



Hospital Emergency Department Data Collection 2018

**As Required by
The 2020-21 General Appropriations
Act,**

**House Bill 1, 86th Legislature,
Regular Session, 2019 (Article II,
Department of State Health
Services, Rider 9)**



TEXAS
**Health and Human
Services**

**Texas Department of
State Health Services**

Table of Contents

Executive Summary	3
1. Introduction	4
2. Background	5
3. Hospital Emergency Department Data in Texas, 2018	7
Overview of Avoidable Emergency Department Visits Data in Texas, 2018	7
Top Ten Diagnosis Codes for Avoidable Emergency Department Visits in Texas, 2018	9
Top Ten Clinical Classifications Software Categories for Avoidable Emergency Department Visits in Texas, 2018	11
Avoidable Emergency Department Visits by Expected Payment Source in Texas, 2018	13
Overview of Mental Health and Substance Abuse Emergency Department Visits in Texas, 2018	13
Top Five Diagnosis Codes for Mental Health and Substance Abuse Emergency Department Visits in Texas, 2018	14
Top Five Clinical Classifications Software Categories for Mental Health and Substance Abuse Emergency Department Visits in Texas, 2018	16
4. Conclusion	17
List of Acronyms	18
Appendix A. Avoidable Emergency Department Visits Tables	A-1
Appendix B. Mental Health and Substance Abuse Tables	B-1

Executive Summary

The 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 ([Article II, Department of State Health Services \(DSHS\), Rider 9](#)), directs DSHS to issue annual reports on avoidable or potentially preventable emergency visits (avoidable ED visits), including mental health and substance abuse (MHSA) avoidable ED visits.

Avoidable emergency department (ED) visits are for conditions that are either potentially treatable or preventable through adequate access to care, education, or ambulatory care coordination. The 2018 data analyzed in this report suggest that ED visits remain a significant source of healthcare access for Texans.

In 2018, hospital based EDs (this does not include freestanding emergency medical care facilities) in Texas received and treated over 11 million total visits, where over 1 million visits (10.3 percent) were identified as avoidable. Depending on the conditions treated, avoidable visit charges ranged from \$1,527 per visit to \$7,054 per visit. The most frequent payer source reported for all avoidable ED visits was Medicaid.

This report highlights the role of acute symptomology for avoidable ED conditions, such as respiratory infections, urinary tract infections, and headaches. Urinary tract infections and headaches may be of interest to target for prevention given their higher prevalence (especially in older adults) and higher average charges per visit. Respiratory infections in children also frequently result in avoidable ED visits.

For avoidable ED visits involving patients with MHSA diagnosis, the report analyzed both outpatient visits and ED visits that ultimately resulted in inpatient admission to the hospital. For outpatient visits, the most frequent reported diagnosis code was anxiety disorder, unspecified. For patients ultimately admitted to the hospital, top diagnosis codes included major depressive disorder, recurrent severe without psychotic features.

Results of this analysis suggest avoidable ED visits have an important role in healthcare in Texas. While treating MHSA conditions in an ED setting continues to be challenging, there are certain ambulatory-sensitive conditions identified in this report that could be avoidable. Better patient monitoring, education, and follow-up of these conditions should be addressed to reduce the overall number of avoidable ED visits in Texas.

1. Introduction

The 2020–21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 ([Article II, Department of State Health Services \(DSHS\), Rider 9](#)), specified that DSHS shall collect emergency department (ED) data as set forth in [Texas Health and Safety Code, Chapter 108](#).

DSHS uses the data to measure and report avoidable or potentially preventable emergency visits (avoidable ED visits), including mental health and substance abuse ED visits. DSHS must submit an annual report to the Office of the Governor, the Legislative Budget Board, and the chairs of each house of public health oversight committees. This report is a continuation from the 2014-15 and 2016-17 biennia.

For this report, DSHS analyzed 2018 ED visits data. In previous years, DSHS anticipated it would utilize the potentially preventable visit (PPV) methodology of 3M Co. to provide a detailed analysis once a sufficient amount of data was available. DSHS reviewed the 3M™ PPV methodology again as the 2018 data became available and concluded that the methodology requires health plan policy and enrollment information. DSHS has neither the data collection resources nor statutory authority needed to collect health plan policy and enrollment information for all Texas residents. Therefore, the 3M™ PPV methodology cannot be used for a statewide avoidable ED visits report.

DSHS was able to analyze 2018 ED visits data for this report using an alternative methodology involving specific International Classification of Diseases, Tenth Revision, Clinical Modification codes.

2. Background

Avoidable emergency department (ED) visits are ED visits in which the patient's symptoms or conditions are either potentially treatable or preventable through adequate access to care, education, or ambulatory care coordination. Avoidable ED visits are identified by patients presenting with ambulatory-sensitive conditions. Ambulatory-sensitive conditions commonly include, but are not limited to, a range of chronic disease conditions, bacterial pneumonia, and other indicators. With adequate patient monitoring, education, and follow up, ambulatory-sensitive conditions may be adequately addressed to reduce the overall number of avoidable ED visits in Texas.

The Department of State Health Services (DSHS) collects inpatient and outpatient data (including ED data) from 580 hospitals and 400 ambulatory surgical centers in Texas. DSHS began collecting ED data from about 495 hospitals with EDs on January 1, 2015 per the rules established in [25 Texas Administrative Code, Sections 421.71–421.78](#) and in conjunction with the collection of inpatient and outpatient data.

The data used to compute the statistics for this report come from DSHS' ED Public Use Data Files for the calendar year 2018. The methodology uses the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), which is developed by the World Health Organization, and the Clinical Classifications Software (CCS) developed by the United States Department of Health and Human Services, Agency for Healthcare Research and Quality.

The ICD-10-CM principal diagnostic codes listed in Table A6 of Appendix A were used to determine the avoidable ED visits. The avoidable ED visits ICD-10-CM diagnosis codes were obtained by converting the emergency room collaborative avoidable visits International Classification of Diseases, Ninth Revision, Clinical Modification diagnosis codes from the *Statewide Collaborative Quality Improvement Project: Reducing Avoidable Emergency Room Visits, Final Remeasurement Report* by the California Department of Health Care Services' Medi-Cal Managed Care Division.¹

¹ California Department of Health Care Services, Medi-Cal Managed Care Division. *Statewide Collaborative Quality Improvement Project: Reducing Avoidable Emergency Room Visits, Final Remeasurement Report: January 1, 2010 – December 31, 2010*. Published June 2012.

All avoidable ED visits resulted from patients that were not admitted as inpatients due to the physician's decision to admit the patient to stabilize and treat a diagnosis or condition that endangered the life or well-being of the patient. Thus, only DSHS Outpatient ED Public Use Data Files were analyzed.

However, for the mental health and substance abuse (MHSA) avoidable ED visits, both DSHS Inpatient and Outpatient ED Public Use Data Files were analyzed using the MHSA ICD-10-CM diagnoses codes. The lesser known certainty of disease processes for patients with MHSA diagnoses or conditions yields difficulty in determining MHSA ED visits that are truly avoidable.

In this report, DSHS chose to include the CCS category codes, which provide a broader view of a patient's health status. The principal diagnosis is generally the diagnosis selected by the physician, based on the physician's knowledge and experience, as the primary reason the patient needs to be examined, observed, or treated before releasing the patient or moving to other locations, processes, or activities. The CCS provides a way to classify diagnoses and procedures into a limited number of categories by aggregating individual ICD-10-CM codes into broad diagnosis and procedure groups to facilitate statistical analysis and reporting. The CCS category codes (single level) were obtained by converting the ICD-10-CM codes.

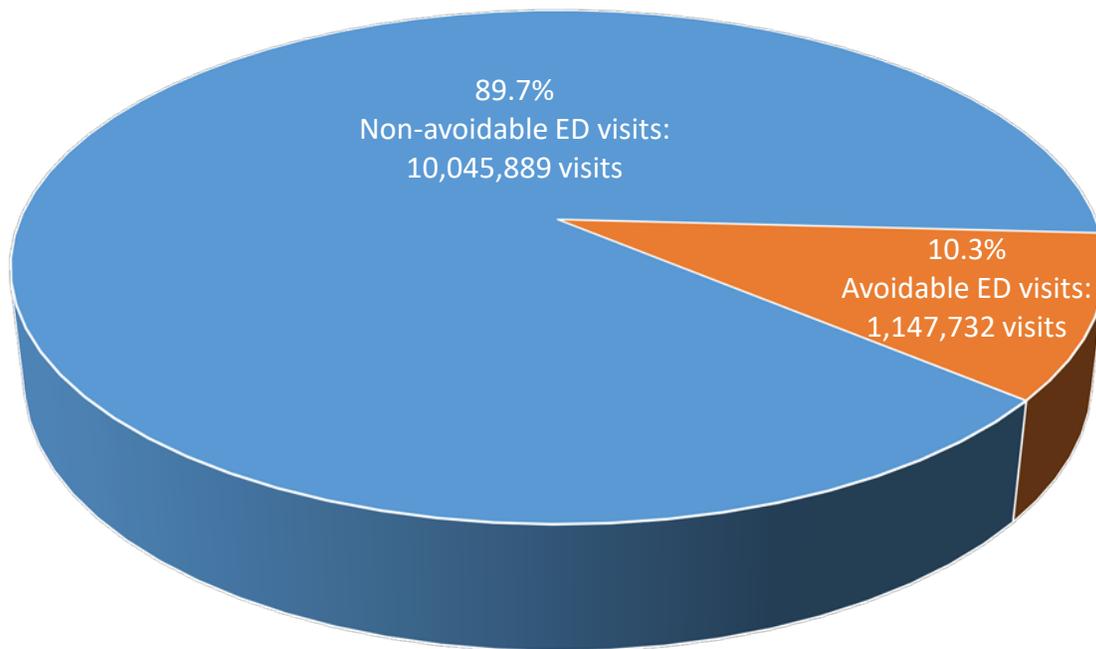
Furthermore, it should be noted that for persons for whom Medicaid was identified as the payer for their ED visit at the time of the visit, may differ from data collected and reported by the Texas Health and Human Services Commission's Medicaid program.

3. Hospital Emergency Department Data in Texas, 2018

Overview of Avoidable Emergency Department Visits Data in Texas, 2018

In calendar year 2018, the Department of State Health Services (DSHS) received hospital-based emergency department (ED) visit data on 11,193,621 hospital ED visits, increasing 2.6 percent from 2017 (10,911,294 hospital ED visits). In 2018, there were over 1 million (1,147,732) avoidable ED visits, representing 10.3 percent of all ED visits (see Figure 1 below).

Figure 1. Percent of ED Visits Identified as Avoidable, Texas 2018



Total ED visits: 11,193,621 visits

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018. DSHS, Center for Health Statistics, Austin, Texas. August 2019.

Table 1 shows the distribution of avoidable ED visits by demographic characteristics and payer source. Almost two-thirds (64.7 percent) of avoidable ED visits were for females. Children under the age of 18 years represented 31.1 percent of the avoidable ED visits, and adults aged 18 to 44 represented 39.9 percent. White patients represented 59.0 percent of avoidable ED visits, and non-Hispanic patients represented 63.0 percent of avoidable ED visits. The most common payer for avoidable ED visits was Medicaid at 29.2 percent of visits. Private insurance and uninsured/self-pay were close behind at 27.1 percent and 27.2 percent respectively.

Table 1. Demographic and Payer Characteristics of Avoidable ED Visits, Texas 2018

	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
Sex		
Female	742,367	64.7%
Male	385,690	33.6%
Unknown*	19,675	1.7%
Total		100.0%
Age Group		
< 18	356,720	31.1%
18-44	458,151	39.9%
45-64	204,077	17.8%
65-74	65,212	5.7%
≥ 75	63,567	5.5%
Unknown	5	0.0%
Total		100.0%
Race		
White	677,007	59.0%
Black or African-American	269,405	23.5%
American Indian or Eskimo or Aleut	2,157	0.2%
Asian or Pacific Islander	13,869	1.2%
Other	185,059	16.1%
Unknown*	235	0.0%
Total		100.0%

	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
Hispanic Ethnicity		
Yes	423,934	36.9%
No	723,330	63.0%
Unknown*	468	0.0%
Total		100.0%
Payer Status		
Medicare	159,537	13.9%
Medicaid	335,689	29.2%
Private	310,881	27.1%
Uninsured or Self	311,707	27.2%
Other	29,135	2.5%
Unknown	783	0.1%
Total		100.0%

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018. DSHS, Center for Health Statistics, Austin, Texas. August 2019.

*Unknown: Substance Abuse and Mental Health System Administration (SAMHSA) rule that requires the masking of patients in SAMHSA funded programs in regard to gender and geographic identifier.

Top Ten Diagnosis Codes for Avoidable Emergency Department Visits in Texas, 2018

Table 2 lists the top ten International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes associated with avoidable ED visits ranked by the number of visits. Acute upper respiratory infection unspecified was the most common reason for avoidable visits, accounting for almost a quarter (23.5 percent) of the visits.

Table 2. Top Ten ICD-10-CM Diagnosis Codes for Avoidable ED Visits, Texas 2018

Rank	Discharge Diagnosis (ICD-10-CM)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits	Average Charges in Dollars Per Visit
1	J069 (Acute upper respiratory infection unspecified)	269,910	23.5%	\$2,263
2	N390 (Urinary tract infection, site not specified)	200,462	17.5%	\$7,054
3	R51 (Headache)	138,576	12.1%	\$6,188
4	J029 (Acute pharyngitis, unspecified)	117,911	10.3%	\$2,238
5	M545 (Low back pain)	94,330	8.2%	\$4,606
6	J209 (Acute bronchitis, unspecified)	83,824	7.3%	\$3,890
7	N3000 (Acute cystitis without hematuria)	26,589	2.3%	\$5,636
8	M549 (Dorsalgia, unspecified)	23,420	2.0%	\$6,058
9	H109 (Unspecified conjunctivitis)	18,128	1.6%	\$1,527
10	N3001 (Acute cystitis with hematuria)	16,567	1.4%	\$4,966
	Other ICD-10-CM codes	158,015	13.8%	\$2,873
	Total	1,147,732	100.0%	

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018. DSHS, Center for Health Statistics, Austin, Texas. August 2019.

Table A2 in Appendix A displays the top five ICD-10-CM codes for avoidable ED visits broken down by age groups. Almost half (47.8 percent) of avoidable ED visits for children under the age of 18 were for acute upper respiratory infection unspecified. This diagnosis ranked third for adults 18 to 64 years at 13.3 percent and fifth for adults 65 years and older at 9.0 percent. The top reason for avoidable ED visits in adults was urinary tract infection, site not specified, which accounted

for 18.6 percent of visits for adults 18 to 64 years and 34.8 percent of visits for adults 65 years and older.

In 2018, the average total charges per ED visit were \$2,263 for the most frequently reported diagnosis code (J069, acute upper respiratory infection unspecified) for avoidable ED visits. The average total charges were \$7,054 for the second most frequently reported diagnosis code (N390, urinary tract infection, site not specified).

Top Ten Clinical Classifications Software Categories for Avoidable Emergency Department Visits in Texas, 2018

Table 3 lists the top ten Clinical Classifications Software (CCS) categories associated with avoidable ED visits ranked by the number of visits. Results are similar to the ICD-10-CM rankings. Other upper respiratory infections were the most common reason for avoidable visits, accounting for 36.5 percent of all avoidable visits. Urinary tract infections were ranked second at 22.5 percent, and headache, including migraine, was ranked third at 12.1 percent.

Table 3. Top Ten CCS Categories for Avoidable ED Visits, Texas 2018

Rank	Discharge Diagnosis (CCS, single level)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits	Average Charges in Dollars Per Visit
1	126 (Other upper respiratory infections)	418,633	36.5%	\$2,297
2	159 (Urinary tract infections)	258,063	22.5%	\$6,728
3	84 (Headache; including migraine)	138,967	12.1%	\$6,188
4	205 (Spondylosis; intervertebral disc disorders; other back problems)	120,390	10.5%	\$4,886
5	125 (Acute bronchitis)	83,824	7.3%	\$3,890
6	90 (Inflammation; infection of eye (except that caused by tuberculosis or sexually transmitted disease))	28,218	2.5%	\$1,452
7	168 (Inflammatory diseases of female pelvic organs)	23,629	2.1%	\$4,144
8	255 (Administrative/social admission ²)	22,134	1.9%	\$1,489
9	4 (Mycoses ³)	18,839	1.6%	\$2,393
10	92 (Otitis media and related conditions)	8,079	0.7%	\$1,807
	Other CCS codes	26,956	2.3%	\$2,297
	Total	1,147,732	100.0%	

Note: CCS codes converted from the Principal Diagnosis codes.

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018. DSHS, Center for Health Statistics, Austin, Texas. August 2019.

² Court order.

³ Infection with or disease caused by a fungus.

Table A3 in Appendix A provides a detailed review of the top five CCS categories for avoidable ED visits by age group. Almost two-thirds (66.2 percent) of avoidable ED visits for children under the age of 18 were for other upper respiratory infections. This diagnosis ranked first for adults 18 to 64 years at 24.9 percent and third for adults 65 years and older at 13.4 percent.

The average total charges were \$2,297 for the most frequently reported CCS category codes (126, other upper respiratory infections) for avoidable ED visits. The average total charges were \$6,728 for the second most frequently reported CCS category codes (159, urinary tract infections) for avoidable ED visits.

Avoidable Emergency Department Visits by Expected Payment Source in Texas, 2018

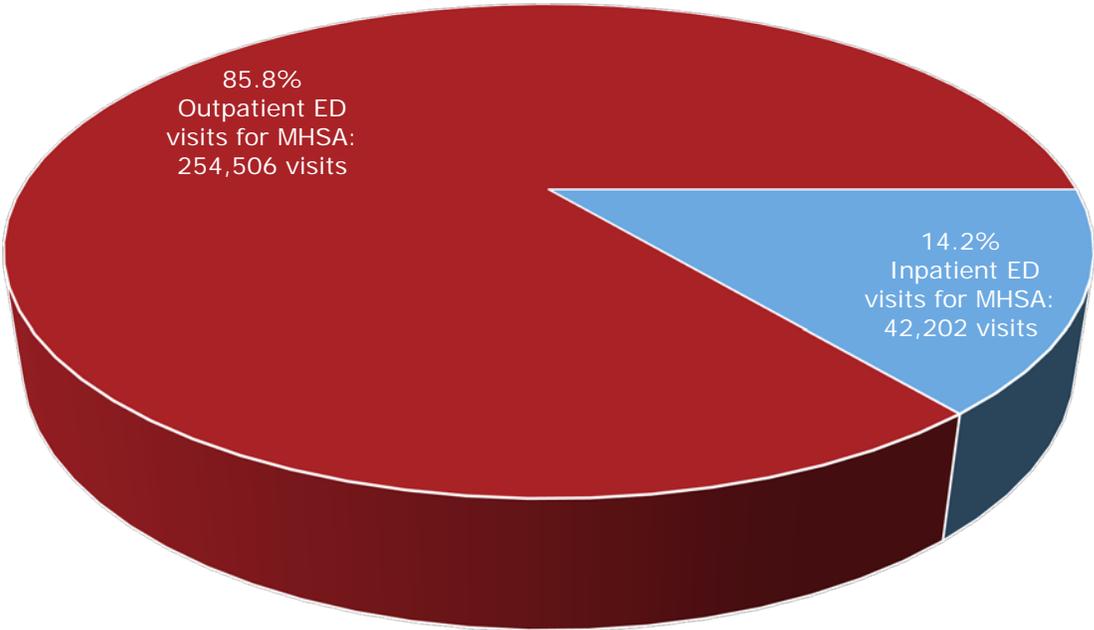
In 2018, the most frequent payer source from all avoidable ED visits was Medicaid (29.2 percent), followed by uninsured or self-pay (27.2 percent), private insurance (27.1 percent), and Medicare (13.9 percent). Tables A4 and A5 in Appendix A provide detailed reviews of payment sources for all avoidable ED visits.

Overview of Mental Health and Substance Abuse Emergency Department Visits in Texas, 2018

As mentioned in the background section, the lesser known certainty of disease processes for patients with MHSA diagnoses or conditions yields difficulty in determining MHSA ED visits that are truly avoidable. DSHS focused instead on ED visits that did – or did not – result in inpatient admission to the hospital. Inpatient admissions occur due to the physician’s decision to admit the patient to stabilize and treat a diagnosis or condition that endangered the life or well-being of the patient.

In calendar year 2018, there were 296,708 hospital ED visits for mental health and substance abuse (MHSA) in Texas, increasing 0.1 percent from 2017 (296,522 hospital ED visits). In 2018, 42,202 (14.2 percent) of the ED visits for MHSA were severe enough to admit the patient (inpatient) into the hospital (see Figure 2 below). Most of the ED visits for MHSA were not admitted (outpatient) at 254,506 (85.8 percent). Tables B1 and B2 in Appendix B provide detailed reviews of the demographic and visit characteristics of inpatient and outpatient MHSA ED visits.

Figure 2. Percent of ED Visits for MHSA Identified as Inpatient and Outpatient, Texas 2018



Total ED visits for MHSA: 296,708 visits

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018. DSHS, Center for Health Statistics, Austin, Texas. August 2019.

Top Five Diagnosis Codes for Mental Health and Substance Abuse Emergency Department Visits in Texas, 2018

The top five principal diagnosis codes for MHSA ED visits that resulted in an inpatient admission were as follows:

1. Major depressive disorder, recurrent severe without psychotic features (F332);
2. Alcohol dependence with withdrawal, unspecified (F10239);
3. Schizoaffective disorder, bipolar type (F250);
4. Alcohol dependence with withdrawal delirium (F10231); and
5. Major depressive disorder, recurrent, severe with psychotic symptoms (F333).

The top five principal diagnosis ICD-10-CM codes for outpatient MHSA ED visits were as follows:

1. Anxiety disorder, unspecified (F419);
2. Major depressive disorder, single episode, unspecified (F329);
3. Alcohol abuse with intoxication, unspecified (F10129);
4. Generalized anxiety disorder (F411); and
5. Panic disorder episodic paroxysmal anxiety (F410).

Tables B3 and B5 in Appendix B provide detailed reviews of the top five diagnosis codes for inpatient and outpatient MHSA ED visits by age group. Tables B7 and B9 in Appendix B also provide the top five reasons for inpatient and outpatient MHSA ED visits by payer source using ICD-10-CM diagnosis codes.

Top Five Clinical Classifications Software Categories for Mental Health and Substance Abuse Emergency Department Visits in Texas, 2018

The top five CCS categories for MHSA ED visits that resulted in an inpatient admission were as follows:

1. Mood disorders;
2. Alcohol-related disorders;
3. Schizophrenia and other psychotic disorders;
4. Substance-related disorders; and
5. Miscellaneous mental health disorders.

The top five CCS categories for outpatient MHSA ED visits were as follows:

1. Anxiety disorders;
2. Mood disorders;
3. Alcohol-related disorders;
4. Substance-related disorders; and
5. Schizophrenia and other psychotic disorders.

Tables B4 and B6 in Appendix B provide detailed reviews of the top five reasons for inpatient and outpatient MHSA ED visits by age group using CCS. Tables B8 and B10 in Appendix B also provide the top five reasons for inpatient and outpatient MHSA ED visits by payer source using CCS.

4. Conclusion

Emergency department (ED) visits remain a significant source of healthcare access in Texas. More than 11 million total visits occurred in 2018 across Texas with over 1 million avoidable ED visits, representing 10.3 percent of all ED visits. These figures show that the ED plays a large role in providing healthcare in Texas and that many visits may be better treated in a less acute and less expensive setting.

Results of this report suggest avoidable ED visits have an important role in healthcare in Texas. The ambulatory-sensitive conditions identified as avoidable highlight the role of acute symptomology for conditions such as respiratory infections, urinary tract infections, and headaches. Urinary tract infections and headaches may be of interest to target for prevention given their higher prevalence (especially in older adults) and higher average charges per visit. Respiratory infections in children frequently result in avoidable ED visits. Better patient monitoring, education, and follow up for these conditions should be adequately addressed to reduce the overall number of avoidable ED visits in Texas.

This report also highlights the many challenges of treating mental health and substance abuse (MHSA) conditions in the ED setting. MHSA visits are not infrequent events. Results from this report demonstrate that complex psychiatric conditions such as major depression, generalized anxiety, and the presence of psychosis are commonly presented in the ED setting. Proper treatment of such conditions may involve better outpatient treatment that would prevent visits to the ED and ensure more preventive care.

List of Acronyms

Acronym	Full Name
3M™	Minnesota Mining and Manufacturing Corporation
CCS	Clinical Classifications Software
DSHS	Department of State Health Services
ED	Emergency department
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
MHSA	Mental health and substance abuse
PPV	Potentially preventable emergency visit
SAMHSA	Substance Abuse and Mental Health System Administration

Appendix A. Avoidable Emergency Department Visits Tables

Table A1. Demographic and Visit Characteristics of Avoidable Emergency Department (ED) Visits, Texas 2018

	Number of All Avoidable ED Visits	Percent of All Avoidable ED Visits	Number < 18 Years	Percent < 18 Years	Number 18-64 Years	Percent 18-64 Years	Number ≥ 65 Years	Percent ≥ 65 Years
Sex								
Female	742,367	64.7%	195,824	54.9%	459,592	69.4%	86,949	67.5%
Male	385,690	33.6%	160,254	44.9%	184,703	27.9%	40,731	31.6%
Unknown*	19,675	1.7%	642	0.2%	17,933	2.7%	1,099	0.9%
Total		100.0%		100.0%		100.0%		100.0%
Age Group								
0-17	356,720	31.1%						
18-44	458,151	39.9%						
45-64	204,077	17.8%						
65-74	65,212	5.7%						
≥ 75	63,567	5.5%						
Unknown	5	0.0%						
Total		100.0%						
Race								
White	677,007	59.0%	204,341	57.3%	378,402	57.1%	94,264	73.2%
Black or African-American	269,405	23.5%	73,613	20.6%	178,740	27.0%	17,051	13.2%

	Number of All Avoidable ED Visits	Percent of All Avoidable ED Visits	Number < 18 Years	Percent < 18 Years	Number 18-64 Years	Percent 18-64 Years	Number ≥ 65 Years	Percent ≥ 65 Years
American Indian or Eskimo or Aleut	2,157	0.2%	929	0.3%	1,054	0.2%	174	0.1%
Asian or Pacific Islander	13,869	1.2%	4,965	1.4%	7,021	1.1%	1,883	1.5%
Other	185,059	16.1%	72,791	20.4%	96,878	14.6%	15,386	11.9%
Unknown*	235	0.0%	81	0.0%	133	0.0%	21	0.0%
Total		100.0%		100.0%		100.0%		100.0%
Hispanic Ethnicity								
Yes	423,934	36.9%	156,533	43.9%	227,758	34.4%	39,641	30.8%
No	723,330	63.0%	200,044	56.1%	434,201	65.6%	89,083	69.2%
Unknown*	468	0.0%	143	0.0%	269	0.0%	55	0.0%
Total		100.0%		100.0%		100.0%		100.0%
Payer Status								
Medicare	159,537	13.9%	1,481	0.4%	52,056	7.9%	106,000	82.3%
Medicaid	335,689	29.2%	236,376	66.3%	97,889	14.8%	1,424	1.1%
Private	310,881	27.1%	73,312	20.6%	221,692	33.5%	15,877	12.3%
Uninsured or Self	311,707	27.2%	36,550	10.2%	271,098	40.9%	4,054	3.1%
Other	29,135	2.5%	8,898	2.5%	18,904	2.9%	1,333	1.0%

	Number of All Avoidable ED Visits	Percent of All Avoidable ED Visits	Number < 18 Years	Percent < 18 Years	Number 18-64 Years	Percent 18-64 Years	Number ≥ 65 Years	Percent ≥ 65 Years
Unknown	783	0.1%	103	0.0%	589	0.1%	91	0.1%
Total		100.0%		100.0%		100.0%		100.0%

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018.

Department of State Health Services (DSHS), Center for Health Statistics, Austin, Texas. August 2019.

*Unknown: Substance Abuse and Mental Health System Administration (SAMHSA) rule that requires the masking of patients in SAMHSA funded programs in regard to gender and geographic identifier.

Table A2. Top Five International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes for Avoidable ED Visits by Age Group, Texas 2018

Rank	Discharge Diagnosis (ICD-10-CM)	< 18 Years		18-64 Years		
		Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits	Discharge Diagnosis (ICD-10-CM)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
1	J069 (Acute upper respiratory infection unspecified)	170,471	47.8%	N390 (Urinary tract infection, site not specified)	123,393	18.6%
2	J029 (Acute pharyngitis, unspecified)	54,483	15.3%	R51 (Headache)	106,478	16.1%
3	N390 (Urinary tract infection, site not specified)	32,268	9.0%	J069 (Acute upper respiratory infection unspecified)	87,862	13.3%
4	R51 (Headache)	17,791	5.0%	M545 (Low back pain)	75,885	11.5%
5	J209 (Acute bronchitis, unspecified)	15,039	4.2%	J029 (Acute pharyngitis, unspecified)	60,057	9.1%

≥ 65 Years			
Rank	Discharge Diagnosis (ICD-10-CM)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
1	N390 (Urinary tract infection, site not specified)	44,800	34.8%
2	R51 (Headache)	14,307	11.1%
3	J209 (Acute bronchitis, unspecified)	14,177	11.0%
4	M545 (Low back pain)	13,870	10.8%
5	J069 (Acute upper respiratory infection unspecified)	11,577	9.0%

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018. DSHS, Center for Health Statistics, Austin, Texas. August 2019.

Table A3. Top Five Clinical Classifications Software (CCS) Categories for Avoidable ED Visits by Age Group, Texas 2018

Rank	Discharge Diagnosis (CCS, single level)	< 18 Years		18-64 Years		
		Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits	Discharge Diagnosis (CCS, single level)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
1	126 (Other upper respiratory infections)	236,258	66.2%	126 (Other upper respiratory infections)	165,083	24.9%
2	159 (Urinary tract infections)	40,034	11.2%	159 (Urinary tract infections)	160,107	24.2%
3	84 (Headache; including migraine)	17,816	5.0%	84 (Headache; including migraine)	106,776	16.1%
4	125 (Acute bronchitis)	15,039	4.2%	205 (Spondylosis; intervertebral disc disorders; other back problems)	95,678	14.4%
5	90 (Inflammation; infection of eye (except that caused by tuberculosis or sexually transmitted disease))	14,806	4.2%	125 (Acute bronchitis)	54,608	8.2%

≥ 65 Years			
Rank	Discharge Diagnosis (CCS, single level)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
1	159 (Urinary tract infections)	57,921	45.0%
2	205 (Spondylosis; intervertebral disc disorders; other back problems)	18,054	14.0%
3	126 (Other upper respiratory infections)	17,292	13.4%
4	84 (Headache; including migraine)	14,375	11.2%
5	125 (Acute bronchitis)	14,177	11.0%

Note: CCS codes converted from the Principal Diagnosis codes.

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018. DSHS, Center for Health Statistics, Austin, Texas. August 2019.

Table A4. Top Five ICD-10-CM Diagnosis Codes for Avoidable ED Visits by Payer Source, Texas 2018

Rank	Discharge Diagnosis (ICD-10-CM)	Medicare		Medicaid		
		Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits	Discharge Diagnosis (ICD-10-CM)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
1	N390 (Urinary tract infection, site not specified)	48,757	30.6%	J069 (Acute upper respiratory infection unspecified)	133,693	39.8%
2	R51 (Headache)	19,577	12.3%	J029 (Acute pharyngitis, unspecified)	43,759	13.0%
3	M545 (Low back pain)	18,662	11.7%	N390 (Urinary tract infection, site not specified)	41,811	12.5%
4	J209 (Acute bronchitis, unspecified)	17,008	10.7%	R51 (Headache)	22,960	6.8%
5	J069 (Acute upper respiratory infection unspecified)	16,241	10.2%	J209 (Acute bronchitis, unspecified)	15,956	4.8%

Rank	Discharge Diagnosis (ICD-10-CM)	Private		Discharge Diagnosis (ICD-10-CM)	Uninsured or Self	
		Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits		Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
1	J069 (Acute upper respiratory infection unspecified)	61,306	19.7%	N390 (Urinary tract infection, site not specified)	52,956	17.0%
2	N390 (Urinary tract infection, site not specified)	52,447	16.9%	J069 (Acute upper respiratory infection unspecified)	51,898	16.6%
3	R51 (Headache)	47,961	15.4%	R51 (Headache)	44,395	14.2%
4	J029 (Acute pharyngitis, unspecified)	31,937	10.3%	J029 (Acute pharyngitis, unspecified)	33,213	10.7%
5	M545 (Low back pain)	30,620	9.8%	M545 (Low back pain)	30,477	9.8%

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018. DSHS, Center for Health Statistics, Austin, Texas. August 2019.

Table A5. Top Five CCS Categories for Avoidable ED Visits by Payer Source, Texas 2018

Rank	Medicare			Medicaid		
	Discharge Diagnosis (CCS, single level)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits	Discharge Diagnosis (CCS, single level)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
1	159 (Urinary tract infections)	62,496	39.2%	126 (Other upper respiratory infections)	186,996	55.7%
2	126 (Other upper respiratory infections)	24,797	15.5%	159 (Urinary tract infections)	52,268	15.6%
3	205 (Spondylosis; intervertebral disc disorders; other back problems)	24,166	15.1%	84 (Headache; including migraine)	22,996	6.9%
4	84 (Headache; including migraine)	19,664	12.3%	125 (Acute bronchitis)	15,956	4.8%
5	125 (Acute bronchitis)	17,008	10.7%	205 (Spondylosis; intervertebral disc disorders; other back problems)	15,913	4.7%

Rank	Private			Uninsured or Self		
	Discharge Diagnosis (CCS, single level)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits	Discharge Diagnosis (CCS, single level)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
1	126 (Other upper respiratory infections)	103,085	33.2%	126 (Other upper respiratory infections)	92,742	29.8%
2	159 (Urinary tract infections)	68,371	22.0%	159 (Urinary tract infections)	69,211	22.2%
3	84 (Headache; including migraine)	48,129	15.5%	84 (Headache; including migraine)	44,487	14.3%
4	205 (Spondylosis; intervertebral disc disorders; other back problems)	38,390	12.3%	205 (Spondylosis; intervertebral disc disorders; other back problems)	38,664	12.4%
5	125 (Acute bronchitis)	26,649	8.6%	125 (Acute bronchitis)	22,075	7.1%

Note: CCS codes converted from the Principal Diagnosis codes.

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018. DSHS, Center for Health Statistics, Austin, Texas. August 2019.

Table A6. Avoidable ED Visits ICD-10-CM Codes

ICD-10-CM	Description
B354	Tinea corporis
B355	Tinea imbricata
B37	Candidiasis
B370	Candidal stomatitis
B3783	Candidal cheilitis
B373	Candidiasis of vulva and vagina
B3742	Candidal balanitis
B3749	Other urogenital candidiasis
B372	Candidiasis of skin and nail
B378	Candidiasis of other sites
B3784	Candidal otitis externa
B3781	Candidal esophagitis
B3782	Candidal enteritis
B3789	Other sites of candidiasis
B379	Candidiasis, unspecified
B86	Scabies
B880	Other acariasis
B889	Infestation, unspecified
H10	Conjunctivitis
H100	Mucopurulent conjunctivitis
H1033	Unspecified acute conjunctivitis, bilateral
H10239	Serous conjunctivitis, except viral, unspecified eye
H10019	Acute follicular conjunctivitis, unspecified eye
H10029	Other mucopurulent conjunctivitis, unspecified eye
H10229	Pseudomembranous conjunctivitis, unspecified eye
H1013	Acute atopic conjunctivitis, bilateral
H104	Chronic conjunctivitis
H10409	Unspecified chronic conjunctivitis, unspecified eye

ICD-10-CM	Description
H10429	Simple chronic conjunctivitis, unspecified eye
H10439	Chronic follicular conjunctivitis, unspecified eye
H1044	Vernal conjunctivitis
H1045	Other chronic allergic conjunctivitis
H1089	Other conjunctivitis
H105	Blepharoconjunctivitis
H10509	Unspecified blepharoconjunctivitis, unspecified eye
H10529	Angular blepharoconjunctivitis, unspecified eye
H10539	Contact blepharoconjunctivitis, unspecified eye
H109	Unspecified conjunctivitis
H1089	Other conjunctivitis
H01149	Xeroderma of unspecified eye, unspecified eyelid
H66	Suppurative and unspecified otitis media
H660	Acute suppurative otitis media
H66009	Acute suppurative otitis media without spontaneous rupture ear drum, unspecified ear
H66019	Acute suppurative otitis media with spontaneous rupture ear drum, unspecified ear
H6613	Chronic tubotympanic suppurative otitis media, bilateral
H6623	Chronic atticoantral suppurative otitis media, bilateral
H663X9	Other chronic suppurative otitis media, unspecified ear
H6640	Suppurative otitis media, unspecified, unspecified ear
H6690	Otitis media, unspecified, unspecified ear
H70099	Acute mastoiditis with other complications, unspecified ear
J00	Acute nasopharyngitis [common cold]
J029	Acute pharyngitis, unspecified
J06	Acute upper respiratory infections of multiple and unspecified sites
J060	Acute laryngopharyngitis
J069	Acute upper respiratory infection, unspecified
J20	Acute bronchitis
J209	Acute bronchitis, unspecified

ICD-10-CM	Description
J31	Chronic rhinitis, nasopharyngitis and pharyngitis
J310	Chronic rhinitis
J312	Chronic pharyngitis
J311	Chronic nasopharyngitis
J32	Chronic sinusitis
J320	Chronic maxillary sinusitis
J321	Chronic frontal sinusitis
J322	Chronic ethmoidal sinusitis
J323	Chronic sphenoidal sinusitis
J324	Chronic pansinusitis
J328	Other chronic sinusitis
J329	Chronic sinusitis, unspecified
J3503	Chronic tonsillitis and adenoiditis
J359	Chronic disease of tonsils and adenoids, unspecified
J3501	Chronic tonsillitis
J3502	Chronic adenoiditis
J3503	Chronic tonsillitis and adenoiditis
J353	Hypertrophy of tonsils with hypertrophy of adenoids
J351	Hypertrophy of tonsils
J352	Hypertrophy of adenoids
J358	Other chronic diseases of tonsils and adenoids
J359	Chronic disease of tonsils and adenoids, unspecified
N30	Cystitis
N302	Other chronic cystitis
N303	Trigonitis
N304	Irradiation cystitis
N309	Cystitis, unspecified
N300	Acute cystitis
N3000	Acute cystitis without hematuria
N3001	Acute cystitis with hematuria

ICD-10-CM	Description
N3010	Interstitial cystitis (chronic) without hematuria
N3011	Interstitial cystitis (chronic) with hematuria
N3020	Other chronic cystitis without hematuria
N3021	Other chronic cystitis with hematuria
N3030	Trigonitis without hematuria
N3031	Trigonitis with hematuria
N3081	Other cystitis with hematuria
H308	Other chorioretinal inflammations
N3040	Irradiation cystitis without hematuria
N3041	Irradiation cystitis with hematuria
N3080	Other cystitis without hematuria
N3090	Cystitis, unspecified without hematuria
N3091	Cystitis, unspecified with hematuria
N390	Urinary tract infection, site not specified
N72	Inflammatory disease of cervix uteri
N760	Acute vaginitis
N761	Subacute and chronic vaginitis
N762	Acute vulvitis
N763	Subacute and chronic vulvitis
N764	Abscess of vulva
N765	Ulceration of vagina
N766	Ulceration of vulva
N7689	Other specified inflammation of vagina and vulva
N7681	Mucositis (ulcerative) of vagina and vulva
N768	Other specified inflammation of vagina and vulva
N76	Other inflammation of vagina and vulva
N978	Female infertility of other origin
L298	Other pruritus
L299	Pruritus, unspecified
L740	Miliaria rubra

ICD-10-CM	Description
L741	Miliaria crystallina
L742	Miliaria profundal
M545	Low back pain
M5489	Other dorsalgia
M549	Dorsalgia, unspecified
M533	Sacrococcygeal disorders, not elsewhere classified
M5408	Panniculitis affecting regions of neck/back, sacral/sacrococcygeal region
G441	Vascular headache, not elsewhere classified
R51	Headache
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm
Z027	Encounter for issue of medical certificate
Z0271	Encounter for disability determination
Z0279	Encounter for issue of other medical certificate
Z760	Encounter for issue of repeat prescription
Z048	Encounter for examination and observation for other reasons
Z021	Encounter for pre-employment examination
Z022	Encounter for exam for admission to residential institution
Z023	Encounter for examination for recruitment to armed forces
Z024	Encounter for examination for driving license
Z025	Encounter for examination for participation in sport
Z026	Encounter for examination for insurance purposes
Z027	Encounter for issue of medical certificate
Z0271	Encounter for disability determination
Z020	Encounter for exam for admission to educational institution
Z02	Encounter for administrative examination
Z049	Encounter for examination and observation for unspecified reason
Z0289	Encounter for other administrative examinations

ICD-10-CM	Description
Z029	Encounter for administrative examinations, unspecified
Z00	Encounter for general examination without complaint, suspected or reported diagnosis
Z0000	Encounter for general adult medical exam without abnormal findings
Z008	Encounter for other general examination
Z0289	Encounter for other administrative examinations
Z0281	Encounter for paternity testing
Z0283	Encounter for blood-alcohol and blood-drug test
Z021	Encounter for pre-employment examination
Z023	Encounter for examination for recruitment to armed forces
Z0289	Encounter for other administrative examinations
Z006	Encounter for examination for normal comparison and control in clinical research program
Z005	Encounter for exam of potential donor of organ and tissue
Z01	Encounter for other special examination without complaint, suspected or reported diagnosis
Z0100	Encounter for exam of eyes and vision without abnormal findings
Z0101	Encounter for exam of eyes and vision with abnormal findings
Z011	Encounter for examination of ears and hearing
Z01110	Encounter for hearing exam following failed hear screening
Z0112	Encounter for hearing conservation and treatment
Z0110	Encounter for exam of ears and hearing without abnormal findings
Z01118	Encounter for exam of ears and hearing with other abnormal findings
Z0120	Encounter for dental exam and cleaning without abnormal findings
Z0121	Encounter for dental exam and cleaning with abnormal findings
Z014	Encounter for gynecological examination
Z01411	Encounter for gynecological exam (general) (routine) with abnormal findings
Z01419	Encounter for gynecological exam (general) (routine) without abnormal findings
Z0142	Encounter for cervical smear to confirm normal smear following initial abnormal smear
Z32	Encounter for pregnancy test and childbirth and childcare instruction

ICD-10-CM	Description
Z3200	Encounter for pregnancy test, result unknown
Z3202	Encounter for pregnancy test, result negative
Z3201	Encounter for pregnancy test, result positive
Z01810	Encounter for preprocedural cardiovascular examination
Z01811	Encounter for preprocedural respiratory examination
Z01818	Encounter for other preprocedural examination
Z01812	Encounter for preprocedural laboratory examination
Z0189	Encounter for other specified special examinations
Z0183	Encounter for blood typing

Source: ICD-10-CM codes obtained from converting emergency room collaborative avoidable visits International Classification of Diseases, Ninth Revision, Clinical Modification diagnosis codes. California Department of Health Care Services, Medi-Cal Managed Care Division. Statewide Collaborative Quality Improvement Project: Reducing Avoidable Emergency Room Visits, Final Remeasurement Report: January 1, 2010 – December 31, 2010. Published June 2012.

Appendix B. Mental Health and Substance Abuse Tables

Table B1. Demographic and Visit Characteristics of Inpatient Mental Health and Substance Abuse (MHSA) Emergency Department (ED) Visits, Texas 2018

Inpatient	Number of All MHSA Related Visits	Percent of All MHSA Related Visits	Number < 18 Years	Percent < 18 Years	Number 18-64 Years	Percent 18-64 Years	Number ≥ 65 Years	Percent ≥ 65 Years
Sex								
Female	7,292	17.3%	921	28.7%	4,881	14.1%	1,489	33.3%
Male	5,396	12.8%	588	18.3%	3,975	11.5%	831	18.6%
Unknown*	29,514	69.9%	1,697	52.9%	25,650	74.3%	2,155	48.2%
Total	42,202	100.0%	3,206	100.0%	34,506	100.0%	4,475	100.0%
Age Group								
0-17	3,206	7.6%						
18-44	19,970	47.3%						
45-64	14,536	34.4%						
65-74	2,980	7.1%						
≥ 75	1,495	3.5%						
Unknown*	15	0.0%						
Total	42,202	100.0%						
Race								
White	29,251	69.3%	2,092	65.3%	23,631	68.5%	3,524	78.7%
Black or African-American	7,131	16.9%	591	18.4%	6,060	17.6%	480	10.7%
Other	5,348	12.7%	488	15.2%	4,418	12.8%	431	9.6%

Inpatient	Number of All MHSA Related Visits	Percent of All MHSA Related Visits	Number < 18 Years	Percent < 18 Years	Number 18-64 Years	Percent 18-64 Years	Number ≥ 65 Years	Percent ≥ 65 Years
American Indian or Eskimo or Aleut	31	0.1%	4	0.1%	23	0.1%	4	0.1%
Asian or Pacific Islander	441	1.0%	31	1.0%	374	1.1%	36	0.8%
Total	42,202	100.0%	3,206	100.0%	34,506	100.0%	4,475	100.0%
Hispanic Ethnicity								
Yes	11,671	27.7%	859	26.8%	9,752	28.3%	1,054	23.6%
No	30,435	72.1%	2,343	73.1%	24,668	71.5%	3,415	76.3%
Unknown	96	0.2%	4	0.1%	86	0.2%	6	0.1%
Total	42,202	100.0%	3,206	100.0%	34,506	100.0%	4,475	100.0%
Payer Status								
Medicare	10,151	24.1%	37	1.2%	6,341	18.4%	3,773	84.3%
Medicaid	7,410	17.6%	1,586	49.5%	5,796	16.8%	28	0.6%
Private	11,379	27.0%	1,192	37.2%	9,681	28.1%	506	11.3%
Uninsured or Self	11,402	27.0%	221	6.9%	11,066	32.1%	100	2.2%
Unknown	60	0.1%	1	0.0%	53	0.2%	6	0.1%
Other	1,800	4.3%	169	5.3%	1,569	4.5%	62	1.4%
Total	42,202	100.0%	3,206	100.0%	34,506	100.0%	4,475	100.0%
Clinical Comorbidities								
Hypertension	16,435	50.6%	51	7.7%	12,896	50.3%	3,488	56.2%
Diabetes	5,982	18.4%	40	6.0%	4,657	18.2%	1,284	20.7%
Heart Failure	1,384	4.3%	0	0.0%	890	3.5%	494	8.0%

Inpatient	Number of All MHA Related Visits	Percent of All MHA Related Visits	Number < 18 Years	Percent < 18 Years	Number 18-64 Years	Percent 18-64 Years	Number ≥ 65 Years	Percent ≥ 65 Years
Depression	5,849	18.0%	267	40.2%	4,831	18.8%	751	12.1%
Asthma	2,861	8.8%	307	46.2%	2,370	9.2%	184	3.0%
Total	32,511	100.0%	665	100.0%	25,644	100.0%	6,201	100.0%

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018.

Department of State Health Services (DSHS), Center for Health Statistics, Austin, Texas. August 2019.

*Unknown: Substance Abuse and Mental Health System Administration (SAMHSA) rule that requires the masking of patients in SAMHSA funded programs in regard to gender and geographic identifier.

Table B2. Demographic and Visit Characteristics of Outpatient MHSA ED Visits, Texas 2018

Outpatient	Number of All MHSA Related Visits	Percent of All MHSA Related Visits	Number < 18 Years	Percent < 18 Years	Number 18-64 Years	Percent 18-64 Years	Number ≥ 65 Years	Percent ≥ 65 Years
Sex								
Female	77,917	30.6%	9,935	41.2%	60,239	28.1%	7,732	49.4%
Male	57,830	22.7%	7,211	29.9%	46,888	21.8%	3,719	23.7%
Unknown*	118,759	46.7%	6,961	28.9%	107,489	50.1%	4,210	26.9%
Total	254,506	100.0%	24,107	100.0%	214,616	100.0%	15,661	100.0%
Age Group								
0-17	24,107	9.5%						
18-44	151,142	59.4%						
45-64	63,474	24.9%						
65-74	10,198	4.0%						
≥ 75	5,463	2.1%						
Unknown	122	0.0%						
Total	254,506	100.0%						
Race								
White	165,077	64.9%	15,204	63.1%	137,939	64.3%	11,900	76.0%
Black or African-American	48,311	19.0%	3,583	14.9%	43,043	20.1%	1,645	10.5%
Other	37,700	14.8%	4,933	20.5%	30,789	14.3%	1,935	12.4%

Outpatient	Number of All MHA Related Visits	Percent of All MHA Related Visits	Number < 18 Years	Percent < 18 Years	Number 18-64 Years	Percent 18-64 Years	Number ≥ 65 Years	Percent ≥ 65 Years
American Indian or Eskimo or Aleut	505	0.2%	57	0.2%	434	0.2%	14	0.1%
Asian or Pacific Islander	2,872	1.1%	329	1.4%	2,372	1.1%	166	1.1%
Unknown	41	0.0%	1	0.0%	39	0.0%	1	0.0%
Total	254,506	100.0%	24,107	100.0%	214,616	100.0%	15,661	100.0%
Hispanic Ethnicity								
Yes	81,323	32.0%	9,070	37.6%	67,446	31.4%	4,758	30.4%
No	173,048	68.0%	15,030	62.3%	147,048	68.5%	10,898	69.6%
Unknown	135	0.1%	7	0.0%	122	0.1%	5	0.0%
Total	254,506	100.0%	24,107	100.0%	214,616	100.0%	15,661	100.0%
Payer Status								
Medicare	34,220	13.4%	157	0.7%	21,569	10.1%	12,494	79.8%
Medicaid	41,526	16.3%	12,193	50.6%	29,112	13.6%	220	1.4%
Private	61,164	24.0%	8,121	33.7%	51,198	23.9%	1,843	11.8%
Uninsured or Self	108,419	42.6%	2,893	12.0%	104,553	48.7%	854	5.5%
Unknown	272	0.1%	8	0.0%	241	0.1%	23	0.1%
Other	8,905	3.5%	735	3.0%	7,943	3.7%	227	1.4%
Total	254,506	100.0%	24,107	100.0%	214,616	100.0%	15,661	100.0%

Outpatient	Number of All MHA Related Visits	Percent of All MHA Related Visits	Number < 18 Years	Percent < 18 Years	Number 18-64 Years	Percent 18-64 Years	Number ≥ 65 Years	Percent ≥ 65 Years
Clinical Comorbidities								
Hypertension	50,010	50.2%	151	5.3%	40,994	50.0%	8,863	60.2%
Diabetes	18,224	18.3%	169	5.9%	14,686	17.9%	3,364	22.9%
Heart Failure	2,880	2.9%	0	0.0%	2,012	2.5%	867	5.9%
Depression	18,710	18.8%	1,367	47.8%	16,086	19.6%	1,256	8.5%
Asthma	9,788	9.8%	1,171	41.0%	8,248	10.1%	369	2.5%
Total	99,612	100.0%	2,858	100.0%	82,026	100.0%	14,719	100.0%

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018.

DSHS, Center for Health Statistics, Austin, Texas. August 2019.

*Unknown: SAMHSA rule that requires the masking of patients in SAMHSA funded programs in regard to gender and geographic identifier.

Table B3. Top Five International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes for Inpatient MHA ED Visits by Age Group, Texas 2018

Rank	All Ages			< 18 Years		
	Discharge Diagnosis (ICD-10-CM)	Number of Visits	Percent of Total MHA ED Visits	Discharge Diagnosis (ICD-10-CM)	Number of Visits	Percent of Total MHA ED Visits
1	F332 (Major depressive disorder, recurrent severe without psychotic features)	4,441	10.5%	F332 (Major depression disorder, recurrent severe without psych features)	636	19.8%
2	F10239 (Alcohol dependence with withdrawal, unspecified)	4,327	10.3%	F329 (Major depressive disorder, single episode, unspecified)	284	8.9%
3	F250 (Schizoaffective disorder, bipolar type)	2,252	5.3%	F322 (Major depression disorder, single episode, severe without psych features)	258	8.0%
4	F10231 (Alcohol dependence with withdrawal delirium)	2,117	5.0%	F333 (Major depression disorder, recurrent, severe with psych symptoms)	224	7.0%
5	F333 (Major depressive disorder, recurrent, severe with psychotic symptoms)	1,743	4.1%	F3481 (Disruptive mood dysregulation disorder)	211	6.6%

Rank	Discharge Diagnosis (ICD-10-CM)	18-64 Years		≥ 65 Years		
		Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (ICD-10-CM)	Number of Visits	Percent of Total MHSA ED Visits
1	F10239 (Alcohol dependence with withdrawal, unspecified)	3,933	11.4%	F332 (Major depression disorder, recurrent severe without psych features)	420	9.4%
2	F332 (Major depression disorder, recurrent severe without psych features)	3,385	9.8%	F10239 (Alcohol dependence with withdrawal, unspecified)	391	8.7%
3	F250 (Schizoaffective disorder, bipolar type)	2,125	6.2%	F29 (Unspecified psychosis not due to a substance or known physiological condition)	359	8.0%
4	F10231 (Alcohol dependence with withdrawal delirium)	1,931	5.6%	F333 (Major depression disorder, recurrent, severe with psych symptoms)	323	7.2%
5	F209 (Schizophrenia, unspecified)	1,388	4.0%	F10231 (Alcohol dependence with withdrawal delirium)	186	4.2%

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018. DSHS, Center for Health Statistics, Austin, Texas. August 2019.

Table B4. Top Five Clinical Classifications Software (CCS) Categories for Inpatient MHSA ED Visits by Age Group, Texas 2018

Rank	All Ages			< 18 Years		
	Discharge Diagnosis (CCS, single level)	Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (CCS, single level)	Number of Visits	Percent of Total MHSA ED Visits
1	657 (Mood disorders)	16,997	40.3%	657 (Mood disorders)	2,469	77.0%
2	660 (Alcohol-related disorders)	10,253	24.3%	670 (Miscellaneous mental health disorders)	180	5.6%
3	659 (Schizophrenia and other psychotic disorders)	8,912	21.1%	659 (Schizophrenia and other psychotic disorders)	104	3.2%
4	661 (Substance-related disorders)	2,908	6.9%	652 (Attention-deficit conduct and disruptive behavior disorders)	98	3.1%
5	670 (Miscellaneous mental health disorders)	1,145	2.7%	650 (Adjustment disorders)	92	2.9%

Rank	Discharge Diagnosis (CCS, single level)	18-64 Years		≥ 65 Years		
		Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (CCS, single level)	Number of Visits	Percent of Total MHSA ED Visits
1	657 (Mood disorders)	12,785	37.1%	657 (Mood disorders)	1,743	38.9%
2	660 (Alcohol-related disorders)	9,180	26.6%	660 (Alcohol-related disorders)	1,032	23.0%
3	659 (Schizophrenia and other psychotic disorders)	7,787	22.6%	659 (Schizophrenia and other psychotic disorders)	1,018	22.7%
4	661 (Substance-related disorders)	2,598	7.5%	651 (Anxiety disorders)	296	6.6%
5	670 (Miscellaneous mental health disorders)	888	2.6%	661 (Substance-related disorders)	236	5.3%

Note: CCS codes converted from the Principal Diagnosis codes.

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018. DSHS, Center for Health Statistics, Austin, Texas. August 2019.

Table B5. Top Five ICD-10-CM Diagnosis Codes for Outpatient MHSA ED Visits by Age Group, Texas 2018

Rank	All Ages			< 18 Years		
	Discharge Diagnosis (ICD-10-CM)	Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (ICD-10-CM)	Number of Visits	Percent of Total MHSA ED Visits
1	F419 (Anxiety disorder, unspecified)	50,536	19.9%	F329 (Major depressive disorder, single episode, unspecified)	5,192	21.5%
2	F329 (Major depressive disorder, single episode, unspecified)	23,865	9.4%	F419 (Anxiety disorder, unspecified)	3,600	14.9%
3	F10129 (Alcohol abuse with intoxication, unspecified)	19,850	7.8%	F410 (Panic disorder episodic paroxysmal anxiety)	1,247	5.2%
4	F411 (Generalized anxiety disorder)	11,075	4.4%	F411 (Generalized anxiety disorder)	902	3.7%
5	F410 (Panic disorder episodic paroxysmal anxiety)	10,022	3.9%	F3481 (Disruptive mood dysregulation disorder)	776	3.2%

Rank	Discharge Diagnosis (ICD-10-CM)	18-64 Years		≥ 65 Years		
		Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (ICD-10-CM)	Number of Visits	Percent of Total MHSA ED Visits
1	F419 (Anxiety disorder, unspecified)	41,866	19.5%	F419 (Anxiety disorder, unspecified)	5,069	32.4%
2	F10129 (Alcohol abuse with intoxication, unspecified)	17,987	8.4%	F329 (Major depressive disorder, single episode, unspecified)	1,340	8.6%
3	F329 (Major depressive disorder, single episode, unspecified)	17,330	8.1%	F10129 (Alcohol abuse with intoxication, unspecified)	1,066	6.8%
4	F411 (Generalized anxiety disorder)	9,120	4.2%	F411 (Generalized anxiety disorder)	1,053	6.7%
5	F410 (Panic disorder episodic paroxysmal anxiety)	8,207	3.8%	F410 (Panic disorder episodic paroxysmal anxiety)	568	3.6%

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018. DSHS, Center for Health Statistics, Austin, Texas. August 2019.

Table B6. Top Five CCS Categories for Outpatient MHSA ED Visits by Age Group, Texas 2018

Rank	All Ages			< 18 Years		
	Discharge Diagnosis (CCS, single level)	Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (CCS, single level)	Number of Visits	Percent of Total MHSA ED Visits
1	651 (Anxiety disorders)	76,887	30.2%	657 (Mood disorders)	8,124	33.7%
2	657 (Mood disorders)	46,967	18.5%	651 (Anxiety disorders)	6,400	26.5%
3	660 (Alcohol-related disorders)	43,948	17.3%	661 (Substance-related disorders)	2,554	10.6%
4	661 (Substance-related disorders)	41,669	16.4%	652 (Attention-deficit conduct and disruptive behavior disorders)	2,393	9.9%
5	659 (Schizophrenia and other psychotic disorders)	27,260	10.7%	660 (Alcohol-related disorders)	1,162	4.8%

Rank	Discharge Diagnosis (CCS, single level)	18-64 Years		≥ 65 Years		
		Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (CCS, single level)	Number of Visits	Percent of Total MHSA ED Visits
1	651 (Anxiety disorders)	63,332	29.5%	651 (Anxiety disorders)	7,153	45.7%
2	660 (Alcohol-related disorders)	40,326	18.8%	660 (Alcohol-related disorders)	2,404	15.4%
3	661 (Substance-related disorders)	38,086	17.7%	657 (Mood disorders)	2,272	14.5%
4	657 (Mood disorders)	36,566	17.0%	659 (Schizophrenia and other psychotic disorders)	1,547	9.9%
5	659 (Schizophrenia and other psychotic disorders)	25,213	11.7%	661 (Substance-related disorders)	988	6.3%

Note: CCS codes converted from the Principal Diagnosis codes.

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018.

DSHS, Center for Health Statistics, Austin, Texas. August 2019.

Table B7. Top Five ICD-10-CM Diagnosis Codes for Inpatient MHSA ED Visits by Payer Source, Texas 2018

Rank	Discharge Diagnosis (ICD-10-CM)	Medicare		Medicaid		
		Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (ICD-10-CM)	Number of Visits	Percent of Total MHSA ED Visits
1	F250 (Schizoaffective disorder, bipolar type)	946	9.3%	F332 (Major depression disorder, recurrent severe without psych features)	791	10.7%
2	F332 (Major depression disorder, recurrent severe without psych features)	880	8.7%	F250 (Schizoaffective disorder, bipolar type)	637	8.6%
3	F10239 (Alcohol dependence with withdrawal, unspecified)	632	6.2%	F209 (Schizophrenia, unspecified)	439	5.9%
4	F333 (Major depression disorder, recurrent, severe with psych symptoms)	507	5.0%	F333 (Major depression disorder, recurrent, severe with psych symptoms)	332	4.5%
5	F29 (Unspecified psychosis not due to a substance or known physiological condition)	496	4.9%	F329 (Major depressive disorder, single episode, unspecified)	303	4.1%

Rank	Private			Uninsured or Self		
	Discharge Diagnosis (ICD-10-CM)	Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (ICD-10-CM)	Number of Visits	Percent of Total MHSA ED Visits
1	F332 (Major depression disorder, recurrent severe without psych features)	1,663	14.6%	F10239 (Alcohol dependence with withdrawal, unspecified)	2,041	17.9%
2	F10239 (Alcohol dependence with withdrawal, unspecified)	1,171	10.3%	F10231 (Alcohol dependence with withdrawal delirium)	1,086	9.5%
3	F329 (Major depressive disorder, single episode, unspecified)	474	4.2%	F332 (Major depression disorder, recurrent severe without psych features)	907	8.0%
4	F333 (Major depression disorder, recurrent, severe with psych symptoms)	464	4.1%	F10129 (Alcohol abuse with intoxication, unspecified)	503	4.4%
5	F10231 (Alcohol dependence with withdrawal delirium)	458	4.0%	F10229 (Alcohol dependence with intoxication, unspecified)	383	3.4%

Data source: Texas Hospital ED Data Set, First through fourth Quarters 2018. DSHS, Center for Health Statistics, Austin, Texas. August 2019.

Table B8. Top Five CCS Categories for Inpatient MHSA ED Visits by Payer Source, Texas 2018

Rank	Medicare			Medicaid		
	Discharge Diagnosis (CCS, single level)	Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (CCS, single level)	Number of Visits	Percent of Total MHSA ED Visits
1	657 (Mood disorders)	3,891	38.3%	657 (Mood disorders)	3,596	48.5%
2	659 (Schizophrenia and other psychotic disorders)	3,386	33.4%	659 (Schizophrenia and other psychotic disorders)	2,101	28.4%
3	660 (Alcohol-related disorders)	1,592	15.7%	660 (Alcohol-related disorders)	750	10.1%
4	661 (Substance-related disorders)	564	5.6%	661 (Substance-related disorders)	391	5.3%
5	651 (Anxiety disorders)	376	3.7%	670 (Miscellaneous mental health disorders)	248	3.3%

Rank	Private			Uninsured or Self		
	Discharge Diagnosis (CCS, single level)	Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (CCS, single level)	Number of Visits	Percent of Total MHSA ED Visits
1	657 (Mood disorders)	5,410	47.5%	660 (Alcohol-related disorders)	4,832	42.4%
2	660 (Alcohol-related disorders)	2,618	23.0%	657 (Mood disorders)	3,211	28.2%
3	659 (Schizophrenia and other psychotic disorders)	1,611	14.2%	659 (Schizophrenia and other psychotic disorders)	1,503	13.2%
4	661 (Substance-related disorders)	651	5.7%	661 (Substance-related disorders)	1,209	10.6%
5	670 (Miscellaneous mental health disorders)	406	3.6%	651 (Anxiety disorders)	247	2.2%

Note: CCS codes converted from the Principal Diagnosis codes.

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018. DSHS, Center for Health Statistics, Austin, Texas. August 2019.

Table B9. Top Five ICD-10-CM Diagnosis Codes for Outpatient MHSA ED Visits by Payer Source, Texas 2018

		Medicare		Medicaid		
Rank	Discharge Diagnosis (ICD-10-CM)	Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (ICD-10-CM)	Number of Visits	Percent of Total MHSA ED Visits
1	F419 (Anxiety disorder, unspecified)	8,032	23.5%	F419 (Anxiety disorder, unspecified)	7,865	18.9%
2	F329 (Major depressive disorder, single episode, unspecified)	2,851	8.3%	F329 (Major depressive disorder, single episode, unspecified)	4,842	11.7%
3	F10129 (Alcohol abuse with intoxication, unspecified)	1,748	5.1%	F10129 (Alcohol abuse with intoxication, unspecified)	1,765	4.3%
4	F209 (Schizophrenia, unspecified)	1,681	4.9%	F209 (Schizophrenia, unspecified)	1,666	4.0%
5	F411 (Generalized anxiety disorder)	1,655	4.8%	F410 (Panic disorder episodic paroxysmal anxiety)	1,573	3.8%

Rank	Private			Uninsured or Self		
	Discharge Diagnosis (ICD-10-CM)	Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (ICD-10-CM)	Number of Visits	Percent of Total MHSA ED Visits
1	F419 (Anxiety disorder, unspecified)	15,229	24.9%	F419 (Anxiety disorder, unspecified)	18,009	16.6%
2	F329 (Major depressive disorder, single episode, unspecified)	6,874	11.2%	F10129 (Alcohol abuse with intoxication, unspecified)	10,468	9.7%
3	F10129 (Alcohol abuse with intoxication, unspecified)	5,053	8.3%	F329 (Major depressive disorder, single episode, unspecified)	8,476	7.8%
4	F410 (Panic disorder episodic paroxysmal anxiety)	3,640	6.0%	F411 (Generalized anxiety disorder)	4,021	3.7%
5	F411 (Generalized anxiety disorder)	3,595	5.9%	F1910 (Other psychoactive substance abuse, uncomplicated)	3,931	3.6%

Data source: Texas Hospital ED Data Set, First through fourth Quarters 2018. DSHS, Center for Health Statistics, Austin, Texas. August 2019.

Table B10. Top Five CCS Categories for Outpatient MHSA ED Visits by Payer Source, Texas 2018

		Medicare		Medicaid		
Rank	Discharge Diagnosis (CCS, single level)	Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (CCS, single level)	Number of Visits	Percent of Total MHSA ED Visits
1	651 (Anxiety disorders)	11,412	33.3%	651 (Anxiety disorders)	11,748	28.3%
2	659 (Schizophrenia and other psychotic disorders)	6,344	18.5%	657 (Mood disorders)	9,391	22.6%
3	657 (Mood disorders)	6,301	18.4%	661 (Substance-related disorders)	6,138	14.8%
4	660 (Alcohol-related disorders)	4,218	12.3%	659 (Schizophrenia and other psychotic disorders)	5,485	13.2%
5	661 (Substance-related disorders)	3,574	10.4%	660 (Alcohol-related disorders)	3,807	9.2%

Rank	Private			Uninsured or Self		
	Discharge Diagnosis (CCS, single level)	Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (CCS, single level)	Number of Visits	Percent of Total MHSA ED Visits
1	651 (Anxiety disorders)	24,197	39.6%	651 (Anxiety disorders)	27,299	25.2%
2	657 (Mood disorders)	11,602	19.0%	661 (Substance-related disorders)	23,921	22.1%
3	660 (Alcohol-related disorders)	10,749	17.6%	660 (Alcohol-related disorders)	23,313	21.5%
4	661 (Substance-related disorders)	6,583	10.8%	657 (Mood disorders)	17,662	16.3%
5	659 (Schizophrenia and other psychotic disorders)	3,388	5.5%	659 (Schizophrenia and other psychotic disorders)	10,986	10.1%

Note: CCS codes converted from the Principal Diagnosis codes.

Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2018.

DSHS, Center for Health Statistics, Austin, Texas. August 2019.