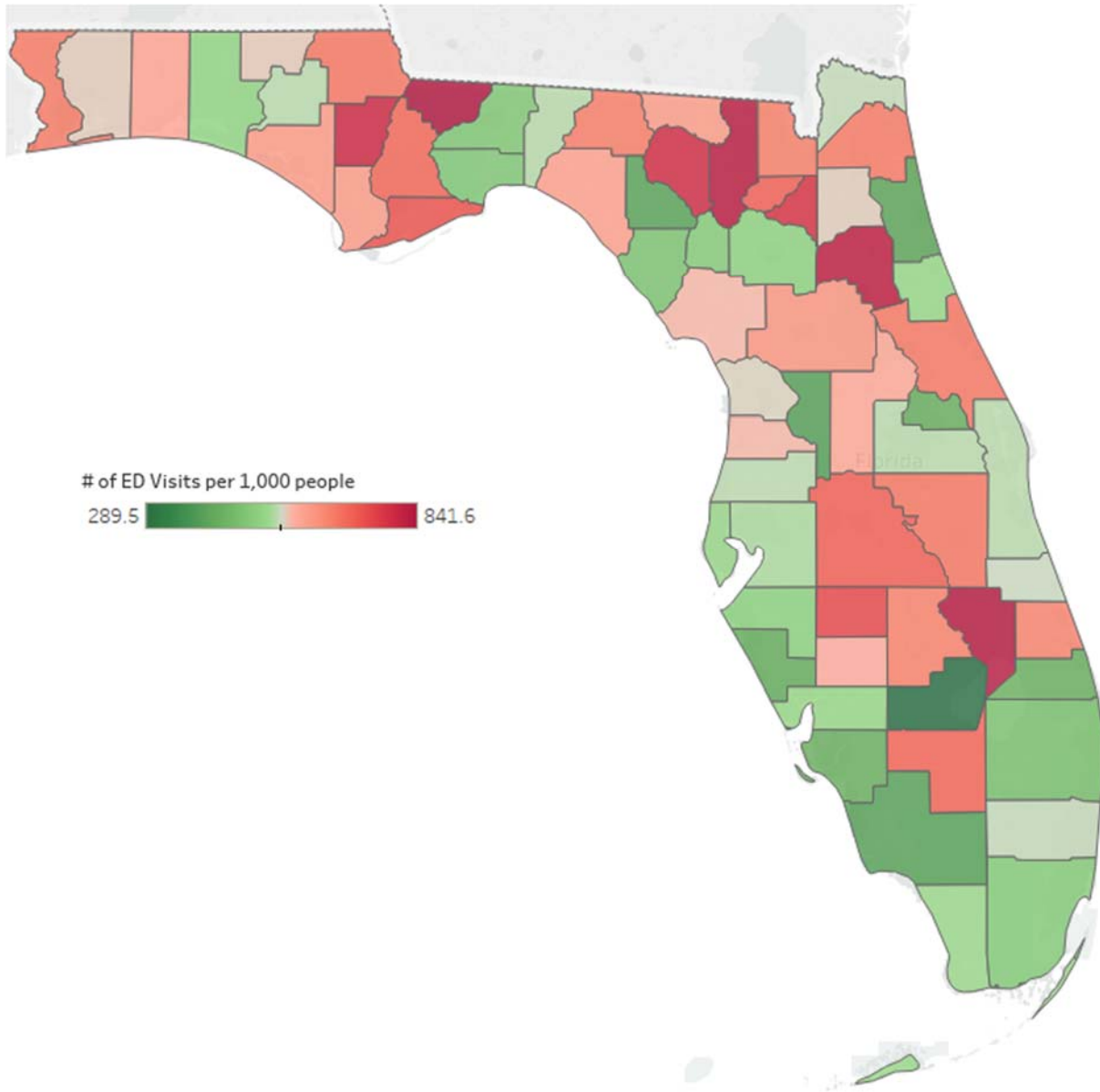


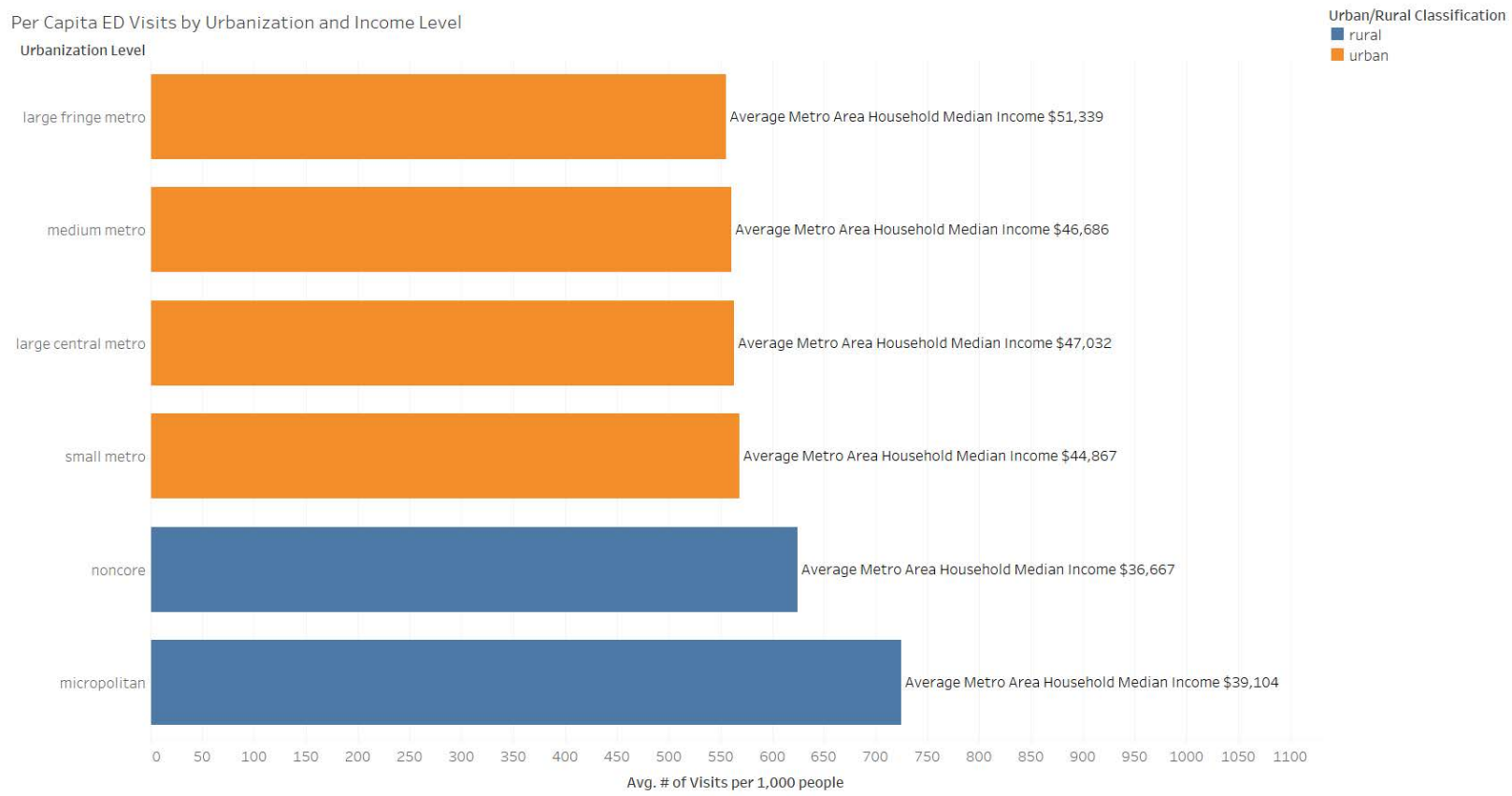
Figure 15 shows the relationship between ED visit volume, urbanization and median household income for each metropolitan area. From inspecting the chart, the general trend is toward metropolitan areas with higher than average (593.5 per 1,000) per capita ED visits typically being rural with lower median incomes.^{6,7}

⁶ Urbanization levels established by National Center for Health Statistics 2013 Urban-Rural Classification Scheme for Counties. Source: http://www.cdc.gov/nchs/data/series/sr_02/sr02_166.pdf

⁷ Median household income from Census Bureau American Communities Survey.

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Figure 10. ED Visits by Urbanization Level and Median Household Income by Metropolitan Area



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Appendix

Table 1. Pediatric ED Visits by Patient Characteristics

Sex	Pediatric Inpatient Visits	Pediatric Outpatient Visits	Pediatric Total Visits	Pediatric %
Male	40,828	1,031,713	1,072,541	51.7%
Female	36,336	963,999	1,000,335	48.3%
TOTAL	77,164	1,995,712	2,072,876	
Race/Ethnicity	Pediatric Inpatient Visits	Pediatric Outpatient Visits	Pediatric Total Visits	Pediatric %
Black	21,216	541,221	562,437	27.1%
Hispanic	21,361	597,182	618,543	29.8%
White	29,031	729,603	758,634	36.6%
Other/Unknown	5,556	127,706	133,262	6.4%
Age Group	Pediatric Inpatient Visits	Pediatric Outpatient Visits	Pediatric Total Visits	Pediatric %
Ages <5	35,275	882,687	917,962	44.3%
Ages 5-9	13,135	473,741	486,876	23.5%
Ages 10-14	14,013	366,991	381,004	18.4%
Ages 15-17	14,741	272,293	287,034	13.8%
Payer Group	Pediatric Inpatient Visits	Pediatric Outpatient Visits	Pediatric Total Visits	Pediatric %
Medicaid	49,419	1,414,863	1,464,282	70.6%
Commercial	21,341	383,523	404,864	19.5%
Charity	86	5,684	5,770	0.3%
Self/Under-insured	2,119	104,517	106,636	5.1%
Medicare	91	1,141	1,232	0.1%
Other Unknown	4,108	85,984	90,092	4.3%
OVERALL	77,164	1,995,712	2,072,876	

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Table 2. Adult ED Visits by Patient Characteristics

Sex*	Adult Inpatient Visits	Adult Outpatient Visits	Adult Total Visits	Adult %
Male	833,423	2,759,591	3,593,014	41.7%
Female	913,372	4,103,254	5,016,626	58.3%
Race/Ethnicity	Adult Inpatient Visits	Adult Outpatient Visits	Adult Total Visits	Adult %
Black	290,962	1,617,902	1,908,864	22.2%
Hispanic	289,947	1,306,149	1,596,096	18.5%
White	1,094,627	3,649,821	4,744,448	55.1%
Other/Unknown	71,259	288,977	360,236	4.2%
Age Group	Adult Inpatient Visits	Adult Outpatient Visits	Adult Total Visits	Adult %
Ages 18-34	217,600	2,513,467	2,731,067	31.7%
Ages 35-54	379,769	2,198,964	2,578,733	30.0%
Ages 55-64	301,511	861,227	1,162,738	13.5%
Ages 65-79	478,918	853,009	1,331,927	15.5%
Ages 80+	368,997	436,182	805,179	9.4%
Payer Group	Adult Inpatient Visits	Adult Outpatient Visits	Adult Total Visits	Adult %
Medicaid	225,147	1,481,663	1,706,810	19.8%
Commercial	316,256	1,967,601	2,283,857	26.5%
Charity	34,252	146,870	181,122	2.1%
Self/Under-insured	142,718	1,370,179	1,512,897	17.6%
Medicare	974,648	1,608,379	2,583,027	30.0%
Other/Unknown	53,774	288,157	341,931	4.0%
OVERALL	1,746,795	6,862,849	8,609,644	

*Four are unknown or did not report a sex

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Table 3. Inpatient Hospitalization Rate by Patient Characteristics

Sex	Pediatric %		Adult %
Male	3.8%		23.2%
Female	3.6%		18.2%
Race	Pediatric %		Adult %
Black	3.8%		15.2%
Hispanic	3.5%		18.2%
White	3.8%		23.1%
Other	4.2%		19.8%
Age Group	Pediatric %		Adult %
Ages <5	3.8%	Ages 18-34	8.0%
Ages 5-9	2.7%	Ages 35-54	14.7%
Ages 10-14	3.7%	Ages 55-64	25.9%
Ages 15-17	5.1%	Ages 65-79	36.0%
		Ages 80+	45.8%
Payer Group	Pediatric %		Adult %
Medicaid	3.4%		13.2%
Commercial	2.7%		13.8%
Charity	1.5%		18.9%
Self/Under-insured	2.0%		9.4%
Medicare	7.4%		37.7%
Other Government	4.6%		15.7%
All ED Visits			

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Table 4. Pediatric Acuity Rates and Mean Charges

Sex	Pediatric Low Acuity	Pediatric Outpatient Visits	Acuity Rate	Low Acuity Mean Charge	High Acuity Mean Charge
Male	279,667	1,031,713	27.11%	\$948	\$2,930
Female	250,769	963,999	26.01%	\$974	\$3,049
Race/Ethnicity	Pediatric Low Acuity	Pediatric Outpatient Visits	Acuity Rate	Low Acuity Mean Charge	High Acuity Mean Charge
Black	145,716	541,221	26.92%	\$826	\$2,655
Hispanic	166,356	597,182	27.86%	\$1,129	\$2,975
White	178,203	729,603	24.42%	\$933	\$3,219
Other/Unknown	40,161	127,706	31.45%	\$875	\$3,106
Age Group	Pediatric Low Acuity	Pediatric Outpatient Visits	Acuity Rate	Low Acuity Mean Charge	High Acuity Mean Charge
Ages <5	274,234	882,687	31.07%	\$863	\$2,356
Ages 5-9	130,279	473,741	27.50%	\$962	\$2,752
Ages 10-14	78,965	366,991	21.52%	\$1,101	\$3,460
Ages 15-17	46,958	272,293	17.25%	\$1,286	\$4,447
Payer	Pediatric Low Acuity	Pediatric Outpatient Visits	Acuity Rate	Low Acuity Mean Charge	High Acuity Mean Charge
Medicaid	388,933	1,414,863	27.49%	\$933	\$2,826
Commercial	91,765	383,523	23.93%	\$1,099	\$3,473
Charity	1,278	5,684	22.48%	\$1,334	\$3,700
Self/Under-insured	29,332	104,517	28.06%	\$869	\$2,954
Medicare	230	1,141	20.16%	\$1,018	\$2,799
Other Government	18,514	85,984	21.53%	\$988	\$3,337
All Pediatric Visits	530,052	1,995,712	26.56%	\$960	\$2988

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Table 5. Adult Acuity Rates and Mean Charges

Sex	Adult Low Acuity	Adult Outpatient Visits	Acuity Rate	Low Acuity Mean Charge	High Acuity Mean Charge
Male	378,656	2,759,591	13.72%	\$1,498	\$7,221
Female	485,395	4,103,254	11.83%	\$1,723	\$7,116
Race/Ethnicity	Adult Low Acuity	Adult Outpatient Visits	Acuity Rate	Low Acuity Mean Charge	High Acuity Mean Charge
Black	199,911	1,617,902	12.36%	\$1,218	\$5,979
Hispanic	219,738	1,306,149	16.82%	\$2,524	\$7,928
White	402,980	3,649,821	11.04%	\$1,344	\$7,371
Other/Unknown	41,422	288,977	14.33%	\$1,510	\$7,733
Age Group	Adult Low Acuity	Adult Outpatient Visits	Acuity Rate	Low Acuity Mean Charge	High Acuity Mean Charge
Ages 18-34	377,104	2,513,467	15.00%	\$1,430	\$5,646
Ages 35-54	271,922	2,198,964	12.37%	\$1,639	\$7,181
Ages 55-64	94,275	861,227	10.95%	\$1,757	\$8,226
Ages 65-79	85,927	853,009	10.07%	\$2,009	\$8,973
Ages 80+	34,823	436,182	7.98%	\$2,311	\$9,506
Payer	Adult Low Acuity	Adult Outpatient Visits	Acuity Rate	Low Acuity Mean Charge	High Acuity Mean Charge
Medicaid	198,945	1,481,663	13.43%	\$1,455	\$6,191
Commercial	246,970	1,967,601	12.55%	\$1,099	\$7,413
Charity	22,529	146,870	15.34%	\$1,334	\$6,853
Self/Under-insured	207,188	1,370,179	15.12%	\$869	\$5,940
Medicare	150,198	1,608,379	9.34%	\$1,018	\$8,748
Other Government	36,283	288,157	12.59%	\$987	\$6,741
All Adult Visits	862,113	6,862,849	12.56%	\$1625	\$7157

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Table 6. Top Ten Most Common Medical Conditions for Pediatric Outpatient Visits

Outpatient Pediatric Diagnosis	Percentage of Pediatric ED Visits	Mean Charges
Other upper respiratory infections	13.45%	\$1,749
Superficial injury; contusion	5.52%	\$2,159
Otitis media and related conditions	5.37%	\$1,396
Other injuries and conditions due to external causes	3.99%	\$2,495
Viral infection	3.80%	\$1,905
Fever of unknown origin	3.64%	\$2,045
Sprains and strains	3.48%	\$2,564
Nausea and vomiting	3.35%	\$2,282
Open wounds of head; neck; and trunk	3.20%	\$1,929
Other gastrointestinal disorders	2.62%	\$2,779

Table 7. Top Ten Most Common Medical Conditions for Pediatric Inpatient Hospitalizations

Inpatient Pediatric Diagnosis	Percentage of Pediatric Hospitalizations	Mean Charges
Mood disorders	6.73%	\$18,491
Asthma	6.54%	\$19,673
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	6.34%	\$30,934
Acute bronchitis	5.71%	\$21,238
Epilepsy; convulsions	3.66%	\$30,558
Skin and subcutaneous tissue infections	3.41%	\$19,092
Appendicitis and other appendiceal conditions	2.93%	\$49,493
Other upper respiratory infections	2.47%	\$24,374
Other perinatal conditions	2.46%	\$22,641
Sickle cell anemia	2.35%	\$23,298

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Table 8. Top Ten Most Common Medical Conditions for Adult Outpatient Visits

Outpatient Adult Diagnosis	Percentage of Adult ED Visits	Mean Charges
Abdominal pain	8.69%	\$9,620
Nonspecific chest pain	5.29%	\$12,712
Sprains and strains	4.85%	\$4,613
Spondylosis; intervertebral disc disorders; other back problems	4.75%	\$5,130
Superficial injury; contusion	4.50%	\$5,325
Other upper respiratory infections	4.08%	\$2,938
Urinary tract infections	3.17%	\$6,740
Skin and subcutaneous tissue infections	2.95%	\$3,111
Other complications of pregnancy	2.78%	\$4,588
Open wounds of extremities	2.67%	\$3,099

Table 9. Top Ten Most Common Medical Conditions for Adult Inpatient Hospitalizations

Inpatient Adult Diagnosis	Percentage of Adult Hospitalizations	Mean Charges
Septicemia (except in labor)	6.30%	\$102,129
Chronic obstructive pulmonary disease and bronchiectasis	3.54%	\$45,988
Congestive heart failure; nonhypertensive	3.16%	\$57,720
Cardiac dysrhythmias	2.99%	\$51,885
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	2.85%	\$53,196
Skin and subcutaneous tissue infections	2.66%	\$38,609
Acute myocardial infarction	2.57%	\$112,541
Acute cerebrovascular disease	2.45%	\$86,279
Diabetes mellitus with complications	2.33%	\$51,212
Acute and unspecified renal failure	2.30%	\$49,631

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Table 10. ED Visits per 1,000 Population by County

County Name	Visits per 1,000	County Name	Visits per 1,000
Alachua	518.2	Lee	441.9
Baker	668.4	Leon	490.9
Bay	625.4	Levy	585.4
Bradford	778.1	Liberty	700.5
Brevard	555.1	Madison	669.4
Broward	560.2	Manatee	514.3
Calhoun	799.7	Marion	631.2
Charlotte	531.1	Martin	440.8
Citrus	570.4	Miami-Dade	504.7
Clay	573.2	Monroe	540.5
Collier	407.1	Nassau	559.1
Columbia	830.4	Okaloosa	610.9
DeSoto	595.6	Okeechobee	833.1
Dixie	487.9	Orange	554.9
Duval	672.8	Osceola	678.6
Escambia	674.5	Palm Beach	477.0
Flagler	530.5	Pasco	555.8
Franklin	730.7	Pinellas	536.7
Gadsden	841.6	Polk	710.8
Gilchrist	501.4	Putnam	822.3
Glades	289.5	Santa Rosa	574.7
Gulf	621.4	Sarasota	431.4
Hamilton	621.4	Seminole	437.4
Hardee	745.5	St. Johns	414.2
Hendry	705.1	St. Lucie	660.1
Hernando	585.5	Sumter	403.0
Highlands	665.3	Suwannee	790.1
Hillsborough	547.7	Taylor	615.6
Holmes	575.9	Union	711.1
Indian River	563.6	Volusia	677.2
Jackson	680.4	Wakulla	495.1
Jefferson	553.2	Walton	523.6
Lafayette	409.1	Washington	554.0
Lake	603.0	Statewide Average	593.5

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Table 11. ED Visits per 1,000 Population in Rank Order by Visits

County Name	Visits per 1,000	County Name	Visits per 1,000
Gadsden	841.6	Clay	573.2
Okeechobee	833.1	Citrus	570.4
Columbia	830.4	Indian River	563.6
Putnam	822.3	Broward	560.2
Calhoun	799.7	Nassau	559.1
Suwannee	790.1	Pasco	555.8
Bradford	778.1	Brevard	555.1
Hardee	745.5	Orange	554.9
Franklin	730.7	Washington	554.0
Union	711.1	Jefferson	553.2
Polk	710.8	Hillsborough	547.7
Hendry	705.1	Monroe	540.5
Liberty	700.5	Pinellas	536.7
Jackson	680.4	Charlotte	531.1
Osceola	678.6	Flagler	530.5
Volusia	677.2	Walton	523.6
Escambia	674.5	Alachua	518.2
Duval	672.8	Manatee	514.3
Madison	669.4	Miami-Dade	504.7
Baker	668.4	Gilchrist	501.4
Highlands	665.3	Wakulla	495.1
St. Lucie	660.1	Leon	490.9
Marion	631.2	Dixie	487.9
Bay	625.4	Palm Beach	477.0
Hamilton	621.4	Lee	441.9
Gulf	621.4	Martin	440.8
Taylor	615.6	Seminole	437.4
Okaloosa	610.9	Sarasota	431.4
Lake	603.0	St. Johns	414.2
DeSoto	595.6	Lafayette	409.1
Hernando	585.5	Collier	407.1
Levy	585.4	Sumter	403.0
Holmes	575.9	Glades	289.5
Santa Rosa	574.7	Statewide Average	593.5

Definition of Patient Acuity

The following CPT codes are used to report evaluation and management services provided in the ED. No distinction is made between new and established patients in the emergency department. CPT codes are a Copyright of the 2016 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Low Acuity

99281(G0380) - 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; and a 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(G0381) - 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.

High Acuity

99283(G0382) - 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(G0383) - Emergency department visit for the evaluation and management of a patient, which requires these three key components: a detailed history; a detailed examination; and a 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(G0384) - 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.

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