



4C.

CHARACTERISTICS OF EMERGENCY ROOM VISITS BY DISEASE CATEGORY, DIAGNOSIS GROUP, AND AGE GROUP

This section focuses on ambulatory care visits to emergency rooms of non-Federal, short-stay hospitals. The emergency room (ER) and the inpatient hospitalization data are mutually exclusive. The ER data include only those who were not admitted as inpatients.

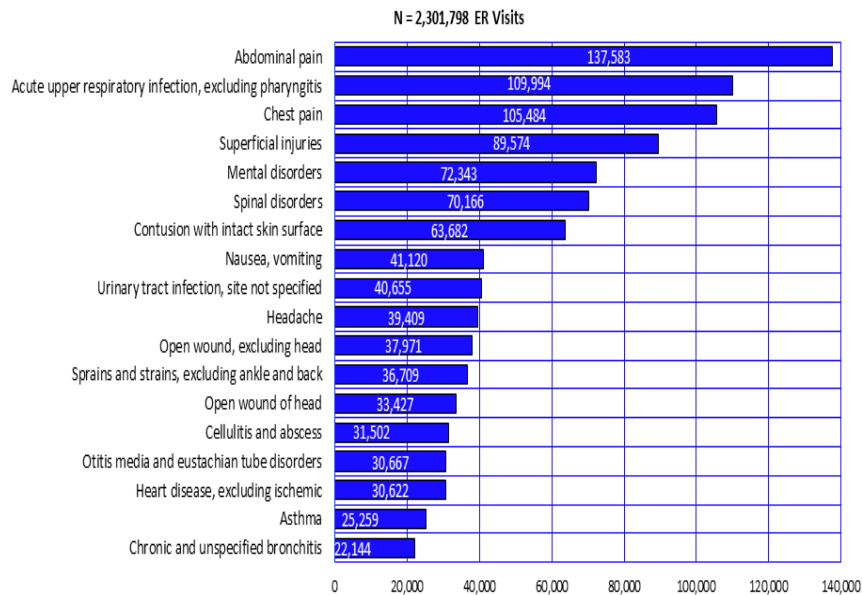
All emergency room visits are those of the residents of Arizona. Ambulatory care visits to hospital emergency rooms of out-of-state residents are not included in this report. In the current report, diagnostic groupings and code numbers are solely based on the International Classification of Diseases and Related Problems, 10th Revision, Clinical Modification ICD-10-CM. Prior to 2015, the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) was used to classify diseases and related health problems. On October 1, 2015, the US healthcare system transitioned from ICD-9-CM to ICD-10-CM, thus both ICD-9-CM and ICD-10-CM were used in the 2015 report of ER visits.

Please refer to "The Implementation of the International Classification of Disease, Tenth Revision," Introduction page ix, for further explanation of ICD-10-CM transition.

*Findings of the National Hospital Ambulatory Medical Care Survey, including data on trends in ER utilization, are available in bound reports of the National Center for Health Statistics and online at <http://www.cdc.gov/nchs/ahcd.htm>

4C. CHARACTERISTICS OF EMERGENCY ROOM VISITS BY DISEASE CATEGORY, DIAGNOSIS GROUP, AND AGE GROUP

Figure 4C-1
Number of Emergency Room Visits by the Leading Diagnostic Groupings, Arizona Residents, 2017



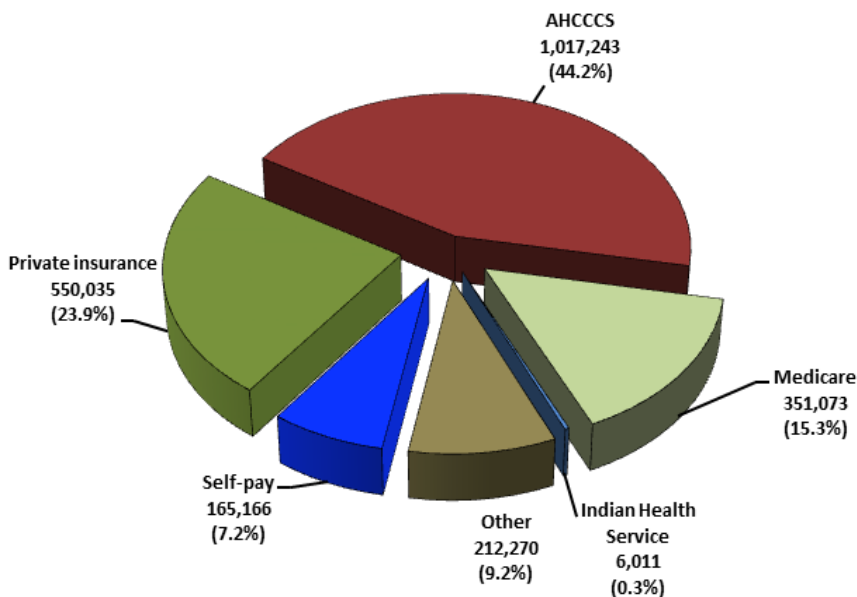
During 2017, more than 2.0 million visits were made by Arizona residents to hospital emergency rooms (ER), about 33.0 visits per 100 persons. The utilization rates vary by geographic region, with the Western United States having the lowest ER visit rate.

In 2017, *abdominal pain, acute upper respiratory infection, chest pain, superficial injuries, mental disorders, spinal disorders, and contusion with intact skin surface*, were the leading diagnostic categories, accounting for 28.1 percent of all visits (**Figure 4C-1, Table 4C-2**).

[*www.cdc.gov/nchs/data/nhsr/nhsr007.pdf](http://www.cdc.gov/nchs/data/nhsr/nhsr007.pdf)

Note: Based on first-listed diagnosis; See Table 4C-2.

Figure 4C-2
Emergency Room Visits by Payer, Arizona Residents, 2017



The Arizona Health Care Cost Containment System (AHCCCS, the State's Medicaid program) was the most frequently recorded expected source of payment for ER visits, accounting for 44.2 percent of ER visits (**Figure 4C-3**). Private insurance was the second most frequent payer (23.9 percent of ER visits), followed by Medicare (15.3 percent), and self-pay patients (7.2 percent).

Notes: Number of visits per 100 persons; The actual number of ER visits for each group is provided below the bars.