

Hospital Emergency Department Data Collection 2019

**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

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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. 2019 data analyzed in this report suggests that ED visits remain a significant source of healthcare access for Texans.

In 2019, hospital based EDs (this does not include freestanding emergency medical care facilities) in Texas received and treated over 11.7 million total visits, where over 1 million visits (10.1 percent) were identified as avoidable. Depending on the conditions treated, avoidable visit charges ranged from \$1,587 per visit to \$7,261 per visit. The most frequent payer source reported for all avoidable ED visits was uninsured or self-pay.

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 public health oversight committee in the Texas Legislature. This report is a continuation from the 2014-15, 2016-17 and 2018-2019 biennia.

For this report, DSHS analyzed 2019 ED visits data. In previous years, DSHS anticipated it would utilize the potentially preventable visit (PPV) methodology of the Minnesota Mining and Manufacturing Corporation (3M™) to provide a detailed analysis once a sufficient amount of data was available. DSHS reviewed the 3M™ PPV methodology again as the 2019 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 2019 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 2019. 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.

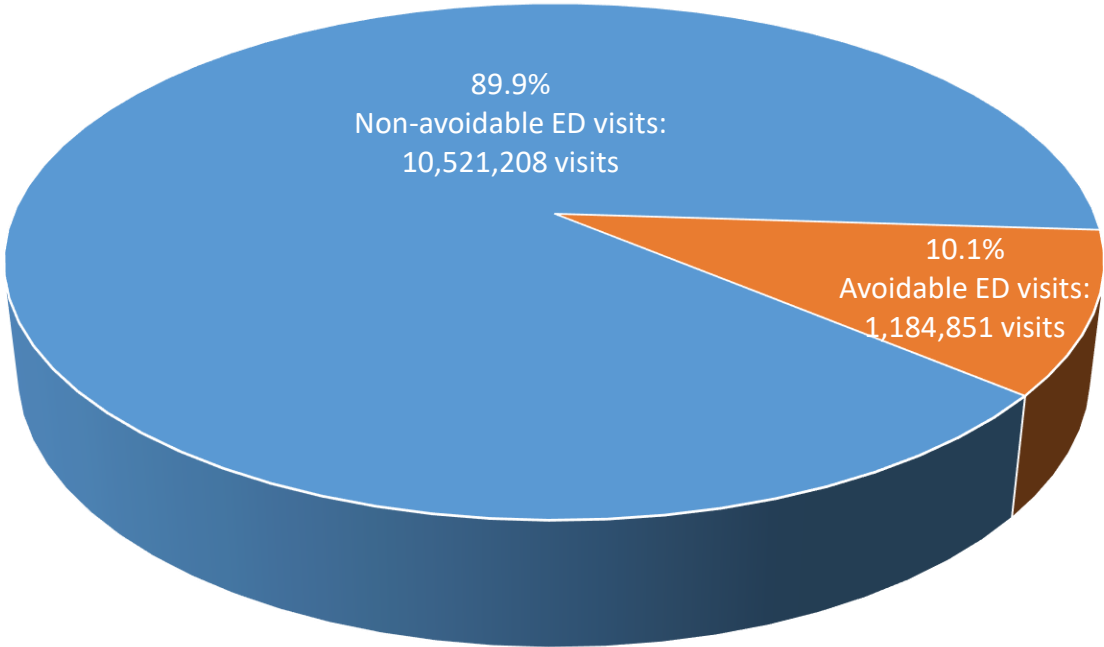
Furthermore, it should be noted that for persons for whom Medicaid was identified as the payer for their ED visit at the time of the visit, may differ from data collected and reported by the Texas Health and Human Services Commission's Medicaid program.

3. Hospital Emergency Department Data in Texas, 2019

Overview of Avoidable Emergency Department Visits Data in Texas, 2019

In calendar year 2019, the Department of State Health Services (DSHS) received hospital-based emergency department (ED) visit data on 11,706,059 hospital ED visits, increasing 4.6 percent from 2018 (11,193,621 hospital ED visits). In 2019, there were over 1 million (1,184,851) avoidable ED visits, representing 10.1 percent of all ED visits (see Figure 1 below).

Figure 1. Percent of ED Visits Identified as Avoidable, Texas 2019²



Total ED Visits: 11,706,059 visits

² Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020.

Table 1 shows the distribution of avoidable ED visits by demographic characteristics and payer source. Almost two-thirds (64.4 percent) of avoidable ED visits were for females. Children under the age of 18 years represented 31.2 percent of the avoidable ED visits, and adults aged 18 to 44 represented 39.8 percent. White patients represented 59.7 percent of avoidable ED visits, and non-Hispanic patients represented 66.2 percent of avoidable ED visits. The most common payer for avoidable ED visits was uninsured or self-pay at 28.4 percent of visits. Medicaid and Private insurance were close behind at 28.3 percent and 27.1 percent respectively.

Table 1. Demographic and Payer Characteristics of Avoidable ED Visits, Texas 2019³

	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
Sex		
Female	762,954	64.4%
Male	398,079	33.6%
Unknown*	23,818	2.0%
Total		100.0%
Age Group		
< 18	369,335	31.2%
18-44	471,997	39.8%
45-64	208,743	17.6%
65-74	68,300	5.8%
≥ 75	66,471	5.6%
Unknown	5	0.0%
Total		100.0%
Race		
White	707,820	59.7%
Black or African-American	285,088	24.1%
American Indian or Eskimo or Aleut	4,051	0.3%
Asian or Pacific Islander	15,360	1.3%

³ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020. *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.

	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
Other	172,142	14.5%
Unknown*	390	0.0%
Total		100.0%
Hispanic Ethnicity		
Yes	399,290	33.7%
No	784,786	66.2%
Unknown*	775	0.1%
Total		100.0%
Payer Status		
Medicare	160,837	13.6%
Medicaid	335,488	28.3%
Private	321,478	27.1%
Uninsured or Self	336,373	28.4%
Other	29,793	2.5%
Unknown	882	0.1%
Total		100.0%

Top Ten Diagnosis Codes for Avoidable Emergency Department Visits in Texas, 2019

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 (24.3 percent) of the visits.

Table 2. Top Ten ICD-10-CM Diagnosis Codes for Avoidable ED Visits, Texas 2019⁴

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)	287,920	24.3%	\$2,379
2	N390 (Urinary tract infection, site not specified)	205,914	17.4%	\$7,261
3	R51 (Headache)	149,913	12.7%	\$6,190
4	J029 (Acute pharyngitis, unspecified)	114,454	9.7%	\$2,380
5	M545 (Low back pain)	96,620	8.2%	\$4,802
6	J209 (Acute bronchitis, unspecified)	75,275	6.4%	\$4,104
7	N3000 (Acute cystitis without hematuria)	27,924	2.4%	\$5,874
8	M549 (Dorsalgia, unspecified)	24,248	2.0%	\$6,125
9	H109 (Unspecified conjunctivitis)	19,154	1.6%	\$1,587
10	N3001 (Acute cystitis with hematuria)	18,978	1.6%	\$5,073
	Other ICD-10-CM codes	164,451	13.9%	\$2,989
	Total	1,184,851	100.0%	

Table [A2](#) in Appendix A displays the top five ICD-10-CM codes for avoidable ED visits broken down by age groups. Almost half (49.5 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 13.7 percent and fifth for adults 65 years and older at 8.9 percent. The top reason for avoidable ED visits in adults was urinary tract infection, site not specified, which accounted

⁴ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020.

for 18.5 percent of visits for adults 18 to 64 years and 35.6 percent of visits for adults 65 years and older.

In 2019, the average total charges per ED visit were \$2,379 for the most frequently reported diagnosis code (J069, acute upper respiratory infection unspecified) for avoidable ED visits. The average total charges were \$7,261 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, 2019

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 36.7 percent of all avoidable visits. Urinary tract infections were ranked second at 22.6 percent, and headache, including migraine, was ranked third at 12.7 percent.

Table 3. Top Ten CCS Categories for Avoidable ED Visits, Texas 2019⁵

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)	434,903	36.7%	\$2,425
2	159 (Urinary tract infections)	267,283	22.6%	\$6,948
3	84 (Headache; including migraine)	150,258	12.7%	\$6,190
4	205 (Spondylosis; intervertebral disc disorders; other back problems)	123,498	10.4%	\$5,051
5	125 (Acute bronchitis)	75,275	6.4%	\$4,104
6	90 (Inflammation; infection of eye (except that caused by tuberculosis or sexually transmitted disease))	29,337	2.5%	\$1,516
7	168 (Inflammatory diseases of female pelvic organs)	24,853	2.1%	\$4,038
8	255 (Administrative/social admission ⁶)	22,087	1.9%	\$1,464
9	4 (Mycoses ⁷)	19,389	1.6%	\$2,441
10	92 (Otitis media and related conditions)	10,057	0.8%	\$1,961
	Other CCS codes	27,911	2.4%	\$2,330
	Total	1,184,851	100.0%	

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 (66.5 percent) of avoidable ED

⁵ Note: CCS codes converted from the Principal Diagnosis codes .Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020.

⁶ Court order.

⁷ Infection with or disease caused by a fungus.

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 25.2 percent and third for adults 65 years and older at 13.2 percent.

The average total charges were \$2,425 for the most frequently reported CCS category codes (126, other upper respiratory infections) for avoidable ED visits. The average total charges were \$6,948 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, 2019

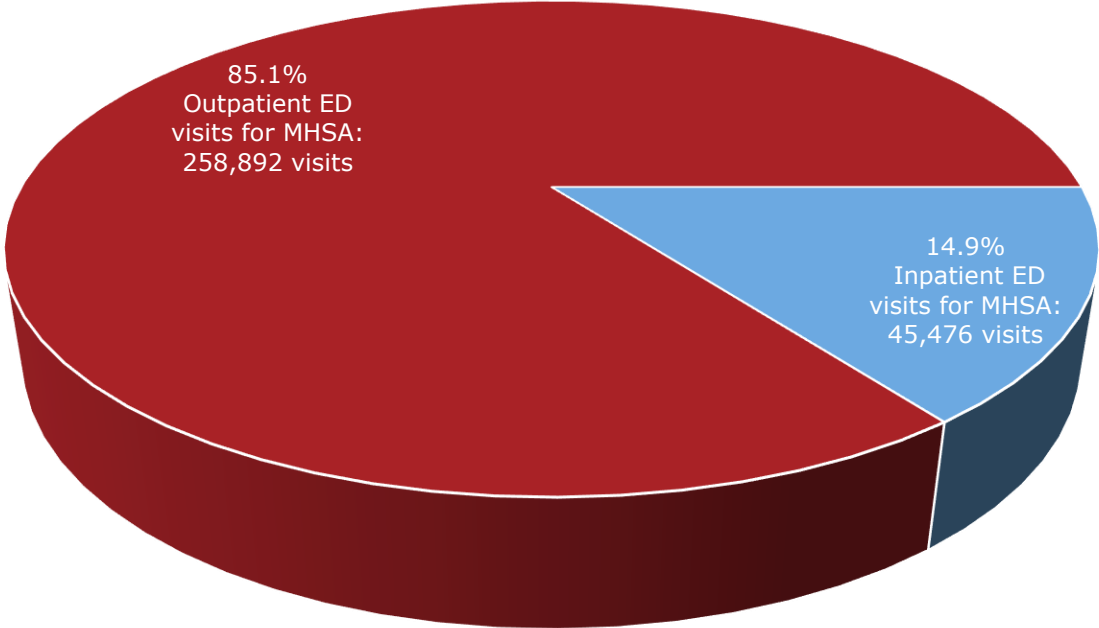
In 2019, the most frequent payer source from all avoidable ED visits was uninsured or self-pay (28.4 percent), followed by Medicaid (28.3 percent), private insurance (27.1 percent), and Medicare (13.6 percent). Tables [A4](#) and [A5](#) in Appendix A provide detailed reviews of payment sources for all avoidable ED visits.

Overview of Mental Health and Substance Abuse Emergency Department Visits in Texas, 2019

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 2019, there were 304,368 hospital ED visits for mental health and substance abuse (MHSA) in Texas as shown below in Figure 2, increasing 2.6 percent from 2018 (296,708 hospital ED visits). In 2019, 45,476 (14.9 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 258,892 (85.1 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 2019⁸



Total ED visits for MHSA: 304,368 visits

⁸ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020

Top Five Diagnosis Codes for Mental Health and Substance Abuse Emergency Department Visits in Texas, 2019

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

1. Alcohol dependence with withdrawal, unspecified (F10239);
2. Major depressive disorder, recurrent severe without psychotic features (F332);
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, 2019

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. Alcohol-related disorders;
3. Substance-related disorders;
4. Mood 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 11.7 million total visits occurred in 2019 across Texas with over 1 million avoidable ED visits, representing 10.1 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 2019⁹

	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	762,954	64.4%	201,941	54.7%	470,163	69.1%	90,847	67.4%
Male	398,079	33.6%	166,432	45.1%	189,251	27.8%	42,394	31.5%
Unknown*	23,818	2.0%	962	0.3%	21,326	3.1%	1,530	1.1%
Total		100.0%		100.0%		100.0%		100.0%
Age Group								
0-17	369,335	31.2%						
18-44	471,997	39.8%						
45-64	208,743	17.6%						
65-74	68,300	5.8%						
≥ 75	66,471	5.6%						
Unknown	5	0.0%						
Total		100.0%						
Race								
White	707,820	59.7%	216,418	58.6%	391,493	57.5%	99,907	74.1%

⁹ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. Department of State Health Services (DSHS), Center for Health Statistics, Austin, Texas. December 2020. *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.

	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
Black or African-American	285,088	24.1%	80,404	21.8%	186,325	27.4%	18,359	13.6%
American Indian or Eskimo or Aleut	4,051	0.3%	1,990	0.5%	1,737	0.3%	324	0.2%
Asian or Pacific Islander	15,360	1.3%	5,187	1.4%	7,952	1.2%	2,221	1.6%
Other	172,142	14.5%	65,197	17.7%	93,004	13.7%	13,938	10.3%
Unknown*	390	0.0%	139	0.0%	229	0.0%	22	0.0%
Total		100.0%		100.0%		100.0%		100.0%
Hispanic Ethnicity								
Yes	339,290	33.7%	160,351	43.4%	206,103	30.3%	32,835	24.4%
No	784,786	66.2%	208,698	56.5%	474,194	69.7%	101,890	75.6%
Unknown*	775	0.1%	286	0.1%	443	0.0%	46	0.0%
Total		100.0%		100.0%		100.0%		100.0%
Payer Status								
Medicare	160,837	13.6%	643	0.2%	50,827	7.5%	109,367	81.2%
Medicaid	335,488	28.3%	238,830	64.7%	95,308	14.0%	1,350	1.0%
Private	321,478	27.1%	78,954	21.4%	224,907	33.0%	17,617	13.1%

	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
Uninsured or Self	336,373	28.4%	42,190	11.4%	289,542	42.5%	4,637	3.4%
Other	29,793	2.5%	8,648	2.3%	19,577	2.9%	1,567	1.2%
Unknown	882	0.1%	70	0.0%	579	0.1%	233	0.2%
Total		100.0%		100.0%		100.0%		100.0%

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 2019¹⁰

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)	182,788	49.5%	N390 (Urinary tract infection, site not specified)	126,256	18.5%
2	J029 (Acute pharyngitis, unspecified)	50,589	13.7%	R51 (Headache)	114,706	16.9%
3	N390 (Urinary tract infection, site not specified)	31,661	8.6%	J069 (Acute upper respiratory infection unspecified)	93,102	13.7%
4	R51 (Headache)	19,762	5.4%	M545 (Low back pain)	77,162	11.3%
5	J209 (Acute bronchitis, unspecified)	14,343	3.9%	J029 (Acute pharyngitis, unspecified)	60,576	8.9%

¹⁰ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020.

≥ 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)	47,996	35.6%
2	R51 (Headache)	15,444	11.5%
3	M545 (Low back pain)	14,609	10.8%
4	J209 (Acute bronchitis, unspecified)	12,502	9.3%
5	J069 (Acute upper respiratory infection unspecified)	12,030	8.9%

Table A3. Top Five Clinical Classifications Software (CCS) Categories for Avoidable ED Visits by Age Group, Texas 2019¹¹

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)	245,496	66.5%	126 (Other upper respiratory infections)	171,642	25.2%
2	159 (Urinary tract infections)	39,509	10.7%	159 (Urinary tract infections)	165,281	24.3%
3	84 (Headache; including migraine)	19,791	5.4%	84 (Headache; including migraine)	114,980	16.9%
4	90 (Inflammation; infection of eye (except that caused by tuberculosis or sexually transmitted disease))	15,262	4.1%	205 (Spondylosis; intervertebral disc disorders; other back problems)	97,231	14.3%
5	125 (Acute bronchitis)	14,343	3.9%	125 (Acute bronchitis)	48,429	7.1%

¹¹ Note: CCS codes converted from the Principal Diagnosis codes. Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020.

≥ 65 Years			
Rank	Discharge Diagnosis (CCS, single level)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
1	159 (Urinary tract infections)	62,492	46.4%
2	205 (Spondylosis; intervertebral disc disorders; other back problems)	19,127	14.2%
3	126 (Other upper respiratory infections)	17,765	13.2%
4	84 (Headache; including migraine)	15,486	11.5%
5	125 (Acute bronchitis)	12,502	9.3%

Table A4. Top Five ICD-10-CM Diagnosis Codes for Avoidable ED Visits by Payer Source, Texas 2019¹²

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)	50,849	31.6%	J069 (Acute upper respiratory infection unspecified)	139,304	41.5%
2	R51 (Headache)	20,388	12.7%	N390 (Urinary tract infection, site not specified)	40,565	12.1%
3	M545 (Low back pain)	18,757	11.7%	J029 (Acute pharyngitis, unspecified)	40,190	12.0%
4	J069 (Acute upper respiratory infection unspecified)	16,147	10.0%	R51 (Headache)	24,254	7.2%
5	J209 (Acute bronchitis, unspecified)	14,493	9.0%	J209 (Acute bronchitis, unspecified)	13,851	4.1%

¹² Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020.

Rank	Private			Uninsured or Self		
	Discharge Diagnosis (ICD-10-CM)	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)	65,676	20.4%	J069 (Acute upper respiratory infection unspecified)	59,727	17.8%
2	N390 (Urinary tract infection, site not specified)	53,629	16.7%	N390 (Urinary tract infection, site not specified)	56,228	16.7%
3	R51 (Headache)	50,909	15.8%	R51 (Headache)	50,252	14.9%
4	M545 (Low back pain)	31,328	9.7%	J029 (Acute pharyngitis, unspecified)	34,753	10.3%
5	J029 (Acute pharyngitis, unspecified)	30,990	9.6%	M545 (Low back pain)	32,278	9.6%

Table A5. Top Five CCS Categories for Avoidable ED Visits by Payer Source, Texas 2019¹³

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)	65,326	40.6%	126 (Other upper respiratory infections)	188,929	56.3%
2	126 (Other upper respiratory infections)	24,555	15.3%	159 (Urinary tract infections)	51,089	15.2%
3	205 (Spondylosis; intervertebral disc disorders; other back problems)	24,437	15.2%	84 (Headache; including migraine)	24,295	7.2%
4	84 (Headache; including migraine)	20,454	12.7%	205 (Spondylosis; intervertebral disc disorders; other back problems)	15,495	4.6%
5	125 (Acute bronchitis)	14,493	9.0%	125 (Acute bronchitis)	13,851	4.1%

¹³ Note: CCS codes converted from the Principal Diagnosis codes. Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020.

Rank	Discharge Diagnosis (CCS, single level)	Private		Discharge Diagnosis (CCS, single level)	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	126 (Other upper respiratory infections)	107,533	33.4%	126 (Other upper respiratory infections)	102,742	30.5%
2	159 (Urinary tract infections)	71,237	22.2%	159 (Urinary tract infections)	73,733	21.9%
3	84 (Headache; including migraine)	51,053	15.9%	84 (Headache; including migraine)	50,340	15.0%
4	205 (Spondylosis; intervertebral disc disorders; other back problems)	39,445	12.3%	205 (Spondylosis; intervertebral disc disorders; other back problems)	40,768	12.1%
5	125 (Acute bronchitis)	24,200	7.5%	125 (Acute bronchitis)	20,810	6.2%

Table A6. Avoidable ED Visits ICD-10-CM Codes¹⁴

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

¹⁴ 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.

ICD-10-CM	Description
H1013	Acute atopic conjunctivitis, bilateral
H104	Chronic conjunctivitis
H10409	Unspecified chronic conjunctivitis, unspecified eye
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 atticofacial 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

ICD-10-CM	Description
J069	Acute upper respiratory infection, unspecified
J20	Acute bronchitis
J209	Acute bronchitis, unspecified
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

ICD-10-CM	Description
N300	Acute cystitis
N3000	Acute cystitis without hematuria
N3001	Acute cystitis with hematuria
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

ICD-10-CM	Description
L298	Other pruritus
L299	Pruritus, unspecified
L740	Miliaria rubra
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

ICD-10-CM	Description
Z02	Encounter for administrative examination
Z049	Encounter for examination and observation for unspecified reason
Z0289	Encounter for other administrative examinations
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

ICD-10-CM	Description
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
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

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 2019¹⁵

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	6,965	15.3%	1,076	26.6%	4,501	12.2%	1,388	30.8%
Male	4,907	10.8%	707	17.5%	3,504	9.5%	695	15.4%
Unknown*	33,604	73.9%	2,264	55.9%	28,902	78.3%	2,429	53.8%
Total	45,476	100.0%	4,047	100.0%	36,907	100.0%	4,512	100.0%
Age Group								
0-17	4,047	8.9%						
18-44	21,722	47.8%						
45-64	15,185	33.4%						
65-74	3,133	6.9%						
≥ 75	1,379	3.0%						
Unknown*	10	0.0%						
Total	45,476	100.0%						
Race								
White	31,956	70.3%	2,673	66.0%	25,741	69.7%	35,41	78.5%

¹⁵ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. Department of State Health Services (DSHS), Center for Health Statistics, Austin, Texas. December 2020. *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.

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
Black or African-American	7,598	16.7%	763	18.9%	6,315	17.1%	516	11.4%
Other	5,203	10.8%	542	13.4%	4,261	11.5%	395	8.8%
American Indian or Eskimo or Aleut	69	0.2%	14	0.3%	53	0.1%	2	0.0%
Asian or Pacific Islander	496	1.1%	55	1.4%	393	1.1%	48	1.1%
Total	45,476	100.0%	4,047	100.0%	36,907	100.0%	4,512	100.0%
Hispanic Ethnicity								
Yes	10,271	22.6%	1,032	25.5%	8,489	23.0%	747	16.6%
No	34,936	76.8%	3,013	74.5%	28,179	76.4%	3,737	82.8%
Unknown	269	0.6%	2	0.0%	239	0.6%	28	0.6%
Total	45,476	100.0%	4,047	100.0%	36,907	100.0%	4,512	100.0%
Payer Status								
Medicare	10,007	22.0%	22	0.5%	6,236	16.9%	3,748	83.1%
Medicaid	7,985	17.6%	2,081	51.4%	5,860	15.9%	44	1.0%
Private	12,149	27.1%	1,495	36.9%	10,104	27.4%	550	12.2%
Uninsured or Self	13,432	22.1%	286	7.1%	13,029	35.3%	108	2.4%
Unknown	99	0.2%	1	0.0%	81	0.2%	17	0.4%
Other	1,804	4.0%	162	4.0%	1,597	4.3%	45	1.0%
Total	45,476	100.0%	4,047	100.0%	36,907	100.0%	4,512	100.0%

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
Clinical Comorbidities								
Hypertension	17,227	49.7%	63	7.0%	13,658	49.8%	3,505	55.4%
Diabetes	6,032	17.4%	55	6.1%	4,659	17.0%	1,318	20.8%
Heart Failure	1,517	4.4%	2	0.2%	994	3.6%	521	8.2%
Depression	6,817	19.7%	406	44.9%	5,598	20.4%	812	12.8%
Asthma	3,037	8.8%	379	41.9%	2,490	9.1%	168	2.7%
Total	34,630	100.0%	905	100.0%	27,399	100.0%	6,324	100.0%

Table B2. Demographic and Visit Characteristics of Outpatient MHSA ED Visits, Texas 2019¹⁶

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	75,461	29.2%	8,966	36.7%	59,070	27.0%	7,417	48.1%
Male	55,706	21.5%	61,61	25.2%	46,117	21.0%	3,422	22.2%
Unknown*	127,725	49.3%	9,286	38.1%	113,741	52.0%	4,588	29.7%
Total	258,892	100.0%	24,413	100.0%	218,928	100.0%	15,427	100.0%
Age Group								
0-17	24,413	9.4%						
18-44	155,431	60.0%						
45-64	63,497	24.6%						
65-74	10,252	4.0%						
≥ 75	5,175	2.0%						
Unknown	124	0.0%						
Total	258,892	100.0%						
Race								
White	169,272	65.4%	16,102	66.0%	141,299	64.5%	11,820	76.6%
Black or African-American	50,115	19.4%	3,905	16.0%	44,379	20.3%	1,800	11.7%

¹⁶ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020. *Unknown: SAMHSA rule that requires the masking of patients in SAMHSA funded programs in regard to gender and geographic identifier.

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
Other	35,842	13.8%	4,028	16.5%	30,167	13.8%	1,606	10.4%
American Indian or Eskimo or Aleut	677	0.3%	69	0.3%	578	0.3%	30	0.2%
Asian or Pacific Islander	2,884	1.1%	299	1.2%	2,419	1.1%	165	1.1%
Unknown	102	0.0%	10	0.0%	86	0.0%	6	0.0%
Total	258,892	100.0%	24,413	100.0%	218,928	100.0%	15,427	100.0%
Hispanic Ethnicity								
Yes	72,583	28.0%	9,368	38.4%	59,421	27.1%	3,766	24.4%
No	186,071	71.9%	15,030	61.6%	159,297	72.8%	11,648	75.5%
Unknown	238	0.1%	15	0.0%	210	0.1%	13	0.1%
Total	258,892	100.0%	24,413	100.0%	218,928	100.0%	15,427	100.0%
Payer Status								
Medicare	32,578	12.6%	93	0.4%	20,540	9.4%	11,945	77.4%
Medicaid	41,697	16.1%	12,384	50.7%	29,099	13.3%	213	1.4%
Private	60,860	23.5%	8,038	32.9%	50,855	23.2%	1,966	12.7%
Uninsured or Self	116,248	44.9%	3,227	13.2%	111,917	51.1%	982	6.4%
Unknown	388	0.1%	8	0.0%	326	0.1%	54	0.4%
Other	7,121	2.8%	663	2.7%	6,191	2.8%	267	1.7%

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
Total	258,892	100.0%	24,413	100.0%	218,928	100.0%	15,427	100.0%
Clinical Comorbidities								
Hypertension	46,904	47.6%	125	4.1%	38,338	47.1%	8,438	59.2%
Diabetes	17,228	17.5%	157	5.2%	13,942	17.1%	3,129	21.9%
Heart Failure	2,947	3.0%	4	0.1%	2,102	2.6%	840	5.9%
Depression	21,664	22.0%	1,442	47.4%	18,711	23.0%	1,511	10.6%
Asthma	9,882	10.0%	1,315	43.2%	8,222	10.1%	345	2.4%
Total	98,625	100.0%	3,043	100.0%	81,315	100.0%	14,263	100.0%

Table B3. Top Five International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes for Inpatient MHSA ED Visits by Age Group, Texas 2019¹⁷

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	F10239 (Alcohol dependence with withdrawal, unspecified)	5,421	11.9%	F332 (Major depression disorder, recurrent severe without psych features)	949	23.4%
2	F332 (Major depressive disorder, recurrent severe without psychotic features)	5,074	11.2%	F3481 (Disruptive mood dysregulation disorder)	314	7.8%
3	F250 (Schizoaffective disorder, bipolar type)	2,412	5.3%	F322 (Major depression disorder, single episode, severe without psych features)	303	7.5%
4	F10231 (Alcohol dependence with withdrawal delirium)	2,094	4.6%	F333 (Major depression disorder, recurrent, severe with psych symptoms)	272	6.7%
5	F333 (Major depressive disorder, recurrent, severe with psychotic symptoms)	1,772	3.9%	F329 (Major depressive disorder, single episode, unspecified)	271	6.7%

¹⁷ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020.

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)	4,938	13.4%	F10239 (Alcohol dependence with withdrawal, unspecified)	479	10.6%
2	F332 (Major depression disorder, recurrent severe without psych features)	3,705	10.0%	F332 (Major depression disorder, recurrent severe without psych features)	420	9.3%
3	F250 (Schizoaffective disorder, bipolar type)	2,267	6.1%	F29 (Unspecified psychosis not due to a substance or known physiological condition)	276	6.1%
4	F10231 (Alcohol dependence with withdrawal delirium)	1,891	5.1%	F333 (Major depression disorder, recurrent, severe with psych symptoms)	275	6.1%
5	F209 (Schizophrenia, unspecified)	1,485	4.0%	F10231 (Alcohol dependence with withdrawal delirium)	202	4.5%

Table B4. Top Five Clinical Classifications Software (CCS) Categories for Inpatient MHSA ED Visits by Age Group, Texas 2019¹⁸

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)	18,015	39.6%	657 (Mood disorders)	3,184	78.7%
2	660 (Alcohol-related disorders)	11,799	25.9%	670 (Miscellaneous mental health disorders)	199	4.9%
3	659 (Schizophrenia and other psychotic disorders)	9,022	19.8%	652 (Attention-deficit conduct and disruptive behavior disorders)	160	4.0%
4	661 (Substance-related disorders)	3,265	7.2%	659 (Schizophrenia and other psychotic disorders)	122	3.0%
5	670 (Miscellaneous mental health disorders)	1,321	2.9%	651 (Anxiety disorders)	92	2.3%

¹⁸ Note: CCS codes converted from the Principal Diagnosis codes. Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020.

		18-64 Years		≥ 65 Years		
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	657 (Mood disorders)	13,146	35.6%	657 (Mood disorders)	1,685	37.3%
2	660 (Alcohol-related disorders)	10,510	28.5%	660 (Alcohol-related disorders)	1,232	27.3%
3	659 (Schizophrenia and other psychotic disorders)	8,004	21.7%	659 (Schizophrenia and other psychotic disorders)	895	19.8%
4	661 (Substance-related disorders)	2,942	8.0%	651 (Anxiety disorders)	284	6.3%
5	670 (Miscellaneous mental health disorders)	1,013	2.7%	661 (Substance-related disorders)	249	5.5%

Table B5. Top Five ICD-10-CM Diagnosis Codes for Outpatient MHSA ED Visits by Age Group, Texas 2019¹⁹

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)	50,127	19.4%	F329 (Major depressive disorder, single episode, unspecified)	5,032	20.6%
2	F329 (Major depressive disorder, single episode, unspecified)	23,045	8.9%	F419 (Anxiety disorder, unspecified)	3,569	14.6%
3	F10129 (Alcohol abuse with intoxication, unspecified)	19,546	7.5%	F410 (Panic disorder episodic paroxysmal anxiety)	1,465	6.0%
4	F411 (Generalized anxiety disorder)	11,739	4.5%	F411 (Generalized anxiety disorder)	1,055	4.3%
5	F410 (Panic disorder episodic paroxysmal anxiety)	11,131	4.3%	F3481 (Disruptive mood dysregulation disorder)	913	3.7%

¹⁹ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020.

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)	41,687	19.0%	F419 (Anxiety disorder, unspecified)	4,866	31.5%
2	F10129 (Alcohol abuse with intoxication, unspecified)	17,521	8.0%	F329 (Major depressive disorder, single episode, unspecified)	1,218	7.9%
3	F329 (Major depressive disorder, single episode, unspecified)	16,795	7.7%	F10129 (Alcohol abuse with intoxication, unspecified)	1,103	7.1%
4	F411 (Generalized anxiety disorder)	9,602	4.4%	F411 (Generalized anxiety disorder)	1,082	7.0%
5	F410 (Panic disorder episodic paroxysmal anxiety)	8,999	4.1%	F410 (Panic disorder episodic paroxysmal anxiety)	667	4.3%

Table B6. Top Five CCS Categories for Outpatient MHSA ED Visits by Age Group, Texas 2019²⁰

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)	78,092	30.2%	657 (Mood disorders)	7,861	32.2%
2	660 (Alcohol-related disorders)	45,409	17.5%	651 (Anxiety disorders)	6,729	27.6%
3	661 (Substance-related disorders)	45,322	17.5%	661 (Substance-related disorders)	3,111	12.7%
4	657 (Mood disorders)	44,743	17.3%	652 (Attention-deficit conduct and disruptive behavior disorders)	1,919	7.9%
5	659 (Schizophrenia and other psychotic disorders)	27,772	10.7%	660 (Alcohol-related disorders)	1,357	5.6%

²⁰ Note: CCS codes converted from the Principal Diagnosis codes. Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020.

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)	64,318	29.4%	651 (Anxiety disorders)	7,040	45.6%
2	660 (Alcohol-related disorders)	41,440	18.9%	660 (Alcohol-related disorders)	2,560	16.6%
3	661 (Substance-related disorders)	41,138	18.8%	657 (Mood disorders)	2,133	13.8%
4	657 (Mood disorders)	34,748	15.9%	659 (Schizophrenia and other psychotic disorders)	1,464	9.5%
5	659 (Schizophrenia and other psychotic disorders)	25,816	11.8%	661 (Substance-related disorders)	1,017	6.6%

Table B7. Top Five ICD-10-CM Diagnosis Codes for Inpatient MHSA ED Visits by Payer Source, Texas 2019²¹

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)	921	9.2%	F332 (Major depression disorder, recurrent severe without psych features)	948	11.9%
2	F332 (Major depression disorder, recurrent severe without psych features)	882	8.8%	F250 (Schizoaffective disorder, bipolar type)	678	8.5%
3	F10239 (Alcohol dependence with withdrawal, unspecified)	814	8.1%	F209 (Schizophrenia, unspecified)	477	6.0%
4	F209 (Schizophrenia, unspecified)	495	4.9%	F10239 (Alcohol dependence with withdrawal, unspecified)	384	4.8%
5	F333 (Major depression disorder, recurrent, severe with psych symptoms)	479	4.8%	F333 (Major depression disorder, recurrent, severe with psych symptoms)	363	4.5%

²¹ Data source: Texas Hospital ED Data Set, First through fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020.

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)	1,863	15.3%	F10239 (Alcohol dependence with withdrawal, unspecified)	2,452	18.3%
2	F10239 (Alcohol dependence with withdrawal, unspecified)	1,534	12.6%	F332 (Major depression disorder, recurrent severe without psych features)	1,124	8.4%
3	F329 (Major depressive disorder, single episode, unspecified)	527	4.3%	F10231 (Alcohol dependence with withdrawal delirium)	1,038	7.7%
4	F10231 (Alcohol dependence with withdrawal delirium)	513	4.2%	F10129 (Alcohol abuse with intoxication, unspecified)	533	4.0%
5	F333 (Major depression disorder, recurrent, severe with psych symptoms)	464	3.8%	F10229 (Alcohol dependence with intoxication, unspecified)	503	3.7%

Table B8. Top Five CCS Categories for Inpatient MHSA ED Visits by Payer Source, Texas 2019²²

		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	657 (Mood disorders)	3,692	36.9%	657 (Mood disorders)	3,792	47.5%	
2	659 (Schizophrenia and other psychotic disorders)	3,081	30.8%	659 (Schizophrenia and other psychotic disorders)	2,206	27.6%	
3	660 (Alcohol-related disorders)	1,917	19.2%	660 (Alcohol-related disorders)	842	10.5%	
4	661 (Substance-related disorders)	568	5.7%	661 (Substance-related disorders)	466	5.8%	
5	651 (Anxiety disorders)	369	3.7%	670 (Miscellaneous mental health disorders)	278	3.5%	

²² Note: CCS codes converted from the Principal Diagnosis codes. Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020.

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)	5,678	46.7%	660 (Alcohol-related disorders)	5,426	40.4%
2	660 (Alcohol-related disorders)	3,094	25.5%	657 (Mood disorders)	3,922	29.2%
3	659 (Schizophrenia and other psychotic disorders)	1,470	12.1%	659 (Schizophrenia and other psychotic disorders)	2,046	15.2%
4	661 (Substance-related disorders)	821	6.8%	661 (Substance-related disorders)	1,298	9.7%
5	670 (Miscellaneous mental health disorders)	460	3.8%	670 (Miscellaneous mental health disorders)	273	2.0%

Table B9. Top Five ICD-10-CM Diagnosis Codes for Outpatient MHSA ED Visits by Payer Source, Texas 2019²³

Rank	Medicare			Medicaid		
	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)	7,496	23.0%	F419 (Anxiety disorder, unspecified)	7,523	18.0%
2	F329 (Major depressive disorder, single episode, unspecified)	2,641	8.1%	F329 (Major depressive disorder, single episode, unspecified)	4,568	11.0%
3	F209 (Schizophrenia, unspecified)	1,708	5.2%	F410 (Panic disorder episodic paroxysmal anxiety)	1,760	4.2%
4	F10129 (Alcohol abuse with intoxication, unspecified)	1,703	5.2%	F209 (Schizophrenia, unspecified)	1,685	4.0%
5	F411 (Generalized anxiety disorder)	1,591	4.9%	F10129 (Alcohol abuse with intoxication, unspecified)	1,620	3.9%

²³ Data source: Texas Hospital ED Data Set, First through fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020.

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)	14,903	24.5%	F419 (Anxiety disorder, unspecified)	18,827	16.2%
2	F329 (Major depressive disorder, single episode, unspecified)	6,474	10.6%	F10129 (Alcohol abuse with intoxication, unspecified)	10,309	8.9%
3	F10129 (Alcohol abuse with intoxication, unspecified)	5,077	8.3%	F329 (Major depressive disorder, single episode, unspecified)	8,634	7.4%
4	F410 (Panic disorder episodic paroxysmal anxiety)	3,923	6.4%	F1910 (Other psychoactive substance abuse, uncomplicated)	4,737	4.1%
5	F411 (Generalized anxiety disorder)	3,887	6.4%	F1510 (Substance-related disorders)	4,517	3.9%

Table B10. Top Five CCS Categories for Outpatient MHSA ED Visits by Payer Source, Texas 2019²⁴

		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)	10,812	33.2%	651 (Anxiety disorders)	11,663	28.0%
2	659 (Schizophrenia and other psychotic disorders)	6,021	18.5%	657 (Mood disorders)	9,004	21.6%
3	657 (Mood disorders)	5,756	17.7%	661 (Substance-related disorders)	6,842	16.4%
4	660 (Alcohol-related disorders)	4,270	13.1%	659 (Schizophrenia and other psychotic disorders)	5,647	13.5%
5	661 (Substance-related disorders)	3,586	11.0%	660 (Alcohol-related disorders)	3,806	9.1%

²⁴ Note: CCS codes converted from the Principal Diagnosis codes. Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2019. DSHS, Center for Health Statistics, Austin, Texas. December 2020.

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)	24,358	40.0%	651 (Anxiety disorders)	29,103	25.0%
2	660 (Alcohol-related disorders)	10,981	18.0%	661 (Substance-related disorders)	26,790	23.0%
3	657 (Mood disorders)	10,702	17.6%	660 (Alcohol-related disorders)	24,545	21.1%
4	661 (Substance-related disorders)	6,865	11.3%	657 (Mood disorders)	18,089	15.6%
5	659 (Schizophrenia and other psychotic disorders)	3,330	5.5%	659 (Schizophrenia and other psychotic disorders)	12,114	10.4%