Emergency Department Utilization Report

2018

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Introduction

Beginning in January 2005, the Florida Agency for Health Care Administration (Agency) began collecting information for all visits to a hospital Emergency Department (ED) in order to meet specific annual reporting requirements for ED utilization and costs. The resulting data provide a detailed look at the reasons people seek care at the ED, the charges and the payers for these visits, as well as the services performed in the ED setting.

Data reporting is necessary as EDs provide a significant source of urgent and non-urgent medical care in the state of Florida. In 2018, there were over 9 million outpatient ED visits. Over 64 percent (1,848,128 out of 2,854,118) of hospital inpatient admissions in the state of Florida originated in an ED facility.

The Agency submits this report 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

- *The largest portion of pediatric ED visits were made by children under five years of age.*

Around 38 percent of the nearly 2 million pediatric ED visits were for children four years old or younger. The number of pediatric ED visits generally declines with each successive age group. Children ages 15-17 comprise around 15 percent of total pediatric ED visits (see Appendix Table 1).

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

Medicaid was the principal payer for pediatric ED visits, paying for 68 percent (about 1.2 million) of all pediatric visits. Commercial payers were the second-highest payer at just over 20 percent (see Appendix Table 1).

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

Pediatric ED Visits
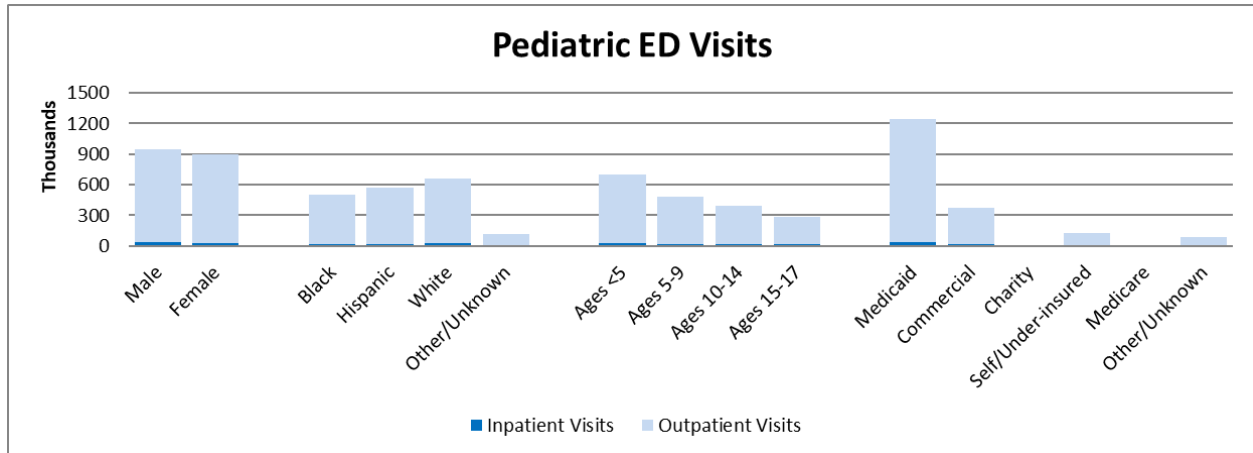
- *Young and middle aged adults made over half of all ED visits for 2018.*

Adults aged 18-54 accounted for 58 percent of all ED adult visits. The number of ED visits for women was approximately 13 percent higher than the number of visits by men. Medicare and Medicaid paid for half of the total number of adult ED visits (see Appendix Table 2).

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

Adult ED Visits
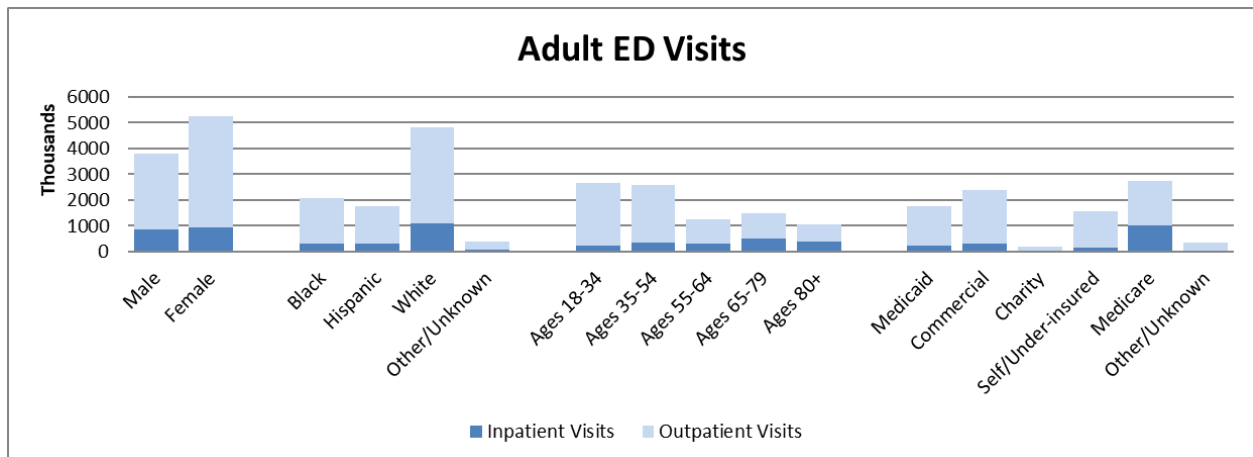
Volume Trends over Time

Due in part to population growth, the volume of ED visits for all payers has historically shown an annual increase. For 2018 the percentage of visits made by patients who were self-insured or under-insured was relatively static and the percentage of visits paid by commercial insurance and Medicare were almost equal.

Figure 3 shows the share of ED visits by payer group over the past five years. The general trend is that the overall volume of ED visits grows from year to year while the proportions for many payer groups stay relatively constant. However, calendar year 2018 marked a modest decline in the number of Medicaid claims for ED visits.

Figure 3. Total Visits by Payer Group 2015-2018
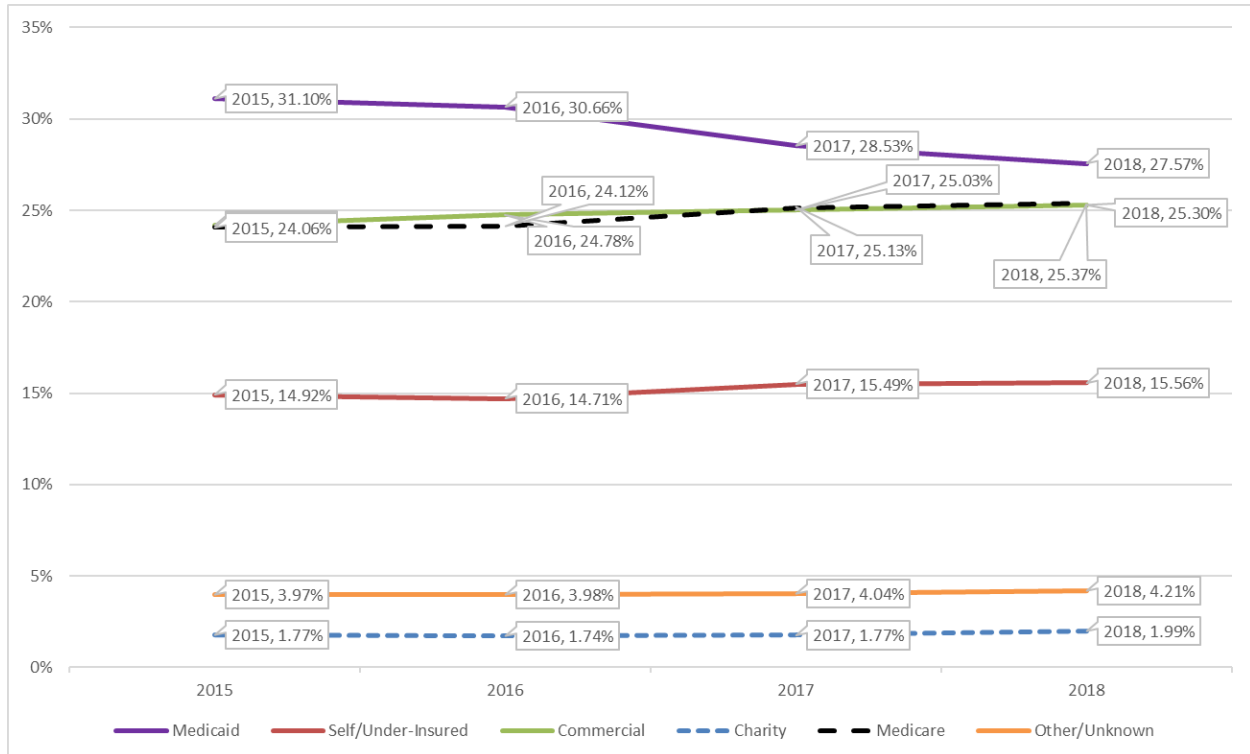
Inpatient Hospitalization

In 2018, Florida EDs saw 10,892,963 ED visits with 1,848,128 (17 percent) of those visits subsequently resulting in a hospital inpatient admission. Inpatient hospitalizations resulted from 61,653 pediatric visits and 1,786,475 adult visits. The inpatient hospitalization rate for pediatric visits was 3.4 percent, while the rate for adult visits was 19.74 percent.

- *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 percent for Medicaid to a high of 4.8 percent of Commercial patients. In contrast, only 2.4 percent of charity and 1.9 percent of self or under-insured pediatric visits were admitted for inpatient care. These rates are well below the statewide average of 3.4 percent pediatric ED visits resulting in hospitalization (see Appendix Table 3).

Figure 4. Inpatient Hospitalization Rate for Pediatric ED Visits by Patient Characteristics
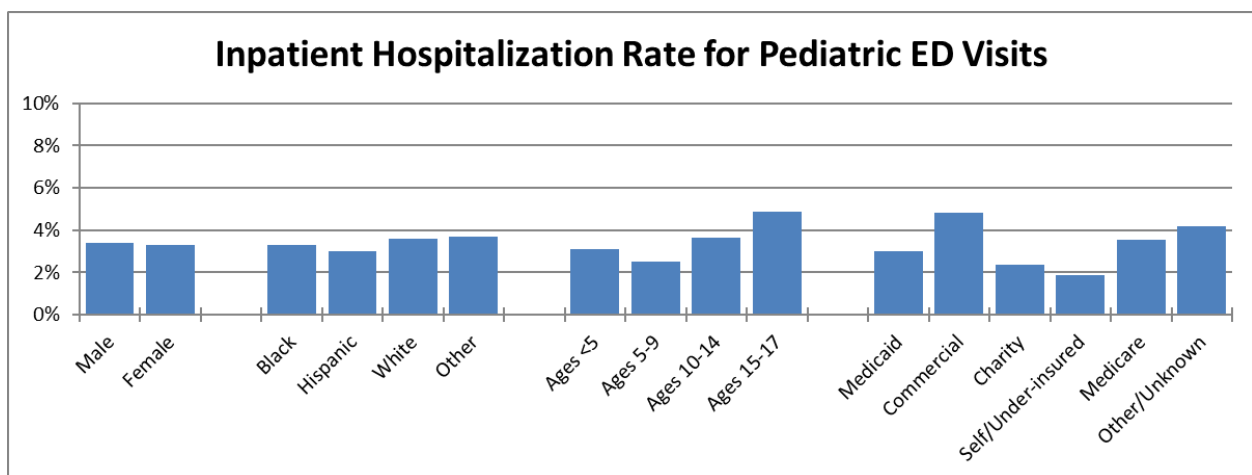
- *Patient age is related with an inpatient hospitalization following an ED visit.*

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 ten most frequent medical conditions for overall inpatient hospitalization, such as heart and lung disease, are among the most common conditions for patients over 65. 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 5. Inpatient Hospitalization Rate for Adult ED Visits by Patient Characteristics
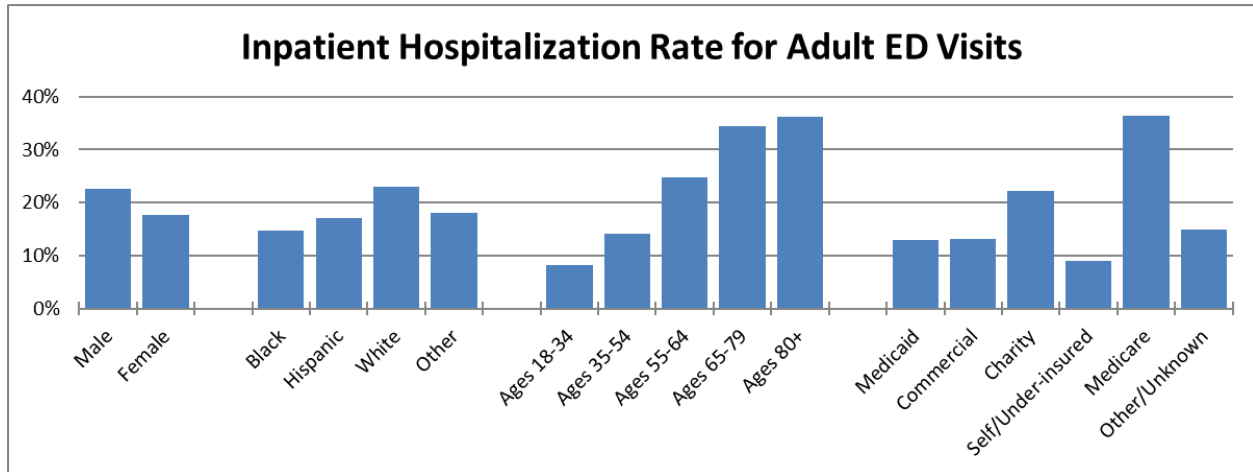
Patient Acuity

The Agency'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.[1]

- *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 about 10 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.

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[1] For a full definition of patient acuity, see Appendix page 22, "Definition of Patient Acuity."

Figure 6. Low Acuity Rate for Pediatric Outpatient ED Visits by Patient Characteristics
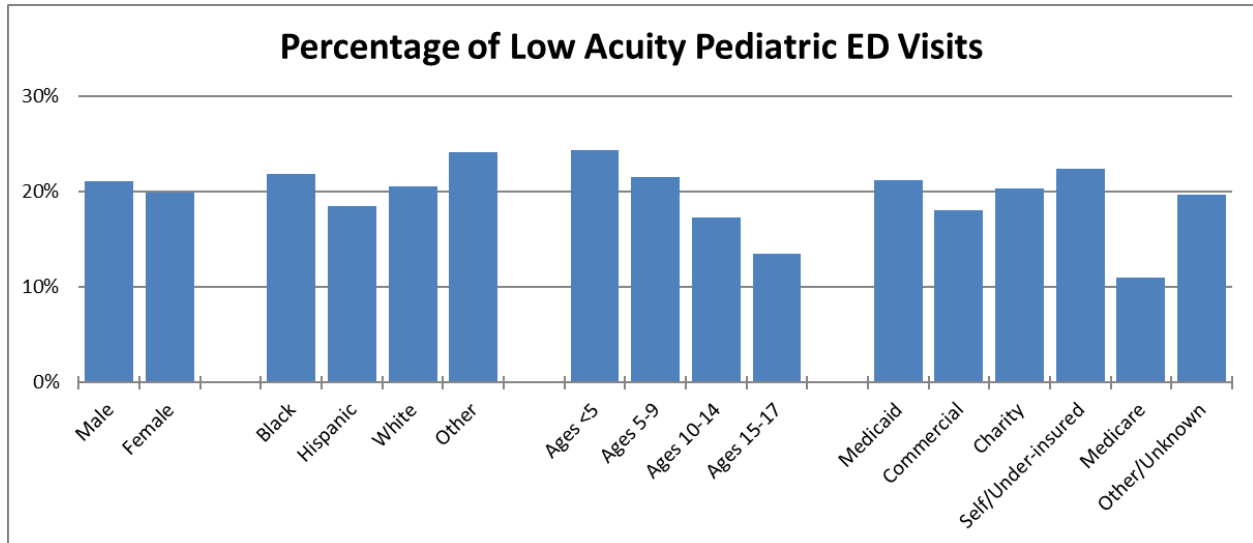
- *Average charges for pediatric visits increase with age.*

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 those aged 15-17 was $1,316 while the average low acuity pediatric ED visit for those under age 5 was $1,057. The average high acuity charge for ages 15-17 was $5,041 dollars, nearly double the average cost for a high acuity visit for those under age 5 at $2,639 (see Appendix Table 4).

Figure 7. Charges for Pediatric ED Outpatient Visits by Acuity and Patient Characteristics
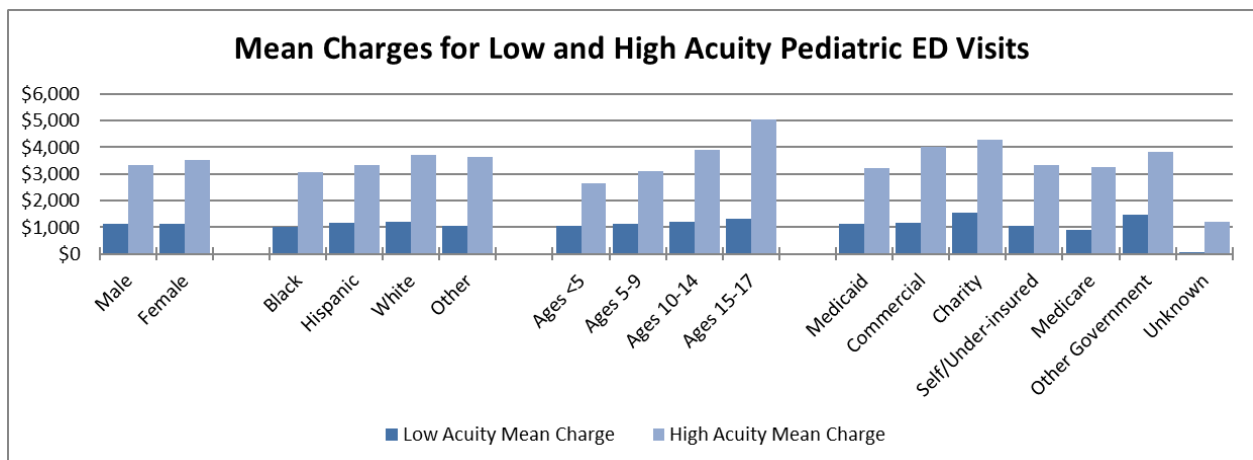
- *Low acuity ED visits by adults were more likely to be the youngest and oldest adults, but the low acuity visits by adults aged 65-74 were costlier.*

The low acuity rate for 18-34 year old patients was 11.8 percent and 11.26 percent for adults aged 80 and over. The low acuity rate for middle aged adults lower was ranging from 7.3 to 9.4 percent. The

highest mean charge for low acuity ED visits by adults was for those aged 65-79 was $1,722 while the average charge for those aged 80+ was lower at $1,312 (see Appendix Table 5).

- *Average charges for high acuity adult visits were higher for adults aged 65-74.*

For high acuity ED visits the average charge generally increased with age, but for calendar year 2018 the oldest adults did not have the most costly high acuity ED visits. The average high acuity visit for a patient over 80 years of age ($8,953) cost, on average, $1,403 dollars less than a high acuity visit for a patient aged 65-79 ($10,356). The average cost for a high acuity ED visit was $9,568 for patients aged 55-64 and this amount is also higher than the average cost for an adult aged 80+ (see Appendix Table 5).

Figure 9. Low Acuity Rate for Adult ED Outpatient Visits by Patient Characteristics
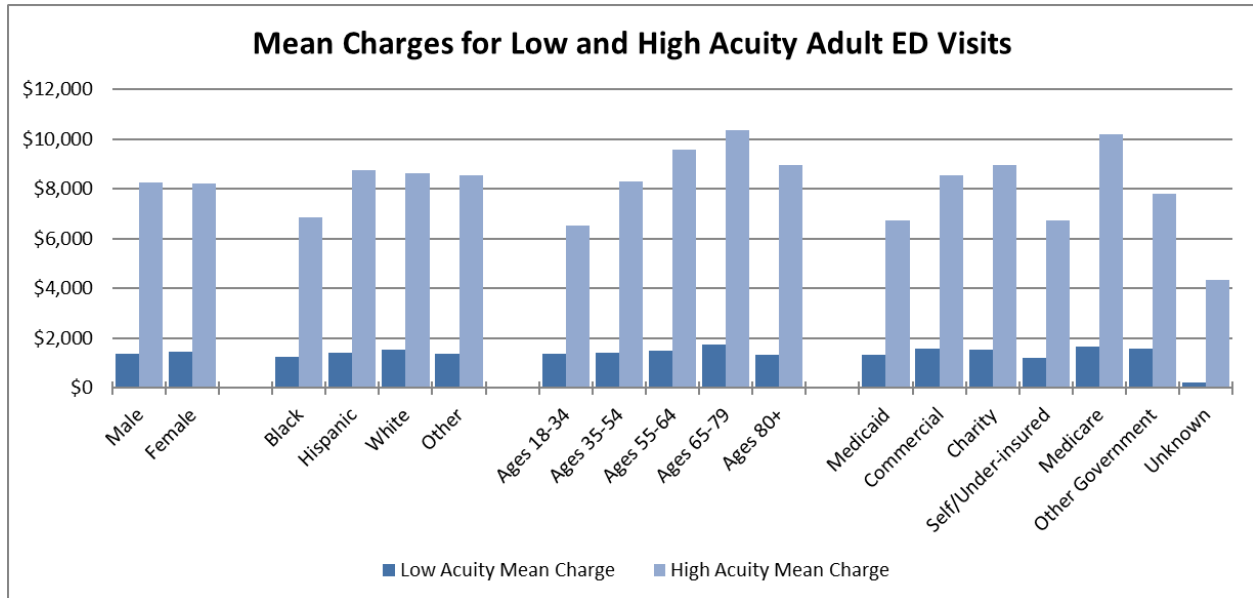
Acuity Trends over Time

The number of ED visits per capita in Florida has increased during the past decade.[2] Figure 10 shows that ED visits per 1,000 population have generally risen since 2008. Although EDs are seeing more patients, the majority of visits are considered high acuity visits.

As seen in Figure 10 below, the low acuity visit rate per 1,000 population for ED visits has decreased by almost 50 percent since 2008. Figure 11 shows that the percentage of Floridians who lack health insurance declined after 2012 and has remained stable at around 13 percent over the past three years.[3]

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[2] Unless otherwise noted, all analysis in this report examines the full dataset of ED visits in 2018. In order to maintain comparability with previous years' reports, the "Acuity Trends over Time" and "Volume Trends Over Time" sections examine only the ED visits made by Florida residents.

[3] The trend in uninsured rates in Florida is consistent with a nationwide increase in health insurance coverage rates. Source: https://census.gov/library/publications/2019/demo/p60-267.html

Figure 10. Number of ED Visits Per Capita over Time by Acuity Level
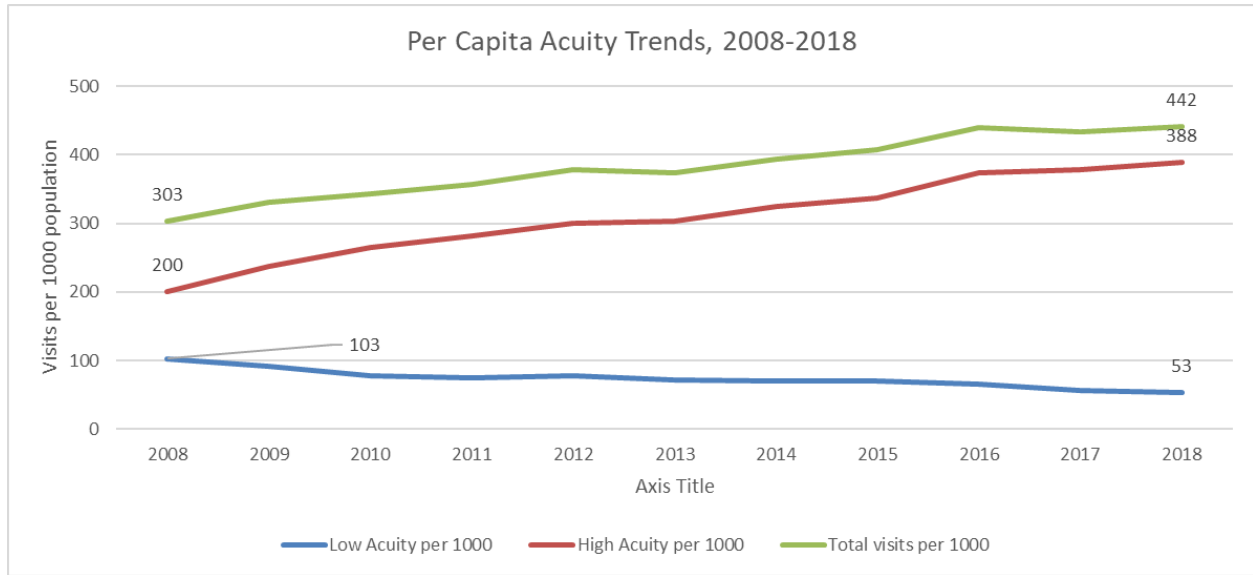
Figure 11. Percentage of Visits Considered Low Acuity Compared to Uninsured Rate
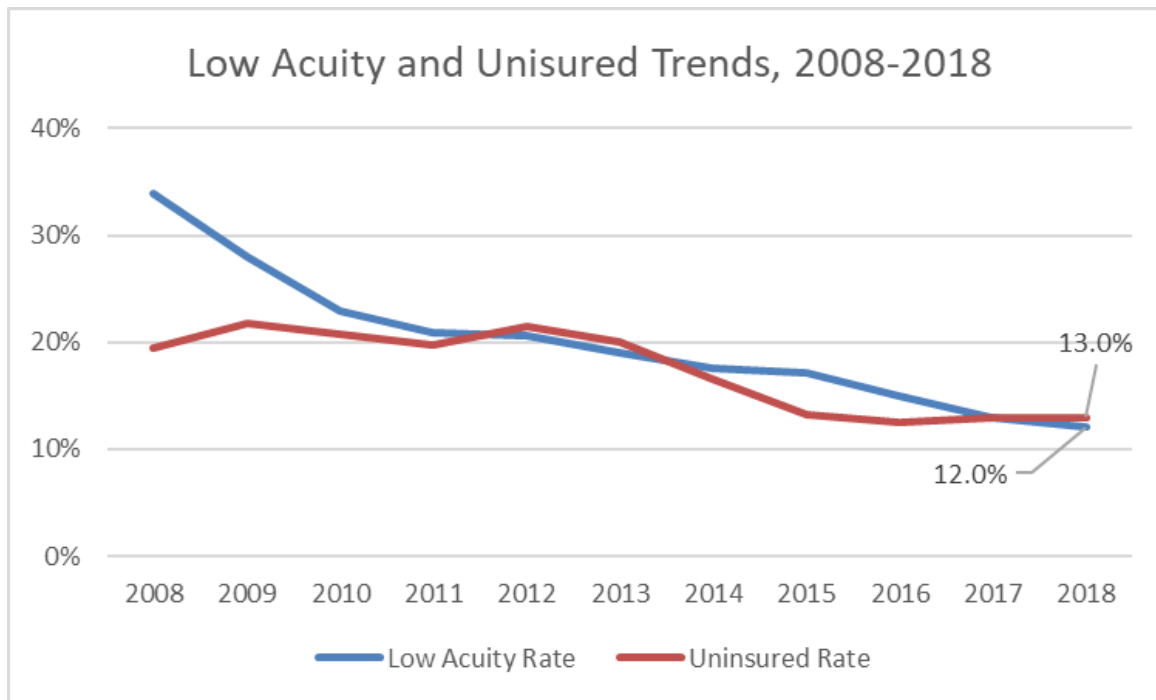
Top Medical Conditions

The following tables show the overall most commonly diagnosed medical conditions for outpatient ED visits (Figure 12) and ED visits that resulted in 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.

Figure 12. Top Ten Most Common Medical Conditions for Outpatient Visits

Outpatient Diagnosis	Percentage of ED Visits	Mean Charges
Other upper respiratory infections	6.27%	$2,772
Abdominal pain	4.86%	$10,506
Superficial injury; contusion	4.71%	$5,450
Nonspecific chest pain	4.60%	$13,747
Sprains and strains	4.32%	$5,167
Spondylosis; intervertebral disc disorders; other back problems	3.81%	$6,215
Urinary tract infections	2.90%	$7,598
Skin and subcutaneous tissue infections	2.70%	$3,635
Open wounds of extremities	2.69%	$3,729
Other injuries and conditions due to external causes	2.63%	$6,629

Figure 13. Top Ten Most Common Medical Conditions for Inpatient Hospitalizations

Inpatient Diagnosis	Percentage of Hospitalizations	Mean Charges
Septicemia (except in labor)	9.02%	$105,475
Hypertension with complications and secondary hypertension	5.41%	$65,797
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	3.12%	$55,504
Cardiac dysrhythmias	3.12%	$60,708
Chronic obstructive pulmonary disease and bronchiectasis	2.93%	$48,716
Acute and unspecified renal failure	2.68%	$54,398
Acute cerebrovascular disease	2.63%	$104,178
Acute myocardial infarction	2.63%	$131,819
Skin and subcutaneous tissue infections	2.60%	$40,739
Diabetes mellitus with complications	2.58%	$65,790

Geographic Variation in ED Use

Figure 14 shows the number of ED visits per 1,000 people in each county in Florida[4] (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.

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[4] Population estimates: http://edr.state.fl.us/Content/population-demographics/data/index.cfm

Figure 14. 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. Counties with higher than average ED visits (540.0 per 1,000 residents) are typically rural and with lower median incomes.[5,6] Gadsden County (population 47,828) had the highest rate of ED visits (40,954 visits) per capita and it is considered an urban county with a median household income of $39,830.

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[5] 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

[6] Median household income from Census Bureau American Communities Survey.

Figure 15. ED Visits by Urbanization Level and Household Income by Metropolitan Area
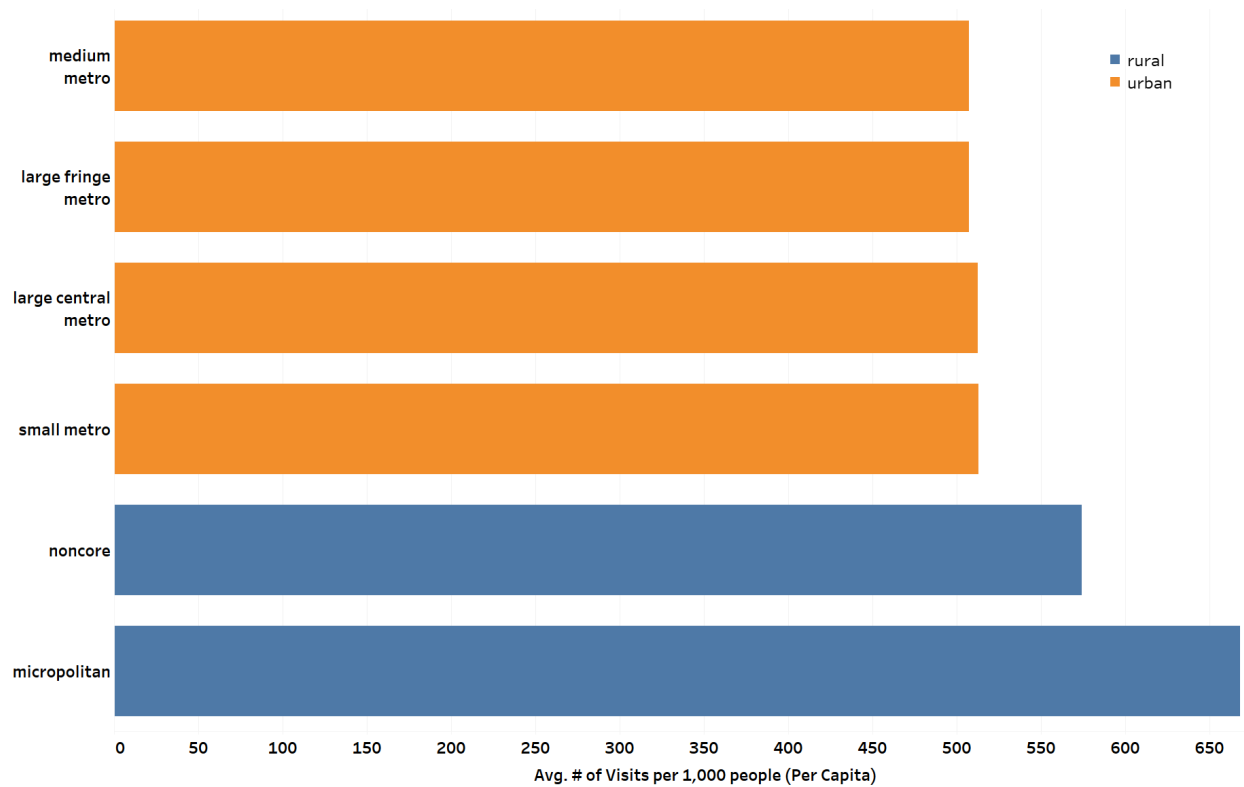
Urbanization Level	Average Median Income (2017)
Medium Metro	$50,207
Large Fringe Metro	$56,545
Large Central Metro	$50,386
Small Metro	$48,083
Noncore	$37,900
Micropolitan	$41,688

Appendix

Table 1. Pediatric ED Visits by Patient Characteristics

Sex	Pediatric Inpatient Visits	Pediatric Outpatient Visits	Pediatric Total Visits	Pediatric %
Male	32,141	913,883	946,024	51.3%
Female	29,512	869,585	899,097	48.7%
TOTAL	61,653	1,783,468	1,845,121	
Race/Ethnicity	Pediatric Inpatient Visits	Pediatric Outpatient Visits	Pediatric Total Visits	Pediatric %
Black	16,463	481,129	497,592	27.0%
Hispanic	17,241	551,928	569,169	30.8%
White	23,562	636,046	659,608	35.7%
Other/Unknown	4,387	114,365	118,752	6.4%
Age Group	Pediatric Inpatient Visits	Pediatric Outpatient Visits	Pediatric Total Visits	Pediatric %
Ages <5	21,711	674,057	695,768	37.7%
Ages 5-9	11,917	465,251	477,168	25.9%
Ages 10-14	14,285	377,407	391,692	21.2%
Ages 15-17	13,740	266,753	280,493	15.2%
Payer Group	Pediatric Inpatient Visits	Pediatric Outpatient Visits	Pediatric Total Visits	Pediatric %
Medicaid	37,242	1,210,863	1,248,105	67.6%
Commercial	17,920	352,609	370,529	20.1%
Charity	220	9,135	9,355	0.5%
Self/Under-insured	2,255	118,191	120,446	6.5%
Medicare	279	7,544	7,823	0.4%
Other/Unknown	3,737	85,126	88,863	4.8%
OVERALL	**61,653**	**1,783,468**	**1,845,121**	

Table 2. Adult ED Visits by Patient Characteristics

Sex[*]	Adult Inpatient Visits	Adult Outpatient Visits	Adult Total Visits	Adult %
Male	858,100	2,946,587	3,804,687	42.1%
Female	928,375	4,314,777	5,243,152	57.9%
Race/Ethnicity	**Adult Inpatient Visits**	**Adult Outpatient Visits**	**Adult Total Visits**	**Adult %**
Black	303,597	1,764,477	2,068,074	22.9%
Hispanic	304,290	1,466,839	1,771,129	19.6%
White	1,107,349	3,707,316	4,814,665	53.2%
Other/Unknown	71,239	322,735	393,974	4.4%
Age Group	**Adult Inpatient Visits**	**Adult Outpatient Visits**	**Adult Total Visits**	**Adult %**
Ages 18-34	218,226	2,453,214	2,671,440	29.5%
Ages 35-54	363,274	2,210,937	2,574,211	28.5%
Ages 55-64	309,573	939,776	1,249,349	13.8%
Ages 65-79	507,755	971,843	1,479,598	16.4%
Ages 80+	387,647	685,597	1,073,244	11.9%
Payer Group	**Adult Inpatient Visits**	**Adult Outpatient Visits**	**Adult Total Visits**	**Adult %**
Medicaid	227,650	1,527,243	1,754,893	19.4%
Commercial	314,373	2,070,885	2,385,258	26.4%
Charity	46,242	161,629	207,871	2.3%
Self/Under-insured	142,501	1,432,123	1,574,624	17.4%
Medicare	1,000,507	1,755,074	2,755,581	30.5%
Other/Unknown	55,202	314,413	369,615	4.1%
OVERALL	**1,786,475**	**7,261,367**	**9,047,842**	

*Three are unknown or did not report a sex

Table 3. Inpatient Hospitalization Rate by Patient Characteristics

Sex	Pediatric %		Adult %
Male	3.4%		22.6%
Female	3.3%		17.7%
Race	**Pediatric %**		**Adult %**
Black	3.3%		14.7%
Hispanic	3.0%		17.2%
White	3.6%		23.0%
Other	3.7%		18.1%
Age Group	**Pediatric %**		**Adult %**
Ages <5	3.1%	Ages 18-34	8.2%
Ages 5-9	2.5%	Ages 35-54	14.1%
Ages 10-14	3.6%	Ages 55-64	24.8%
Ages 15-17	4.9%	Ages 65-79	34.3%
		Ages 80+	36.1%
Payer Group	**Pediatric %**		**Adult %**
Medicaid	3.0%		13.0%
Commercial	4.8%		13.2%
Charity	2.4%		22.2%
Self/Under-insured	1.9%		9.0%
Medicare	3.6%		36.3%
Other Government	4.2%		14.9%
INPATIENT RATE	**3.3%**		**19.7%**

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	192,680	913,883	21.08%	$1,128	$3,348
Female	172,634	869,585	19.85%	$1,133	$3,505
Race/Ethnicity	**Pediatric Low Acuity**	**Pediatric Outpatient Visits**	**Acuity Rate**	**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Black	104,794	481,129	21.78%	$1,028	$3,069
Hispanic	102,060	551,928	18.49%	$1,175	$3,349
White	130,841	636,046	20.57%	$1,191	$3,727
Other/Unknown	27,619	114,365	24.15%	$1,061	$3,639
Age Group	**Pediatric Low Acuity**	**Pediatric Outpatient Visits**	**Acuity Rate**	**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Ages <5	164,056	674,057	24.34%	$1,057	$2,639
Ages 5-9	100,169	465,251	21.53%	$1,129	$3,091
Ages 10-14	65,043	377,407	17.23%	$1,216	$3,904
Ages 15-17	36,046	266,753	13.51%	$1,316	$5,041
Payer	**Pediatric Low Acuity**	**Pediatric Outpatient Visits**	**Acuity Rate**	**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Medicaid	255,855	1,210,863	21.13%	$1,124	$3,219
Commercial	63,699	352,609	18.07%	$1,157	$4,022
Charity	1,858	9,135	20.34%	$1,567	$4,272
Self/Under-insured/Unknown	26,371	118,191	22.31%	$1,045	$3,351
Medicare	827	7,544	10.96%	$914	$3,252
Other Government	16,704	85,126	19.62%	$1,470	$3,812
All Pediatric Visits	**365,314**	**1,783,468**	**20.48%**	**$1,213**	**$3,655**

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	329,794	2,946,587	11.19%	$1,375	$8,250
Female	391,984	4,314,777	9.08%	$1,466	$8,199
Race/Ethnicity	**Adult Low Acuity**	**Adult Outpatient Visits**	**Acuity Rate**	**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Black	189,417	1,764,477	10.74%	$1,246	$6,857
Hispanic	141,236	1,466,839	9.63%	$1,398	$8,740
White	353,672	3,707,316	9.54%	$1,534	$8,622
Other/Unknown	37,453	322,735	11.60%	$1,381	$8,559
Age Group	**Adult Low Acuity**	**Adult Outpatient Visits**	**Acuity Rate**	**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Ages 18-34	289,475	2,453,214	11.80%	$1,373	$6,517
Ages 35-54	207,055	2,210,937	9.37%	$1,410	$8,286
Ages 55-64	77,087	939,776	8.20%	$1,494	$9,568
Ages 65-79	70,983	971,843	7.30%	$1,722	$10,356
Ages 80+	77,178	685,597	11.26%	$1,312	$8,953
Payer	**Adult Low Acuity**	**Adult Outpatient Visits**	**Acuity Rate**	**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Medicaid	180,551	1,527,243	11.82%	$1,315	$6,750
Commercial	183,517	2,070,885	8.86%	$1,557	$8,532
Charity	17,074	161,629	10.56%	$1,517	$8,977
Self/Under-insured/Unknown	179,135	1,432,123	12.51%	$1,201	$6,736
Medicare	122,990	1,755,074	7.01%	$1,677	$10,189
Other Government	38,511	314,413	12.25%	$1,568	$7,800
All Adult Visits	**721,778**	**7,261,367**	**9.94%**	**$1,473**	**$8,164**

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	14.20%	$2,114
Superficial injury; contusion	5.85%	$2,556
Otitis media and related conditions	5.31%	$1,692
Viral infection	4.58%	$2,215
Influenza	3.95%	$2,603
Other injuries and conditions due to external causes	3.85%	$2,971
Sprains and strains	3.68%	$2,954
Open wounds of head; neck; and trunk	3.54%	$2,361
Fever of unknown origin	3.33%	$2,320
Nausea and vomiting	3.09%	$2,698

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

Inpatient Pediatric Diagnosis	Percentage of Pediatric Hospitalizations	Mean Charges
Mood disorders	8.62%	$20,090
Asthma	7.35%	$22,496
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	6.23%	$33,030
Epilepsy; convulsions	4.15%	$31,954
Acute bronchitis	3.10%	$24,059
Skin and subcutaneous tissue infections	3.09%	$24,046
Appendicitis and other appendiceal conditions	3.09%	$54,838
Other perinatal conditions	2.97%	$27,000
Sickle cell anemia	2.94%	$24,631
Diabetes mellitus with complications	2.40%	$23,612

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

Outpatient Adult Diagnosis	Percentage of Adult ED Visits	Mean Charges
Nonspecific chest pain	5.51%	$14,223
Abdominal pain	5.34%	$11,197
Spondylosis; intervertebral disc disorders; other back problems	4.58%	$6,341
Sprains and strains	4.48%	$5,634
Superficial injury; contusion	4.41%	$6,436
Other upper respiratory infections	4.23%	$3,338
Urinary tract infections	3.22%	$8,041
Other complications of pregnancy	3.11%	$5,287
Skin and subcutaneous tissue infections	2.85%	$3,917
Open wounds of extremities	2.84%	$3,909

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)	9.27%	$105,489
Hypertension with complications and secondary hypertension	5.60%	$65,798
Cardiac dysrhythmias	3.22%	$60,789
Chronic obstructive pulmonary disease and bronchiectasis	3.03%	$48,687
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	3.01%	$57,126
Acute and unspecified renal failure	2.77%	$54,367
Acute myocardial infarction	2.72%	$131,819
Acute cerebrovascular disease	2.72%	$104,066
Skin and subcutaneous tissue infections	2.59%	$41,436
Diabetes mellitus with complications	2.58%	$67,157

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

County Name	Visits per 1,000	County Name	Visits per 1,000
Alachua	507.6	Lee	407.0
Baker	601.9	Leon	452.8
Bay	583.6	Levy	518.4
Bradford	713.4	Liberty	632.3
Brevard	484.1	Madison	596.0
Broward	482.7	Manatee	445.8
Calhoun	752.5	Marion	613.8
Charlotte	455.0	Martin	371.8
Citrus	514.5	Miami-Dade	434.6
Clay	524.8	Monroe	452.7
Collier	354.5	Nassau	497.1
Columbia	814.7	Okaloosa	539.6
DeSoto	566.2	Okeechobee	740.8
Dixie	520.2	Orange	508.2
Duval	623.5	Osceola	607.9
Escambia	605.5	Palm Beach	417.4
Flagler	476.5	Pasco	519.2
Franklin	635.6	Pinellas	489.7
Gadsden	848.7	Polk	664.8
Gilchrist	496.5	Putnam	812.7
Glades	265.9	Santa Rosa	333.6
Gulf	594.5	Sarasota	599.3
Hamilton	606.0	Seminole	492.6
Hardee	674.2	St. Johns	365.6
Hendry	616.8	St. Lucie	403.0
Hernando	528.4	Sumter	360.1
Highlands	613.5	Suwannee	710.6
Hillsborough	506.6	Taylor	552.8
Holmes	517.6	Union	664.1
Indian River	494.3	Volusia	612.4
Jackson	614.3	Wakulla	445.9
Jefferson	515.9	Walton	462.1
Lafayette	385.4	Washington	505.6
Lake	543.9	**Statewide Average**	**541.3**

Table 11. Ranked ED Visits per 1,000 Population by County

County Name	Visits per 1,000	County Name	Visits per 1,000
Gadsden	848.7	Levy	518.4
Columbia	814.7	Holmes	517.6
Putnam	812.7	Jefferson	515.9
Calhoun	752.5	Citrus	514.5
Okeechobee	740.8	Orange	508.2
Bradford	713.4	Alachua	507.6
Suwannee	710.6	Hillsborough	506.6
Hardee	674.2	Washington	505.6
Polk	664.8	Nassau	497.1
Union	664.1	Gilchrist	496.5
Franklin	635.6	Indian River	494.3
Liberty	632.3	Seminole	492.6
Duval	623.5	Pinellas	489.7
Hendry	616.8	Brevard	484.1
Jackson	614.3	Broward	482.7
Marion	613.8	Flagler	476.5
Highlands	613.5	Walton	462.1
Volusia	612.4	Charlotte	455.0
Osceola	607.9	Leon	452.8
Hamilton	606.0	Monroe	452.7
Escambia	605.5	Wakulla	445.9
Baker	601.9	Manatee	445.8
Sarasota	599.3	Miami-Dade	434.6
Madison	596.0	Palm Beach	417.4
Gulf	594.5	Lee	407.0
Bay	583.6	St. Lucie	403.0
DeSoto	566.2	Lafayette	385.4
Taylor	552.8	Martin	371.8
Lake	543.9	St. Johns	365.6
Okaloosa	539.6	Sumter	360.1
Hernando	528.4	Collier	354.5
Clay	524.8	Santa Rosa	333.6
Dixie	520.2	Glades	265.9
Pasco	519.2	**Statewide Average**	**541.3**

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.