



Southeast Health Planning Region

Hospital Discharges: Region Summary Reports

Table 6.36 - Southeast Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharges by DRG, 1999, 2000, and 2001⁽¹⁾

Rank	DRG Description	Year					
		2001		2000		1999	
		Number	Percent	Number	Percent	Number	Percent
1	391 NORMAL NEWBORN	4,575	10.0%	4,541	10.2%	4,276	10.1%
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	3,505	7.7%	3,582	8.0%	3,443	8.1%
3	430 PSYCHOSES	1,648	3.6%	1,720	3.9%	1,567	3.7%
4	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	1,528	3.4%	1,327	3.0%	1,274	3.0%
5	371 CESAREAN SECTION W/O CC	1,136	2.5%	1,080	2.4%	988	2.3%
6	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1,021	2.2%	979	2.2%	876	2.1%
7	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,017	2.2%	993	2.2%	1,028	2.4%
8	116 OTH PERM CARDIAC PACEMAKER IMPLANT OR PTCA W CORONARY ART STENT	1,014	2.2%	1,219	2.7%	1,208	2.8%
9	127 HEART FAILURE & SHOCK	764	1.7%	811	1.8%	873	2.1%
10	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	736	1.6%	676	1.5%	651	1.5%
11	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	634	1.4%	560	1.3%	490	1.2%
12	143 CHEST PAIN	605	1.3%	508	1.1%	401	0.9%
13	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	590	1.3%	529	1.2%	563	1.3%
14	500 BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC	521	1.1%	507	1.1%	410	1.0%
15	125 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	482	1.1%	410	0.9%	380	0.9%
16	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	435	1.0%	424	0.9%	483	1.1%
17	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	428	0.9%	389	0.9%	374	0.9%
18	174 G.I. HEMORRHAGE W CC	398	0.9%	476	1.1%	394	0.9%
19	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	381	0.8%	398	0.9%	430	1.0%
20	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	370	0.8%	320	0.7%	285	0.7%
21	109 CORONARY BYPASS W/O CARDIAC CATH	364	0.8%	301	0.7%	318	0.7%
22	243 MEDICAL BACK PROBLEMS	360	0.8%	337	0.8%	263	0.6%
23	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	319	0.7%	313	0.7%	244	0.6%
24	107 CORONARY BYPASS W CARDIAC CATH	307	0.7%	322	0.7%	340	0.8%
25	5 EXTRACRANIAL VASCULAR PROCEDURES	305	0.7%	299	0.7%	319	0.8%
	Subtotal	23,443	51.5%	23,021	51.6%	21,878	51.6%
	All Other DRGs	22,105	48.5%	21,631	48.4%	20,552	48.4%
	Grand Total	45,548	100.0%	44,652	100.0%	42,430	100.0%

Source: Nebraska Hospital Association, 1999-2001.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 87% for 2001, 94% for 2000, and 94% for 1999.

Table 6.37 - Southeast Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Diagnoses by ICD-9 Code, 1999, 2000, and 2001⁽¹⁾

Rank	ICD-9 Diagnosis Description	Year					
		2001		2000		1999	
		Number	Percent	Number	Percent	Number	Percent
1	V3000 SINGLE LB IN-HOSP W/O CS	4,099	9.0%	4,155	9.3%	3,999	9.4%
2	41401 CRNRY ATHRSCLE NATVE VSSL	1,745	3.8%	1,725	3.9%	1,760	4.1%
3	V3001 SINGLE LB IN-HOSP W CS	1,258	2.8%	1,193	2.7%	1,114	2.6%
4	486 PNEUMONIA, ORGANISM NOS	1,221	2.7%	1,140	2.6%	1,156	2.7%
5	4280 CONGESTIVE HEART FAILURE	823	1.8%	881	2.0%	887	2.1%
6	650 NORMAL DELIVERY	677	1.5%	696	1.6%	740	1.7%
7	71536 LOC OSTEOARTH NOS-L/LEG	608	1.3%	250	0.6%	162	0.4%
8	65421 PREV C-DELIVERY-DELIVRD	521	1.1%	500	1.1%	403	0.9%
9	66411 DEL W 2 DEG LACERAT-DEL	467	1.0%	476	1.1%	416	1.0%
10	78659 CHEST PAIN NEC	437	1.0%	352	0.8%	259	0.6%
11	42731 ATRIAL FIBRILLATION	432	0.9%	434	1.0%	419	1.0%
12	49121 OBS CHR BRNC W ACT EXA	431	0.9%	418	0.9%	419	1.0%
13	72210 LUMBAR DISC DISPLACEMENT	417	0.9%	434	1.0%	341	0.8%
14	66401 DEL W 1 DEG LACERAT-DEL	416	0.9%	413	0.9%	422	1.0%
15	78650 CHEST PAIN NOS	397	0.9%	371	0.8%	346	0.8%
16	71596 OSTEOARTHROS NOS-L/LEG	342	0.8%	577	1.3%	506	1.2%
17	64511 PROLONGED PREGNANCY	304	0.7%	59	0.1%	-	-
18	66331 CORD ENTANGLE NEC-DELIV	298	0.7%	345	0.8%	345	0.8%
19	436 CVA	295	0.6%	242	0.5%	188	0.4%
20	29630 RECURR DEPR PSYCHOS-UNSP	276	0.6%	251	0.6%	222	0.5%
21	43310 OCL CRTD ART WO INFRCT	271	0.6%	252	0.6%	283	0.7%
22	82021 INTERTROCHANTERIC FX-CL	266	0.6%	296	0.7%	284	0.7%
23	2765 HYPOVOLEMIA	264	0.6%	256	0.6%	226	0.5%
24	5990 URIN TRACT INFECTION NOS	262	0.6%	215	0.5%	213	0.5%
25	41071 SUBENDO INFARCT, INITIAL	240	0.5%	267	0.6%	203	0.5%
Subtotal		16,767	36.8%	16,198	36.3%	15,313	36.1%
All Other Diagnoses		28,781	63.2%	28,454	63.7%	27,117	63.9%
Grand Total		45,548	100.0%	44,652	100.0%	42,430	100.0%

Source: Nebraska Hospital Association, 1999-2001.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 87% for 2001, 94% for 2000, and 94% for 1999.

Table 6.38 - Southeast Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Procedures by ICD-9 Code, 1999, 2000, and 2001⁽¹⁾

Rank	ICD-9 Procedure Description	Year					
		2001		2000		1999	
		Number	Percent	Number	Percent	Number	Percent
1	640 CIRCUMCISION	2,333	8.4%	2,386	8.9%	2,314	8.9%
2	7359 MANUAL ASSIST DELIV NEC	1,669	6.0%	1,594	5.9%	1,584	6.1%
3	741 LOW CERVICAL C-SECTION	1,351	4.9%	1,280	4.8%	1,209	4.7%
4	736 EPISIOTOMY	1,021	3.7%	1,142	4.3%	1,310	5.0%
5	3601 PTCA-1 VES/ATH W/O AGENT	974	3.5%	901	3.4%	897	3.5%
6	8154 TOTAL KNEE REPLACEMENT	877	3.2%	743	2.8%	646	2.5%
7	3722 LEFT HEART CARDIAC CATH	852	3.1%	787	2.9%	750	2.9%
8	684 TOTAL ABD HYSTERECTOMY	631	2.3%	654	2.4%	641	2.5%
9	7569 REPAIR OB LACERATION NEC	551	2.0%	444	1.7%	297	1.1%
10	8051 EXCISION INTERVERT DISC	477	1.7%	542	2.0%	450	1.7%
11	3893 VENOUS CATH NEC	397	1.4%	386	1.4%	306	1.2%
12	5123 LAPAROSCOPIC CHOLECYSTEC	392	1.4%	330	1.2%	321	1.2%
13	8151 TOTAL HIP REPLACEMENT	356	1.3%	313	1.2%	333	1.3%
14	4516 EGD WITH CLOSED BIOPSY	335	1.2%	350	1.3%	311	1.2%
15	4513 SM BOWEL ENDOSCOPY NEC	319	1.2%	320	1.2%	272	1.0%
16	4709 OTHER APPENDECTOMY	305	1.1%	283	1.1%	252	1.0%
17	3812 HEAD & NECK ENDARTER NEC	301	1.1%	298	1.1%	313	1.2%
18	6851 LAP AST VAG HYSTERECTOMY	299	1.1%	279	1.0%	221	0.9%
19	9904 PACKED CELL TRANSFUSION	296	1.1%	254	0.9%	190	0.7%
20	3605 PTCA-MULTIPLE VESSEL/ATH	285	1.0%	229	0.9%	213	0.8%
21	3615 1 INT MAM-COR ART BYPASS	258	0.9%	236	0.9%	156	0.6%
22	7935 OPEN REDUC-INT FIX FEMUR	258	0.9%	262	1.0%	228	0.9%
23	6859 OTHER VAG HYSTERECTOMY	242	0.9%	224	0.8%	213	0.8%
24	7271 VACUUM EXT DEL W EPISIOT	238	0.9%	240	0.9%	256	1.0%
25	309 SPINAL CANAL EXPLOR NEC	236	0.9%	219	0.8%	201	0.8%
Subtotal		15,253	55.1%	14,696	54.8%	13,884	53.4%
All Other Procedures		12,420	44.9%	12,146	45.2%	12,095	46.6%
Grand Total		27,673	100.0%	26,842	100.0%	25,979	100.0%

Source: Nebraska Hospital Association, 1999-2001.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 87% for 2001, 94% for 2000, and 94% for 1999.

Table 6.39 - Southeast Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Acute Inpatient Hospital Discharges by DRG, Age, Average Length of Stay (ALOS), and Average Charge, 2001⁽¹⁾

Rank	DRG Description	All Ages			64 and Under			65 and Over		
		Total Cases	Average Charges	ALOS All Ages	Total Cases	Average Charges	ALOS <65	Total Cases	Average Charges	ALOS 65+
1	381 NORMAL NEWBORN	4,813	\$920	2.2	4,813	\$920	2.2	-	-	-
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	3,726	\$3,104	2.2	3,726	\$3,104	2.2	-	-	-
3	430 PSYCHOSES	1,765	\$6,235	6.5	1,652	\$5,927	6.2	113	\$10,748	11.0
4	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	1,612	\$20,392	4.1	421	\$21,038	3.9	1,191	\$20,163	4.2
5	371 CESAREAN SECTION W/O CC	1,216	\$6,552	3.7	1,216	\$6,552	3.7	-	-	-
6	116 OTH PERM CARDIAC PACEMAKER IMPLANT OR PTCA W/ CORONARY ART STENT	1,140	\$25,114	2.5	422	\$25,018	2.2	718	\$25,171	2.7
7	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1,080	\$7,803	2.6	993	\$7,792	2.5	87	\$7,929	3.0
8	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,050	\$9,294	4.8	207	\$9,606	4.3	843	\$9,217	4.9
9	127 HEART FAILURE & SHOCK	809	\$9,784	4.8	114	\$13,729	5.4	695	\$9,137	4.7
10	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	757	\$14,025	7.7	119	\$15,585	6.2	638	\$13,734	7.9
11	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	671	\$7,340	3.8	281	\$6,722	3.4	390	\$7,785	4.2
12	143 CHEST PAIN	646	\$5,553	1.5	320	\$5,834	1.4	326	\$5,277	1.6
13	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	628	\$9,655	4.6	150	\$9,578	4.2	478	\$9,679	4.7
14	500 BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC	568	\$9,497	1.9	357	\$8,957	1.6	211	\$10,410	2.4
15	125 CIRCULATORY DISORDERS EXCEPT AMI, W/ CARD CATH W/O COMPLEX DIAG	506	\$11,883	2.0	288	\$11,227	1.7	218	\$12,751	2.5
16	372 VAGINAL DELIVERY W/ COMPLICATING DIAGNOSES	470	\$4,414	2.8	470	\$4,414	2.8	-	-	-
17	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	461	\$1,676	2.6	461	\$1,676	2.6	-	-	-
18	109 CORONARY BYPASS W/O CARDIAC CATH	434	\$36,345	5.7	172	\$33,612	4.9	262	\$38,138	6.3
19	174 G.I. HEMORRHAGE W CC	418	\$8,690	3.6	88	\$9,108	3.4	330	\$8,579	3.7
20	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	405	\$36,515	12.1	163	\$36,020	12.0	242	\$36,848	12.1
21	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	393	\$5,240	2.5	257	\$5,323	2.4	136	\$5,084	2.8
22	243 MEDICAL BACK PROBLEMS	380	\$7,624	5.1	140	\$6,225	2.9	240	\$8,440	6.3
23	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	338	\$8,123	4.3	98	\$10,915	5.2	240	\$6,982	4.0
24	107 CORONARY BYPASS W CARDIAC CATH	332	\$50,708	7.8	126	\$48,655	6.8	206	\$51,964	8.4
25	5 EXTRACRANIAL VASCULAR PROCEDURES	320	\$9,679	2.0	61	\$11,226	2.0	259	\$9,315	2.0
	Subtotal	24,938	\$8,976	3.6	17,115	\$6,039	3.1	7,823	\$15,401	4.8
	All Other DRGs	23,998	\$15,589	5.2	13,497	\$14,970	4.8	10,501	\$16,385	5.7
	Grand Total	48,936	\$12,219	4.4	30,612	\$9,977	3.8	18,324	\$15,965	5.3

Source: Nebraska Hospital Association, 2001.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 87% for 2001.

Table 6.40 - Southeast Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharges by DRG, Ranked by Estimated Total Charges, 1999, 2000, and 2001⁽¹⁾

Rank	DRG Description	2001			2000			1999		
		Total Cases	Average Charges	% Total Charges ⁽²⁾	Total Cases	Average Charges	% Total Charges ⁽²⁾	Total Cases	Average Charges	% Total Charges ⁽²⁾
1	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	1,612	\$20,392	\$32,871,232	1,465	\$18,260	\$26,750,714	1,274	\$15,397	\$19,615,860
2	116 OTH PERM CARDIAC PACEMAKER IMPLANT OR PTCA W/ CORONARY ART STENT	1,140	\$25,114	\$28,630,031	1,447	\$23,954	\$34,661,672	1,208	\$20,224	\$24,430,757
3	483 TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES	138	\$163,345	\$22,541,630	130	\$162,336	\$21,103,683	93	\$145,613	\$13,541,997
4	107 CORONARY BYPASS W/ CARDIAC CATH	332	\$50,708	\$16,835,085	376	\$51,024	\$19,184,917	340	\$43,395	\$14,754,460
5	109 CORONARY BYPASS W/O CARDIAC CATH	434	\$36,345	\$15,773,554	383	\$35,604	\$13,636,369	318	\$28,644	\$9,108,715
6	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W/ CC	405	\$36,515	\$14,788,453	421	\$32,129	\$13,526,242	430	\$27,717	\$11,918,100
7	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	3,726	\$3,104	\$11,566,874	3,826	\$2,921	\$11,175,979	3,443	\$2,632	\$9,062,925
8	104 CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/ CARD CATH	143	\$78,438	\$11,216,603	166	\$70,694	\$11,735,214	115	\$57,996	\$6,669,518
9	430 PSYCHOSES	1,765	\$6,235	\$11,005,312	1,830	\$6,056	\$11,082,339	1,567	\$5,121	\$8,024,497
10	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	757	\$14,025	\$10,616,700	712	\$12,499	\$8,899,529	651	\$11,455	\$7,457,382
11	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W/ CC	1,050	\$9,294	\$9,758,705	1,063	\$9,298	\$9,883,574	1,028	\$7,500	\$7,710,183
12	105 CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH	163	\$47,109	\$9,308,768	147	\$56,739	\$8,340,597	117	\$52,954	\$6,195,644
13	386 EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	160	\$55,076	\$8,812,081	128	\$59,645	\$7,634,604	108	\$51,978	\$5,613,653
14	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1,080	\$7,803	\$8,427,336	1,043	\$7,012	\$7,313,664	876	\$6,395	\$5,601,729
15	496 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	156	\$52,623	\$8,209,171	187	\$41,732	\$7,803,841	117	\$37,534	\$4,391,428
16	371 CESAREAN SECTION W/O CC	1,216	\$6,552	\$7,957,193	1,146	\$6,361	\$7,290,035	988	\$5,729	\$5,660,645
17	127 HEART FAILURE & SHOCK	809	\$9,784	\$7,915,038	880	\$8,438	\$7,425,363	873	\$7,396	\$6,456,517
18	517 PERCUTANEOUS CARDIOVASC PROC W/O AMI, W/ STENT	284	\$25,603	\$7,271,373	-	-	-	-	-	-
19	475 RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	190	\$37,710	\$7,164,814	164	\$40,999	\$6,723,786	156	\$37,289	\$5,817,098
20	498 SPINAL FUSION W/O CC	291	\$24,430	\$7,109,089	314	\$18,818	\$5,908,932	216	\$14,513	\$3,134,912
21	468 EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	214	\$32,429	\$6,939,821	200	\$27,339	\$5,467,772	155	\$26,893	\$4,168,429
22	110 MAJOR CARDIOVASCULAR PROCEDURES W/ CC	136	\$45,708	\$6,216,296	179	\$44,529	\$7,970,645	152	\$34,834	\$5,294,737
23	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	628	\$9,655	\$6,063,380	586	\$8,810	\$5,162,795	563	\$7,736	\$4,355,588
24	125 CIRCULATORY DISORDERS EXCEPT AMI, W/ CARD CATH W/O COMPLEX DIAG	506	\$11,883	\$6,013,027	449	\$11,106	\$4,986,663	380	\$8,970	\$3,408,459
25	500 BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC	568	\$9,497	\$5,394,083	571	\$8,336	\$4,760,131	410	\$7,071	\$2,899,302
	Subtotal	17,903	\$16,110	\$288,415,649	17,813	\$15,069	\$268,429,060	15,578	\$12,536	\$195,292,535
	All Other DRGs	31,033	\$9,975	\$309,544,351	30,902	\$9,303	\$287,480,940	26,852	\$8,121	\$218,077,465
	Grand Total	48,936	\$12,219	\$397,960,000	48,715	\$11,412	\$555,910,000	42,430	\$9,743	\$413,370,000

Source: Nebraska Hospital Association, 1999-2001.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 87% for 2001, 94% for 2000, and 94% for 1999.

(2) In thousands of dollars. This is an estimate of total charges based upon the average charge multiplied by total cases within this DRG category.

Table 6.41 - Southeast Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharges by DRG, Percent of Total Discharges, and Payer Types, 2001⁽¹⁾

Rank	DRG Description	All Discharges			Payer Type		
		Percent	Commercial	Medicaid ⁽²⁾	Medicaid ⁽²⁾	Medicare ⁽²⁾	Other ⁽³⁾
1	391 NORMAL NEWBORN	9.8%	75.5%	23.5%	-	1.0%	
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	7.6%	77.9%	21.0%	0.2%	1.0%	
3	430 PSYCHOSES	3.6%	69.4%	5.0%	22.7%	3.0%	
4	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	3.3%	26.6%	0.9%	72.0%	0.6%	
5	371 CESAREAN SECTION W/O CC	2.5%	79.4%	19.2%	0.3%	1.2%	
6	116 OTH PERM CARDIAC PACEMAKER IMPLANT OR PTCA W CORONARY ART STENT	2.3%	35.4%	1.8%	61.5%	1.3%	
7	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	2.2%	85.1%	5.2%	8.5%	1.2%	
8	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	2.2%	14.9%	3.3%	80.8%	1.1%	
9	127 HEART FAILURE & SHOCK	1.7%	9.3%	2.2%	88.0%	0.5%	
10	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	1.6%	14.1%	2.4%	82.4%	1.1%	
11	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	1.4%	30.9%	6.1%	61.6%	1.5%	
12	143 CHEST PAIN	1.3%	39.2%	3.9%	54.3%	2.6%	
13	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1.3%	17.4%	4.5%	77.4%	0.8%	
14	500 BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC	1.2%	53.9%	2.8%	36.3%	7.0%	
15	125 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	1.0%	50.2%	2.2%	46.1%	1.6%	
16	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	1.0%	75.7%	22.6%	0.4%	1.3%	
17	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	0.9%	74.6%	24.1%	-	1.3%	
18	109 CORONARY BYPASS W/O CARDIAC CATH	0.9%	42.6%	1.4%	54.8%	1.2%	
19	174 G.I. HEMORRHAGE W CC	0.9%	20.3%	1.4%	76.8%	1.4%	
20	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	0.8%	35.3%	2.7%	61.7%	0.3%	
21	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	0.8%	50.9%	5.9%	40.7%	2.5%	
22	243 MEDICAL BACK PROBLEMS	0.8%	27.9%	1.3%	65.8%	5.0%	
23	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	0.7%	21.3%	3.3%	75.2%	0.3%	
24	107 CORONARY BYPASS W CARDIAC CATH	0.7%	37.4%	1.5%	59.6%	1.5%	
25	5 EXTRACRANIAL VASCULAR PROCEDURES	0.7%	17.8%	1.9%	79.1%	1.3%	
Subtotal		51.0%	54.6%	11.3%	32.7%	1.4%	
All Other DRGs		49.1%	44.1%	7.9%	45.7%	2.3%	
Grand Total⁽⁴⁾		100.0%	49.5%	9.6%	39.1%	1.9%	

Source: Nebraska Hospital Association, 2001.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 87% for 2001.

(2) Non-managed care.

(3) Other includes self-pay, worker's compensation, and military health plans.

(4) Due to rounding, percentages may not sum to 100%.

