

Hospital Emergency Department Data Collection 2020

**As Required by
The 2022-23 General Appropriations
Act, Senate Bill 1, 87th Legislature,
Regular Session, 2021 (Article II,
Department of State Health
Services, Rider 6)**



TEXAS
Health and Human
Services

Texas Department of
State Health Services

Table of Contents

Executive Summary	1
1. Introduction	3
2. Background	4
3. Hospital Emergency Department Data in Texas, 2020	6
Overview of Avoidable Emergency Department Visits Data in Texas, 2020	6
Top Ten Diagnosis Codes for Avoidable Emergency Department Visits in Texas, 2020	8
Top Ten Clinical Classifications Software Categories for Avoidable Emergency Department Visits in Texas, 2020	10
Avoidable Emergency Department Visits by Expected Payment Source in Texas, 2020	12
Overview of Mental Health and Substance Abuse Emergency Department Visits in Texas, 2020.....	12
Top Five Diagnosis Codes for Mental Health and Substance Abuse Emergency Department Visits in Texas, 2020	13
Top Five Clinical Classifications Software Categories for Mental Health and Substance Abuse Emergency Department Visits in Texas, 2020	15
4. Conclusion	16
List of Acronyms	17
Appendix A. Avoidable Emergency Department Visits Tables	A-1
Appendix B. Mental Health and Substance Abuse Tables.....	B-1

Executive Summary

The 2022-23 General Appropriations Act, Senate Bill 1, 87th Texas Legislature, Regular Session, 2021 ([Article II, Department of State Health Services \(DSHS\), Rider 6](#)), requires the Department of State Health Services (DSHS) to issue reports on a biennial basis on or before December 31st of each odd-numbered year on potentially preventable emergency visits (PPV), including potentially preventable mental health and substance abuse visits. Per Rider 6, DSHS is required to collect emergency department (ED) data as set forth in Texas Health and Safety Code, Chapter 108.

Avoidable ED visits represent conditions that are either potentially treatable or preventable through adequate access to care, education, or ambulatory care coordination. 2020 data analyzed in this report suggests that ED visits remain a significant source of healthcare access for Texans.

In 2020, hospital based EDs (including freestanding emergency medical care facilities in the fourth quarter 2020 data) in Texas received and treated over 9.9 million total visits, where over 800,000 visits (8.1 percent) were identified as avoidable. Depending on the conditions treated, avoidable visit charges ranged from \$2,751 per visit to \$8,265 per visit. The most frequent payer source reported for all avoidable ED visits was private insurance.

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 mental health and substance abuse (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 alcohol dependence with withdrawal, unspecified.

Results of this analysis suggest avoidable ED visits have a significant impact on healthcare in Texas. 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 2022–23 General Appropriations Act, Senate Bill 1, 87th Legislature, Regular Session, 2021 ([Article II, Department of State Health Services \(DSHS\), Rider 6](#)), 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 emergency visits (known as avoidable ED visits), including mental health and substance abuse ED visits. DSHS must submit an annual report every odd-numbered year 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 2020 ED visits data. DSHS previously reviewed the 3M™ PPV methodology 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 this statewide avoidable ED visits report.

DSHS was able to analyze 2020 ED visits data for this report using an alternative methodology involving specific diagnosis codes from the International Classification of Diseases, Tenth Revision, Clinical Modification¹.

¹ World Health Organization. (2004). ICD-10: International Statistical Classification of Diseases and Related Health Problems : Tenth Revision, 2nd ed. World Health Organization. <https://apps.who.int/iris/handle/10665/42980>

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 702 hospitals, 527 ambulatory surgical centers, and 299 freestanding emergency medical care facilities 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 freestanding emergency medical care facilities data collection (included in the fourth quarter 2020 data for this analysis) began with services that occurred on October 1, 2020 under the amended rules in 25 Texas Administrative Code, Sections 421.71-421.78.

The data used to compute the statistics for this report come from the DSHS ED Public Use Data Files for the calendar year 2020. 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 Refined (CCSR) 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.²

All avoidable ED visits resulted from patients who were not admitted as inpatients. 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 CCSR 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 CCSR 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 CCSR category codes (default category) were obtained by converting the ICD-10-CM codes.

Furthermore, it should be noted that data 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.

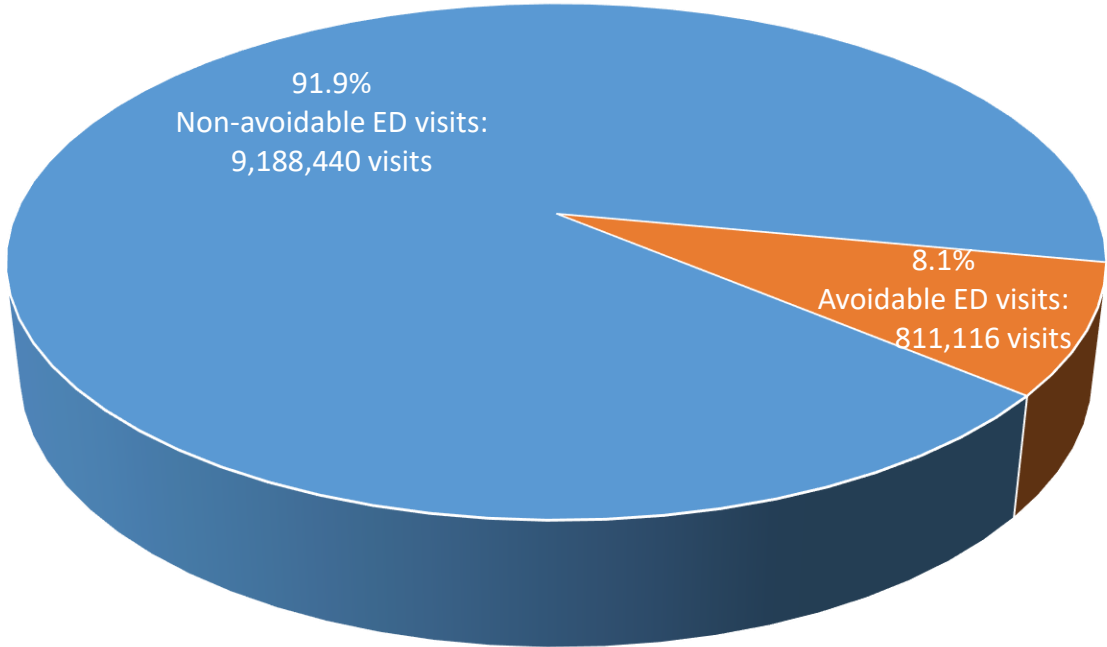
² California Department of Health Care Services, Medi-Cal Managed Care Division. Statewide Collaborative Quality Improvement Project: Reducing Avoidable Emergency Room Visits, Final Remeasurement Report: January 1, 2010 – December 31, 2010. Published June 2012.

3. Hospital Emergency Department Data in Texas, 2020

Overview of Avoidable Emergency Department Visits Data in Texas, 2020

In calendar year 2020, the Department of State Health Services (DSHS) received hospital-based emergency department (ED) visit data on 9,999,556 hospital ED visits, decreasing 14.6 percent from 2019 (11,706,059 hospital ED visits). In 2020, there were over 800,000 (811,116) avoidable ED visits, representing 8.1 percent of all ED visits (see Figure 1 below).

Figure 1. Percent of ED Visits Identified as Avoidable, Texas 2020³



Total ED Visits: 9,999,556 visits

³ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021.

Table 1 shows the distribution of avoidable ED visits by demographic characteristics and payer source. Almost two-thirds (64.5 percent) of avoidable ED visits were for females. Children under the age of 18 years represented 22.4 percent of the avoidable ED visits, and adults aged 18 to 44 represented 45.9 percent. White patients represented 60.7 percent of avoidable ED visits, and non-Hispanic patients represented 69.6 percent of avoidable ED visits. The most common payer for avoidable ED visits was private insurance at 30.4 percent of visits. Uninsured or self-insured and Medicaid were close behind at 28.9 percent and 23.2 percent, respectively. Table [A1](#) in Appendix A provides detailed reviews of the demographic and visit characteristics of avoidable ED visits.

Table 1. Demographic and Payer Characteristics of Avoidable ED Visits, Texas 2020⁴

	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
Sex		
Female	523,074	64.5%
Male	271,794	33.5%
Unknown*	16,248	2.0%
Total	811,116	100.0%
Age Group		
< 18	181,450	22.4%
18-44	372,275	45.9%
45-64	160,445	19.8%
65-74	49,453	6.1%
≥ 75	47,476	5.9%
Unknown	17	0.0%
Total	811,116	100.0%
Race		
White	492,551	60.7%

⁴ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021. *Unknown: Substance Abuse and Mental Health System Administration (SAMHSA) rule that requires the masking of patients in SAMHSA funded programs regarding gender and geographic identifiers.

	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
Black or African American	187,335	23.1%
American Indian or Eskimo or Aleut	2,170	0.3%
Asian or Pacific Islander	8,961	1.1%
Other	119,381	14.7%
Unknown*	718	0.1%
Total	811,116	100.0%
Hispanic Ethnicity		
Yes	245,290	30.2%
No	564,497	69.6%
Unknown*	1,329	0.2%
Total	811,116	100.0%
Payer Status		
Medicare	115,580	14.2%
Medicaid	188,228	23.2%
Private	246,315	30.4%
Uninsured or Self Insured	234,032	28.9%
Other	23,390	2.9%
Unknown	3,571	0.4%
Total	811,116	100.0%

Top Ten Diagnosis Codes for Avoidable Emergency Department Visits in Texas, 2020

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 (22.5 percent) of the visits.

Table 2. Top Ten ICD-10-CM Diagnosis Codes for Avoidable ED Visits, Texas 2020⁵

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)	182,198	22.5%	\$2,858
2	N390 (Urinary tract infection, site not specified)	156,839	19.3%	\$8,265
3	J029 (Acute pharyngitis, unspecified)	93,689	11.6%	\$2,751
4	R51 (Headache)	82,906	10.2%	\$6,709
5	M545 (Low back pain)	71,752	8.8%	\$5,659
6	J209 (Acute bronchitis, unspecified)	38,975	4.8%	\$4,705
7	N3000 (Acute cystitis without hematuria)	21,401	2.6%	\$6,599
8	M549 (Dorsalgia, unspecified)	18,209	2.2%	\$6,984
9	N3001 (Acute cystitis with hematuria)	15,671	1.9%	\$5,901
10	N760 (Acute vaginitis)	12,619	1.6%	\$4,340
	Other ICD-10-CM codes	116,857	14.4%	\$3,059
	Total	811,116	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 (46.8 percent) of avoidable ED visits for children under the age of 18 were for acute upper respiratory infection unspecified. This diagnosis ranked second for adults 18 to 64 years at 16.8 percent and fourth for adults 65 years and older at 8.3 percent. The top reason for avoidable ED visits in adults was urinary tract infection, site not specified, which

⁵ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021.

accounted for 18.5 percent of visits for adults 18 to 64 years and 39.2 percent of visits for adults 65 years and older.

In 2020, the average total charges per ED visit were \$2,858 for the most frequently reported diagnosis code (J069, acute upper respiratory infection unspecified) for avoidable ED visits. The average total charges were \$8,265 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, 2020

Table 3 lists the top ten Clinical Classifications Software Refined (CCSR) 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 35.1 percent of all avoidable visits. Urinary tract infections were ranked second at 25.3 percent, and headache, including migraine, was ranked third at 10.3 percent.

Table 3. Top Ten CCSR Categories for Avoidable ED Visits, Texas 2020⁶

Rank	Discharge Diagnosis (CCSR)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits	Average Charges in Dollars Per Visit
1	RSP006 (Other specified upper respiratory infections)	284,767	35.1%	\$2,815
2	GEN004 (Urinary tract infections)	205,434	25.3%	\$7,888
3	NVS010 (Headache; including migraine)	83,176	10.3%	\$6,709
4	MUS038 (Low back pain)	71,752	8.8%	\$5,659
5	RSP005 (Acute bronchitis)	38,975	4.8%	\$4,705
6	GEN018 (Inflammatory diseases of female pelvic organs)	23,160	2.9%	\$4,270
7	MUS010 (Musculoskeletal pain, not low back pain)	18,821	2.3%	\$6,940
8	EYE001 (Cornea and external disease)	15,516	1.9%	\$1,767
9	FAC012 (Other specified encounters and counseling)	11,164	1.4%	\$1,283
10	FAC001 (Encounter for administrative purposes)	11,087	1.4%	\$1,891
	Other CCSR codes	47,264	5.8%	\$2,790

⁶ Note: CCSR codes converted from the Principal Diagnosis codes. Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021.

Rank	Discharge Diagnosis (CCSR)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits	Average Charges in Dollars Per Visit
	Total	811,116	100.0%	

Table [A3](#) in Appendix A provides a detailed review of the top five CCSR categories for avoidable ED visits by age group. Almost two-thirds (64.5 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 29.3 percent and second for adults 65 years and older at 11.9 percent.

The average total charges were \$2,815 for the most frequently reported CCSR category codes (RSP006, other upper respiratory infections) for avoidable ED visits. The average total charges were \$7,888 for the second most frequently reported CCSR category codes (GEN004, urinary tract infections) for avoidable ED visits.

Avoidable Emergency Department Visits by Expected Payment Source in Texas, 2020

In 2020, the most frequent payer source from all avoidable ED visits was private insurance (30.4 percent), followed by uninsured or self-insured (28.9 percent), Medicaid (23.2 percent), and Medicare (14.2 percent). Tables [A4](#) and [A5](#) in Appendix A provide detailed reviews of payment sources for all avoidable ED visits.

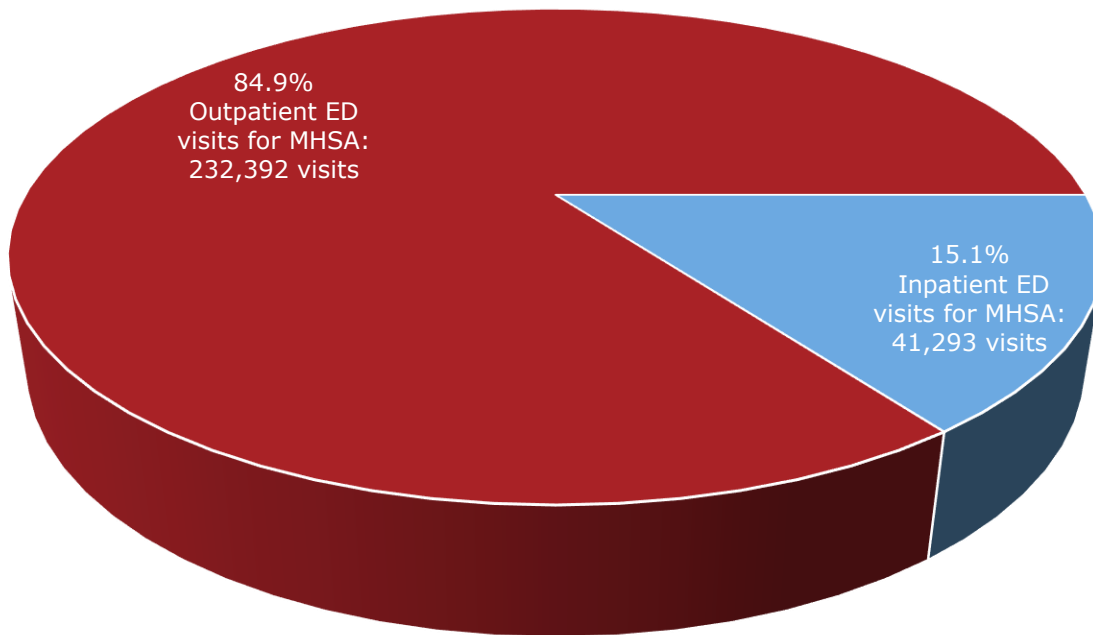
Overview of Mental Health and Substance Abuse Emergency Department Visits in Texas, 2020

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 2020, there were 273,685 hospital ED visits for mental health and substance abuse (MHSA) in Texas as shown below in Figure 2, decreasing 10.1 percent from 2019 (304,368 hospital ED visits). In 2020, 41,293 (15.1 percent) of

the ED visits for MHSAs were severe enough to admit the patient (inpatient) into the hospital (see Figure 2 below). Most of the ED visits for MHSAs were not admitted (outpatient) at 232,392 (84.9 percent). Tables [B1](#) and [B2](#) in Appendix B provide detailed reviews of the demographic and visit characteristics of inpatient and outpatient MHSAs ED visits.

Figure 2. Percent of ED Visits for MHSAs Identified as Inpatient and Outpatient, Texas 2020⁷



Total ED visits for MHSAs: 273,685 visits

⁷ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021.

Top Five Diagnosis Codes for Mental Health and Substance Abuse Emergency Department Visits in Texas, 2020

The top five principal diagnosis ICD-10-CM 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. Alcohol abuse with intoxication, unspecified (F10129);
3. Major depressive disorder, single episode, unspecified (F329);
4. Panic disorder episodic paroxysmal anxiety (F410); and
5. Generalized anxiety disorder (F411).

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, 2020

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

1. Alcohol-related disorder;
2. Depressive disorders;
3. Schizophrenia spectrum and other psychotic disorders;
4. Bipolar and related disorders; and
5. Trauma and stressor-related disorders.

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

1. Anxiety and fear related disorders;
2. Alcohol-related disorders;
3. Schizophrenia spectrum and other psychotic disorders;
4. Depressive disorders; and
5. Stimulant-related 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 CCSR. Tables [B8](#) and [B10](#) in Appendix B also provide the top five reasons for inpatient and outpatient MHSA ED visits by payer source using CCSR.

4. Conclusion

Emergency department (ED) visits remain a significant source of healthcare access in Texas. More than 9.9 million total visits occurred in 2020 across Texas with over eight hundred thousand avoidable ED visits, representing 8.1 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 a significant impact on healthcare in Texas. 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
CCSR	Clinical Classifications Software Refined
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 2020⁸

	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	523,074	64.5%	102,221	56.3%	357,323	67.1%	63,526	65.5%
Male	271,794	33.5%	78,593	43.3%	160,859	30.2%	32,336	33.4%
Unknown*	16,248	2.0%	636	0.4%	14,538	2.7%	1,067	1.1%
Total		100.0%		100.0%		100.0%		100.0%
Age Group								
0-17	181,450	22.4%						
18-44	372,275	45.9%						
45-64	160,445	19.8%						
65-74	49,453	6.1%						
≥ 75	47,476	5.9%						
Unknown	17	0.0%						
Total		100.0%						
Race								
White	492,551	60.7%	108,899	60.0%	310,883	58.4%	72,765	75.1%

⁸ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. Department of State Health Services (DSHS), Center for Health Statistics, Austin, Texas. December 2021. *Unknown: Substance Abuse and Mental Health System Administration (SAMHSA) rule that requires the masking of patients in SAMHSA funded programs regarding gender and geographic identifiers.

	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	187,335	23.1%	37,875	20.9%	136,640	25.6%	12,819	13.2%
American Indian or Eskimo or Aleut	2,170	0.3%	777	0.4%	1231	0.2%	162	0.2%
Asian or Pacific Islander	8,961	1.1%	2,072	1.1%	5,625	1.1%	1,264	1.3%
Other	119,381	14.7%	31,712	17.5%	77,761	14.6%	9,896	10.2%
Unknown*	718	0.1%	115	0.1%	580	0.1%	23	0.0%
Total		100.0%		100.0%		100.0%		100.0%
Hispanic Ethnicity								
Yes	245,290	30.2%	70,915	39.1%	153,423	28.8%	20,949	21.6%
No	564,497	69.6%	110,344	60.8%	378,258	71.0%	75,881	78.3%
Unknown*	1,329	0.2%	191	0.1%	1,039	0.2%	99	0.1%
Total		100.0%		100.0%		100.0%		100.0%
Payer Status								
Medicare	115,580	14.2%	408	0.2%	36,842	6.9%	78,330	80.8%
Medicaid	188,228	23.2%	113,822	62.7%	73,538	13.8%	867	0.9%
Private	246,315	30.4%	43,875	24.2%	189,657	35.6%	12,778	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
Uninsured or Self Insured	234,032	28.9%	18,613	10.3%	212,133	39.8%	3,275	3.4%
Other	23,390	2.9%	4,475	2.5%	17,433	3.3%	1,482	1.5%
Unknown	3,571	0.4%	257	0.1%	3,117	0.6%	197	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 2020⁹

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)	84,900	46.8%	N390 (Urinary tract infection, site not specified)	98,772	18.5%
2	J029 (Acute pharyngitis, unspecified)	27,912	15.4%	J069 (Acute upper respiratory infection unspecified)	89,272	16.8%
3	N390 (Urinary tract infection, site not specified)	20,075	11.1%	R51 (Headache)	65,595	12.3%
4	R51 (Headache)	8,587	4.7%	J029 (Acute pharyngitis, unspecified)	62,628	11.8%
5	J209 (Acute bronchitis, unspecified)	5,330	2.9%	M545 (Low back pain)	57,812	10.9%

⁹ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021.

≥ 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)	37,991	39.2%
2	M545 (Low back pain)	10,952	11.3%
3	R51 (Headache)	8,722	9.0%
4	J069 (Acute upper respiratory infection unspecified)	8,026	8.3%
5	J209 (Acute bronchitis, unspecified)	5,598	5.8%

Table A3. Top Five Clinical Classifications Software Refined (CCSR) Categories for Avoidable ED Visits by Age Group, Texas 2020¹⁰

Rank	Discharge Diagnosis (CCSR)	< 18 Years		18-64 Years		
		Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits	Discharge Diagnosis (CCSR)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
1	RSP006 (Other specified upper respiratory infections)	117,080	64.5%	RSP006 (Other specified upper respiratory infections)	156,150	29.3%
2	GEN004 (Urinary tract infections)	25,277	13.9%	GEN004 (Urinary tract infections)	130,790	24.6%
3	NSV010 (Headache; including migraine)	8,598	4.7%	NSV010 (Headache; including migraine)	65,806	12.4%
4	EYE001 (Cornea and external disease)	5,821	3.2%	MUS038 (Low back pain)	57,812	10.9%
5	RSP005 (Acute bronchitis)	5,330	2.9%	RSP005 (Acute bronchitis)	28,047	5.3%

¹⁰ Note: CCSR codes converted from the Principal Diagnosis codes. Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021.

≥ 65 Years			
Rank	Discharge Diagnosis (CCSR)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
1	GEN004 (Urinary tract infections)	49,365	50.9%
2	RSP006 (Other specified upper respiratory infections)	11,536	11.9%
3	MUS038 (Low back pain)	10,952	11.3%
4	NSV010 (Headache; including migraine)	8,770	9.0%
5	RSP005 (Acute bronchitis)	5,598	5.8%

Table A4. Top Five ICD-10-CM Diagnosis Codes for Avoidable ED Visits by Payer Source, Texas 2020¹¹

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)	40,056	34.7%	J069 (Acute upper respiratory infection unspecified)	66,525	35.3%
2	M545 (Low back pain)	14,320	12.4%	N390 (Urinary tract infection, site not specified)	29,868	15.9%
3	J069 (Acute upper respiratory infection unspecified)	11,671	10.1%	J029 (Acute pharyngitis, unspecified)	23,938	12.7%
4	R51 (Headache)	11,581	10.0%	R51 (Headache)	12,543	6.7%
5	J209 (Acute bronchitis, unspecified)	6,624	5.7%	M545 (Low back pain)	8,876	4.7%

¹¹ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021.

Rank	Private			Uninsured or Self Insured		
	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)	56,061	22.8%	N390 (Urinary tract infection, site not specified)	42,223	18.0%
2	N390 (Urinary tract infection, site not specified)	40,392	16.4%	J069 (Acute upper respiratory infection unspecified)	40,747	17.4%
3	J029 (Acute pharyngitis, unspecified)	34,953	14.2%	R51 (Headache)	27,923	11.9%
4	R51 (Headache)	28,353	11.5%	J029 (Acute pharyngitis, unspecified)	26,182	11.2%
5	M545 (Low back pain)	23,449	9.5%	M545 (Low back pain)	22,886	9.8%

Table A5. Top Five CCSR Categories for Avoidable ED Visits by Payer Source, Texas 2020¹²

Rank	Medicare			Medicaid		
	Discharge Diagnosis (CCSR)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits	Discharge Diagnosis (CCSR)	Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
1	GEN004 (Urinary tract infections)	51,446	44.5%	RSP006 (Other specified upper respiratory infections)	93,333	49.6%
2	RSP006 (Other specified upper respiratory infections)	16,746	14.5%	GEN004 (Urinary tract infections)	37,950	20.2%
3	MUS038 (Low back pain)	14,320	12.4%	NSV010 (Headache; including migraine)	12,573	6.7%
4	NSV010 (Headache; including migraine)	11,628	10.1%	MUS038 (Low back pain)	8,876	4.7%
5	RSP005 (Acute bronchitis)	6,624	5.7%	RSP005 (Acute bronchitis)	6,085	3.2%

¹² Note: CCSR codes converted from the Principal Diagnosis codes. Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021.

Rank	Discharge Diagnosis (CCSR)	Private		Discharge Diagnosis (CCSR)	Uninsured or Self Insured	
		Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits		Number of Avoidable ED Visits	Percent of Total Avoidable ED Visits
1	RSP006 (Other upper respiratory infections)	94,648	38.4%	RSP006 (Other upper respiratory infections)	68,634	29.3%
2	GEN004 (Urinary tract infections)	55,409	22.5%	GEN004 (Urinary tract infections)	55,183	23.6%
3	NSV010 (Headache; including migraine)	28,475	11.6%	NVS010 (Headache; including migraine)	27,991	12.0%
4	MUS038 (Low back pain)	23,449	9.5%	MUS038 (Low back pain)	22,886	9.8%
5	RSP005 (Acute bronchitis)	14,171	5.8%	RSP005 (Acute bronchitis)	10,692	4.6%

Table A6. Avoidable ED Visits ICD-10-CM Codes¹³

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

¹³ 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 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

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 2020¹⁴

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	7,568	18.3%	1,334	40.2%	5,016	14.8%	1,217	30.1%
Male	5,219	12.6%	717	21.6%	3,770	11.1%	731	18.1%
Unknown*	28,506	69.0%	1,269	38.2%	25,139	74.1%	2,090	51.8%
Total	41,293	100.0%	3,320	100.0%	33,925	100.0%	4,038	100.0%
Age Group								
0-17	3,320	8.0%						
18-44	20,955	50.7%						
45-64	12,970	31.4%						
65-74	2,871	7.0%						
≥ 75	1,167	2.8%						
Unknown*	10	0.0%						
Total	41,293	100.0%						
Race								
White	29,032	70.3%	2,217	66.8%	23,599	69.6%	3,211	79.5%
Black or African American	6,917	16.8%	584	17.6%	5,851	17.2%	480	11.9%

¹⁴ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. Department of State Health Services (DSHS), Center for Health Statistics, Austin, Texas. December 2021. *Unknown: Substance Abuse and Mental Health System Administration (SAMHSA) rule that requires the masking of patients in SAMHSA funded programs regarding gender and geographic identifiers.

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
Other	4,812	11.7%	458	13.8%	4,055	12.0%	297	7.4%
American Indian or Eskimo or Aleut	80	0.2%	15	0.5%	63	0.2%	2	0.0%
Asian or Pacific Islander	450	1.1%	45	1.4%	356	1.0%	48	1.2%
Total	41,293	100.0%	3,320	100.0%	33,925	100.0%	4,038	100.0%
Hispanic Ethnicity								
Yes	8,549	20.7%	825	24.8%	7,170	21.1%	550	13.6%
No	32,630	79.0%	2,488	74.9%	26,657	78.6%	3,479	86.2%
Unknown	114	0.3%	7	0.2%	98	0.3%	9	0.2%
Total	41,293	100.0%	3,320	100.0%	33,925	100.0%	4,038	100.0%
Payer Status								
Medicare	8,809	21.3%	28	0.8%	5,416	16.0%	3,365	83.3%
Medicaid	7,068	17.1%	1,698	51.1%	5,335	15.7%	35	0.9%
Private	11,674	28.3%	1,329	40.0%	9,864	29.1%	481	11.9%
Uninsured or Self Insured	11,917	28.9%	146	4.4%	11,691	34.5%	70	1.7%
Unknown	108	0.3%	1	0.0%	91	0.3%	16	0.4%
Other	1,717	4.2%	118	3.6%	1,528	4.5%	71	1.8%
Total	41,293	100.0%	3,320	100.0%	33,925	100.0%	4,038	100.0%
Clinical Comorbidities								
Hypertension	16,103	49.5%	50	5.8%	12,888	49.6%	3,163	55.8%
Diabetes	5,382	16.6%	51	5.9%	4,195	16.1%	1,135	20.0%

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
Heart Failure	1,347	4.1%	0	0.0%	866	3.3%	481	8.5%
Depression	6,681	20.5%	370	43.0%	5,576	21.5%	735	13.0%
Asthma	3,003	9.2%	390	45.3%	2,456	9.5%	157	2.8%
Total	32,516	100.0%	861	100.0%	25,981	100.0%	5,671	100.0%

Table B2. Demographic and Visit Characteristics of Outpatient MHSA ED Visits, Texas 2020¹⁵

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	65,896	28.4%	7,788	42.7%	52,019	25.9%	6,081	46.7%
Male	52,499	22.6%	4,786	26.2%	44,859	22.3%	2,848	21.9%
Unknown*	113,997	49.1%	5,670	31.1%	104,052	51.8%	4,099	31.5%
Total	232,392	100.0%	18,244	100.0%	200,930	100.0%	13,028	100.0%
Age Group								
0-17	18,244	7.9%						
18-44	145,274	62.5%						
45-64	55,656	23.9%						
65-74	9,048	3.9%						
≥ 75	3,980	1.7%						
Unknown	190	0.1%						
Total	232,390	100.0%						
Race								
White	148,649	64.0%	12,191	66.8%	126,588	63.0%	9,820	75.4%
Black or African American	47,739	20.5%	2,773	15.2%	43,195	21.5%	1,695	13.0%

¹⁵ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021. *Unknown: SAMHSA rule that requires the masking of patients in SAMHSA funded programs regarding gender and geographic identifiers.

Outpatient	Number of All MESA Related Visits	Percent of All MESA Related Visits	Number < 18 Years	Percent < 18 Years	Number 18-64 Years	Percent 18-64 Years	Number ≥ 65 Years	Percent ≥ 65 Years
Other	32,848	14.1%	2,986	16.4%	28,432	14.2%	1,366	10.5%
American Indian or Eskimo or Aleut	587	0.3%	62	0.3%	500	0.2%	25	0.2%
Asian or Pacific Islander	2,436	1.0%	226	1.2%	2,093	1.0%	117	0.9%
Unknown	133	0.1%	6	0.0%	122	0.1%	5	0.0%
Total	232,392	100.0%	18,244	100.0%	200,930	100.0%	13,028	100.0%
Hispanic Ethnicity								
Yes	62,741	27.0%	6,476	35.5%	53,261	26.5%	2,975	22.8%
No	169,075	72.8%	11,752	64.4%	147,132	73.2%	10,030	77.0%
Unknown	576	0.2%	16	0.1%	537	0.3%	23	0.2%
Total	232,392	100.0%	18,244	100.0%	200,930	100.0%	13,028	100.0%
Payer Status								
Medicare	27,496	11.8%	41	0.2%	17,477	8.7%	9,978	76.6%
Medicaid	37,371	16.1%	9,259	50.8%	27,916	13.9%	192	1.5%
Private	52,637	22.7%	6,151	33.7%	44,895	22.3%	1,588	12.2%
Uninsured or Self Insured	106,499	45.8%	2,261	12.4%	103,120	51.3%	936	7.2%
Unknown	1,718	0.7%	23	0.1%	1,648	0.8%	47	0.4%
Other	6,671	2.9%	509	2.8%	5,874	2.9%	287	2.2%

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
Total	232,392	100.0%	18,244	100.0%	200,930	100.0%	13,028	100.0%
Clinical Comorbidities								
Hypertension	40,869	46.7%	105	4.0%	33,609	46.3%	7,153	58.6%
Diabetes	14,792	16.9%	130	4.9%	11,918	16.4%	2,744	22.5%
Heart Failure	2,364	2.7%	2	0.1%	1,621	2.2%	741	6.1%
Depression	20,195	23.1%	1,351	51.3%	17,570	24.2%	1,271	10.4%
Asthma	9,211	10.5%	1,046	39.7%	7,874	10.8%	291	2.4%
Total	87,431	100.0%	2,634	100.0%	72,592	100.0%	12,200	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 2020¹⁶

Rank	Discharge Diagnosis (ICD-10-CM)	All Ages		Discharge Diagnosis (ICD-10-CM)	< 18 Years	
		Number of Visits	Percent of Total MHSA ED Visits		Number of Visits	Percent of Total MHSA ED Visits
1	F10239 (Alcohol dependence with withdrawal, unspecified)	5,257	12.7%	F332 (Major depression disorder, recurrent severe without psych features)	875	26.4%
2	F332 (Major depressive disorder, recurrent severe without psychotic features)	4,363	10.6%	F3481 (Disruptive mood dysregulation disorder)	346	10.4%
3	F250 (Schizoaffective disorder, bipolar type)	2,340	5.7%	F322 (Major depression disorder, single episode, severe without psych features)	290	8.7%
4	F10231 (Alcohol dependence with withdrawal delirium)	2,250	5.4%	F333 (Major depression disorder, recurrent, severe with psych symptoms)	249	7.5%
5	F333 (Major depressive disorder, recurrent, severe with psychotic symptoms)	1,498	3.6%	F329 (Major depressive disorder, single episode, unspecified)	170	5.1%

¹⁶ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021.

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)	4,788	14.1%	F10239 (Alcohol dependence with withdrawal, unspecified)	468	11.6%
2	F332 (Major depression disorder, recurrent severe without psych features)	3,172	9.4%	F332 (Major depression disorder, recurrent severe without psych features)	316	7.8%
3	F250 (Schizoaffective disorder, bipolar type)	2,182	6.4%	F333 (Major depression disorder, recurrent, severe with psych symptoms)	210	5.2%
4	F10231 (Alcohol dependence with withdrawal delirium)	2,047	6.0%	F10231 (Alcohol dependence with withdrawal delirium)	203	5.0%
5	F209 (Schizophrenia, unspecified)	1,359	4.0%	F29 (Unspecified psychosis not due to a substance or known physiological condition)	200	5.0%

Table B4. Top Five Clinical Classifications Software Refined (CCSR) Categories for Inpatient MHSA ED Visits by Age Group, Texas 2020¹⁷

All Ages				< 18 Years		
Rank	Discharge Diagnosis (CCSR)	Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (CCSR)	Number of Visits	Percent of Total MHSA ED Visits
1	MBD017 (Alcohol-related disorders)	11,875	28.8%	MBD002 (Depressive disorders)	1,857	55.9%
2	MBD002 (Depressive disorders)	9,243	22.4%	MBD004 (Other specified and unspecified mood disorders)	404	12.2%
3	MBD001 (Schizophrenia spectrum and other psychotic disorders)	8,368	20.3%	MBD003 (Bipolar and related disorders)	298	9.0%
4	MBD003 (Bipolar and related disorders)	5,211	12.6%	MBD007 (Trauma- and stressor-related disorders)	160	4.8%
5	MBD007 (Trauma- and stressor-related disorders)	1,243	3.0%	MBD008 (Disruptive, impulse-control and conduct disorders)	148	4.5%

¹⁷ Note: CCSR codes converted from the Principal Diagnosis codes. Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021.

Rank	18-64 Years			≥ 65 Years		
	Discharge Diagnosis (CCSR)	Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (CCSR)	Number of Visits	Percent of Total MHSA ED Visits
1	MBD017 (Alcohol-related disorders)	10,587	31.2%	MBD017 (Alcohol-related disorders)	1,243	30.8%
2	MBD001 (Schizophrenia and other psychotic disorders)	7,437	21.9%	MBD002 (Mood disorders)	870	21.5%
3	MBD002 (Mood disorders)	6,516	18.9%	MBD001 (Schizophrenia spectrum and other psychotic disorders)	837	20.7%
4	MBD003 (Bipolar and related disorders)	4,466	13.2%	MBD003 (Bipolar and related disorders)	447	11.1%
5	MBD021 (Stimulant-related disorders)	1,073	3.2%	MBD005 (Anxiety and fear-related disorders)	246	6.1%

Table B5. Top Five ICD-10-CM Diagnosis Codes for Outpatient MHSA ED Visits by Age Group, Texas 2020¹⁸

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)	44,495	19.1%	F329 (Major depressive disorder, single episode, unspecified)	3,635	19.9%
2	F10129 (Alcohol abuse with intoxication, unspecified)	18,107	7.8%	F419 (Anxiety disorder, unspecified)	2,723	14.9%
3	F329 (Major depressive disorder, single episode, unspecified)	17,190	7.4%	F410 (Panic disorder episodic paroxysmal anxiety)	1,161	6.4%
4	F410 (Panic disorder episodic paroxysmal anxiety)	10,105	4.3%	F411 (Generalized anxiety disorder)	823	4.5%
5	F411 (Generalized anxiety disorder)	9,325	4.0%	F10129 (Alcohol abuse with intoxication, unspecified)	700	3.8%

¹⁸ Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021.

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)	37,723	18.8%	F419 (Anxiety disorder, unspecified)	4,049	31.1%
2	F10129 (Alcohol abuse with intoxication, unspecified)	16,257	8.1%	F10129 (Alcohol abuse with intoxication, unspecified)	1,095	8.4%
3	F329 (Major depressive disorder, single episode, unspecified)	12,648	6.3%	F329 (Major depressive disorder, single episode, unspecified)	906	7.0%
4	F410 (Panic disorder episodic paroxysmal anxiety)	8,430	4.2%	F411 (Generalized anxiety disorder)	803	6.2%
5	F29 (Unspecified psychosis not due to a substance or known physiological condition)	8,238	4.1%	F410 (Panic disorder episodic paroxysmal anxiety)	513	3.9%

Table B6. Top Five CCSR Categories for Outpatient MHSA ED Visits by Age Group, Texas 2020¹⁹

Rank	All Ages			< 18 Years		
	Discharge Diagnosis (CCSR)	Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (CCSR)	Number of Visits	Percent of Total MHSA ED Visits
1	MBD005 (Anxiety and fear-related disorders)	65,182	28.0%	MBD005 (Anxiety and fear-related disorders)	4,808	26.4%
2	MBD017 (Alcohol-related disorders)	41,055	17.7%	MBD002 (Depressive disorders)	4,513	24.7%
3	MBD001 (Schizophrenia spectrum and other psychotic disorders)	29,804	12.8%	MBD007 (Trauma- and stressor-related disorders)	1,321	7.2%
4	MBD002 (Depressive disorders)	23,197	10.0%	MBD019 (Cannabis-related disorders)	1,177	6.5%
5	MBD021 (Stimulant-related disorders)	15,820	6.8%	MBD017 (Alcohol-related disorders)	1,077	5.9%

¹⁹ Note: CCSR codes converted from the Principal Diagnosis codes. Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021.

Rank	Discharge Diagnosis (CCSR)	18-64 Years		≥ 65 Years		
		Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (CCSR)	Number of Visits	Percent of Total MHSA ED Visits
1	MBD005 (Anxiety and fear-related disorders)	54,884	27.3%	MBD005 (Anxiety and fear-related disorders)	5,489	42.1%
2	MBD017 (Alcohol-related disorders)	37,465	18.6%	MBD017 (Alcohol-related disorders)	2,441	18.7%
3	MBD001 (Schizophrenia spectrum and other psychotic disorders)	27,875	13.9%	MBD001 (Schizophrenia spectrum and other psychotic disorders)	1,425	10.9%
4	MBD002 (Depressive disorders)	17,473	8.7%	MBD002 (Depressive disorders)	1,210	9.3%
5	MBD021 (Stimulant-related disorders)	15,382	7.7%	MBD007 (Trauma- and stressor-related disorders)	638	4.9%

Table B7. Top Five ICD-10-CM Diagnosis Codes for Inpatient MHSA ED Visits by Payer Source, Texas 2020²⁰

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)	943	10.7%	F332 (Major depression disorder, recurrent severe without psych features)	876	12.4%
2	F10239 (Alcohol dependence with withdrawal, unspecified)	746	8.5%	F250 (Schizoaffective disorder, bipolar type)	636	9.0%
3	F332 (Major depression disorder, recurrent severe without psych features)	691	7.8%	F10239 (Alcohol dependence with withdrawal, unspecified)	411	5.8%
4	F209 (Schizophrenia, unspecified)	455	5.2%	F209 (Schizophrenia, unspecified)	369	5.2%
5	F333 (Major depression disorder, recurrent, severe with psych symptoms)	366	4.2%	F333 (Major depression disorder, recurrent, severe with psych symptoms)	364	5.1%

²⁰ Data source: Texas Hospital ED Data Set, First through fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021.

Rank	Discharge Diagnosis (ICD-10-CM)	Private		Discharge Diagnosis (ICD-10-CM)	Uninsured or Self Insured	
		Number of Visits	Percent of Total MHSA ED Visits		Number of Visits	Percent of Total MHSA ED Visits
1	F332 (Major depression disorder, recurrent severe without psych features)	1,726	14.8%	F10239 (Alcohol dependence with withdrawal, unspecified)	2,513	21.1%
2	F10239 (Alcohol dependence with withdrawal, unspecified)	1,371	11.7%	F10231 (Alcohol dependence with withdrawal delirium)	1,103	9.3%
3	F10231 (Alcohol dependence with withdrawal delirium)	591	5.1%	F332 (Major depression disorder, recurrent severe without psych features)	828	6.9%
4	F329 (Major depressive disorder, single episode, unspecified)	443	3.8%	F10229 (Alcohol dependence with intoxication, unspecified)	618	5.2%
5	F333 (Major depression disorder, recurrent, severe with psych symptoms)	408	3.5%	F10129 (Alcohol abuse with intoxication, unspecified)	444	3.7%

Table B8. Top Five CCSR Categories for Inpatient MHSA ED Visits by Payer Source, Texas 2020²¹

		Medicare			Medicaid		
Rank	Discharge Diagnosis (CCSR)	Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (CCSR)	Number of Visits	Percent of Total MHSA ED Visits	
1	MBD001 (Schizophrenia spectrum and other psychotic disorders)	2,865	32.5%	MBD001 (Schizophrenia spectrum and other psychotic disorders)	1,921	27.2%	
2	MBD017 (Alcohol-related disorders)	1,834	20.8%	MBD002 (Depressive disorders)	1,880	26.6%	
3	MBD002 (Depressive disorders)	1,585	18.0%	MBD003 (Bipolar and related disorders)	983	13.9%	
4	MBD003 (Bipolar and related disorders)	1,332	15.1%	MBD017 (Alcohol-related disorders)	922	13.0%	
5	MBD005 (Anxiety and fear-related disorders)	309	3.5%	MBD004 (Other specified and unspecified mood disorders)	281	4.0%	

²¹ Note: CCSR codes converted from the Principal Diagnosis codes. Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021.

Rank	Private			Uninsured or Self Insured		
	Discharge Diagnosis (CCSR)	Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (CCSR)	Number of Visits	Percent of Total MHSA ED Visits
1	MBD002 (Depressive disorders)	3,408	29.2%	MBD017 (Alcohol-related disorders)	5,601	47.0%
2	MBD017 (Alcohol-related disorders)	3,029	25.9%	MBD002 (Depressive disorders)	1,750	14.7%
3	MBD003 (Bipolar and related disorders)	1,692	14.5%	MBD001 (Schizophrenia spectrum and other psychotic disorders)	1,707	14.3%
4	MBD001 (Schizophrenia spectrum and other psychotic disorders)	1,648	14.1%	MBD003 (Bipolar and related disorders)	942	7.9%
5	MBD007 (Trauma- and stressor-related disorders)	416	3.6%	MBD021 (Stimulant-related disorders)	549	4.6%

Table B9. Top Five ICD-10-CM Diagnosis Codes for Outpatient MHSA ED Visits by Payer Source, Texas 2020²²

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)	6,166	22.4%	F419 (Anxiety disorder, unspecified)	6,403	17.1%
2	F329 (Major depressive disorder, single episode, unspecified)	1,885	6.9%	F329 (Major depressive disorder, single episode, unspecified)	3,542	9.5%
3	F209 (Schizophrenia, unspecified)	1,642	6.0%	F10129 (Alcohol abuse with intoxication, unspecified)	1,807	4.8%
4	F10129 (Alcohol abuse with intoxication, unspecified)	1,485	5.4%	F209 (Schizophrenia, unspecified)	1,720	4.6%
5	F29 (Unspecified psychosis not due to a substance or known physiological condition)	1,258	4.6%	F410 (Panic disorder episodic paroxysmal anxiety)	1,550	4.1%

²² Data source: Texas Hospital ED Data Set, First through fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021.

Rank	Private			Uninsured or Self Insured		
	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)	13,458	25.6%	F419 (Anxiety disorder, unspecified)	17,113	16.1%
2	F329 (Major depressive disorder, single episode, unspecified)	4,594	8.7%	F10129 (Alcohol abuse with intoxication, unspecified)	9,808	9.2%
3	F10129 (Alcohol abuse with intoxication, unspecified)	4,115	7.8%	F329 (Major depressive disorder, single episode, unspecified)	6,395	6.0%
4	F410 (Panic disorder episodic paroxysmal anxiety)	3,606	6.9%	F1910 (Other psychoactive substance abuse, uncomplicated)	5,015	4.7%
5	F411 (Generalized anxiety disorder)	3,140	6.0%	F29 (Unspecified psychosis not due to a substance or known physiological condition)	4,621	4.3%

Table B10. Top Five CCSR Categories for Outpatient MHSA ED Visits by Payer Source, Texas 2020²³

		Medicare			Medicaid		
Rank	Discharge Diagnosis (CCSR)	Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (CCSR)	Number of Visits	Percent of Total MHSA ED Visits	
1	MBD005 (Anxiety and fear-related disorders)	8,295	30.2%	MBD005 (Anxiety and fear-related disorders)	9,409	25.2%	
2	MBD001 (Schizophrenia spectrum and other psychotic disorders)	6,129	22.3%	MBD001 (Schizophrenia spectrum and other psychotic disorders)	5,968	16.0%	
3	MBD017 (Alcohol-related disorders)	3,628	13.2%	MBD002 (Depressive disorders)	4,552	12.2%	
4	MBD002 (Depressive disorders)	2,491	9.1%	MBD017 (Alcohol-related disorders)	3,870	10.4%	
5	MBD003 (Bipolar and related disorders)	1,551	5.6%	MBD021 (Stimulant-related disorders)	2,232	6.0%	

²³ Note: CCSR codes converted from the Principal Diagnosis codes. Data Source: Texas Hospital ED Data Set, First through Fourth Quarters 2020. DSHS, Center for Health Statistics, Austin, Texas. December 2021.

Rank	Private			Uninsured or Self Insured		
	Discharge Diagnosis (CCSR)	Number of Visits	Percent of Total MHSA ED Visits	Discharge Diagnosis (CCSR)	Number of Visits	Percent of Total MHSA ED Visits
1	MBD005 (Anxiety and fear-related disorders)	20,593	39.1%	MBD005 (Anxiety and fear-related disorders)	24,874	23.4%
2	MBD017 (Alcohol-related disorders)	9,477	18.0%	MBD017 (Alcohol-related disorders)	22,177	20.8%
3	MBD002 (Depressive disorders)	6,081	11.6%	MB001 (Schizophrenia spectrum and other psychotic disorders)	13,087	12.3%
4	MB001 (Schizophrenia spectrum and other psychotic disorders)	3,533	6.7%	MBD021 (Stimulant-related disorders)	10,217	9.6%
5	MBD007 (Trauma- and stressor-related disorders)	2,691	5.1%	MBD002 (Depressive disorders)	9,136	8.6%