Costs of care are an indicator of the burden of asthma on families, the health care system, and the community. Charges for asthma care are maintained in the Utah Hospital Discharge and Emergency Department Encounter databases. These data show that charges for asthma care in the emergency department and hospital setting have been rising substantially over the past decade. By improving asthma management, individuals with asthma can prevent these types of visits and substantially reduce the costs of asthma care.

**Key Findings**

- From 2001 to 2010, total charges for asthma hospitalizations in Utah more than doubled (from $7.9 to $16.2 million).
- Asthma emergency department charges more than tripled from 2001 to 2009 (from $2.4 to $7.3 million).
Costs of Asthma Care

Figure 47. Total Charges for Asthma-related Hospitalizations and Emergency Department Visits by Year, Utah, 2001-2010

Total asthma-related hospitalization and emergency department visit charges increased every year during 2001-2010. Annual hospitalization charges for asthma more than doubled during that time (from $7.9 to $16.2 million). Emergency department charges more than tripled from 2001 to 2009 (from $2.4 to $7.3 million).

Source: Utah Hospital Discharge Database and Utah Emergency Department Encounter Database, 2001-2010. The primary diagnosis code ICD 493 was used to identify hospitalization and emergency department visit charges specific to asthma. Emergency department charges shown include those generated from treat-and-release encounters only.

Figure 48. Average Charge per Asthma-related Hospitalization and Emergency Department Visit by Year, Utah, 2001-2010

The average charge per asthma-related hospitalization or emergency department visit increased every year during 2001-2010. The average charge per hospitalization nearly doubled during that time period (from $5,979 to $11,010 per visit). Between 2001 and 2009, the average charge per emergency department visit nearly tripled (from $449 to $1,225 per visit).

Source: Utah Hospital Discharge Database and Utah Emergency Department Encounter Database, 2001-2010. The primary diagnosis code ICD 493 was used to identify hospitalization and emergency department visit charges specific to asthma. Emergency department charges shown include those generated from treat-and-release encounters only.
Costs of Asthma Care

Figure 49. Asthma Hospitalization Charges by Primary Source of Payment, Utah, 2010

In 2010, the majority of asthma hospitalization charges were billed to Medicaid or Medicare, followed by commercial or managed care plans.

Source: Utah Hospital Discharge Database, 2010. The primary diagnosis code ICD 493 was used to identify hospitalization charges specific to asthma. Other includes: other government besides Medicaid and Medicare, charity/unclassified, Industrial & Worker's Compensation, and CHIP.

Figure 50. Asthma-related Emergency Department Visit Charges by Primary Source of Payment, Utah, 2009

In 2009, the majority of charges for asthma-related emergency department visits were billed to commercial or managed care plans, followed by Medicaid.

Source: Emergency Department Encounter Database, 2009. The primary diagnosis code ICD 493 was used to identify emergency department charges specific to asthma. Emergency department charges shown include those generated from treat-and-release encounters only. Other includes: other government besides Medicaid and Medicare, charity/unclassified, Industrial & Worker's Compensation, and CHIP.