

Chapter 6: Hospital Discharges

Highlights

Total Discharges

During 2003, 192,239 resident discharges were reported to the Nebraska Hospital Association data archives.

Preventable Hospitalizations

In 2003, 14.4 percent (N = 24,982) of total inpatient resident hospitalizations were due to conditions that can be classified as ambulatory care sensitive, or potentially preventable. Potentially preventable hospitalizations occur most frequently among the 65 and older population. In 2003, just over 62 percent (N = 15,561) of preventable hospitalizations were for patients 65 years or older. Among all potentially preventable hospitalizations (all ages), bacterial pneumonia and congestive heart failure were the most frequent reasons for hospitalization. For those under 65 years of age, the most frequent preventable hospitalizations were due to bacterial pneumonia and cellulitis.

Transplants

During the years 2001 to 2003, there were 834 transplant procedures performed on an inpatient basis in Nebraska hospitals. Kidney and autologous hematopoietic stem cell transplants were the most frequent types performed. Nearly 44 percent of these transplants were performed on patients who live outside the state of Nebraska.

Highest Average Charge for an Inpatient Hospitalization Procedure

Statewide, the procedure with the highest average charge during 2003 was extensive third degree burns with skin graft. The procedure with the second highest average charge during 2003 was a liver transplant, which incurred an average statewide charge of \$235,200.

Highest Estimated Total Statewide Charges for Inpatient

Hospitalization Diagnoses

Inpatient hospitalization for major joint and limb reattachment procedures of lower extremity had the highest estimated total charges of all DRGs (\$183.6 million) during 2003.

Most Frequent Inpatient Diagnoses and Procedures

The most frequent discharges statewide were those related to the birth and delivery of newborns. Similarly, the most frequent procedures were related to these diagnoses. The most frequent procedures among inpatient discharges during the 2003 discharge year include, in order of frequency, circumcision of the penis, lower cervical cesarean section, operations related to the assistance of delivery (episiotomy), and repair of obstetric laceration.

Note: The information in this chapter reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Chapter Profile

Hospital Discharges 2003

Acute Discharges from Nebraska Hospitals

Rate of Hospital Discharges per 1,000 Resident Population: Inpatient Hospitalization		
Nebraska		
Western (Region I)		110.5
Southwest (Region II)		99.5
Central (Region III)		133.5
Northern (Region IV)		132.4
Southeast (Region V)		103.0
Eastern (Region VI)		110.2
		103.6

Five Most Frequent Discharge Types (DRGs) with Highest Average Charge

Rank	DRG	Description	Number
1	391	Normal Newborn	18,126
2	373	Vaginal Delivery without Complicating Diagnoses	13,793
3	430	Psychoses	6,284
4	209	Major Joint and Limb Reattachment Procedures of Lower Extremity	6,043
5	89	Simple Pneumonia and Pleurisy (Above Age 17 with Complications)	5,677

Charges for Acute Discharges from Nebraska Hospitals

Three Highest Average Charge Inpatient Hospitalizations				
Rank	DRG	Description	Number	Average Charge
1	504	Extensive Third Degree Burn with Skin Graft	*	*
2	480	Liver Transplant	71	\$235,200
3	512	Simultaneous Pancreas/Kidney Transplant	*	*

*Five or fewer cases.

Estimated Statewide Total Charges for Leading Hospitalizations Ranked by DRGs with Highest Average Charge

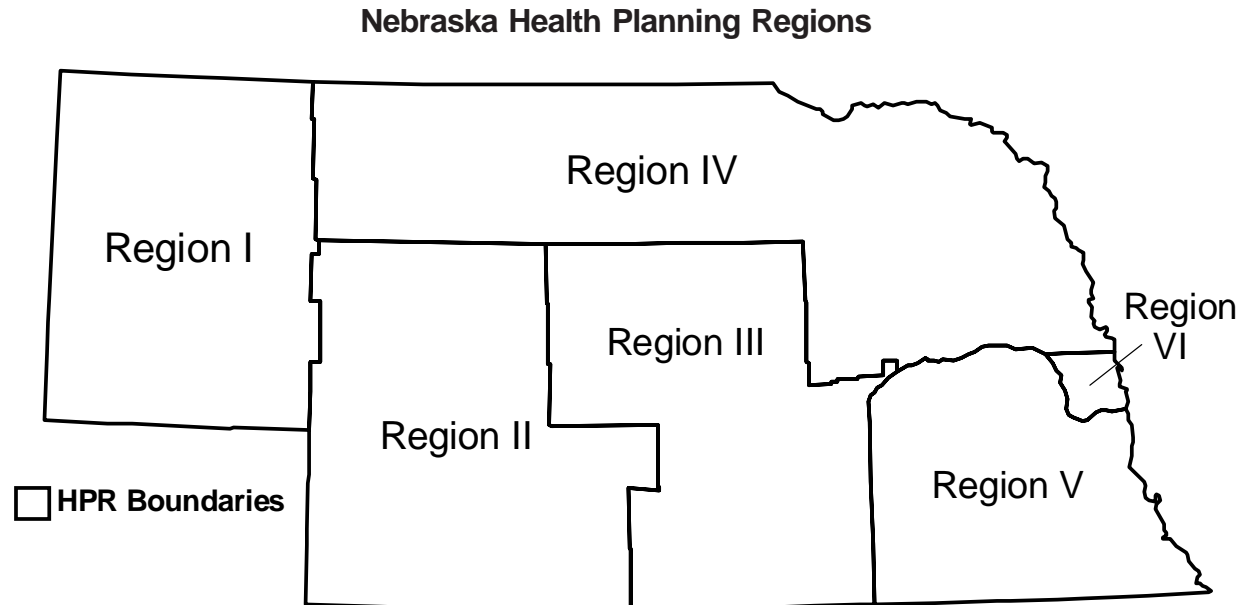
Rank	DRG	Description	Number	Total Estimated Charge
1	209	Major Joint & Limb Reattachment Procedures of Lower Extremity	6,666	\$183,610,700
2	483	Tracheostomy Except for Face, Mouth, & Neck Diagnoses	408	\$79,308,600
3	148	Major Small & Large Bowel Procedures with Complications	1,711	\$73,970,060

Percent ⁽¹⁾ of Total Hospital Discharges Indicating Primary Payer as		
Medicare		34.2%
Medicaid		13.3%
Commercial Insurance		50.3%
Patient (Self-Pay) ⁽²⁾		1.4%
Other		0.9%

(1) May not sum to 100% due to rounding.

(2) This category is under-reported. See Payer Type in Appendix A.

Figure 6.1- Average Charges for the Five Most Frequent Resident Discharges,⁽¹⁾ Acute Care Hospitals, Nebraska and Health Planning Regions 2003



Rank	Description	Nebraska	Western Region I	Southwest Region II	Central Region III	Northern Region IV	Southeast Region V	Eastern Region VI
1	Normal newborn	\$1,235	\$1,464	\$1,235	\$969	\$1,195	\$1,152	\$1,380
2	Vaginal delivery without complications	\$3,984	\$3,814	\$3,984	\$3,065	\$3,388	\$3,633	\$4,752
3	Psychoses	\$8,683	\$4,375	\$8,943	\$7,071	\$8,634	\$7,440	\$9,851
4	Major joint & limb reattachment of lower extremity	\$27,313	\$28,084	\$25,455	\$25,293	\$24,663	\$25,913	\$32,056
5	Pneumonia and pleurisy ages over 17 with complications	\$11,895	\$7,682	\$9,049	\$9,811	\$9,013	\$11,337	\$18,577

Source: Nebraska Hospital Association, 2003.

Nebraska Health Planning Regions defined by Nebraska Health and Human Services System, 2001.

(1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.

Table 6.1 - Total Resident Inpatient Hospital Discharges by Age and Sex, Nebraska and Health Planning Regions 2003⁽¹⁾

	Total	Age Group in Years					
		Newborn ⁽²⁾	1-14	15-44	45-64	65+	80+
Nebraska	192,238 ⁽³⁾	26,460	6,523	51,936	35,384	71,935	31,011
Male	76,661	13,925	3,583	11,253	16,785	31,115	11,667
Female	115,577	12,535	2,940	40,683	18,599	40,820	19,344
Western	8,856	1,019	320	1,907	1,323	4,287	1,934
Male	3,438	538	149	343	602	1,806	752
Female	5,418	481	171	1,564	721	2,481	1,182
Southwest	14,221	1,584	435	3,514	2,684	6,004	2,602
Male	5,915	823	238	796	1,342	2,716	1,009
Female	8,306	761	197	2,718	1,342	3,288	1,593
Central	28,785	3,328	915	6,737	5,060	12,745	5,688
Male	11,827	1,747	498	1,554	2,375	5,653	2,212
Female	16,958	1,581	417	5,183	2,685	7,092	3,476
Northern	27,688	3,454	1,038	6,293	4,606	12,297	5,669
Male	11,542	1,833	560	1,288	2,251	5,610	2,269
Female	16,146	1,621	478	5,005	2,355	6,687	3,400
Southeast	49,401	6,675	1,617	13,208	9,442	18,459	7,968
Male	19,919	3,510	891	2,963	4,683	7,872	2,914
Female	29,482	3,165	726	10,245	4,759	10,587	5,054
Eastern	63,127	10,381	2,189	20,213	12,245	18,099	7,123
Male	23,948	5,464	1,241	4,282	5,520	7,441	2,500
Female	39,179	4,917	948	15,931	6,725	10,658	4,623

Source: Nebraska Hospital Association, 2003.

Note: Nebraska Health Planning Regions defined by Nebraska Health and Human Services System, 2001.

(1) Calendar year. Nebraska residents only. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.

(2) Age less than one year.

(3) Total discharges are 192,239. However, the gender of one person is unknown.

Table 6.2 - Inpatient Hospital Discharge Rate per 1,000 Population by Age, Nebraska and Health Planning Regions 2003⁽¹⁾

	Total	Age Group in Years				
		0-14	15-44	45-64	65+	80+
Nebraska	110.5	90.7	70.3	87.6	309.5	428.7
Male	89.2	94.1	29.9	83.9	322.1	472.7
Female	131.3	87.1	112.1	91.3	300.6	405.9
Western	99.5	77.6	56.0	59.5	277.9	398.9
Male	79.4	77.1	20.2	54.7	281.6	437.5
Female	118.6	78.2	91.5	64.1	275.4	377.8
Southwest	133.5	93.2	88.5	99.6	329.4	449.3
Male	112.5	95.8	39.2	99.0	355.7	503.7
Female	154.0	90.4	140.4	100.3	310.4	420.5
Central	132.4	96.5	77.7	97.4	365.6	492.1
Male	110.5	99.9	35.2	91.6	389.4	554.1
Female	153.6	93.0	121.9	103.2	348.6	459.4
Northern	103.0	79.9	59.4	72.9	283.2	394.2
Male	86.6	82.7	23.7	70.8	308.1	464.2
Female	119.2	76.9	97.0	75.0	265.2	358.1
Southeast	110.2	94.9	66.7	91.4	309.6	417.0
Male	89.4	98.6	29.1	90.8	316.9	441.4
Female	130.8	91.0	106.5	91.9	304.4	404.2
Eastern	103.6	91.6	73.5	89.9	297.6	427.7
Male	79.8	95.7	30.9	83.2	297.7	456.2
Female	126.8	87.4	117.0	96.1	297.5	413.8

Sources: Nebraska Hospital Association, 2003; and U.S. Census Bureau. See <http://eire.census.gov/popest/estimates.php>.

Note: Nebraska Health Planning Regions defined by Nebraska Health and Human Services System, 2001.

(1) Calendar year. Nebraska residents only. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.

Table 6.3 - Preventable Hospitalizations Rate per 1,000 Population, Nebraska Residents⁽¹⁾ 2001, 2002, and 2003⁽²⁾

	Total									Under 65 Years								
	2003			2002			2001			2003			2002			2001		
	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate
All Preventable Hospitalizations	24,982	100.0%	14.38	23,689	100.0%	13.72	22,610	100.0%	13.15	9,421	37.7%	6.25	8,883	37.5%	5.94	8,425	37.3%	5.57
Bacterial pneumonia	7,240	29.0%	4.17	6,663	28.1%	3.86	6,270	27.7%	3.65	2,129	22.6%	1.41	2,053	23.1%	1.37	1,941	23.0%	1.28
Congestive heart failure	4,372	17.5%	2.52	4,332	18.3%	2.51	4,134	18.3%	2.40	740	7.9%	0.49	717	8.1%	0.48	629	7.5%	0.42
Cellulitis	3,025	12.1%	1.74	2,706	11.4%	1.57	2,620	11.6%	1.52	1,741	18.5%	1.16	1,546	17.4%	1.03	1,499	17.8%	0.99
Chronic obstructive pulmonary disease	2,574	10.3%	1.48	2,427	10.3%	1.41	2,402	10.6%	1.40	641	6.8%	0.43	645	7.3%	0.43	621	7.4%	0.41
Dehydration	2,224	8.9%	1.28	1,896	8.0%	1.10	1,677	7.4%	0.97	1,260	13.4%	0.84	955	10.8%	0.64	807	9.6%	0.53
Kidney/Urinary tract infections	1,644	6.6%	0.95	1,547	6.5%	0.90	1,429	6.3%	0.83	545	5.8%	0.36	539	6.1%	0.36	464	5.5%	0.31
Diabetes (all types)	1,315	5.3%	0.76	1,396	5.9%	0.81	1,228	5.4%	0.71	894	9.5%	0.59	926	10.4%	0.62	800	9.5%	0.53
Gastroenteritis	934	3.7%	0.54	1,010	4.3%	0.59	869	3.8%	0.51	490	5.2%	0.33	530	6.0%	0.35	531	6.3%	0.35
Angina	414	1.7%	0.24	538	2.3%	0.31	672	3.0%	0.39	149	1.6%	0.10	176	2.0%	0.12	236	2.8%	0.16
Hypertension	400	1.6%	0.23	352	1.5%	0.20	345	1.5%	0.20	158	1.7%	0.10	146	1.6%	0.10	138	1.6%	0.09
Asthma	288	1.2%	0.17	274	1.2%	0.16	416	1.8%	0.24	227	2.4%	0.15	207	2.3%	0.14	312	3.7%	0.21
Ear, nose, and throat (ENT)	280	1.1%	0.16	253	1.1%	0.15	246	1.1%	0.14	233	2.5%	0.15	200	2.3%	0.13	211	2.5%	0.14
Grand mal status/Convulsions	152	0.6%	0.09	166	0.7%	0.10	178	0.8%	0.10	129	1.4%	0.09	147	1.7%	0.10	153	1.8%	0.10
Dental	78	0.3%	0.04	93	0.4%	0.05	84	0.4%	0.05	61	0.7%	0.04	77	0.9%	0.05	60	0.7%	0.04
Hypoglycemia	31	0.1%	0.02	27	0.1%	0.02	22	0.1%	0.01	14	0.2%	0.01	11	0.1%	0.01	7	0.1%	0.00
Immunizable & preventable	11	0.0%	0.01	9	0.0%	0.01	17	0.1%	0.01	10	0.1%	0.01	8	0.1%	0.01	15	0.2%	0.01
Congenital syphilis	0	0.0%	0.00	0	0.0%	0.00	*	*	*	0	0.0%	0.00	0	0.0%	0.00	*	*	*

Sources: Nebraska Hospital Association, 2003; and U.S. Census Bureau, census 2001-2003.

*Fewer than five cases.

Note: Hospitalization due to ambulatory care sensitive conditions can be referred to as preventable hospitalization.

(1) Includes only those residents who were discharged from a Nebraska hospital.

(2) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.4 - Characteristics of Inpatient Transplant Procedures, Nebraska Residents 2001 to 2003⁽¹⁾

Transplant Type	Total	Percent	Percent 0-44 Years	Percent 45-64 Years	Percent 65+	Average Charge	Estimated Total Charges	ALOS ⁽²⁾	Percent Non-resident Transplant Procedure
KIDNEY TRANSPLANT	254	30.5%	48.8%	43.7%	7.5%	\$92,769	\$23,563,443	8.0	16.1%
AUTOLOGOUS HEMATOPOIETIC STEM CELL TRANSPLANT	233	27.9%	33.1%	51.1%	15.9%	\$89,642	\$20,886,528	19.4	54.9%
LIVER TRANSPLANT	181	21.7%	36.5%	58.6%	5.0%	\$180,038	\$32,586,858	20.2	74.0%
ALLOGENEIC HEMATOPOIETIC STEM CELL TRANSPLANT	95	11.4%	37.9%	55.8%	6.3%	\$129,872	\$12,337,882	20.5	46.3%
TENDON TRNSFR/TRANSPLANT	29	3.5%	58.6%	31.0%	10.3%	\$11,248	\$326,205	1.8	6.9%
PANCREATIC HOMOTRANSPLANTATION	14	1.7%	50.0%	50.0%	0.0%	\$186,370	\$2,609,177	15.1	57.1%
HEART TRANSPLANTATION	9	1.1%	0.0%	88.9%	11.1%	\$162,757	\$1,464,813	20.1	11.1%
ALLOGRAFT BONE MARROW TRANSPLANT NOS	5	0.6%	60.0%	40.0%	0.0%	\$68,540	\$342,701	13.2	40.0%
OTHER ⁽³⁾	14	1.7%	50.0%	28.6%	21.4%	\$11,538	\$161,537	13.5	28.6%
Total	834	100.0%	40.4%	50.2%	9.4%	\$114,723	\$95,679,140	15.4	43.6%

Source: Nebraska Hospital Association, 2001-2003.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

(2) Average Length of Stay.

(3) Other includes Pancreas Transplant Not Otherwise Specified, Corneal Transplant Not Otherwise Specified, Muscle Transfers or Transplanations, Autologous Bone Marrow Transplant, Bilateral Lung Transplant, Other Corneal Transplant, Unilateral Lung Transplant, and Renal Autotransplant.

Table 6.5 - Leading Inpatient Hospital Discharges by DRG: Nebraska Residents⁽¹⁾ (Including Newborns) 2001, 2002, and 2003⁽²⁾

Rank	DRG Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	391 NORMAL NEWBORN	18,126	9.4%	17,044	9.2%	15,768	8.9%
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	13,793	7.2%	13,626	7.4%	13,249	7.5%
3	430 PSYCHOSES	6,284	3.3%	6,911	3.7%	6,687	3.8%
4	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	6,043	3.1%	5,451	2.9%	4,879	2.8%
5	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	5,677	3.0%	4,943	2.7%	4,659	2.6%
6	371 CESAREAN SECTION W/O CC	5,006	2.6%	4,626	2.5%	3,971	2.2%
7	127 HEART FAILURE & SHOCK	3,997	2.1%	3,945	2.1%	3,864	2.2%
8	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	3,058	1.6%	3,072	1.7%	2,816	1.6%
9	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	3,057	1.6%	3,182	1.7%	3,197	1.8%
10	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	2,845	1.5%	2,562	1.4%	2,572	1.5%
11	143 CHEST PAIN	2,787	1.4%	2,688	1.5%	2,966	1.7%
12	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	2,537	1.3%	2,125	1.1%	1,986	1.1%
13	174 G.I. HEMORRHAGE W CC	2,018	1.0%	1,819	1.0%	1,712	1.0%
14	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	1,867	1.0%	1,786	1.0%	1,678	0.9%
15	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	1,825	0.9%	2,804	1.5%	633	0.4%
16	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	1,805	0.9%	1,711	0.9%	1,617	0.9%
17	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	1,661	0.9%	1,677	0.9%	1,665	0.9%
18	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	1,608	0.8%	1,606	0.9%	1,483	0.8%
19	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	1,597	0.8%	2,456	1.3%	2,498	1.4%
20	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	1,564	0.8%	1,475	0.8%	1,362	0.8%
21	462 REHABILITATION	1,561	0.8%	1,175	0.6%	935	0.5%
22	500 BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC	1,450	0.8%	1,476	0.8%	1,545	0.9%
23	243 MEDICAL BACK PROBLEMS	1,405	0.7%	1,374	0.7%	1,377	0.8%
24	320 KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	1,326	0.7%	1,200	0.6%	1,158	0.7%
25	125 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	1,310	0.7%	1,274	0.7%	1,083	0.6%
Subtotal		94,207	49.0%	92,008	49.6%	85,360	48.3%
All other DRGs		98,032	51.0%	93,324	50.4%	91,465	51.7%
Grand Total		192,239	100.0%	185,332	100.0%	176,825	100.0%

Source: Nebraska Hospital Association, 2001-2003.

(1) Includes only those residents who were discharged from a Nebraska hospital.

(2) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.6 - Leading Inpatient Diagnoses by ICD-9 Code: Nebraska Residents⁽¹⁾ (Including Newborns) 2001, 2002, and 2003⁽²⁾

Rank	ICD-9 Diagnosis Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	V3000 SINGLE LB IN-HOSP W/O CS	16,284	8.5%	15,457	8.3%	14,956	8.5%
2	486 PNEUMONIA, ORGANISM NOS	6,923	3.6%	6,337	3.4%	5,864	3.3%
3	V3001 SINGLE LB IN-HOSP W CS	5,856	3.0%	5,186	2.8%	4,398	2.5%
4	41401 CRNRY ATRRSCL NATVE VSSL	4,969	2.6%	5,281	2.8%	4,825	2.7%
5	4280 CONGESTIVE HEART FAILURE	4,268	2.2%	4,322	2.3%	3,998	2.3%
6	65421 PREV C-DELIVERY-DELIVRD	2,452	1.3%	2,310	1.2%	1,923	1.1%
7	49121 OBS CHR BRNC W ACT EXA	2,288	1.2%	2,143	1.2%	2,019	1.1%
8	71536 LOC OSTEOARTH NOS-L/LEG	2,246	1.2%	1,846	1.0%	1,337	0.8%
9	2765 HYPOVOLEMIA	2,224	1.2%	1,896	1.0%	1,677	0.9%
10	66411 DEL W 2 DEG LACERAT-DEL	2,123	1.1%	2,119	1.1%	1,879	1.1%
11	42731 ATRIAL FIBRILLATION	2,025	1.1%	2,026	1.1%	1,814	1.0%
12	650 NORMAL DELIVERY	1,986	1.0%	2,164	1.2%	2,184	1.2%
13	66401 DEL W 1 DEG LACERAT-DEL	1,974	1.0%	1,784	1.0%	1,778	1.0%
14	78659 CHEST PAIN NEC	1,955	1.0%	1,777	1.0%	1,740	1.0%
15	V5789 REHABILITATION PROC NEC	1,479	0.8%	1,067	0.6%	630	0.4%
16	78650 CHEST PAIN NOS	1,412	0.7%	1,411	0.8%	1,622	0.9%
17	71596 OSTEOARTHROS NOS-L/LEG	1,376	0.7%	1,210	0.7%	1,348	0.8%
18	72210 LUMBAR DISC DISPLACEMENT	1,357	0.7%	1,328	0.7%	1,408	0.8%
19	64511 PROLONGED PREGNANCY	1,354	0.7%	1,013	0.5%	908	0.5%
20	5990 URIN TRACT INFECTION NOS	1,350	0.7%	1,248	0.7%	1,171	0.7%
21	41071 SUBENDO INFARCT, INITIAL	1,327	0.7%	1,179	0.6%	1,204	0.7%
22	66331 CORD ENTANGLE NEC-DELIV	1,100	0.6%	1,079	0.6%	1,048	0.6%
23	65971 ABN FTL HRT RATE/RHY-DEL	1,055	0.5%	889	0.5%	727	0.4%
24	43491 CRBL ART OCL NOS W INFRC	1,027	0.5%	1,127	0.6%	933	0.5%
25	6826 CELLULITIS OF LEG	1,015	0.5%	885	0.5%	862	0.5%
Subtotal		71,425	37.2%	67,084	36.2%	62,253	35.2%
All Other Diagnoses		120,814	62.8%	118,248	63.8%	114,572	64.8%
Grand Total		192,239	100.0%	185,332	100.0%	176,825	100.0%

Source: Nebraska Hospital Association, 2001-2003.

(1) Includes only those residents who were discharged from a Nebraska hospital.

(2) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.7 - Leading Inpatient Procedures by ICD-9 Code: Nebraska Residents⁽¹⁾ (Including Newborns) 2001, 2002, and 2003⁽²⁾

Rank	ICD-9 Procedure Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	640 CIRCUMCISION	9,243	8.4%	8,555	8.1%	8,061	8.1%
2	741 LOW CERVICAL C-SECTION	6,150	5.6%	5,617	5.3%	4,809	4.8%
3	7359 MANUAL ASSIST DELIV NEC	4,795	4.4%	4,955	4.7%	4,601	4.6%
4	7569 REPAIR OB LACERATION NEC	4,076	3.7%	3,955	3.7%	3,461	3.5%
5	8154 TOTAL KNEE REPLACEMENT	3,471	3.2%	2,973	2.8%	2,643	2.6%
6	736 EPISIOTOMY	3,104	2.8%	3,285	3.1%	3,298	3.3%
7	3601 PTCA-1 VES/ATH W/O AGENT	3,074	2.8%	3,117	2.9%	2,724	2.7%
8	3722 LEFT HEART CARDIAC CATH	2,640	2.4%	2,513	2.4%	2,261	2.3%
9	4516 EGD WITH CLOSED BIOPSY	2,151	2.0%	2,102	2.0%	1,898	1.9%
10	3893 VENOUS CATH NEC	2,100	1.9%	1,641	1.6%	1,302	1.3%
11	684 TOTAL ABD HYSTERECTOMY	1,886	1.7%	2,060	1.9%	1,979	2.0%
12	5123 LAPAROSCOPIC CHOLECYSTEC	1,542	1.4%	1,592	1.5%	1,560	1.6%
13	9904 PACKED CELL TRANSFUSION	1,496	1.4%	1,232	1.2%	1,295	1.3%
14	8151 TOTAL HIP REPLACEMENT	1,495	1.4%	1,426	1.3%	1,254	1.3%
15	6859 OTHER VAG HYSTERECTOMY	1,369	1.2%	1,334	1.3%	1,360	1.4%
16	8051 EXCISION INTERVERT DISC	1,346	1.2%	1,447	1.4%	1,486	1.5%
17	331 SPINAL TAP	1,325	1.2%	985	0.9%	881	0.9%
18	4513 SM BOWEL ENDOSCOPY NEC	1,168	1.1%	1,111	1.1%	1,071	1.1%
19	4709 OTHER APPENDECTOMY	953	0.9%	999	0.9%	1,047	1.0%
20	8622 EXC WOUND DEBRIDEMENT	903	0.8%	786	0.7%	783	0.8%
21	9671 CONT MECH VENT < 96 HRS	816	0.7%	785	0.7%	689	0.7%
22	309 SPINAL CANAL EXPLOR NEC	754	0.7%	719	0.7%	699	0.7%
23	3812 HEAD & NECK ENDARTER NEC	732	0.7%	794	0.8%	860	0.9%
24	8152 PARTIAL HIP REPLACEMENT	728	0.7%	714	0.7%	722	0.7%
25	7935 OPEN REDUC-INT FIX FEMUR	715	0.7%	708	0.7%	793	0.8%
Subtotal		58,032	52.8%	55,405	52.4%	51,537	51.5%
All Other Procedures		51,906	47.2%	50,276	47.6%	48,455	48.5%
Grand Total		109,938	100.0%	105,681	100.0%	99,992	100.0%

Source: Nebraska Hospital Association, 2001-2003.

(1) Includes only those residents who were discharged from a Nebraska hospital.

(2) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.8 - Leading Acute Inpatient Hospital Discharges by DRG, Age, Average Length of Stay (ALOS), and Average Charge, Ranked by Frequency, All Discharges, Including Out-of-State Patients, 2003⁽¹⁾

Rank	DRG Description	All Ages			64 and Under			65 and Over		
		Total Cases	Average Charge	ALOS All Ages	Total Cases	Average Charge	ALOS <65	Total Cases	Average Charge	ALOS 65+
1	391 NORMAL NEWBORN	18,803	\$1,238	2.1	18,803	\$1,238	2.1	-	-	-
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	14,329	\$4,015	2.1	14,329	\$4,015	2.1	-	-	-
3	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	6,666	\$27,544	4.2	1,972	\$28,782	3.7	4,694	\$27,025	4.3
4	430 PSYCHOSES	6,537	\$8,686	6.7	6,046	\$8,126	6.3	491	\$15,581	12.0
5	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	5,860	\$11,972	5.1	1,238	\$12,936	4.5	4,622	\$11,714	5.2
6	371 CESAREAN SECTION W/O CC	5,235	\$7,989	3.4	5,235	\$7,989	3.4	-	-	-
7	127 HEART FAILURE & SHOCK	4,173	\$12,095	4.8	646	\$15,362	4.5	3,527	\$11,497	4.8
8	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	3,239	\$9,905	2.3	3,000	\$9,922	2.3	239	\$9,700	2.7
9	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	3,213	\$8,793	3.6	1,425	\$9,043	3.3	1,788	\$8,595	3.9
10	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	2,949	\$11,165	4.4	798	\$12,208	4.3	2,151	\$10,779	4.5
11	143 CHEST PAIN	2,906	\$6,538	1.6	1,603	\$6,744	1.4	1,303	\$6,284	1.8
12	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	2,661	\$2,657	2.7	2,661	\$2,657	2.7	-	-	-
13	174 G.I. HEMORRHAGE W CC	2,121	\$11,673	4.1	490	\$14,051	3.9	1,631	\$10,959	4.1
14	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	2,077	\$28,837	1.9	877	\$30,431	1.7	1,200	\$27,672	2.0
15	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	1,948	\$5,474	2.6	1,948	\$5,474	2.6	-	-	-
16	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	1,889	\$9,818	4.3	576	\$10,871	3.8	1,313	\$9,356	4.5
17	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	1,754	\$6,317	2.6	1,136	\$6,727	2.5	618	\$5,562	2.6
18	462 REHABILITATION	1,748	\$22,675	14.3	596	\$28,000	16.1	1,152	\$19,921	13.4
19	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	1,717	\$10,259	3.4	348	\$12,474	3.1	1,369	\$9,696	3.5
20	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	1,711	\$43,232	11.2	651	\$45,308	10.8	1,060	\$41,957	11.4
21	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	1,690	\$14,482	4.9	408	\$19,234	4.9	1,282	\$12,969	4.9
22	500 BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC	1,637	\$11,780	2.0	1,102	\$11,488	1.8	535	\$12,382	2.6
23	243 MEDICAL BACK PROBLEMS	1,488	\$7,897	3.9	608	\$7,577	3.1	880	\$8,119	4.5
24	125 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	1,444	\$15,630	2.1	880	\$15,916	2.0	564	\$15,183	2.3
25	320 KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	1,376	\$8,560	4.2	401	\$8,385	3.6	975	\$8,632	4.4
Subtotal		99,171	\$9,569	3.6	67,777	\$7,021	3.0	31,394	\$15,071	4.9
All Other DRGs		106,592	\$20,493	5.0	61,463	\$20,070	4.6	45,129	\$21,070	5.5
Grand Total		205,763	\$15,228	4.3	129,240	\$13,227	3.8	76,523	\$18,608	5.3

Source: Nebraska Hospital Association, 2003.

(1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.

Table 6.9 - Leading Acute Inpatient Hospital Discharges by DRG, Age, Average Length of Stay (ALOS), and Average Charge, Ranked by Average Charge, All Discharges, Including Out-of-State Patients, 2003⁽¹⁾

Rank	DRG Description	All Ages			64 and Under			65 and Over		
		Total Cases	Average Charge	ALOS All Ages	Total Cases	Average Charge	ALOS <65	Total Cases	Average Charge	ALOS 65+
1	504 EXTENSIVE 3RD DEGREE BURN W SKIN GRAFT	*	*	*	*	*	*	*	*	*
2	480 LIVER TRANSPLANT	71	\$235,200	23.7	69	\$237,916	24.0	*	*	*
3	512 SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	*	*	*	*	*	*	-	-	-
4	483 TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES	408	\$194,384	28.5	201	\$192,278	25.6	207	\$196,429	31.3
5	103 HEART TRANSPLANT	*	*	*	*	*	*	*	*	*
6	513 PANCREAS TRANSPLANTS	*	*	*	*	*	*	-	-	-
7	302 KIDNEY TRANSPLANT	82	\$119,207	8.0	73	\$120,907	8.1	9	\$105,421	7.0
8	481 BONE MARROW TRANSPLANT	150	\$118,533	19.0	136	\$119,854	19.0	14	\$105,695	19.5
9	104 CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH	193	\$115,314	13.1	67	\$117,483	12.1	126	\$114,161	13.6
10	535 CARDIAC DEFIBRILLATOR IMPLANT W CARDIAC CATH W ACUTE MYOCARDIAL INFARCTION, HEART FAILURE OR SHOCK	45	\$112,302	6.4	12	\$118,420	6.3	33	\$110,077	6.4
11	536 CARDIAC DEFIBRILLATOR IMPLANT W CARDIAC CATH W/O ACUTE MYOCARDIAL INFARCTION, HEART FAILURE OR SHOCK	50	\$104,044	4.2	20	\$104,594	3.8	30	\$103,677	4.5
12	528 INTRACRANIAL VASCULAR PROCEDURES WITH A PRINCIPAL DIAGNOSIS OF HEMORRHAGE	6	\$102,507	11.7	*	*	*	*	*	*
13	514 CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATH	278	\$93,717	4.7	93	\$98,178	5.4	185	\$91,474	4.4
14	473 ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17	108	\$85,417	14.9	51	\$104,210	15.9	57	\$68,601	14.0
15	515 CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH	234	\$83,979	3.8	67	\$83,938	3.5	167	\$83,996	3.9
16	492 CHEMOTHERAPY W ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS	103	\$83,317	14.4	91	\$77,386	13.0	12	\$128,294	24.9
17	496 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	574	\$82,519	5.4	448	\$80,979	5.1	126	\$87,996	6.6
18	486 OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	103	\$80,569	11.3	88	\$86,990	12.0	15	\$42,901	7.3
19	106 CORONARY BYPASS WITH PTCA	60	\$80,470	7.5	36	\$76,062	6.4	24	\$87,081	9.0
20	105 CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH	521	\$77,938	8.2	214	\$77,174	7.4	307	\$78,470	8.8
21	484 CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	19	\$75,551	7.4	17	\$75,679	6.8	*	*	*
22	108 OTHER CARDIOTHORACIC PROCEDURES	178	\$75,088	8.6	126	\$79,672	9.0	52	\$63,982	7.8
23	386 EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	478	\$73,848	27.7	478	\$73,848	27.7	-	-	-
24	107 CORONARY BYPASS W CARDIAC CATH	848	\$71,122	9.0	349	\$71,278	8.0	499	\$71,013	9.6
25	506 FULL THICK BURN W SK GRAFT OR INHAL INJ W CC OR SIG TR	50	\$68,730	15.0	40	\$71,909	15.6	10	\$56,014	12.7
Subtotal		4,559	\$96,613	12.7	2,676	\$97,484	13.8	1,873	\$95,379	11.0
All Other DRGs		201,204	\$13,397	4.1	126,564	\$11,460	3.6	74,650	\$16,682	5.1
Grand Total		205,763	\$15,228	4.3	129,240	\$13,227	3.8	76,523	\$18,608	5.3

Source: Nebraska Hospital Association, 2003.

*Five or fewer cases.

(1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.

Table 6.10 - Leading Acute Inpatient Hospital Discharges by DRG, Ranked by Estimated Total Charges (In Thousands of Dollars), All Discharges, Including Out-of-State Patients, 2001, 2002, and 2003⁽¹⁾

Rank	DRG Description	2003				2002				2001			
		Total Cases	Average Charge	Total Charges ⁽²⁾	% of Total Charges	Total Cases	Average Charge	Total Charges ⁽²⁾	% of Total Charges	Total Cases	Average Charge	Total Charges ⁽²⁾	% of Total Charges
1	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	6,666	\$27,544	\$183,611	5.9%	5,950	\$24,799	\$147,555	5.4%	5,293	\$21,829	\$115,542	5.0%
2	483 TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES	408	\$194,384	\$79,309	2.5%	407	\$179,159	\$72,918	2.7%	368	\$182,206	\$67,052	2.9%
3	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	1,711	\$43,232	\$73,970	2.4%	1,593	\$39,762	\$63,340	2.3%	1,478	\$35,318	\$52,199	2.3%
4	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	5,860	\$11,972	\$70,156	2.2%	5,125	\$10,769	\$55,190	2.0%	4,798	\$9,639	\$46,248	2.0%
5	107 CORONARY BYPASS W CARDIAC CATH	848	\$71,122	\$60,311	1.9%	991	\$63,165	\$62,596	2.3%	992	\$58,765	\$58,295	2.5%
6	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	2,077	\$28,837	\$59,895	1.9%	3,138	\$29,330	\$92,036	3.4%	702	\$29,935	\$21,014	0.9%
7	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	14,329	\$4,015	\$57,530	1.8%	14,097	\$3,803	\$53,606	2.0%	13,802	\$3,508	\$48,412	2.1%
8	430 PSYCHOSES	6,537	\$8,686	\$56,782	1.8%	7,225	\$7,352	\$53,115	1.9%	6,976	\$7,262	\$50,661	2.2%
9	127 HEART FAILURE & SHOCK	4,173	\$12,095	\$50,473	1.6%	4,120	\$10,905	\$44,930	1.6%	4,035	\$9,478	\$38,244	1.7%
10	496 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	574	\$82,519	\$47,366	1.5%	435	\$63,074	\$27,437	1.0%	366	\$56,751	\$20,771	0.9%
11	475 RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	865	\$53,220	\$46,035	1.5%	790	\$46,040	\$36,372	1.3%	674	\$43,107	\$29,054	1.3%
12	109 CORONARY BYPASS W/O CARDIAC CATH	949	\$46,396	\$44,029	1.4%	1,147	\$41,758	\$47,897	1.7%	1,083	\$39,202	\$42,456	1.9%
13	371 CESAREAN SECTION W/O CC	5,235	\$7,989	\$41,823	1.3%	4,869	\$7,570	\$36,858	1.3%	4,196	\$6,997	\$29,359	1.3%
14	105 CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH	521	\$77,938	\$40,606	1.3%	556	\$68,343	\$37,999	1.4%	482	\$64,806	\$31,236	1.4%
15	462 REHABILITATION	1,748	\$22,675	\$39,637	1.3%	1,328	\$21,048	\$27,952	1.0%	1,085	\$20,168	\$21,883	1.0%
16	527 PERCUTANEOUS CARDIOVAS PROC W/ DRUG ELUTING STENT W/O AMI	1,041	\$35,081	\$36,519	1.2%	1	\$23,428	\$23	0.0%	-	-	-	-
17	386 EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	478	\$73,848	\$35,300	1.1%	511	\$61,022	\$31,182	1.1%	520	\$63,862	\$33,208	1.5%
18	468 EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	799	\$42,172	\$33,695	1.1%	777	\$40,512	\$31,478	1.1%	756	\$32,736	\$24,748	1.1%
19	516 PERCUTANEOUS CARDIOVAS PROC WITH AMI	893	\$37,100	\$33,130	1.1%	1,120	\$36,530	\$40,914	1.5%	203	\$39,124	\$7,942	0.3%
20	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	2,949	\$11,165	\$32,927	1.1%	2,675	\$10,491	\$28,062	1.0%	2,676	\$9,197	\$24,610	1.1%
21	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	3,239	\$9,905	\$32,084	1.0%	3,435	\$9,213	\$31,646	1.2%	3,406	\$8,253	\$28,108	1.2%
22	110 MAJOR CARDIOVASCULAR PROCEDURES W CC	559	\$56,875	\$31,793	1.0%	602	\$55,012	\$33,117	1.2%	510	\$50,735	\$25,875	1.1%
23	116 OTH PERM CARDIAC PACEMAKER IMPLANT OR PTCA W CORONARY ART STENT	1,025	\$29,619	\$30,360	1.0%	1,100	\$29,665	\$32,631	1.2%	3,551	\$27,989	\$99,389	4.3%
24	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	3,213	\$8,793	\$28,253	0.9%	3,236	\$7,839	\$25,367	0.9%	2,951	\$6,973	\$20,576	0.9%
25	416 SEPTICEMIA AGE >17	1,355	\$20,280	\$27,479	0.9%	1,196	\$15,856	\$18,964	0.7%	1,003	\$13,865	\$13,907	0.6%
	Subtotal	68,052	\$18,707	\$1,273,072	40.6%	66,424	\$17,059	\$1,133,187	41.4%	61,906	\$15,359	\$950,790	41.5%
	All Other DRGs	137,711	\$13,509	\$1,860,325	59.4%	132,133	\$12,161	\$1,606,868	58.6%	127,325	\$10,494	\$1,339,260	58.5%
	Grand Totals	205,763	\$15,228	\$3,133,397	100.0%	198,557	\$13,800	\$2,740,055	100.0%	189,231	\$12,102	\$2,290,050	100.0%

Source: Nebraska Hospital Association, 2001-2003.

- (1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.
- (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 6.11 - Leading Acute Inpatient Hospital Discharges by DRG, Percent of Total Discharges, and Payer Type, All Discharges, 2003⁽¹⁾

Rank	DRG Description	Payer Type				
		All Discharges Percent	Commercial Percent	Medicaid ⁽²⁾ Percent	Medicare ⁽²⁾ Percent	Other ⁽³⁾ Percent
1	391 NORMAL NEWBORN	9.1%	67.6%	31.6%	-	0.8%
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	7.0%	69.6%	29.5%	0.1%	0.9%
3	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	3.2%	36.1%	1.5%	61.6%	0.9%
4	430 PSYCHOSES	3.2%	52.4%	24.1%	16.7%	6.8%
5	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	2.9%	24.7%	3.0%	70.8%	1.5%
6	371 CESAREAN SECTION W/O CC	2.5%	73.3%	25.5%	0.3%	1.0%
7	127 HEART FAILURE & SHOCK	2.0%	23.6%	3.0%	72.4%	1.0%
8	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1.6%	85.2%	6.1%	7.6%	1.2%
9	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	1.6%	36.5%	5.8%	55.5%	2.2%
10	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1.4%	26.3%	4.8%	67.0%	1.9%
11	143 CHEST PAIN	1.4%	46.2%	4.3%	45.4%	4.2%
12	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	1.3%	66.8%	32.4%	-	0.8%
13	174 G.I. HEMORRHAGE W CC	1.0%	27.2%	3.3%	67.8%	1.8%
14	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	1.0%	48.0%	1.6%	49.1%	1.3%
15	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	1.0%	70.7%	28.5%	0.2%	0.6%
16	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	0.9%	29.8%	4.8%	64.0%	1.5%
17	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	0.9%	54.0%	7.4%	35.0%	3.6%
18	462 REHABILITATION	0.9%	42.1%	2.2%	55.0%	0.8%
19	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	0.8%	27.0%	1.6%	70.1%	1.3%
20	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	0.8%	43.3%	3.1%	52.3%	1.4%
21	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	0.8%	35.4%	3.2%	60.0%	1.4%
22	500 BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC	0.8%	62.4%	2.9%	28.7%	6.0%
23	243 MEDICAL BACK PROBLEMS	0.7%	38.3%	3.6%	55.5%	2.6%
24	125 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	0.7%	55.0%	4.0%	37.3%	3.8%
25	320 KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	0.7%	25.0%	6.4%	66.0%	2.6%
Subtotal		48.2%	52.8%	16.4%	29.1%	1.8%
All Other DRGs		51.8%	47.9%	10.4%	39.0%	2.7%
Grand Total⁽⁴⁾		100.0%	50.3%	13.3%	34.2%	2.3%

Source: Nebraska Hospital Association, 2003.

(1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.

(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%.

**Western Health Planning Region
Hospital Discharges:
Region Summary Reports**



Table 6.12 - Western Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharges by DRG, 2001, 2002, and 2003⁽¹⁾

Rank	DRG Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	391 NORMAL NEWBORN	708	8.0%	621	7.2%	861	8.6%
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	531	6.0%	500	5.8%	657	6.6%
3	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	365	4.1%	324	3.7%	281	2.8%
4	462 REHABILITATION	292	3.3%	239	2.8%	110	1.1%
5	127 HEART FAILURE & SHOCK	239	2.7%	286	3.3%	288	2.9%
6	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	234	2.6%	243	2.8%	217	2.2%
7	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	222	2.5%	173	2.0%	182	1.8%
8	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	188	2.1%	179	2.1%	180	1.8%
9	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	142	1.6%	120	1.4%	101	1.0%
10	371 CESAREAN SECTION W/O CC	134	1.5%	115	1.3%	136	1.4%
11	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	129	1.5%	132	1.5%	134	1.3%
12	143 CHEST PAIN	126	1.4%	155	1.8%	234	2.3%
13	430 PSYCHOSES	116	1.3%	146	1.7%	270	2.7%
14	174 G.I. HEMORRHAGE W CC	104	1.2%	95	1.1%	116	1.2%
15	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	100	1.1%	106	1.2%	191	1.9%
16	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	99	1.1%	97	1.1%	113	1.1%
17	91 SIMPLE PNEUMONIA & PLEURISY AGE 0-17	95	1.1%	76	0.9%	83	0.8%
18	98 BRONCHITIS & ASTHMA AGE 0-17	94	1.1%	116	1.3%	71	0.7%
19	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	92	1.0%	80	0.9%	81	0.8%
20	180 G.I. OBSTRUCTION W CC	90	1.0%	79	0.9%	80	0.8%
21	122 CIRCULATORY DISORDERS W AMI W/O MAJOR COMP DISCH ALIVE	86	1.0%	70	0.8%	88	0.9%
22	320 KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	80	0.9%	53	0.6%	94	0.9%
23	243 MEDICAL BACK PROBLEMS	80	0.9%	77	0.9%	90	0.9%
24	277 CELLULITIS AGE >17 W CC	76	0.9%	58	0.7%	56	0.6%
25	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	75	0.8%	107	1.2%	126	1.3%
Subtotal		4,497	50.8%	4,247	49.1%	4,840	48.5%
All Other DRGs		4,359	49.2%	4,410	50.9%	5,130	51.5%
Grand Total		8,856	100.0%	8,657	100.0%	9,970	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.13 - Western Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Diagnoses by ICD-9 Code, 2001, 2002, and 2003⁽¹⁾

Rank	ICD-9 Diagnosis Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	V3000 SINGLE LB IN-HOSP W/O CS	674	7.6%	621	7.2%	825	8.3%
2	486 PNEUMONIA, ORGANISM NOS	448	5.1%	411	4.7%	398	4.0%
3	V5789 REHABILITATION PROC NEC	298	3.4%	241	2.8%	103	1.0%
4	4280 CONGESTIVE HEART FAILURE	243	2.7%	283	3.3%	291	2.9%
5	V3001 SINGLE LB IN-HOSP W CS	171	1.9%	135	1.6%	173	1.7%
6	2765 HYPOVOLEMIA	166	1.9%	113	1.3%	103	1.0%
7	49121 OBS CHR BRNC W ACT EXA	158	1.8%	149	1.7%	137	1.4%
8	42731 ATRIAL FIBRILLATION	103	1.2%	102	1.2%	96	1.0%
9	71596 OSTEOARTHROS NOS-L/LEG	99	1.1%	59	0.7%	48	0.5%
10	5990 URIN TRACT INFECTION NOS	94	1.1%	65	0.7%	101	1.0%
11	5589 NONINF GASTROENTERIT NEC	94	1.1%	81	0.9%	73	0.7%
12	5609 INTESTINAL OBSTRUCT NOS	87	1.0%	64	0.7%	81	0.8%
13	78650 CHEST PAIN NOS	75	0.8%	81	0.9%	120	1.2%
14	64511 PROLONGED PREGNANCY	73	0.8%	58	0.7%	60	0.6%
15	66411 DEL W 2 DEG LACERAT-DEL	71	0.8%	52	0.6%	77	0.8%
16	66401 DEL W 1 DEG LACERAT-DEL	71	0.8%	90	1.0%	106	1.1%
17	650 NORMAL DELIVERY	68	0.8%	53	0.6%	80	0.8%
18	6826 CELLULITIS OF LEG	66	0.7%	53	0.6%	66	0.7%
19	5770 ACUTE PANCREATITIS	65	0.7%	46	0.5%	49	0.5%
20	8208 FX NECK OF FEMUR NOS-CL	64	0.7%	42	0.5%	58	0.6%
21	V581 CHEMOTHERAPY ENCOUNTER	63	0.7%	35	0.4%	65	0.7%
22	43491 CRBL ART OCL NOS W INFRC	60	0.7%	56	0.6%	48	0.5%
23	82021 INTERTROCHANTERIC FX-CL	60	0.7%	53	0.6%	54	0.5%
24	5601 PARALYTIC ILEUS	60	0.7%	49	0.6%	39	0.4%
25	5789 GASTROINTEST HEMORR NOS	58	0.7%	45	0.5%	65	0.7%
	Subtotal	3,489	39.4%	3,037	35.0%	3,316	33.3%
	All Other Diagnoses	5,367	60.6%	5,638	65.0%	6,654	66.7%
	Grand Total	8,856	100.0%	8,675	100.0%	9,970	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.14 - Western Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Procedures by ICD-9 Code, 2001, 2002, and 2003⁽¹⁾

Rank	ICD-9 Procedure Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	640 CIRCUMCISION	352	8.9%	308	8.2%	436	9.6%
2	7359 MANUAL ASSIST DELIV NEC	211	5.3%	139	3.7%	170	3.7%
3	734 MEDICAL INDUCTION LABOR	156	4.0%	147	3.9%	157	3.4%
4	9904 PACKED CELL TRANSFUSION	151	3.8%	140	3.7%	132	2.9%
5	741 LOW CERVICAL C-SECTION	150	3.8%	126	3.3%	167	3.7%
6	4516 EGD WITH CLOSED BIOPSY	117	3.0%	128	3.4%	126	2.8%
7	8154 TOTAL KNEE REPLACEMENT	104	2.6%	73	1.9%	76	1.7%
8	5123 LAPAROSCOPIC CHOLECYSTEC	94	2.4%	107	2.8%	132	2.9%
9	3722 LEFT HEART CARDIAC CATH	93	2.4%	42	1.1%	51	1.1%
10	7569 REPAIR OB LACERATION NEC	93	2.4%	125	3.3%	212	4.7%
11	684 TOTAL ABD HYSTERECTOMY	73	1.8%	67	1.8%	112	2.5%
12	9925 INJECT CA CHEMOTHER NEC	70	1.8%	36	1.0%	59	1.3%
13	3893 VENOUS CATH NEC	69	1.7%	64	1.7%	53	1.2%
14	8151 TOTAL HIP REPLACEMENT	65	1.6%	63	1.7%	59	1.3%
15	331 SPINAL TAP	65	1.6%	42	1.1%	38	0.8%
16	4513 SM BOWEL ENDOSCOPY NEC	53	1.3%	40	1.1%	53	1.2%
17	8152 PARTIAL HIP REPLACEMENT	51	1.3%	26	0.7%	38	0.8%
18	6029 OTH TRANSURETH PROSTATEC	47	1.2%	46	1.2%	64	1.4%
19	4523 COLONOSCOPY	47	1.2%	45	1.2%	65	1.4%
20	7915 CLOSED RED-INT FIX FEMUR	39	1.0%	22	0.6%	8	0.2%
21	4525 CLOS LARGE BOWEL BIOPSY	38	1.0%	36	1.0%	25	0.5%
22	3812 HEAD & NECK ENDARTER NEC	36	0.9%	36	1.0%	42	0.9%
23	6859 OTHER VAG HYSTERECTOMY	36	0.9%	50	1.3%	80	1.8%
24	4469 GASTRIC REPAIR NEC	33	0.8%	35	0.9%	6	0.1%
25	4709 OTHER APPENDECTOMY	33	0.8%	44	1.2%	66	1.5%
Subtotal		2,276	57.7%	1,987	52.7%	2,427	53.3%
All Other Procedures		1,670	42.3%	1,786	47.3%	2,124	46.7%
Grand Total		3,946	100.0%	3,773	100.0%	4,551	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.15 - Western 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, 2003⁽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	391 NORMAL NEWBORN	742	\$1,447	1.9	742	\$1,447	1.9	-	-	-
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	559	\$3,796	2.0	559	\$3,796	2.0	-	-	-
3	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	372	\$7,639	4.1	73	\$8,134	3.6	299	\$7,518	4.2
4	462 REHABILITATION	303	\$15,406	11.8	38	\$27,209	17.4	265	\$13,713	11.0
5	127 HEART FAILURE & SHOCK	247	\$6,919	3.9	30	\$6,517	3.1	217	\$6,975	4.0
6	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	247	\$28,288	5.1	30	\$29,866	4.4	217	\$28,069	5.2
7	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	244	\$5,490	2.9	88	\$5,401	2.6	156	\$5,540	3.1
8	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	190	\$7,342	3.8	47	\$7,885	4.1	143	\$7,164	3.7
9	371 CESAREAN SECTION W/O CC	146	\$8,551	3.3	146	\$8,551	3.3	-	-	-
10	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	146	\$5,660	3.0	48	\$4,625	2.2	98	\$6,167	3.4
11	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	136	\$4,340	2.1	76	\$4,363	1.9	60	\$4,310	2.3
12	143 CHEST PAIN	129	\$4,928	1.6	64	\$5,106	1.5	65	\$4,753	1.7
13	430 PSYCHOSES	126	\$5,229	4.6	102	\$5,017	4.5	24	\$6,132	5.2
14	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	111	\$10,990	2.5	97	\$10,896	2.5	14	\$11,641	3.0
15	174 G.I. HEMORRHAGE W CC	109	\$7,678	3.7	20	\$6,341	3.1	89	\$7,979	3.8
16	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	101	\$11,680	3.0	19	\$30,947	3.7	82	\$7,215	2.8
17	91 SIMPLE PNEUMONIA & PLEURISY AGE 0-17	98	\$4,334	2.9	98	\$4,334	2.9	-	-	-
18	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	96	\$3,018	2.8	96	\$3,018	2.8	-	-	-
19	98 BRONCHITIS & ASTHMA AGE 0-17	96	\$4,022	2.7	96	\$4,022	2.7	-	-	-
20	180 G.I. OBSTRUCTION W CC	93	\$7,807	4.1	30	\$7,706	3.4	63	\$7,855	4.4
21	122 CIRCULATORY DISORDERS W AMI W/O MAJOR COMP DISCH ALIVE	89	\$9,000	1.9	20	\$8,368	1.2	69	\$9,183	2.1
22	320 KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	84	\$5,867	3.5	19	\$6,016	2.9	65	\$5,823	3.7
23	243 MEDICAL BACK PROBLEMS	82	\$5,217	3.0	35	\$4,626	2.6	47	\$5,658	3.3
24	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	81	\$36,030	9.9	27	\$36,250	8.7	54	\$35,920	10.4
25	277 CELLULITIS AGE >17 W CC	79	\$8,032	4.7	24	\$8,227	4.3	55	\$7,947	4.8
Subtotal		4,706	\$7,742	3.7	2,624	\$5,383	2.7	2,082	\$10,715	4.9
All Other DRGs		4,755	\$12,337	3.8	2,361	\$12,533	3.7	2,394	\$12,143	4.0
Grand Total		9,461	\$10,051	3.8	4,985	\$8,769	3.2	4,476	\$11,479	4.4

Source: Nebraska Hospital Association, 2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.

Table 6.16 - Western Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharges by DRG, Ranked by Estimated Total Charges, 2001, 2002, and 2003⁽¹⁾

Rank	DRG Description	2003				2002				2001			
		Total Cases	Average Charges	Total Charges ⁽²⁾	% Total Charges	Total Cases	Average Charges	Total Charges ⁽²⁾	% Total Charges	Total Cases	Average Charges	Total Charges ⁽²⁾	% Total Charges
1	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	247	\$28,288	\$6,987,017	7.3%	208	\$25,920	\$5,391,417	6.1%	206	\$24,023	\$4,948,790	5.7%
2	462 REHABILITATION	303	\$15,406	\$4,668,016	4.9%	247	\$12,661	\$3,127,172	3.6%	118	\$13,711	\$1,617,865	1.9%
3	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	81	\$36,030	\$2,918,426	3.1%	87	\$26,855	\$2,336,428	2.7%	67	\$36,529	\$2,447,449	2.8%
4	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	372	\$7,639	\$2,841,533	3.0%	337	\$7,422	\$2,501,056	2.8%	283	\$7,774	\$2,200,163	2.5%
5	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	559	\$3,796	\$2,122,007	2.2%	527	\$3,508	\$1,848,562	2.1%	683	\$3,354	\$2,290,475	2.7%
6	127 HEART FAILURE & SHOCK	247	\$6,919	\$1,709,064	1.8%	298	\$6,615	\$1,971,323	2.2%	293	\$6,171	\$1,808,030	2.1%
7	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	190	\$7,342	\$1,395,067	1.5%	180	\$7,032	\$1,265,765	1.4%	186	\$6,012	\$1,118,309	1.3%
8	210 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	66	\$20,447	\$1,349,519	1.4%	58	\$18,442	\$1,069,625	1.2%	64	\$15,992	\$1,023,509	1.2%
9	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	244	\$5,490	\$1,339,517	1.4%	255	\$5,123	\$1,306,363	1.5%	226	\$4,680	\$1,057,701	1.2%
10	371 CESAREAN SECTION W/O CC	146	\$8,551	\$1,248,382	1.3%	126	\$7,646	\$963,419	1.1%	143	\$7,301	\$1,044,095	1.2%
11	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	111	\$10,990	\$1,219,863	1.3%	123	\$9,712	\$1,194,635	1.4%	202	\$8,727	\$1,762,876	2.0%
12	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	101	\$11,680	\$1,179,635	1.2%	103	\$6,165	\$634,988	0.7%	118	\$6,091	\$718,766	0.8%
13	391 NORMAL NEWBORN	742	\$1,447	\$1,073,303	1.1%	656	\$1,229	\$806,434	0.9%	891	\$1,186	\$1,056,499	1.2%
14	480 LIVER TRANSPLANT	*	*	*	*	*	*	*	*	*	*	*	*
15	483 TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES	10	\$99,365	\$993,652	1.0%	7	\$88,370	\$618,589	0.7%	6	\$110,695	\$664,168	0.8%
16	124 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG	52	\$18,787	\$976,925	1.0%	59	\$16,442	\$970,080	1.1%	51	\$14,328	\$730,745	0.8%
17	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	78	\$12,461	\$971,923	1.0%	112	\$9,755	\$1,092,506	1.2%	130	\$7,293	\$948,100	1.1%
18	493 LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	46	\$20,884	\$960,642	1.0%	48	\$15,124	\$725,948	0.8%	54	\$15,622	\$843,603	1.0%
19	478 OTHER VASCULAR PROCEDURES W CC	34	\$27,676	\$940,982	1.0%	22	\$17,990	\$395,777	0.5%	24	\$17,754	\$426,097	0.5%
20	475 RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	29	\$32,401	\$939,631	1.0%	35	\$30,972	\$1,084,012	1.2%	38	\$29,656	\$1,126,928	1.3%
21	410 CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS	64	\$13,725	\$878,378	0.9%	35	\$11,712	\$409,912	0.5%	66	\$9,309	\$614,407	0.7%
22	288 O.R. PROCEDURES FOR OBESITY	38	\$22,097	\$839,704	0.9%	42	\$18,198	\$764,318	0.9%	27	\$26,763	\$722,602	0.8%
23	174 G.I. HEMORRHAGE W CC	109	\$7,678	\$836,917	0.9%	102	\$6,736	\$687,117	0.8%	119	\$6,387	\$760,083	0.9%
24	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	146	\$5,660	\$826,369	0.9%	124	\$6,071	\$752,799	0.9%	104	\$5,219	\$542,765	0.6%
25	122 CIRCULATORY DISORDERS W AMI W/O MAJOR COMP DISCH ALIVE	89	\$9,000	\$800,974	0.8%	75	\$10,925	\$819,337	0.9%	92	\$8,481	\$780,274	0.9%
Subtotal		4,104	\$9,751	\$40,017,445	42.1%	3,866	\$8,468	\$32,737,580	37.3%	4,191	\$7,457	\$31,254,299	36.2%
All Other DRGs		5,357	\$10,281	\$55,076,216	57.9%	5,547	\$9,938	\$55,126,534	62.7%	6,410	\$8,601	\$55,131,870	63.8%
Grand Total		9,461	\$10,051	\$95,093,661	100.0%	9,413	\$9,334	\$87,864,114	100.0%	10,601	\$8,149	\$86,386,169	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

*Five or fewer cases.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

(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 6.17 - Western Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharges by DRG, Percent of Total Discharges, and Payer Types, 2003⁽¹⁾

Rank	DRG Description	Payer Type				
		All Discharges Percent	Commercial Percent	Medicaid ⁽²⁾ Percent	Medicare ⁽²⁾ Percent	Other ⁽³⁾ Percent
1	391 NORMAL NEWBORN	7.8%	33.2%	66.0%	-	0.8%
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	5.9%	33.8%	64.9%	-	1.3%
3	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	3.9%	10.8%	4.8%	83.1%	1.3%
4	462 REHABILITATION	3.2%	5.6%	-	94.4%	-
5	127 HEART FAILURE & SHOCK	2.6%	6.5%	3.2%	89.1%	1.2%
6	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	2.6%	10.9%	2.4%	86.6%	-
7	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	2.6%	16.8%	7.4%	71.7%	4.1%
8	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	2.0%	7.9%	4.7%	85.3%	2.1%
9	371 CESAREAN SECTION W/O CC	1.5%	42.5%	56.9%	0.7%	-
10	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	1.5%	18.5%	6.2%	72.6%	2.7%
11	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	1.4%	33.8%	12.5%	50.0%	3.7%
12	143 CHEST PAIN	1.4%	31.0%	8.5%	58.9%	1.6%
13	430 PSYCHOSES	1.3%	29.4%	7.1%	61.9%	1.6%
14	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1.2%	60.4%	23.4%	14.4%	1.8%
15	174 G.I. HEMORRHAGE W CC	1.2%	7.3%	0.9%	85.3%	6.4%
16	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	1.1%	6.9%	6.9%	85.2%	1.0%
17	91 SIMPLE PNEUMONIA & PLEURISY AGE 0-17	1.0%	25.5%	72.5%	-	2.0%
18	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	1.0%	32.3%	65.6%	-	2.1%
19	98 BRONCHITIS & ASTHMA AGE 0-17	1.0%	21.9%	77.1%	-	1.0%
20	180 G.I. OBSTRUCTION W CC	1.0%	16.1%	8.6%	74.2%	1.1%
21	122 CIRCULATORY DISORDERS W AMI W/O MAJOR COMP DISCH ALIVE	0.9%	20.2%	2.3%	75.3%	2.3%
22	320 KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	0.9%	8.3%	6.0%	83.3%	2.4%
23	243 MEDICAL BACK PROBLEMS	0.9%	29.3%	8.5%	57.3%	4.9%
24	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	0.9%	19.8%	6.2%	70.4%	3.7%
25	277 CELLULITIS AGE >17 W CC	0.8%	11.4%	8.9%	78.5%	1.3%
Subtotal		49.7%	22.3%	28.0%	48.1%	1.6%
All Other DRGs		50.3%	24.4%	17.5%	55.5%	2.6%
Grand Total ⁽⁴⁾		100.0%	23.4%	22.7%	51.8%	2.1%

Source: Nebraska Hospital Association, 2003

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.

(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%.



**Southwest Health Planning Region
Hospital Discharges:
Region Summary Reports**

Table 6.18 - Southwest Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharge by DRG, 2001, 2002, and 2003⁽¹⁾

Rank	ICD-9 Diagnosis Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	V3000 SINGLE LB IN-HOSP W/O CS	938	6.6%	868	6.4%	980	7.0%
2	486 PNEUMONIA, ORGANISM NOS	688	4.8%	608	4.5%	619	4.4%
3	V3001 SINGLE LB IN-HOSP W CS	397	2.8%	368	2.7%	354	2.5%
4	4280 CONGESTIVE HEART FAILURE	355	2.5%	353	2.6%	353	2.5%
5	41401 CRNRY ATRRSCL NATVE VSSL	348	2.4%	430	3.2%	388	2.8%
6	650 NORMAL DELIVERY	199	1.4%	209	1.5%	239	1.7%
7	49121 OBS CHR BRNC W ACT EXA	194	1.4%	157	1.2%	171	1.2%
8	65421 PREV C-DELIVERY-DELIVRD	188	1.3%	151	1.1%	155	1.1%
9	42731 ATRIAL FIBRILLATION	187	1.3%	159	1.2%	128	0.9%
10	78650 CHEST PAIN NOS	179	1.3%	161	1.2%	185	1.3%
11	71596 OSTEOARTHROS NOS-L/LEG	147	1.0%	132	1.0%	110	0.8%
12	41071 SUBENDO INFARCT, INITIAL	146	1.0%	127	0.9%	139	1.0%
13	2765 HYPOVOLEMIA	141	1.0%	136	1.0%	106	0.8%
14	78659 CHEST PAIN NEC	136	1.0%	130	1.0%	110	0.8%
15	66411 DEL W 2 DEG LACERAT-DEL	111	0.8%	91	0.7%	145	1.0%
16	5789 GASTROINTEST HEMORR NOS	101	0.7%	60	0.4%	79	0.6%
17	66401 DEL W 1 DEG LACERAT-DEL	96	0.7%	100	0.7%	98	0.7%
18	5601 PARALYTIC ILEUS	93	0.7%	74	0.5%	55	0.4%
19	436 CVA	91	0.6%	104	0.8%	90	0.6%
20	5990 URIN TRACT INFECTION NOS	88	0.6%	95	0.7%	97	0.7%
21	71536 LOC OSTEOARTH NOS-L/LEG	87	0.6%	56	0.4%	62	0.4%
22	56211 DVRTCLI COLON W/O HMRHG	83	0.6%	84	0.6%	100	0.7%
23	5770 ACUTE PANCREATITIS	76	0.5%	73	0.5%	64	0.5%
24	64403 THRT PREM LABOR-ANTEPART	75	0.5%	63	0.5%	70	0.5%
25	5409 ACUTE APPENDICITIS NOS	74	0.5%	59	0.4%	59	0.4%
Subtotal		5,218	36.7%	4,848	35.6%	4,956	35.3%
All Other Diagnoses		9,003	63.3%	8,763	64.4%	9,081	64.7%
Grand Total		14,221	100.0%	13,611	100.0%	14,037	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.19 - Southwest Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Diagnoses by ICD-9 Code, 2001, 2002, and 2003⁽¹⁾

Rank	ICD-9 Diagnosis Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	V3000 SINGLE LB IN-HOSP W/O CS	938	6.6%	868	6.4%	980	7.0%
2	486 PNEUMONIA, ORGANISM NOS	688	4.8%	608	4.5%	619	4.4%
3	V3001 SINGLE LB IN-HOSP W CS	397	2.8%	368	2.7%	354	2.5%
4	4280 CONGESTIVE HEART FAILURE	355	2.5%	353	2.6%	353	2.5%
5	41401 CRNRY ATHRSCL NATVE VSSL	348	2.4%	430	3.2%	388	2.8%
6	650 NORMAL DELIVERY	199	1.4%	209	1.5%	239	1.7%
7	49121 OBS CHR BRNC W ACT EXA	194	1.4%	157	1.2%	171	1.2%
8	65421 PREV C-DELIVERY-DELIVRD	188	1.3%	151	1.1%	155	1.1%
9	42731 ATRIAL FIBRILLATION	187	1.3%	159	1.2%	128	0.9%
10	78650 CHEST PAIN NOS	179	1.3%	161	1.2%	185	1.3%
11	71596 OSTEOARTHROS NOS-L/LEG	147	1.0%	132	1.0%	110	0.8%
12	41071 SUBENDO INFARCT, INITIAL	146	1.0%	127	0.9%	139	1.0%
13	2765 HYPOVOLEMIA	141	1.0%	136	1.0%	106	0.8%
14	78659 CHEST PAIN NEC	136	1.0%	130	1.0%	110	0.8%
15	66411 DEL W 2 DEG LACERAT-DEL	111	0.8%	91	0.7%	145	1.0%
16	5789 GASTROINTEST HEMORR NOS	101	0.7%	60	0.4%	79	0.6%
17	66401 DEL W 1 DEG LACERAT-DEL	96	0.7%	100	0.7%	98	0.7%
18	5601 PARALYTIC ILEUS	93	0.7%	74	0.5%	55	0.4%
19	436 CVA	91	0.6%	104	0.8%	90	0.6%
20	5990 URIN TRACT INFECTION NOS	88	0.6%	95	0.7%	97	0.7%
21	71536 LOC OSTEOARTH NOS-L/LEG	87	0.6%	56	0.4%	62	0.4%
22	56211 DVRTCLI COLON W/O HMRHG	83	0.6%	84	0.6%	100	0.7%
23	5770 ACUTE PANCREATITIS	76	0.5%	73	0.5%	64	0.5%
24	64403 THRT PREM LABOR-ANTEPART	75	0.5%	63	0.5%	70	0.5%
25	5409 ACUTE APPENDICITIS NOS	74	0.5%	59	0.4%	59	0.4%
Subtotal		5,218	36.7%	4,848	35.6%	4,956	35.3%
All Other Diagnoses		9,003	63.3%	8,763	64.4%	9,081	64.7%
Grand Total		14,221	100.0%	13,611	100.0%	14,037	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.20 - Southwest Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Procedures by ICD-9 Code, 2001, 2002, and 2003⁽¹⁾

Rank	ICD-9 Procedure Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	640 CIRCUMCISION	455	6.4%	509	7.2%	518	7.0%
2	741 LOW CERVICAL C-SECTION	426	6.0%	375	5.3%	366	5.0%
3	7359 MANUAL ASSIST DELIV NEC	248	3.5%	177	2.5%	135	1.8%
4	8154 TOTAL KNEE REPLACEMENT	247	3.5%	206	2.9%	194	2.6%
5	3601 PTCA-1 VES/ATH W/O AGENT	206	2.9%	213	3.0%	196	2.7%
6	736 EPISIOTOMY	200	2.8%	226	3.2%	245	3.3%
7	7569 REPAIR OB LACERATION NEC	177	2.5%	191	2.7%	261	3.5%
8	9904 PACKED CELL TRANSFUSION	152	2.1%	165	2.3%	148	2.0%
9	3722 LEFT HEART CARDIAC CATH	152	2.1%	168	2.4%	121	1.6%
10	4516 EGD WITH CLOSED BIOPSY	144	2.0%	127	1.8%	135	1.8%
11	8151 TOTAL HIP REPLACEMENT	118	1.7%	120	1.7%	102	1.4%
12	684 TOTAL ABD HYSTERECTOMY	115	1.6%	107	1.5%	128	1.7%
13	5123 LAPAROSCOPIC CHOLECYSTEC	107	1.5%	106	1.5%	140	1.9%
14	6859 OTHER VAG HYSTERECTOMY	103	1.4%	97	1.4%	114	1.5%
15	331 SPINAL TAP	100	1.4%	64	0.9%	64	0.9%
16	7935 OPEN REDUC-INT FIX FEMUR	82	1.2%	89	1.3%	94	1.3%
17	4709 OTHER APPENDECTOMY	81	1.1%	93	1.3%	93	1.3%
18	6851 LAP AST VAG HYSTERECTOMY	78	1.1%	58	0.8%	76	1.0%
19	3893 VENOUS CATH NEC	75	1.1%	64	0.9%	47	0.6%
20	9671 CONT MECH VENT < 96 HRS	72	1.0%	72	1.0%	64	0.9%
21	8152 PARTIAL HIP REPLACEMENT	71	1.0%	85	1.2%	72	1.0%
22	8622 EXC WOUND DEBRIDEMENT	59	0.8%	49	0.7%	62	0.8%
23	4513 SM BOWEL ENDOSCOPY NEC	58	0.8%	77	1.1%	50	0.7%
24	8872 DX ULTRASOUND-HEART	57	0.8%	46	0.7%	48	0.7%
25	6632 BILAT TUBAL DIVISION NEC	57	0.8%	54	0.8%	47	0.6%
	Subtotal	3,640	51.2%	3,538	50.2%	3,520	47.7%
	All Other Procedures	3,471	48.8%	3,505	49.8%	3,860	52.3%
	Grand Total	7,111	100.0%	7,043	100.0%	7,380	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.21 - Southwest 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, 2003⁽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	391 NORMAL NEWBORN	1,270	\$1,170	1.9	1,270	\$1,170	1.9	-	-	-
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	885	\$3,601	2.0	885	\$3,601	2.0	-	-	-
3	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	619	\$26,503	4.4	147	\$28,460	3.9	472	\$25,894	4.6
4	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	568	\$9,765	4.6	127	\$9,639	3.9	441	\$9,801	4.8
5	371 CESAREAN SECTION W/O CC	402	\$7,255	3.2	402	\$7,255	3.2	-	-	-
6	430 PSYCHOSES	358	\$8,850	6.6	334	\$8,511	6.4	24	\$13,574	9.5
7	127 HEART FAILURE & SHOCK	343	\$8,986	4.1	68	\$13,029	4.6	275	\$7,986	4.0
8	143 CHEST PAIN	327	\$5,773	1.5	189	\$5,991	1.4	138	\$5,476	1.5
9	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	296	\$8,965	2.1	279	\$8,862	2.0	17	\$10,644	2.6
10	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	289	\$6,591	3.1	131	\$6,654	2.9	158	\$6,539	3.2
11	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	257	\$8,422	4.0	59	\$9,341	3.7	198	\$8,149	4.0
12	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	226	\$4,947	2.3	140	\$4,872	2.3	86	\$5,068	2.5
13	174 G.I. HEMORRHAGE W CC	208	\$8,665	3.7	36	\$7,971	2.8	172	\$8,810	3.9
14	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	187	\$30,155	1.7	80	\$33,995	1.6	107	\$27,284	1.8
15	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	166	\$7,796	2.8	34	\$7,938	2.5	132	\$7,760	2.9
16	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	156	\$6,880	3.8	40	\$8,252	3.5	116	\$6,407	3.9
17	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	155	\$39,479	10.3	61	\$38,104	10.1	94	\$40,372	10
18	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	150	\$2,322	2.6	150	\$2,322	2.6	-	-	-
19	90 SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	150	\$6,173	3.6	53	\$5,508	3.1	97	\$6,537	4.0
20	243 MEDICAL BACK PROBLEMS	138	\$6,068	3.0	57	\$5,620	2.4	81	\$6,383	3.5
21	109 CORONARY BYPASS W/O CARDIAC CATH	129	\$44,349	5.8	50	\$42,663	5.2	79	\$45,416	6.2
22	91 SIMPLE PNEUMONIA & PLEURISY AGE 0-17	128	\$4,315	3.0	128	\$4,315	3.0	-	-	-
23	139 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	126	\$5,091	1.9	40	\$5,358	1.7	86	\$4,967	2.0
24	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	125	\$14,411	5.3	28	\$19,372	4.5	97	\$12,979	5.5
25	180 G.I. OBSTRUCTION W CC	118	\$7,730	3.9	42	\$5,658	3.2	76	\$8,875	4.3
Subtotal		7,776	\$9,412	3.3	4,830	\$6,834	2.8	2,946	\$13,639	4.1
All Other DRGs		9,494	\$18,827	4.7	5,243	\$17,387	4.1	4,251	\$20,604	5.3
Grand Total		17,270	\$14,588	4.0	10,073	\$12,327	3.5	7,197	\$17,753	4.8

Source: Nebraska Hospital Association, 2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.

Table 6.22 - Southwest Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharges by DRG, Ranked by Estimated Total Charges, 2001, 2002, and 2003⁽¹⁾

Rank	DRG Description	2003				2002				2001			
		Total Cases	Average Charges	Total Charges ⁽²⁾	% Total Charges	Total Cases	Average Charges	Total Charges ⁽²⁾	% Total Charges	Total Cases	Average Charges	Total Charges ⁽²⁾	% Total Charges
1	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	619	\$26,503	\$16,405,510	6.5%	566	\$24,534	\$13,886,056	6.0%	496	\$21,555	\$10,691,057	5.5%
2	483 TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES	34	\$200,356	\$6,812,093	2.7%	37	\$199,109	\$7,367,049	3.2%	33	\$172,625	\$5,696,624	2.9%
3	107 CORONARY BYPASS W CARDIAC CATH	94	\$70,986	\$6,672,657	2.6%	108	\$67,035	\$7,239,730	3.1%	119	\$57,993	\$6,901,160	3.5%
4	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	155	\$39,479	\$6,119,301	2.4%	132	\$41,138	\$5,430,204	2.3%	140	\$28,719	\$4,020,630	2.1%
5	109 CORONARY BYPASS W/O CARDIAC CATH	129	\$44,349	\$5,721,037	2.3%	153	\$41,291	\$6,317,572	2.7%	118	\$38,390	\$4,530,019	2.3%
6	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	187	\$30,155	\$5,639,033	2.2%	325	\$30,610	\$9,948,138	4.3%	54	\$29,337	\$1,584,220	0.8%
7	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	568	\$9,765	\$5,546,259	2.2%	525	\$8,933	\$4,689,709	2.0%	496	\$7,756	\$3,846,801	2.0%
8	105 CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH	64	\$78,607	\$5,030,837	2.0%	76	\$61,510	\$4,674,752	2.0%	63	\$62,574	\$3,942,157	2.0%
9	516 PERCUTANEOUS CARDIOVAS PROC WITH AMI	82	\$41,638	\$3,414,316	1.4%	103	\$39,984	\$4,118,359	1.8%	27	\$39,343	\$1,062,268	0.5%
10	116 OTH PERM CARDIAC PACEMAKER IMPLANT OR PTCA W CORONARY ART STENT	108	\$29,824	\$3,220,977	1.3%	119	\$31,565	\$3,756,231	1.6%	386	\$27,273	\$10,527,266	5.4%
11	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	885	\$3,601	\$3,186,918	1.3%	803	\$3,265	\$2,621,466	1.1%	961	\$2,892	\$2,779,530	1.4%
12	430 PSYCHOSES	358	\$8,850	\$3,168,473	1.3%	427	\$6,465	\$2,760,684	1.2%	399	\$6,686	\$2,667,603	1.4%
13	127 HEART FAILURE & SHOCK	343	\$8,986	\$3,082,089	1.2%	349	\$10,348	\$3,611,307	1.6%	371	\$8,150	\$3,023,500	1.6%
14	527 PERCUTANEOUS CARDIOVAS PROC W/ DRUG ELUTING STENT W/O AMI	93	\$33,097	\$3,078,042	1.2%	-	-	-	-	-	-	-	-
15	371 CESAREAN SECTION W/O CC	402	\$7,255	\$2,916,710	1.2%	379	\$6,924	\$2,624,261	1.1%	374	\$5,985	\$2,238,528	1.1%
16	1 CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA	40	\$69,744	\$2,789,779	1.1%	48	\$43,514	\$2,088,666	0.9%	53	\$28,855	\$1,529,311	0.8%
17	514 CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATH	30	\$91,532	\$2,745,964	1.1%	40	\$80,926	\$3,237,036	1.4%	*	*	*	*
18	496 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	30	\$88,703	\$2,661,088	1.1%	29	\$72,534	\$2,103,494	0.9%	18	\$57,020	\$1,026,364	0.5%
19	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	296	\$8,965	\$2,653,580	1.1%	290	\$9,013	\$2,613,854	1.1%	323	\$7,888	\$2,547,905	1.3%
20	210 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	102	\$24,186	\$2,466,959	1.0%	104	\$20,032	\$2,083,327	0.9%	112	\$22,393	\$2,508,060	1.3%
21	515 CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH	31	\$78,582	\$2,436,055	1.0%	31	\$63,252	\$1,960,826	0.8%	*	*	*	*
22	415 O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES	46	\$49,837	\$2,292,495	0.9%	50	\$33,225	\$1,661,267	0.7%	31	\$36,895	\$1,143,760	0.6%
23	110 MAJOR CARDIOVASCULAR PROCEDURES W CC	49	\$46,460	\$2,276,533	0.9%	50	\$68,102	\$3,405,103	0	54	\$55,936	\$3,020,536	1.5%
24	462 REHABILITATION	76	\$29,304	\$2,227,071	0.9%	90	\$24,855	\$2,236,954	1.0%	88	\$21,795	\$1,917,934	1.0%
25	480 LIVER TRANSPLANT	9	\$240,850	\$2,167,651	0.9%	*	*	*	*	*	*	*	*
Subtotal		4,830	\$21,684	\$104,731,427	41.6%	4,834	\$20,777	\$100,436,045	43.3%	4,716	\$16,371	\$77,205,233	39.6%
All Other DRGs		12,440	\$11,833	\$147,208,573	58.4%	11,880	\$11,061	\$131,403,955	56.7%	12,294	\$9,582	\$117,804,767	60.4%
Grand Total		17,270	\$14,588	\$251,940,000	100.0%	16,714	\$13,871	\$231,840,000	100.0%	17,010	\$11,464	\$195,010,000	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

(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 6.23 - Southwest Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharges by DRG, Percent of Total Discharges, and Payer Types, 2003⁽¹⁾

Rank	DRG Description	Payer Type				
		All Discharges Percent	Commercial Percent	Medicaid ⁽²⁾ Percent	Medicare ⁽²⁾ Percent	Other ⁽³⁾ Percent
1	391 NORMAL NEWBORN	13.4%	55.8%	42.5%	-	1.7%
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	9.4%	56.8%	41.5%	0.3%	1.4%
3	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	6.5%	23.9%	1.5%	73.8%	0.8%
4	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	6.0%	15.3%	4.4%	79.4%	0.9%
5	371 CESAREAN SECTION W/O CC	4.3%	61.2%	35.8%	-	3.0%
6	430 PSYCHOSES	3.8%	37.4%	18.2%	31.6%	12.9%
7	127 HEART FAILURE & SHOCK	3.6%	12.2%	4.1%	82.8%	0.9%
8	143 CHEST PAIN	3.5%	41.6%	5.5%	47.4%	5.5%
9	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	3.1%	85.5%	6.1%	6.8%	1.7%
10	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	3.1%	35.0%	4.5%	56.8%	3.8%
11	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	2.7%	12.5%	3.5%	82.5%	1.6%
12	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	2.4%	40.3%	8.4%	44.3%	7.1%
13	174 G.I. HEMORRHAGE W CC	2.2%	11.5%	2.4%	84.1%	1.9%
14	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	2.0%	42.8%	4.8%	52.4%	-
15	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	1.8%	19.9%	-	77.1%	3.0%
16	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	1.7%	16.0%	5.1%	76.9%	1.9%
17	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	1.6%	42.6%	4.5%	51.6%	1.3%
18	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	1.6%	50.7%	48.0%	-	1.3%
19	90 SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	1.6%	30.0%	5.3%	63.3%	1.3%
20	243 MEDICAL BACK PROBLEMS	1.5%	33.3%	4.4%	60.1%	2.2%
21	109 CORONARY BYPASS W/O CARDIAC CATH	1.4%	42.6%	0.8%	56.6%	-
22	91 SIMPLE PNEUMONIA & PLEURISY AGE 0-17	1.4%	35.2%	63.3%	-	1.6%
23	139 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	1.3%	37.3%	-	61.1%	1.6%
24	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	1.3%	18.4%	3.2%	76.0%	2.4%
25	180 G.I. OBSTRUCTION W CC	1.3%	13.6%	7.6%	73.7%	5.1%
Subtotal		82.2%	39.4%	18.7%	39.5%	2.5%
All Other DRGs		17.8%	39.2%	11.4%	45.8%	3.5%
Grand Total ⁽⁴⁾		100.0%	39.3%	14.7%	43.0%	3.1%

Source: Nebraska Hospital Association, 2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.

(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%.



**Central Health Planning Region
Hospital Discharges:
Region Summary Reports**

Table 6.24 - Central Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharges by DRG, 2001, 2002, and 2003⁽¹⁾

Rank	DRG Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	391 NORMAL NEWBORN	2,230	7.7%	2,145	7.5%	2,009	7.1%
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1,762	6.1%	1,714	6.0%	1,696	6.0%
3	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,158	4.0%	1,028	3.6%	1,054	3.7%
4	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	1,000	3.5%	948	3.3%	852	3.0%
5	127 HEART FAILURE & SHOCK	742	2.6%	707	2.5%	844	3.0%
6	430 PSYCHOSES	645	2.2%	709	2.5%	602	2.1%
7	371 CESAREAN SECTION W/O CC	638	2.2%	606	2.1%	547	1.9%
8	143 CHEST PAIN	545	1.9%	585	2.1%	574	2.0%
9	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	468	1.6%	606	2.1%	545	1.9%
10	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	461	1.6%	458	1.6%	437	1.5%
11	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	430	1.5%	456	1.6%	97	0.3%
12	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	422	1.5%	470	1.7%	438	1.5%
13	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	381	1.3%	348	1.2%	332	1.2%
14	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	315	1.1%	303	1.1%	286	1.0%
15	174 G.I. HEMORRHAGE W CC	311	1.1%	295	1.0%	335	1.2%
16	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	267	0.9%	277	1.0%	247	0.9%
17	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	260	0.9%	247	0.9%	256	0.9%
18	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	249	0.9%	303	1.1%	303	1.1%
19	320 KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	249	0.9%	271	1.0%	232	0.8%
20	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	245	0.9%	378	1.3%	419	1.5%
21	243 MEDICAL BACK PROBLEMS	233	0.8%	251	0.9%	274	1.0%
22	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	233	0.8%	189	0.7%	177	0.6%
23	125 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	230	0.8%	187	0.7%	183	0.6%
24	416 SEPTICEMIA AGE >17	225	0.8%	170	0.6%	166	0.6%
25	90 SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	220	0.8%	174	0.6%	182	0.6%
Subtotal		13,919	48.4%	13,825	48.6%	13,087	46.3%
All Other DRGs		14,867	51.6%	14,647	51.4%	15,175	53.7%
Grand Total		28,786	100.0%	28,472	100.0%	28,262	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.25 - Central Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Diagnoses by ICD-9 Code, 2001, 2002, and 2003⁽¹⁾

Rank	ICD-9 Diagnosis Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	V3000 SINGLE LB IN-HOSP W/O CS	2,074	7.2%	1,985	7.0%	1,949	6.9%
2	486 PNEUMONIA, ORGANISM NOS	1,431	5.0%	1,289	4.5%	1,325	4.7%
3	41401 CRNRY ATHRSCL NATVE VSSL	969	3.4%	850	3.0%	851	3.0%
4	4280 CONGESTIVE HEART FAILURE	828	2.9%	781	2.7%	855	3.0%
5	V3001 SINGLE LB IN-HOSP W CS	745	2.6%	738	2.6%	640	2.3%
6	2765 HYPOVOLEMIA	388	1.3%	313	1.1%	226	0.8%
7	49121 OBS CHR BRNC W ACT EXA	368	1.3%	357	1.3%	356	1.3%
8	42731 ATRIAL FIBRILLATION	360	1.3%	371	1.3%	349	1.2%
9	78650 CHEST PAIN NOS	350	1.2%	447	1.6%	482	1.7%
10	65421 PREV C-DELIVERY-DELIVRD	347	1.2%	361	1.3%	258	0.9%
11	71536 LOC OSTEOARTH NOS-L/LEG	332	1.2%	268	0.9%	188	0.7%
12	78659 CHEST PAIN NEC	276	1.0%	212	0.7%	143	0.5%
13	41071 SUBENDO INFARCT, INITIAL	274	1.0%	234	0.8%	266	0.9%
14	650 NORMAL DELIVERY	273	0.9%	274	1.0%	273	1.0%
15	5990 URIN TRACT INFECTION NOS	261	0.9%	265	0.9%	239	0.8%
16	66411 DEL W 2 DEG LACERAT-DEL	241	0.8%	253	0.9%	209	0.7%
17	64511 PROLONGED PREGNANCY	231	0.8%	148	0.5%	171	0.6%
18	71596 OSTEOARTHROS NOS-L/LEG	210	0.7%	245	0.9%	269	1.0%
19	66401 DEL W 1 DEG LACERAT-DEL	196	0.7%	171	0.6%	167	0.6%
20	7802 SYNCOPE AND COLLAPSE	178	0.6%	165	0.6%	167	0.6%
21	5589 NONINF GASTROENTERIT NEC	170	0.6%	287	1.0%	205	0
22	5770 ACUTE PANCREATITIS	169	0.6%	163	0.6%	135	0.5%
23	56211 DVRTCLI COLON W/O HMRHG	169	0.6%	163	0.6%	146	0.5%
24	72210 LUMBAR DISC DISPLACEMENT	159	0.6%	158	0.6%	186	0.7%
25	436 CVA	158	0.5%	182	0.6%	179	0.6%
Subtotal		11,157	38.8%	10,680	37.5%	10,234	36.2%
All Other Diagnoses		17,629	61.2%	17,792	62.5%	18,028	63.8%
Grand Total		28,786	100.0%	28,472	100.0%	28,262	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.26 - Central Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Procedures by ICD-9 Code, 2001, 2002, and 2003⁽¹⁾

Rank	ICD-9 Procedure Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	640 CIRCUMCISION	1,032	6.6%	992	6.4%	870	5.8%
2	741 LOW CERVICAL C-SECTION	774	4.9%	758	4.9%	653	4.3%
3	3601 PTCA-1 VES/ATH W/O AGENT	641	4.1%	484	3.1%	457	3.0%
4	7569 REPAIR OB LACERATION NEC	612	3.9%	592	3.8%	470	3.1%
5	8154 TOTAL KNEE REPLACEMENT	543	3.5%	512	3.3%	448	3.0%
6	3722 LEFT HEART CARDIAC CATH	537	3.4%	450	2.9%	469	3.1%
7	736 EPISIOTOMY	374	2.4%	370	2.4%	397	2.6%
8	7359 MANUAL ASSIST DELIV NEC	332	2.1%	334	2.1%	237	1.6%
9	3893 VENOUS CATH NEC	290	1.9%	263	1.7%	233	1.6%
10	9904 PACKED CELL TRANSFUSION	287	1.8%	186	1.2%	233	1.6%
11	4516 EGD WITH CLOSED BIOPSY	285	1.8%	291	1.9%	288	1.9%
12	684 TOTAL ABD HYSTERECTOMY	268	1.7%	281	1.8%	252	1.7%
13	6859 OTHER VAG HYSTERECTOMY	257	1.6%	282	1.8%	277	1.8%
14	8151 TOTAL HIP REPLACEMENT	248	1.6%	236	1.5%	218	1.5%
15	331 SPINAL TAP	219	1.4%	118	0.8%	120	0.8%
16	5123 LAPAROSCOPIC CHOLECYSTEC	214	1.4%	214	1.4%	234	1.6%
17	4513 SM BOWEL ENDOSCOPY NEC	166	1.1%	190	1.2%	171	1.1%
18	6029 OTH TRANSURETH PROSTATEC	137	0.9%	169	1.1%	144	1.0%
19	7915 CLOSED RED-INT FIX FEMUR	134	0.9%	114	0.7%	118	0.8%
20	721 LOW FORCEPS W EPISIOTOMY	133	0.8%	117	0.8%	142	0.9%
21	8051 EXCISION INTERVERT DISC	132	0.8%	150	1.0%	174	1.2%
22	9671 CONT MECH VENT < 96 HRS	129	0.8%	134	0.9%	121	0.8%
23	8152 PARTIAL HIP REPLACEMENT	124	0.8%	129	0.8%	134	0.9%
24	3783 INT INSERT DUAL-CHAM DEV	121	0.8%	99	0.6%	77	0.5%
25	3605 PTCA-MULTIPLE VESSEL/ATH	115	0.7%	143	0.9%	126	0.8%
Subtotal		8,104	51.8%	7,608	49.0%	7,063	47.0%
All Other Procedures		7,553	48.2%	7,933	51.0%	7,949	53.0%
Grand Total		15,657	100.0%	15,541	100.0%	15,012	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.27 - Central 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, 2003⁽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	391 NORMAL NEWBORN	2,385	\$989	1.9	2,385	\$989	1.9	-	-	-
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1,888	\$3,192	2.0	1,888	\$3,192	2.0	-	-	-
3	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,197	\$10,016	5.0	231	\$10,140	4.4	966	\$9,986	5.2
4	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	1,134	\$25,667	4.2	307	\$26,119	3.7	827	\$25,500	4.4
5	127 HEART FAILURE & SHOCK	774	\$10,215	4.6	95	\$10,621	4.2	679	\$10,158	4.7
6	430 PSYCHOSES	685	\$7,227	6.1	636	\$6,957	6.0	49	\$10,733	8.1
7	371 CESAREAN SECTION W/O CC	685	\$5,604	3.0	685	\$5,604	3.0	-	-	-
8	143 CHEST PAIN	565	\$5,094	1.6	295	\$5,233	1.4	270	\$4,942	1.7
9	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	499	\$6,888	3.5	213	\$6,656	2.9	286	\$7,060	3.8
10	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	496	\$25,893	1.9	177	\$25,779	1.6	319	\$25,956	2.0
11	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	478	\$8,125	4.2	94	\$9,800	4.6	384	\$7,715	4.1
12	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	455	\$7,162	2.3	412	\$7,065	2.2	43	\$8,098	3.0
13	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	408	\$1,929	2.5	408	\$1,929	2.5	-	-	-
14	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	339	\$8,847	3.4	64	\$10,560	3.1	275	\$8,449	3.4
15	174 G.I. HEMORRHAGE W CC	333	\$10,108	4.4	73	\$12,445	4.1	260	\$9,451	4.5
16	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	281	\$8,655	4.4	78	\$9,437	4.3	203	\$8,354	4.5
17	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	280	\$34,856	11.2	79	\$37,665	10.6	201	\$33,752	11.4
18	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	263	\$13,117	4.9	60	\$16,936	4.8	203	\$11,988	4.9
19	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	262	\$4,530	2.4	163	\$4,539	2.2	99	\$4,515	2.6
20	320 KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	256	\$7,134	4.4	57	\$8,157	4.6	199	\$6,841	4.3
21	125 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	255	\$13,403	2.1	158	\$13,253	2.0	97	\$13,648	2.3
22	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	249	\$4,347	2.4	249	\$4,347	2.4	-	-	-
23	243 MEDICAL BACK PROBLEMS	248	\$7,902	4.1	88	\$7,847	3.6	160	\$7,932	4.4
24	116 OTH PERM CARDIAC PACEMAKER IMPLANT OR PTCA W CORONARY ART STENT	248	\$26,600	3.0	24	\$29,324	2.1	224	\$26,308	3.1
25	416 SEPTICEMIA AGE >17	237	\$18,141	6.7	63	\$16,976	5.7	174	\$18,562	7.0
Subtotal		14,900	\$9,103	3.4	8,982	\$5,936	2.7	5,918	\$13,910	4.5
All Other DRGs		16,553	\$17,716	4.8	8,808	\$17,155	4.3	7,745	\$18,354	5.3
Grand Total		31,453	\$13,636	4.1	17,790	\$11,491	3.5	13,663	\$16,429	4.9

Source: Nebraska Hospital Association, 2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.

Table 6.28 - Central Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharges by DRG, Ranked by Estimated Total Charges , 2001, 2002, and 2003⁽¹⁾

Rank	DRG Description	2003				2002				2001			
		Total Cases	Average Charges	Total Charges ⁽²⁾	% Total Charges	Total Cases	Average Charges	Total Charges ⁽²⁾	% Total Charges	Total Cases	Average Charges	Total Charges ⁽²⁾	% Total Charges
1	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	1,134	\$25,667	\$29,106,580	6.8%	1,043	\$22,928	\$23,914,169	6.4%	944	\$20,266	\$19,131,203	5.7%
2	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	496	\$25,893	\$12,842,835	3.0%	533	\$25,068	\$13,361,282	3.6%	111	\$25,153	\$2,792,011	0.8%
3	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,197	\$10,016	\$11,989,109	2.8%	1,057	\$9,650	\$10,199,671	2.7%	1,084	\$8,850	\$9,593,774	2.9%
4	483 TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES	54	\$191,655	\$10,349,368	2.4%	51	\$186,369	\$9,504,817	2.5%	46	\$176,607	\$8,123,914	2.4%
5	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	280	\$34,856	\$9,759,695	2.3%	267	\$31,000	\$8,277,130	2.2%	275	\$29,452	\$8,099,313	2.4%
6	107 CORONARY BYPASS W CARDIAC CATH	125	\$77,921	\$9,740,087	2.3%	146	\$60,264	\$8,798,512	2.3%	149	\$54,954	\$8,188,142	2.5%
7	127 HEART FAILURE & SHOCK	774	\$10,215	\$7,906,580	1.8%	729	\$8,467	\$6,172,100	1.6%	877	\$8,445	\$7,406,311	2.2%
8	105 CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH	94	\$70,204	\$6,599,137	1.5%	92	\$63,115	\$5,806,549	1.5%	88	\$52,700	\$4,637,621	1.4%
9	116 OTH PERM CARDIAC PACEMAKER IMPLANT OR PTCA W CORONARY ART STENT	248	\$26,600	\$6,596,742	1.5%	220	\$27,922	\$6,142,747	1.6%	702	\$25,475	\$17,883,321	5.4%
10	496 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	78	\$84,398	\$6,583,026	1.5%	63	\$66,041	\$4,160,612	1.1%	50	\$62,036	\$3,101,814	0.9%
11	109 CORONARY BYPASS W/O CARDIAC CATH	157	\$40,911	\$6,422,991	1.5%	212	\$39,285	\$8,328,352	2.2%	247	\$38,024	\$9,391,999	2.8%
12	516 PERCUTANEOUS CARDIOVAS PROC WITH AMI	184	\$32,783	\$6,032,050	1.4%	185	\$31,290	\$5,788,647	1.5%	36	\$36,852	\$1,326,655	0.4%
13	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1,888	\$3,192	\$6,027,036	1.4%	1,829	\$2,985	\$5,459,031	1.5%	1,831	\$2,960	\$5,420,611	1.6%
14	527 PERCUTANEOUS CARDIOVAS PROC W/ DRUG ELUTING STENT W/O AMI	182	\$32,750	\$5,960,470	1.4%	-	-	-	-	-	-	-	-
15	475 RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	139	\$41,878	\$5,821,040	1.4%	110	\$39,128	\$4,304,056	1.1%	106	\$33,628	\$3,564,599	1.1%
16	430 PSYCHOSES	685	\$7,227	\$4,950,626	1.2%	748	\$6,444	\$4,820,252	1.3%	639	\$7,594	\$4,852,490	1.5%
17	210 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	233	\$19,549	\$4,554,900	1.1%	222	\$19,070	\$4,233,527	1.1%	230	\$16,537	\$3,803,556	1.1%
18	110 MAJOR CARDIOVASCULAR PROCEDURES W CC	91	\$49,479	\$4,502,570	1.0%	90	\$38,743	\$3,486,906	0.9%	94	\$42,594	\$4,003,819	1.2%
19	468 EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	127	\$35,166	\$4,466,027	1.0%	113	\$29,370	\$3,318,824	0.9%	120	\$25,955	\$3,114,649	0.9%
20	416 SEPTICEMIA AGE >17	237	\$18,141	\$4,299,322	1.0%	178	\$14,959	\$2,662,676	0.7%	173	\$11,915	\$2,061,291	0.6%
21	515 CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH	53	\$77,613	\$4,113,486	1.0%	45	\$64,604	\$2,907,181	0.8%	5	\$68,204	\$341,020	0.1%
22	497 SPINAL FUSION W CC	66	\$61,205	\$4,039,555	0.9%	63	\$63,934	\$4,027,843	1.1%	76	\$36,309	\$2,759,461	0.8%
23	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	478	\$8,125	\$3,883,820	0.9%	473	\$7,620	\$3,604,176	1.0%	448	\$6,750	\$3,024,102	0.9%
24	386 EXTREME IMMATUREITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	62	\$62,159	\$3,853,860	0.9%	98	\$47,762	\$4,680,688	1.2%	75	\$43,789	\$3,284,163	1.0%
25	371 CESAREAN SECTION W/O CC	685	\$5,604	\$3,838,666	0.9%	659	\$5,347	\$3,523,698	0.9%	599	\$5,375	\$3,219,612	1.0%
Subtotal		9,747	\$18,902	\$184,239,578	43.0%	9,226	\$17,070	\$157,483,446	42.0%	9,005	\$15,450	\$139,125,451	41.6%
All Other DRGs		21,706	\$11,271	\$244,650,422	57.0%	21,746	\$9,989	\$217,226,554	58.0%	21,729	\$8,976	\$195,044,549	58.4%
Grand Total		31,453	\$13,636	\$428,890,000	100.0%	30,972	\$12,098	\$374,710,000	100.0%	30,734	\$10,873	\$334,170,000	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

(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 6.29 - Central Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharges by DRG, Percent of Total Discharges, and Payer Types, 2003⁽¹⁾

Rank	DRG Description	All Discharges Percent	Payer Type			
			Commercial Percent	Medicaid ⁽²⁾ Percent	Medicare ⁽²⁾ Percent	Other ⁽³⁾ Percent
1	391 NORMAL NEWBORN	7.6%	58.7%	40.6%	-	0.7%
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	6.0%	59.2%	39.9%	0.2%	0.8%
3	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	3.8%	12.8%	2.6%	80.5%	4.2%
4	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	3.6%	23.5%	1.6%	73.5%	1.4%
5	127 HEART FAILURE & SHOCK	2.5%	9.4%	1.8%	85.7%	3.1%
6	430 PSYCHOSES	2.2%	25.4%	21.3%	30.4%	22.9%
7	371 CESAREAN SECTION W/O CC	2.2%	64.2%	34.6%	0.4%	0.7%
8	143 CHEST PAIN	1.8%	38.1%	4.8%	50.4%	6.7%
9	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	1.6%	25.1%	6.8%	64.9%	3.2%
10	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	1.6%	33.5%	0.4%	63.5%	2.6%
11	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1.5%	12.3%	2.9%	78.9%	5.9%
12	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1.5%	80.2%	8.4%	9.5%	2.0%
13	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	1.3%	56.6%	42.9%	-	0.5%
14	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	1.1%	16.5%	0.9%	80.2%	2.4%
15	174 G.I. HEMORRHAGE W CC	1.1%	15.9%	2.7%	79.9%	1.5%
16	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	0.9%	14.2%	4.3%	79.7%	1.8%
17	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	0.9%	26.8%	1.8%	70.0%	1.4%
18	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	0.8%	19.8%	1.5%	76.8%	1.9%
19	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	0.8%	46.6%	9.9%	38.6%	5.0%
20	320 KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	0.8%	12.5%	3.9%	78.5%	5.1%
21	125 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	0.8%	52.6%	3.5%	40.8%	3.1%
22	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.8%	60.6%	39.0%	-	0.4%
23	243 MEDICAL BACK PROBLEMS	0.8%	25.0%	3.2%	69.4%	2.4%
24	116 OTH PERM CARDIAC PACEMAKER IMPLANT OR PTCA W CORONARY ART STENT	0.8%	12.9%	-	85.1%	2.0%
25	416 SEPTICEMIA AGE >17	0.8%	15.6%	2.1%	77.6%	4.6%
Subtotal		43.5%	37.8%	17.8%	41.3%	3.2%
All Other DRGs		56.5%	36.9%	10.2%	49.1%	3.9%
Grand Total⁽⁴⁾		100.0%	37.3%	13.8%	45.4%	3.6%

Source: Nebraska Hospital Association, 2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.

(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%.



**Northern Health Planning Region
Hospital Discharges:
Region Summary Reports**

Table 6.30 - Northern Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharges by DRG, 2001, 2002, and 2003⁽¹⁾

Rank	DRG Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	391 NORMAL NEWBORN	2,330	8.4%	2,201	8.2%	2,109	7.7%
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1,654	6.0%	1,622	6.0%	1,666	6.1%
3	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,000	3.6%	833	3.1%	873	3.2%
4	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	921	3.3%	874	3.3%	832	3.1%
5	127 HEART FAILURE & SHOCK	741	2.7%	720	2.7%	790	2.9%
6	371 CESAREAN SECTION W/O CC	665	2.4%	564	2.1%	523	1.9%
7	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	535	1.9%	495	1.8%	516	1.9%
8	430 PSYCHOSES	506	1.8%	573	2.1%	629	2.3%
9	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	468	1.7%	427	1.6%	480	1.8%
10	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	435	1.6%	452	1.7%	486	1.8%
11	143 CHEST PAIN	425	1.5%	420	1.6%	567	2.1%
12	174 G.I. HEMORRHAGE W CC	376	1.4%	312	1.2%	322	1.2%
13	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	346	1.2%	301	1.1%	329	1.2%
14	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	343	1.2%	313	1.2%	311	1.1%
15	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	303	1.1%	309	1.2%	320	1.2%
16	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	271	1.0%	314	1.2%	321	1.2%
17	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	268	1.0%	235	0.9%	210	0.8%
18	416 SEPTICEMIA AGE >17	226	0.8%	194	0.7%	168	0.6%
19	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	224	0.8%	423	1.6%	429	1.6%
20	320 KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	223	0.8%	201	0.7%	210	0.8%
21	500 BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC	221	0.8%	221	0.8%	243	0.9%
22	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	221	0.8%	277	1.0%	236	0.9%
23	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	219	0.8%	330	1.2%	80	0.3%
24	98 BRONCHITIS & ASTHMA AGE 0-17	210	0.8%	327	1.2%	202	0.7%
25	243 MEDICAL BACK PROBLEMS	205	0.7%	193	0.7%	210	0.8%
Subtotal		13,336	48.2%	13,131	48.9%	13,062	47.9%
All Other DRGs		14,352	51.8%	13,727	51.1%	14,185	52.1%
Grand Total		27,688	100.0%	26,858	100.0%	27,247	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.31 - Northern Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Diagnoses by ICD-9 Code, 2001, 2002, and 2003⁽¹⁾

Rank	ICD-9 Diagnosis Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	V3000 SINGLE LB IN-HOSP W/O CS	2,031	7.3%	2,011	7.5%	2,008	7.4%
2	486 PNEUMONIA, ORGANISM NOS	1,193	4.3%	1,086	4.0%	1,035	3.8%
3	V3001 SINGLE LB IN-HOSP W CS	774	2.8%	664	2.5%	577	2.1%
4	4280 CONGESTIVE HEART FAILURE	729	2.6%	726	2.7%	768	2.8%
5	41401 CRNRY ATHRSCL NATVE VSSL	663	2.4%	682	2.5%	599	2.2%
6	2765 HYPOVOLEMIA	518	1.9%	407	1.5%	401	1.5%
7	66401 DEL W 1 DEG LACERAT-DEL	387	1.4%	331	1.2%	333	1.2%
8	49121 OBS CHR BRNC W ACT EXA	367	1.3%	351	1.3%	353	1.3%
9	42731 ATRIAL FIBRILLATION	363	1.3%	352	1.3%	340	1.2%
10	65421 PREV C-DELIVERY-DELIVRD	359	1.3%	300	1.1%	273	1.0%
11	66411 DEL W 2 DEG LACERAT-DEL	337	1.2%	359	1.3%	318	1.2%
12	71596 OSTEOARTHROS NOS-L/LEG	277	1.0%	239	0.9%	312	1.1%
13	78659 CHEST PAIN NEC	271	1.0%	256	1.0%	320	1.2%
14	650 NORMAL DELIVERY	246	0.9%	286	1.1%	296	1.1%
15	41071 SUBENDO INFARCT, INITIAL	246	0.9%	215	0.8%	248	0.9%
16	71536 LOC OSTEOARTH NOS-L/LEG	244	0.9%	247	0.9%	136	0.5%
17	5990 URIN TRACT INFECTION NOS	223	0.8%	208	0.8%	212	0.8%
18	5589 NONINF GASTROENTERIT NEC	210	0.8%	144	0.5%	147	0.5%
19	78650 CHEST PAIN NOS	199	0.7%	166	0.6%	280	1.0%
20	6826 CELLULITIS OF LEG	190	0.7%	153	0.6%	201	0.7%
21	72210 LUMBAR DISC DISPLACEMENT	188	0.7%	205	0.8%	255	0.9%
22	436 CVA	172	0.6%	182	0.7%	205	0.8%
23	5789 GASTROINTEST HEMORR NOS	163	0.6%	139	0.5%	143	0.5%
24	56211 DVRTCLI COLON W/O HMRHG	157	0.6%	167	0.6%	154	0.6%
25	43491 CRBL ART OCL NOS W INFR	142	0.5%	180	0.7%	130	0.5%
Subtotal		10,649	38.5%	10,056	37.4%	10,044	36.9%
All Other Diagnoses		17,039	61.5%	16,802	62.6%	17,203	63.1%
Grand Total		27,688	100.0%	26,858	100.0%	27,247	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.32 - Northern Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Procedures by ICD-9 Code, 2001, 2002, and 2003⁽¹⁾

Rank	ICD-9 Procedure Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	640 CIRCUMCISION	1,169	8.0%	1,071	7.6%	1,056	7.5%
2	741 LOW CERVICAL C-SECTION	807	5.5%	683	4.8%	600	4.3%
3	7359 MANUAL ASSIST DELIV NEC	702	4.8%	682	4.8%	586	4.2%
4	7569 REPAIR OB LACERATION NEC	648	4.4%	640	4.5%	624	4.4%
5	8154 TOTAL KNEE REPLACEMENT	540	3.7%	486	3.4%	453	3.2%
6	9904 PACKED CELL TRANSFUSION	454	3.1%	354	2.5%	392	2.8%
7	3601 PTCA-1 VES/ATH W/O AGENT	390	2.7%	440	3.1%	344	2.5%
8	4516 EGD WITH CLOSED BIOPSY	356	2.4%	363	2.6%	376	2.7%
9	3722 LEFT HEART CARDIAC CATH	306	2.1%	271	1.9%	213	1.5%
10	6859 OTHER VAG HYSTERECTOMY	246	1.7%	223	1.6%	203	1.4%
11	684 TOTAL ABD HYSTERECTOMY	225	1.5%	262	1.9%	322	2.3%
12	8151 TOTAL HIP REPLACEMENT	222	1.5%	237	1.7%	219	1.6%
13	5123 LAPAROSCOPIC CHOLECYSTEC	219	1.5%	251	1.8%	217	1.5%
14	736 EPISIOTOMY	203	1.4%	236	1.7%	257	1.8%
15	3893 VENOUS CATH NEC	183	1.2%	131	0.9%	144	1.0%
16	331 SPINAL TAP	180	1.2%	159	1.1%	136	1.0%
17	8051 EXCISION INTERVERT DISC	179	1.2%	222	1.6%	246	1.8%
18	4709 OTHER APPENDECTOMY	144	1.0%	128	0.9%	208	1.5%
19	8622 EXC WOUND DEBRIDEMENT	137	0.9%	132	0.9%	128	0.9%
20	3812 HEAD & NECK ENDARTER NEC	125	0.9%	138	1.0%	153	1.1%
21	8152 PARTIAL HIP REPLACEMENT	124	0.8%	106	0.8%	137	1.0%
22	6029 OTH TRANSURETH PROSTATEC	120	0.8%	101	0.7%	116	0.8%
23	4513 SM BOWEL ENDOSCOPY NEC	112	0.8%	95	0.7%	105	0.7%
24	309 SPINAL CANAL EXPLOR NEC	108	0.7%	83	0.6%	90	0.6%
25	9671 CONT MECH VENT < 96 HRS	98	0.7%	91	0.6%	93	0.7%
Subtotal		7,997	54.6%	7,585	53.7%	7,418	52.8%
All Other Procedures		6,649	45.4%	6,531	46.3%	6,622	47.2%
Grand Total		14,646	100.0%	14,116	100.0%	14,040	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.33 - Northern 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, 2003⁽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	391 NORMAL NEWBORN	2,367	\$1,200	2.0	2,367	\$1,200	2.0	-	-	-
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1,680	\$3,435	2.0	1,680	\$3,435	2.0	-	-	-
3	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,020	\$8,693	4.4	158	\$9,039	3.9	862	\$8,630	4.5
4	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	1,007	\$25,027	4.0	268	\$26,152	3.5	739	\$24,619	4.2
5	127 HEART FAILURE & SHOCK	759	\$8,914	4.1	81	\$16,336	4.5	678	\$8,027	4.0
6	371 CESAREAN SECTION W/O CC	680	\$6,627	3.2	680	\$6,627	3.2	-	-	-
7	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	543	\$6,282	3.0	190	\$6,817	2.7	353	\$5,994	3.2
8	430 PSYCHOSES	525	\$9,041	7.3	450	\$7,851	6.3	75	\$16,180	13.3
9	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	480	\$8,706	3.8	91	\$9,809	3.7	389	\$8,448	3.9
10	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	452	\$8,652	2.1	403	\$8,647	2.1	49	\$8,696	2.5
11	143 CHEST PAIN	430	\$4,655	1.5	209	\$4,826	1.3	221	\$4,494	1.7
12	174 G.I. HEMORRHAGE W CC	387	\$8,591	3.5	63	\$9,093	3.2	324	\$8,493	3.6
13	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	357	\$6,093	3.5	81	\$7,498	3.1	276	\$5,681	3.7
14	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	346	\$2,562	2.7	346	\$2,562	2.7	-	-	-
15	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	315	\$7,840	3.0	38	\$9,129	2.9	277	\$7,664	3.1
16	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	281	\$34,494	9.9	91	\$38,133	10.5	190	\$32,751	9.6
17	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	278	\$4,834	2.3	179	\$5,139	2.1	99	\$4,282	2.5
18	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	243	\$28,693	1.7	87	\$34,964	1.6	156	\$25,195	1.7
19	500 BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC	238	\$11,781	2.1	167	\$11,140	1.8	71	\$13,287	2.8
20	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	235	\$10,887	4.5	42	\$17,358	5.7	193	\$9,479	4.2
21	416 SEPTICEMIA AGE >17	230	\$15,578	5.8	41	\$20,677	5.8	189	\$14,472	5.8
22	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	228	\$5,003	2.7	228	\$5,003	2.7	-	-	-
23	320 KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	226	\$5,818	3.3	62	\$5,305	2.7	164	\$6,012	3.5
24	243 MEDICAL BACK PROBLEMS	214	\$5,614	3.3	75	\$5,498	2.5	139	\$5,677	3.7
25	98 BRONCHITIS & ASTHMA AGE 0-17	213	\$4,388	2.6	213	\$4,388	2.6	-	-	-
Subtotal		13,734	\$8,199	3.3	8,290	\$5,934	2.7	5,444	\$11,648	4.1
All Other DRGs		15,308	\$17,779	4.5	7,872	\$18,133	4.2	7,436	\$17,403	4.8
Grand Total		29,042	\$13,248	3.9	16,162	\$11,876	3.4	12,880	\$14,971	4.5

Source: Nebraska Hospital Association, 2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.

Table 6.34 - Northern Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharges by DRG, Ranked by Estimated Total Charges, 2001, 2002, and 2003⁽¹⁾

Rank	DRG Description	2003				2002				2001			
		Total Cases	Average Charges	Total Charges ⁽²⁾	% Total Charges	Total Cases	Average Charges	Total Charges ⁽²⁾	% Total Charges	Total Cases	Average Charges	Total Charges ⁽²⁾	% Total Charges
1	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	1,007	\$25,027	\$25,202,415	6.6%	945	\$23,678	\$22,375,807	6.4%	911	\$21,028	\$19,156,541	6.3%
2	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	281	\$34,494	\$9,692,868	2.5%	241	\$30,733	\$7,406,747	2.1%	223	\$28,582	\$6,373,789	2.1%
3	107 CORONARY BYPASS W CARDIAC CATH	125	\$75,075	\$9,384,345	2.4%	142	\$71,256	\$10,118,377	2.9%	125	\$69,015	\$8,626,928	2.9%
4	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,020	\$8,693	\$8,866,895	2.3%	848	\$7,867	\$6,670,889	1.9%	884	\$7,427	\$6,565,535	2.2%
5	496 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	99	\$80,079	\$7,927,800	2.1%	70	\$66,525	\$4,656,783	1.3%	52	\$59,468	\$3,092,323	1.0%
6	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	243	\$28,693	\$6,972,290	1.8%	352	\$31,718	\$11,164,839	3.2%	88	\$39,166	\$3,446,613	1.1%
7	127 HEART FAILURE & SHOCK	759	\$8,914	\$6,765,827	1.8%	737	\$7,447	\$5,488,184	1.6%	809	\$6,943	\$5,617,256	1.9%
8	109 CORONARY BYPASS W/O CARDIAC CATH	113	\$54,145	\$6,118,335	1.6%	146	\$50,393	\$7,357,412	2.1%	103	\$45,569	\$4,693,650	1.6%
9	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1,680	\$3,435	\$5,770,875	1.5%	1,641	\$3,205	\$5,260,071	1.5%	1,700	\$3,002	\$5,102,609	1.7%
10	105 CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH	66	\$84,709	\$5,590,791	1.5%	72	\$73,845	\$5,316,833	1.5%	65	\$88,819	\$5,773,260	1.9%
11	483 TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES	32	\$168,058	\$5,377,869	1.4%	48	\$216,241	\$10,379,582	3.0%	33	\$218,369	\$7,206,162	2.4%
12	527 PERCUTANEOUS CARDIOVAS PROC W/ DRUG ELUTING STENT W/O AMI	139	\$36,364	\$5,054,555	1.3%	-	-	-	-	-	-	-	-
13	475 RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	94	\$51,011	\$4,795,069	1.2%	80	\$37,736	\$3,018,901	0.9%	67	\$26,136	\$1,751,090	0.6%
14	430 PSYCHOSES	525	\$9,041	\$4,746,416	1.2%	586	\$7,328	\$4,294,308	1.2%	655	\$6,940	\$4,545,736	1.5%
15	371 CESAREAN SECTION W/O CC	680	\$6,627	\$4,506,209	1.2%	582	\$6,317	\$3,676,415	1.1%	546	\$6,235	\$3,404,069	1.1%
16	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	480	\$8,706	\$4,178,759	1.1%	432	\$7,521	\$3,249,148	0.9%	487	\$6,479	\$3,155,330	1.0%
17	116 OTH PERM CARDIAC PACEMAKER IMPLANT OR PTCA W CORONARY ART STENT	135	\$30,307	\$4,091,475	1.1%	142	\$29,756	\$4,225,333	1.2%	403	\$31,546	\$12,713,073	4.2%
18	110 MAJOR CARDIOVASCULAR PROCEDURES W CC	75	\$53,487	\$4,011,557	1.0%	101	\$60,571	\$6,117,664	1.7%	69	\$53,463	\$3,688,969	1.2%
19	514 CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATH	42	\$93,877	\$3,942,827	1.0%	50	\$105,894	\$5,294,695	1.5%	5	\$70,736	\$353,679	0.1%
20	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	452	\$8,652	\$3,910,854	1.0%	468	\$7,756	\$3,629,849	1.0%	512	\$7,270	\$3,722,320	1.2%
21	104 CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH	29	\$133,732	\$3,878,216	1.0%	45	\$114,249	\$5,141,194	1.5%	55	\$116,607	\$6,413,407	2.1%
22	210 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	187	\$19,769	\$3,696,727	1.0%	195	\$17,049	\$3,324,509	1.0%	185	\$15,257	\$2,822,536	0.9%
23	415 O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES	73	\$49,686	\$3,627,111	0.9%	73	\$35,968	\$2,625,661	0.8%	60	\$36,471	\$2,188,265	0.7%
24	416 SEPTICEMIA AGE >17	230	\$15,578	\$3,582,941	0.9%	200	\$12,567	\$2,513,361	0.7%	174	\$11,574	\$2,013,920	0.7%
25	462 REHABILITATION	147	\$24,151	\$3,550,164	0.9%	107	\$25,885	\$2,769,687	0.8%	89	\$23,040	\$2,050,551	0.7%
Subtotal		8,713	\$17,817	\$155,243,190	40.3%	8,303	\$17,593	\$146,076,249	41.8%	8,300	\$14,997	\$124,477,611	41.2%
All Other DRGs		20,329	\$11,290	\$229,516,810	59.7%	19,850	\$10,261	\$203,683,751	58.2%	20,238	\$8,783	\$177,742,389	58.8%
Grand Total		29,042	\$13,248	\$384,760,000	100.0%	28,153	\$12,423	\$349,760,000	100.0%	28,538	\$10,590	\$302,220,000	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

(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 6.35 - Northern Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharges by DRG, Percent of Total Discharges, and Payer Types, 2003⁽¹⁾

Rank	DRG	Description	Payer Type				
			All Discharges Percent	Commercial Percent	Medicaid ⁽²⁾ Percent	Medicare ⁽²⁾ Percent	Other ⁽³⁾ Percent
1	391	NORMAL NEWBORN	8.2%	57.0%	41.4%	-	1.7%
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	5.8%	59.2%	38.5%	0.2%	2.1%
3	89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	3.5%	12.1%	2.7%	84.7%	0.6%
4	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	3.5%	28.8%	2.1%	68.5%	0.6%
5	127	HEART FAILURE & SHOCK	2.6%	11.1%	1.3%	87.1%	0.5%
6	371	CESAREAN SECTION W/O CC	2.3%	62.7%	36.5%	-	0.9%
7	182	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	1.9%	25.2%	4.2%	68.1%	2.4%
8	430	PSYCHOSES	1.8%	53.3%	20.8%	22.9%	3.1%
9	88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1.7%	12.5%	2.5%	84.0%	1.0%
10	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1.6%	81.4%	6.4%	11.1%	1.1%
11	143	CHEST PAIN	1.5%	40.5%	3.0%	54.0%	2.6%
12	174	G.I. HEMORRHAGE W CC	1.3%	16.8%	1.6%	79.6%	2.1%
13	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	1.2%	16.5%	3.6%	79.3%	0.6%
14	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	1.2%	59.5%	39.3%	-	1.2%
15	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	1.1%	15.2%	0.3%	83.5%	1.0%
16	148	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	1.0%	38.8%	3.2%	57.7%	0.4%
17	183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	1.0%	51.1%	5.8%	38.5%	4.7%
18	517	PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	0.8%	48.6%	1.2%	49.4%	0.8%
19	500	BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC	0.8%	63.9%	2.9%	25.2%	8.0%
20	14	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	0.8%	14.5%	4.3%	80.4%	0.9%
21	416	SEPTICEMIA AGE >17	0.8%	14.8%	2.6%	82.6%	-
22	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.8%	55.3%	44.3%	-	0.4%
23	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	0.8%	14.6%	8.0%	75.7%	1.8%
24	243	MEDICAL BACK PROBLEMS	0.7%	29.0%	1.9%	65.4%	3.7%
25	98	BRONCHITIS & ASTHMA AGE 0-17	0.7%	47.0%	52.1%	-	0.9%
Subtotal			47.3%	40.6%	18.6%	39.2%	1.6%
All Other DRGs			52.7%	41.0%	10.4%	46.2%	2.4%
Grand Total⁽⁴⁾			100.0%	40.8%	14.3%	42.9%	2.0%

Source: Nebraska Hospital Association, 2003.

Note: Hospitalization may have occurred outside area of residence.

- (1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.
- (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%.



**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, 2001, 2002, and 2003⁽¹⁾

Rank	DRG Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	391 NORMAL NEWBORN	4,717	9.5%	4,627	9.7%	4,575	10.0%
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	3,441	7.0%	3,447	7.2%	3,505	7.7%
3	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	1,812	3.7%	1,567	3.3%	1,528	3.4%
4	430 PSYCHOSES	1,774	3.6%	1,719	3.6%	1,648	3.6%
5	371 CESAREAN SECTION W/O CC	1,373	2.8%	1,320	2.8%	1,136	2.5%
6	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,201	2.4%	1,077	2.3%	1,017	2.2%
7	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	936	1.9%	1,042	2.2%	1,021	2.2%
8	127 HEART FAILURE & SHOCK	778	1.6%	773	1.6%	764	1.7%
9	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	686	1.4%	562	1.2%	590	1.3%
10	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	681	1.4%	675	1.4%	634	1.4%
11	143 CHEST PAIN	656	1.3%	544	1.1%	605	1.3%
12	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	620	1.3%	1,019	2.1%	265	0.6%
13	125 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	601	1.2%	608	1.3%	482	1.1%
14	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	573	1.2%	467	1.0%	435	1.0%
15	500 BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC	491	1.0%	521	1.1%	521	1.1%
16	174 G.I. HEMORRHAGE W CC	461	0.9%	408	0.9%	398	0.9%
17	462 REHABILITATION	448	0.9%	274	0.6%	241	0.5%
18	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	431	0.9%	366	0.8%	428	0.9%
19	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	427	0.9%	388	0.8%	381	0.8%
20	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	378	0.8%	667	1.4%	736	1.6%
21	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	371	0.8%	387	0.8%	370	0.8%
22	243 MEDICAL BACK PROBLEMS	370	0.7%	340	0.7%	360	0.8%
23	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	361	0.7%	300	0.6%	319	0.7%
24	426 DEPRESSIVE NEUROSES	348	0.7%	300	0.6%	268	0.6%
25	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	316	0.6%	290	0.6%	265	0.6%
Subtotal		24,251	49.1%	23,688	49.8%	22,492	49.4%
All Other DRGs		25,150	50.9%	23,869	50.2%	23,056	50.6%
Grand Total		49,401	100.0%	47,557	100.0%	45,548	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.37 - Southeast Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Diagnoses by ICD-9 Code, 2001, 2002, and 2003⁽¹⁾

Rank	ICD-9 Diagnosis Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	V3000 SINGLE LB IN-HOSP W/O CS	4,070	8.2%	3,977	8.4%	4,099	9.0%
2	41401 CRNRY ATHRCL NATVE VSSL	1,619	3.3%	1,868	3.9%	1,745	3.8%
3	V3001 SINGLE LB IN-HOSP W CS	1,556	3.1%	1,445	3.0%	1,258	2.8%
4	486 PNEUMONIA, ORGANISM NOS	1,462	3.0%	1,355	2.8%	1,221	2.7%
5	4280 CONGESTIVE HEART FAILURE	932	1.9%	945	2.0%	823	1.8%
6	71536 LOC OSTEOARTH NOS-L/LEG	900	1.8%	686	1.4%	608	1.3%
7	65421 PREV C-DELIVERY-DELIVRD	613	1.2%	602	1.3%	521	1.1%
8	650 NORMAL DELIVERY	609	1.2%	634	1.3%	677	1.5%
9	78659 CHEST PAIN NEC	556	1.1%	455	1.0%	437	1.0%
10	49121 OBS CHR BRNC W ACT EXA	547	1.1%	435	0.9%	431	0.9%
11	66411 DEL W 2 DEG LACERAT-DEL	543	1.1%	541	1.1%	467	1.0%
12	42731 ATRIAL FIBRILLATION	449	0.9%	485	1.0%	432	0.9%
13	66401 DEL W 1 DEG LACERAT-DEL	444	0.9%	388	0.8%	416	0.9%
14	72210 LUMBAR DISC DISPLACEMENT	418	0.8%	423	0.9%	417	0.9%
15	78650 CHEST PAIN NOS	403	0.8%	393	0.8%	397	0.9%
16	V5789 REHABILITATION PROC NEC	391	0.8%	229	0.5%	196	0.4%
17	71596 OSTEOARTHROS NOS-L/LEG	372	0.8%	310	0.7%	342	0.8%
18	5990 URIN TRACT INFECTION NOS	321	0.6%	301	0.6%	262	0.6%
19	2765 HYPOVOLEMIA	305	0.6%	272	0.6%	264	0.6%
20	66331 CORD ENTANGLE NEC-DELIV	301	0.6%	277	0.6%	298	0.7%
21	71535 LOC OSTEOARTH NOS-PELVIS	298	0.6%	239	0.5%	192	0.4%
22	64511 PROLONGED PREGNANCY	290	0.6%	300	0.6%	304	0.7%
23	51881 ACUTE RESPIRATRY FAILURE	263	0.5%	172	0.4%	175	0.4%
24	56211 DVRTCLI COLON W/O HMRHG	260	0.5%	195	0.4%	182	0.4%
25	82021 INTERTROCHANTERIC FX-CL	248	0.5%	264	0.6%	266	0.6%
	Subtotal	18,170	36.8%	17,191	36.1%	16,430	36.1%
	All Other Diagnoses	31,231	63.2%	30,366	63.9%	29,118	63.9%
	Grand Total	49,401	100.0%	47,557	100.0%	45,548	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.38 - Southeast Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Procedures by ICD-9 Code, 2001, 2002, and 2003⁽¹⁾

Rank	ICD-9 Procedure Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	640 CIRCUMCISION	2,485	8.3%	2,301	7.9%	2,333	8.4%
2	741 LOW CERVICAL C-SECTION	1,626	5.4%	1,551	5.4%	1,351	4.9%
3	7359 MANUAL ASSIST DELIV NEC	1,588	5.3%	1,635	5.6%	1,669	6.0%
4	8154 TOTAL KNEE REPLACEMENT	1,068	3.6%	879	3.0%	877	3.2%
5	3601 PTCA-1 VES/ATH W/O AGENT	954	3.2%	1,017	3.5%	974	3.5%
6	3722 LEFT HEART CARDIAC CATH	953	3.2%	996	3.4%	852	3.1%
7	736 EPISIOTOMY	901	3.0%	942	3.2%	1,021	3.7%
8	7569 REPAIR OB LACERATION NEC	735	2.5%	590	2.0%	551	2.0%
9	684 TOTAL ABD HYSTERECTOMY	604	2.0%	701	2.4%	631	2.3%
10	3893 VENOUS CATH NEC	580	1.9%	491	1.7%	397	1.4%
11	8051 EXCISION INTERVERT DISC	469	1.6%	508	1.8%	477	1.7%
12	8151 TOTAL HIP REPLACEMENT	424	1.4%	368	1.3%	356	1.3%
13	5123 LAPAROSCOPIC CHOLECYSTEC	361	1.2%	384	1.3%	392	1.4%
14	4513 SM BOWEL ENDOSCOPY NEC	351	1.2%	329	1.1%	319	1.2%
15	331 SPINAL TAP	343	1.1%	256	0.9%	202	0.7%
16	4516 EGD WITH CLOSED BIOPSY	340	1.1%	356	1.2%	335	1.2%
17	4709 OTHER APPENDECTOMY	324	1.1%	288	1.0%	305	1.1%
18	9904 PACKED CELL TRANSFUSION	320	1.1%	284	1.0%	296	1.1%
19	6851 LAP AST VAG HYSTERECTOMY	306	1.0%	304	1.0%	299	1.1%
20	8622 EXC WOUND DEBRIDEMENT	298	1.0%	250	0.9%	226	0.8%
21	9462 ALCOHOL DETOXIFICATION	284	0.9%	196	0.7%	119	0.4%
22	309 SPINAL CANAL EXPLOR NEC	247	0.8%	242	0.8%	236	0.9%
23	3491 THORACENTESIS	238	0.8%	193	0.7%	184	0.7%
24	3812 HEAD & NECK ENDARTER NEC	236	0.8%	271	0.9%	301	1.1%
25	3615 1 INT MAM-COR ART BYPASS	231	0.8%	320	1.1%	258	0.9%
Subtotal		16,266	54.3%	15,652	54.0%	14,961	54.1%
All Other Procedures		13,665	45.7%	13,336	46.0%	12,712	45.9%
Grand Total		29,931	100.0%	28,988	100.0%	27,673	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

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, 2003⁽¹⁾

Rank	DRG Description	All Ages			64 and Under		
		Total Cases	Average Charges	ALOS All Ages	Total Cases	Average Charges	ALOS <65
1	391 NORMAL NEWBORN	4,998	\$1,161	2.2	4,998	\$1,161	2.2
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	3,677	\$3,690	2.3	3,677	\$3,690	2.3
3	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	1,984	\$26,383	3.9	581	\$27,448	3.6
4	430 PSYCHOSES	1,884	\$7,511	6.2	1,761	\$7,165	5.9
5	371 CESAREAN SECTION W/O CC	1,465	\$7,612	3.6	1,465	\$7,612	3.6
6	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,248	\$11,409	4.9	257	\$12,090	4.3
7	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1,002	\$9,093	2.5	934	\$9,075	2.5
8	127 HEART FAILURE & SHOCK	830	\$11,405	4.8	117	\$12,666	4.4
9	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	740	\$8,777	3.7	332	\$9,129	3.3
10	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	719	\$11,616	4.6	196	\$11,821	4.2
11	143 CHEST PAIN	688	\$7,192	1.5	388	\$7,275	1.3
12	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	687	\$26,733	1.9	305	\$26,387	1.6
13	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	638	\$2,594	2.9	638	\$2,594	2.9
14	125 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	627	\$13,782	1.9	382	\$13,565	1.7
15	500 BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC	543	\$9,947	1.8	348	\$9,608	1.6
16	462 REHABILITATION	506	\$16,920	12.1	178	\$17,735	12.0
17	174 G.I. HEMORRHAGE W CC	481	\$11,070	3.7	104	\$12,793	3.8
18	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	467	\$4,608	2.7	467	\$4,608	2.7
19	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	452	\$39,276	10.8	184	\$39,278	10.3
20	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	401	\$15,265	4.8	100	\$21,285	5.1
21	243 MEDICAL BACK PROBLEMS	395	\$8,306	4.5	139	\$7,366	3.1
22	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	392	\$9,258	4.1	132	\$8,825	3.3
23	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	391	\$6,313	2.6	224	\$6,823	2.6
24	426 DEPRESSIVE NEUROSES	353	\$5,343	4.2	336	\$5,257	4.2
25	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	344	\$10,281	3.5	78	\$11,891	3.1
	Subtotal	25,912	\$9,201	3.6	18,321	\$6,602	3.1
	All Other DRGs	27,453	\$20,546	5.2	15,527	\$19,855	4.7
	Grand Total	53,365	\$15,037	4.4	33,848	\$12,682	3.8

Source: Nebraska Hospital Association, 2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.

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, 2001, 2002, and 2003⁽¹⁾

Rank	DRG Description	2003				2002				2001			
		Total Cases	Average Charges	Total Charges ⁽²⁾	% Total Charges	Total Cases	Average Charges	Total Charges ⁽²⁾	% Total Charges	Total Cases	Average Charges	Total Charges ⁽²⁾	% Total Charges
1	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	1,984	\$26,383	\$52,342,891	6.5%	1,685	\$23,332	\$39,314,425	5.5%	1,612	\$20,392	\$32,871,232	5.5%
2	483 TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES	145	\$163,378	\$23,689,811	3.0%	145	\$160,799	\$23,315,920	3.3%	138	\$163,345	\$22,541,630	3.8%
3	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	687	\$26,733	\$18,365,312	2.3%	1,104	\$26,687	\$29,462,051	4.2%	284	\$25,603	\$7,271,373	1.2%
4	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	452	\$39,276	\$17,752,934	2.2%	419	\$38,675	\$16,204,976	2.3%	405	\$36,515	\$14,788,453	2.5%
5	107 CORONARY BYPASS W CARDIAC CATH	271	\$60,533	\$16,404,420	2.0%	332	\$56,093	\$18,623,011	2.6%	332	\$50,708	\$16,835,085	2.8%
6	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,248	\$11,409	\$14,238,374	1.8%	1,125	\$10,528	\$11,844,483	1.7%	1,050	\$9,294	\$9,758,705	1.6%
7	430 PSYCHOSES	1,884	\$7,511	\$14,150,360	1.8%	1,859	\$6,100	\$11,339,888	1.6%	1,765	\$6,235	\$11,005,312	1.8%
8	496 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	166	\$82,659	\$13,721,472	1.7%	156	\$54,871	\$8,559,841	1.2%	156	\$52,623	\$8,209,171	1.4%
9	109 CORONARY BYPASS W/O CARDIAC CATH	326	\$41,707	\$13,596,363	1.7%	423	\$36,863	\$15,593,162	2.2%	434	\$36,345	\$15,773,554	2.6%
10	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	3,677	\$3,690	\$13,567,376	1.7%	3,657	\$3,364	\$12,303,260	1.7%	3,726	\$3,104	\$11,566,874	1.9%
11	475 RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	253	\$52,256	\$13,220,745	1.6%	189	\$40,355	\$7,627,119	1.1%	190	\$37,710	\$7,164,814	1.2%
12	386 EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	168	\$73,124	\$12,284,777	1.5%	147	\$60,231	\$8,853,927	1.2%	160	\$55,076	\$8,812,081	1.5%
13	105 CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH	165	\$70,237	\$11,589,106	1.4%	204	\$64,187	\$13,094,100	1.8%	163	\$57,109	\$9,308,768	1.6%
14	371 CESAREAN SECTION W/O CC	1,465	\$7,612	\$11,151,621	1.4%	1,413	\$7,058	\$9,972,799	1.4%	1,216	\$6,552	\$7,967,193	1.3%
15	527 PERCUTANEOUS CARDIOVAS PROC W/ DRUG ELUTING STENT W/O AMI	311	\$33,391	\$10,384,728	1.3%	-	-	-	-	-	-	-	-
16	498 SPINAL FUSION W/O CC	219	\$46,823	\$10,254,195	1.3%	217	\$39,594	\$8,591,916	1.2%	291	\$24,430	\$7,109,089	1.2%
17	127 HEART FAILURE & SHOCK	830	\$11,405	\$9,466,430	1.2%	837	\$11,414	\$9,553,316	1.3%	809	\$9,784	\$7,915,038	1.3%
18	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1,002	\$9,093	\$9,111,631	1.1%	1,112	\$8,627	\$9,593,413	1.4%	1,080	\$7,803	\$8,427,336	1.4%
19	468 EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	203	\$44,218	\$8,976,283	1.1%	205	\$37,774	\$7,743,678	1.1%	214	\$32,429	\$6,939,821	1.2%
20	125 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	627	\$13,782	\$8,641,001	1.1%	627	\$12,605	\$7,903,064	1.1%	506	\$11,883	\$6,013,027	1.0%
21	462 REHABILITATION	506	\$16,920	\$8,561,717	1.1%	312	\$15,899	\$4,960,422	0.7%	282	\$16,980	\$4,788,353	0.8%
22	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	719	\$11,616	\$8,352,031	1.0%	605	\$11,525	\$6,972,385	1.0%	628	\$9,655	\$6,063,380	1.0%
23	514 CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATH	89	\$93,228	\$8,297,281	1.0%	124	\$82,120	\$10,182,851	1.4%	19	\$76,337	\$1,450,405	0.2%
24	116 OTH PERM CARDIAC PACEMAKER IMPLANT OR PTCA W CORONARY ART STENT	279	\$29,690	\$8,283,615	1.0%	338	\$29,824	\$10,080,386	1.4%	1,140	\$25,114	\$28,630,031	4.8%
25	110 MAJOR CARDIOVASCULAR PROCEDURES W CC	136	\$53,971	\$7,340,087	0.9%	153	\$47,553	\$7,275,581	1.0%	136	\$45,708	\$6,216,296	1.0%
	Subtotal	17,812	\$19,298	\$343,744,561	42.8%	17,388	\$17,769	\$308,965,974	43.6%	16,736	\$15,979	\$267,427,021	44.7%
	All Other DRGs	35,553	\$12,902	\$458,705,439	57.2%	33,937	\$11,788	\$400,054,026	56.4%	32,200	\$10,265	\$330,532,979	55.3%
	Grand Total	53,365	\$15,037	\$802,450,000	100.0%	51,325	\$13,814	\$709,020,000	100.0%	48,936	\$12,219	\$597,960,000	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

(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, 2003⁽¹⁾

Rank	DRG Description	Payer Type				
		All Discharges Percent	Commercial Percent	Medicaid ⁽²⁾ Percent	Medicare ⁽²⁾ Percent	Other ⁽³⁾ Percent
1	391 NORMAL NEWBORN	9.4%	71.9%	27.3%	-	0.8%
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	6.9%	72.5%	26.6%	0.1%	0.9%
3	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	3.7%	30.1%	0.9%	67.9%	1.1%
4	430 PSYCHOSES	3.5%	41.6%	25.7%	23.1%	9.6%
5	371 CESAREAN SECTION W/O CC	2.8%	76.1%	22.6%	0.3%	1.0%
6	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	2.3%	19.1%	1.8%	78.1%	1.0%
7	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1.9%	85.1%	5.3%	8.2%	1.4%
8	127 HEART FAILURE & SHOCK	1.6%	13.5%	3.0%	83.3%	0.2%
9	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	1.4%	32.2%	6.6%	59.5%	1.8%
10	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1.4%	22.1%	4.9%	71.8%	1.3%
11	143 CHEST PAIN	1.3%	43.8%	3.2%	48.0%	5.1%
12	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	1.3%	45.4%	1.9%	51.5%	1.2%
13	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	1.2%	71.8%	27.7%	-	0.5%
14	125 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	1.2%	53.4%	4.2%	38.4%	4.0%
15	500 BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC	1.0%	56.4%	2.4%	33.7%	7.6%
16	462 REHABILITATION	1.0%	38.5%	1.8%	58.1%	1.6%
17	174 G.I. HEMORRHAGE W CC	0.9%	18.1%	2.9%	77.3%	1.7%
18	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.9%	75.2%	24.2%	0.2%	0.4%
19	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	0.9%	37.0%	1.8%	59.3%	2.0%
20	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	0.8%	27.7%	4.0%	66.6%	1.8%
21	243 MEDICAL BACK PROBLEMS	0.7%	29.4%	1.3%	66.3%	3.0%
22	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	0.7%	24.2%	4.9%	69.1%	1.8%
23	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	0.7%	49.4%	5.6%	42.7%	2.3%
24	426 DEPRESSIVE NEUROSES	0.7%	43.9%	29.8%	8.8%	17.6%
25	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	0.6%	22.4%	0.9%	76.2%	0.6%
Subtotal		48.6%	52.5%	15.1%	30.1%	2.2%
All Other DRGs		51.4%	43.6%	9.0%	44.4%	3.1%
Grand Total⁽⁴⁾		100.0%	48.0%	12.0%	37.4%	2.7%

Source: Nebraska Hospital Association, 2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.

(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%.



**Eastern Health Planning Region
Hospital Discharges:
Region Summary Reports**

Table 6.42 - Eastern Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharges by DRG, 2001, 2002, and 2003⁽¹⁾

Rank	DRG	Description	Year					
			2003		2002		2001	
			Number	Percent	Number	Percent	Number	Percent
1	391	NORMAL NEWBORN	7,006	11.1%	6,383	10.6%	5,091	9.9%
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	5,615	8.9%	5,614	9.4%	4,873	9.5%
3	430	PSYCHOSES	2,903	4.6%	3,352	5.6%	3,155	6.1%
4	371	CESAREAN SECTION W/O CC	1,842	2.9%	1,702	2.8%	1,306	2.5%
5	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	1,620	2.6%	1,452	2.4%	1,081	2.1%
6	89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,409	2.2%	1,189	2.0%	964	1.9%
7	127	HEART FAILURE & SHOCK	1,187	1.9%	1,146	1.9%	840	1.6%
8	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	1,016	1.6%	818	1.4%	702	1.4%
9	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	907	1.4%	886	1.5%	785	1.5%
10	182	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	872	1.4%	807	1.3%	643	1.2%
11	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	830	1.3%	798	1.3%	680	1.3%
12	88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	805	1.3%	755	1.3%	676	1.3%
13	143	CHEST PAIN	740	1.2%	703	1.2%	712	1.4%
14	388	PREMATURITY W/O MAJOR PROBLEMS	594	0.9%	373	0.6%	325	0.6%
15	174	G.I. HEMORRHAGE W CC	576	0.9%	548	0.9%	396	0.8%
16	14	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	575	0.9%	708	1.2%	576	1.1%
17	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	549	0.9%	585	1.0%	511	1.0%
18	370	CESAREAN SECTION W CC	549	0.9%	436	0.7%	377	0.7%
19	462	REHABILITATION	538	0.9%	439	0.7%	392	0.8%
20	500	BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC	509	0.8%	482	0.8%	455	0.9%
21	416	SEPTICEMIA AGE >17	469	0.7%	360	0.6%	242	0.5%
22	358	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC	448	0.7%	399	0.7%	341	0.7%
23	98	BRONCHITIS & ASTHMA AGE 0-17	441	0.7%	391	0.7%	365	0.7%
24	183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	438	0.7%	390	0.7%	341	0.7%
25	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	432	0.7%	460	0.8%	389	0.8%
Subtotal			32,870	52.1%	31,176	52.0%	26,218	50.9%
All Other DRGs			30,257	47.9%	28,789	48.0%	25,324	49.1%
Grand Total			63,127	100.0%	59,965	100.0%	51,542	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.43 - Eastern Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Diagnoses by ICD-9 Code, 2001, 2002, and 2003⁽¹⁾

Rank	ICD-9 Diagnosis Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	V3000 SINGLE LB IN-HOSP W/O CS	6,486	10.3%	5,979	10.0%	5,083	9.9%
2	V3001 SINGLE LB IN-HOSP W CS	2,209	3.5%	1,832	3.1%	1,392	2.7%
3	486 PNEUMONIA, ORGANISM NOS	1,695	2.7%	1,582	2.6%	1,262	2.4%
4	41401 CRNRY ATHRSCL NATVE VSSL	1,317	2.1%	1,363	2.3%	1,129	2.2%
5	4280 CONGESTIVE HEART FAILURE	1,180	1.9%	1,230	2.1%	904	1.8%
6	65421 PREV C-DELIVERY-DELIVRD	894	1.4%	849	1.4%	644	1.2%
7	66411 DEL W 2 DEG LACERAT-DEL	817	1.3%	822	1.4%	661	1.3%
8	66401 DEL W 1 DEG LACERAT-DEL	779	1.2%	702	1.2%	655	1.3%
9	2765 HYPOVOLEMIA	706	1.1%	653	1.1%	574	1.1%
10	71536 LOC OSTEOARTH NOS-L/LEG	679	1.1%	577	1.0%	320	0.6%
11	78659 CHEST PAIN NEC	668	1.1%	662	1.1%	640	1.2%
12	49121 OBS CHR BRNC W ACT EXA	653	1.0%	693	1.2%	569	1.1%
13	650 NORMAL DELIVERY	589	0.9%	705	1.2%	617	1.2%
14	64511 PROLONGED PREGNANCY	589	0.9%	363	0.6%	244	0.5%
15	42731 ATRIAL FIBRILLATION	561	0.9%	555	0.9%	469	0.9%
16	65971 ABN FTL HRT RATE/RHY-DEL	542	0.9%	436	0.7%	349	0.7%
17	72210 LUMBAR DISC DISPLACEMENT	523	0.8%	472	0.8%	435	0.8%
18	V5789 REHABILITATION PROC NEC	521	0.8%	398	0.7%	189	0.4%
19	29620 DEPRESS PSYCHOSIS-UNSPEC	516	0.8%	623	1.0%	637	1.2%
20	29630 RECURR DEPR PSYCHOS-UNSP	487	0.8%	345	0.6%	228	0.4%
21	66331 CORD ENTANGLE NEC-DELIV	441	0.7%	506	0.8%	417	0.8%
22	41071 SUBENDO INFARCT, INITIAL	423	0.7%	329	0.5%	260	0.5%
23	43491 CRBL ART OCL NOS W INFRC	419	0.7%	443	0.7%	304	0.6%
24	5990 URIN TRACT INFECTION NOS	361	0.6%	314	0.5%	259	0.5%
25	64421 EARLY ONSET DELIVERY-DEL	359	0.6%	320	0.5%	315	0.6%
	Subtotal	24,414	38.7%	22,753	37.9%	18,556	36.0%
	All Other Diagnoses	38,713	61.3%	37,212	62.1%	32,986	64.0%
	Grand Total	63,127	100.0%	59,965	100.0%	51,542	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.44 - Eastern Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Procedures by ICD-9 Code, 2001, 2002, and 2003⁽¹⁾

Rank	ICD-9 Procedure Description	Year					
		2003		2002		2001	
		Number	Percent	Number	Percent	Number	Percent
1	640 CIRCUMCISION	3,744	9.7%	3,368	9.3%	2,841	9.1%
2	741 LOW CERVICAL C-SECTION	2,364	6.1%	2,119	5.9%	1,668	5.3%
3	7569 REPAIR OB LACERATION NEC	1,808	4.7%	1,816	5.0%	1,339	4.3%
4	7359 MANUAL ASSIST DELIV NEC	1,712	4.4%	1,979	5.5%	1,799	5.8%
5	736 EPISIOTOMY	1,398	3.6%	1,477	4.1%	1,300	4.2%
6	8154 TOTAL KNEE REPLACEMENT	966	2.5%	816	2.3%	594	1.9%
7	4516 EGD WITH CLOSED BIOPSY	909	2.4%	837	2.3%	635	2.0%
8	3893 VENOUS CATH NEC	901	2.3%	627	1.7%	428	1.4%
9	3601 PTCA-1 VES/ATH W/O AGENT	878	2.3%	951	2.6%	747	2.4%
10	684 TOTAL ABD HYSTERECTOMY	600	1.6%	639	1.8%	530	1.7%
11	3722 LEFT HEART CARDIAC CATH	597	1.5%	583	1.6%	552	1.8%
12	5123 LAPAROSCOPIC CHOLECYSTEC	546	1.4%	529	1.5%	442	1.4%
13	6859 OTHER VAG HYSTERECTOMY	541	1.4%	485	1.3%	443	1.4%
14	7534 FETAL MONITORING NOS	511	1.3%	32	0.1%	12	0.0%
15	8051 EXCISION INTERVERT DISC	499	1.3%	478	1.3%	455	1.5%
16	4513 SM BOWEL ENDOSCOPY NEC	427	1.1%	380	1.1%	369	1.2%
17	8151 TOTAL HIP REPLACEMENT	417	1.1%	402	1.1%	299	1.0%
18	331 SPINAL TAP	415	1.1%	345	1.0%	320	1.0%
19	8872 DX ULTRASOUND-HEART	337	0.9%	169	0.5%	162	0.5%
20	721 LOW FORCEPS W EPISIOTOMY	303	0.8%	409	1.1%	362	1.2%
21	9671 CONT MECH VENT < 96 HRS	279	0.7%	253	0.7%	197	0.6%
22	9604 INSERT ENDOTRACHEAL TUBE	279	0.7%	307	0.9%	268	0.9%
23	3995 HEMODIALYSIS	276	0.7%	335	0.9%	227	0.7%
24	8622 EXC WOUND DEBRIDEMENT	274	0.7%	207	0.6%	221	0.7%
25	4525 CLOS LARGE BOWEL BIOPSY	272	0.7%	274	0.8%	179	0.6%
Subtotal		21,253	55.1%	19,817	54.9%	16,389	52.5%
All Other Procedures		17,300	44.9%	16,292	45.1%	14,827	47.5%
Grand Total		38,553	100.0%	36,109	100.0%	31,216	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

Table 6.45 - Eastern 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, 2003⁽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	391 NORMAL NEWBORN	7,007	\$1,380	2.1	7,007	\$1,380	2.1	-	-	-
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	5,615	\$4,752	2.2	5,615	\$4,752	2.2	-	-	-
3	430 PSYCHOSES	2,906	\$9,850	7.2	2,713	\$9,125	6.6	193	\$20,045	15.1
4	371 CESAREAN SECTION W/O CC	1,843	\$9,765	3.5	1,843	\$9,765	3.5	-	-	-
5	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	1,635	\$32,060	4.2	634	\$32,412	3.7	1001	\$31,837	4.5
6	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,410	\$18,568	6.2	382	\$18,884	5.2	1028	\$18,451	6.5
7	127 HEART FAILURE & SHOCK	1,187	\$17,844	5.7	248	\$19,994	4.8	939	\$17,277	6.0
8	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	1,016	\$3,020	2.6	1,016	\$3,020	2.6	-	-	-
9	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	909	\$12,809	2.3	861	\$12,867	2.2	48	\$11,761	2.7
10	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	872	\$12,957	4.4	454	\$12,100	3.8	418	\$13,887	5.1
11	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	830	\$6,551	2.7	830	\$6,551	2.7	-	-	-
12	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	805	\$15,822	5.2	308	\$15,118	4.5	497	\$16,257	5.6
13	143 CHEST PAIN	744	\$8,720	1.8	440	\$8,771	1.6	304	\$8,646	2.2
14	388 PREMATUREITY W/O MAJOR PROBLEMS	594	\$10,693	7.3	594	\$10,693	7.3	-	-	-
15	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	578	\$16,247	5.2	165	\$19,115	4.8	413	\$15,101	5.3
16	174 G.I. HEMORRHAGE W CC	578	\$16,913	4.9	185	\$18,992	4.5	393	\$15,935	5.0
17	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	552	\$15,113	5.4	195	\$16,372	4.6	357	\$14,425	5.8
18	370 CESAREAN SECTION W CC	549	\$15,215	4.4	549	\$15,215	4.4	-	-	-
19	462 REHABILITATION	541	\$31,083	17.3	245	\$35,583	18.6	296	\$27,358	16.2
20	500 BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC	511	\$13,457	2.2	377	\$13,253	1.9	134	\$14,031	3.1
21	416 SEPTICEMIA AGE >17	469	\$26,698	7.7	171	\$29,301	7.7	298	\$25,204	7.7
22	358 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC	448	\$17,643	3.1	414	\$17,486	3.1	34	\$19,556	3.8
23	98 BRONCHITIS & ASTHMA AGE 0-17	441	\$5,828	2.8	441	\$5,828	2.8	-	-	-
24	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	439	\$9,318	3.0	339	\$9,404	2.8	100	\$9,029	3.4
25	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	433	\$13,867	4.1	110	\$13,551	3.3	323	\$13,974	4.4
Subtotal		32,912	\$10,652	4.0	26,136	\$8,059	3.4	6,776	\$20,790	6.4
All Other DRGs		30,357	\$24,788	5.3	18,970	\$24,037	4.8	11,387	\$26,027	6.1
Grand Total		63,269	\$17,435	4.6	45,106	\$14,753	4.0	18,163	\$24,094	6.2

Source: Nebraska Hospital Association, 2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.

Table 6.46 - Eastern Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharges by DRG, Ranked by Estimated Total Charges, 2001, 2002, and 2003⁽¹⁾

Rank	DRG Description	2003				2002				2001			
		Total Cases	Average Charges	Total Charges ⁽²⁾	% of Total Charges	Total Cases	Average Charges	Total Charges ⁽²⁾	% of Total Charges	Total Cases	Average Charges	Total Charges ⁽²⁾	% of Total Charges
1	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	1,635	\$32,060	\$52,417,862	4.8%	1,463	\$28,411	\$41,564,898	4.4%	1,090	\$25,624	\$27,930,256	3.8%
2	430 PSYCHOSES	2,906	\$9,850	\$28,623,970	2.6%	3,357	\$8,504	\$28,549,059	3.0%	3,160	\$8,314	\$26,272,684	3.6%
3	483 TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES	121	\$227,182	\$27,489,068	2.5%	112	\$183,192	\$20,517,457	2.2%	103	\$203,296	\$20,939,497	2.9%
4	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	5,615	\$4,752	\$26,685,087	2.4%	5,614	\$4,634	\$26,014,963	2.8%	4,875	\$4,338	\$21,149,221	2.9%
5	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,410	\$18,568	\$26,181,334	2.4%	1,190	\$15,845	\$18,856,068	2.0%	964	\$14,472	\$13,950,698	1.9%
6	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	433	\$55,832	\$24,175,337	2.2%	425	\$52,749	\$22,418,202	2.4%	353	\$44,186	\$15,597,553	2.1%
7	127 HEART FAILURE & SHOCK	1,187	\$17,844	\$21,181,398	1.9%	1,146	\$15,650	\$17,935,130	1.9%	840	\$14,358	\$12,060,385	1.6%
8	475 RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	275	\$66,697	\$18,341,697	1.7%	283	\$58,495	\$16,554,049	1.8%	211	\$61,365	\$12,948,030	1.8%
9	371 CESAREAN SECTION W/O CC	1,843	\$9,765	\$17,997,045	1.6%	1,702	\$9,423	\$16,038,535	1.7%	1,307	\$8,623	\$11,270,812	1.5%
10	107 CORONARY BYPASS W CARDIAC CATH	216	\$78,413	\$16,937,184	1.5%	244	\$68,730	\$16,770,039	1.8%	243	\$67,054	\$16,294,097	2.2%
11	462 REHABILITATION	541	\$31,083	\$16,815,815	1.5%	441	\$28,310	\$12,484,620	1.3%	394	\$24,405	\$9,615,574	1.3%
12	496 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	184	\$82,666	\$15,210,602	1.4%	102	\$69,420	\$7,080,885	0.8%	81	\$60,944	\$4,936,424	0.7%
13	517 PERCUTANEOUS CARDIOVAS PROC W/O AMI, W/ STENT	430	\$34,832	\$14,977,599	1.4%	780	\$33,688	\$26,276,990	2.8%	152	\$33,128	\$5,035,508	0.7%
14	468 EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	258	\$52,155	\$13,456,081	1.2%	225	\$50,969	\$11,468,038	1.2%	200	\$42,458	\$8,491,516	1.2%
15	386 EXTREME IMMATUREITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	164	\$81,043	\$13,291,104	1.2%	154	\$83,885	\$12,918,315	1.4%	155	\$85,526	\$13,256,494	1.8%
16	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	805	\$15,822	\$12,736,354	1.2%	755	\$14,370	\$10,849,263	1.2%	676	\$13,625	\$9,210,526	1.3%
17	416 SEPTICEMIA AGE >17	469	\$26,698	\$12,521,285	1.1%	360	\$22,545	\$8,116,272	0.9%	242	\$21,803	\$5,276,269	0.7%
18	110 MAJOR CARDIOVASCULAR PROCEDURES W CC	182	\$68,051	\$12,385,302	1.1%	179	\$64,671	\$11,576,121	1.2%	124	\$58,631	\$7,270,224	1.0%
19	516 PERCUTANEOUS CARDIOVAS PROC WITH AMI	275	\$43,135	\$11,862,169	1.1%	321	\$41,216	\$13,230,249	1.4%	57	\$38,879	\$2,216,106	0.3%
20	79 RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	333	\$35,318	\$11,760,785	1.1%	299	\$28,445	\$8,505,131	0.9%	279	\$25,955	\$7,241,436	1.0%
21	109 CORONARY BYPASS W/O CARDIAC CATH	215	\$54,282	\$11,670,543	1.1%	197	\$47,690	\$9,394,923	1.0%	162	\$45,670	\$7,398,563	1.0%
22	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	909	\$12,809	\$11,643,156	1.1%	888	\$11,715	\$10,403,304	1.1%	786	\$10,595	\$8,327,630	1.1%
23	527 PERCUTANEOUS CARDIOVAS PROC W/ DRUG ELUTING STENT W/O AMI	302	\$37,728	\$11,393,994	1.0%	-	-	-	-	-	-	-	-
24	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	872	\$12,957	\$11,298,429	1.0%	809	\$10,662	\$8,625,857	0.9%	643	\$10,010	\$6,436,295	0.9%
25	75 MAJOR CHEST PROCEDURES	245	\$45,076	\$11,043,649	1.0%	221	\$41,722	\$9,220,623	1.0%	167	\$34,567	\$5,772,696	0.8%
Subtotal		21,825	\$20,715	\$452,096,849	41.0%	21,267	\$18,121	\$385,368,991	41.1%	17,264	\$16,155	\$278,898,494	38.0%
All Other DRGs		41,444	\$15,708	\$651,003,151	59.0%	38,811	\$14,242	\$552,741,009	58.9%	34,395	\$13,231	\$455,071,506	62.0%
Grand Total		63,269	\$17,435	\$1,103,100,000	100.0%	60,078	\$15,615	\$938,110,000	100.0%	51,659	\$14,208	\$733,970,000	100.0%

Source: Nebraska Hospital Association, 2001-2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar years. Reflects an estimated inpatient discharge contribution rate of 91% for 2003, 85% for 2002, and 87% for 2001.

(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 6.47 - Eastern Health Planning Region Resident (Including Newborns) Discharges from Nebraska Hospitals: Leading Inpatient Hospital Discharges by DRG, Percent of Total Discharges, and Payer Types, 2003⁽¹⁾

Rank	DRG Description	All Discharges Percent	Payer Type			
			Commercial Percent	Medicaid ⁽²⁾ Percent	Medicare ⁽²⁾ Percent	Other ⁽³⁾ Percent
1	391 NORMAL NEWBORN	11.1%	76.8%	22.8%	-	0.4%
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	8.9%	79.8%	19.9%	-	0.4%
3	430 PSYCHOSES	4.6%	68.4%	26.0%	4.5%	1.1%
4	371 CESAREAN SECTION W/O CC	2.9%	83.3%	15.7%	0.3%	0.7%
5	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	2.6%	65.3%	1.7%	32.6%	0.5%
6	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	2.2%	56.5%	3.8%	39.3%	0.4%
7	127 HEART FAILURE & SHOCK	1.9%	54.3%	4.6%	40.6%	0.4%
8	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	1.6%	75.8%	23.3%	-	0.9%
9	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1.4%	92.3%	3.5%	3.9%	0.3%
10	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	1.4%	59.2%	5.6%	34.5%	0.7%
11	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	1.3%	80.1%	19.0%	0.2%	0.6%
12	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1.3%	55.2%	7.7%	36.4%	0.8%
13	143 CHEST PAIN	1.2%	62.0%	4.6%	31.6%	1.9%
14	388 PREMATURETY W/O MAJOR PROBLEMS	0.9%	71.6%	27.4%	-	1.0%
15	174 G.I. HEMORRHAGE W CC	0.9%	57.8%	5.7%	35.8%	0.7%
16	14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	0.9%	64.0%	2.9%	32.0%	1.0%
17	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	0.9%	57.3%	5.3%	36.2%	1.3%
18	370 CESAREAN SECTION W CC	0.9%	74.3%	23.9%	0.4%	1.5%
19	462 REHABILITATION	0.9%	65.6%	4.3%	29.4%	0.7%
20	500 BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC	0.8%	74.6%	2.5%	18.2%	4.7%
21	416 SEPTICEMIA AGE >17	0.7%	58.0%	4.7%	37.1%	0.2%
22	358 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC	0.7%	86.8%	6.5%	6.0%	0.7%
23	98 BRONCHITIS & ASTHMA AGE 0-17	0.7%	71.2%	28.8%	-	-
24	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	0.7%	77.9%	6.4%	14.6%	1.1%
25	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	0.7%	65.1%	3.9%	29.8%	1.2%
Subtotal		52.0%	72.2%	15.5%	11.6%	0.7%
All Other DRGs		48.0%	67.1%	8.5%	22.9%	1.4%
Grand Total⁽⁴⁾		100.0%	69.8%	12.2%	17.0%	1.1%

Source: Nebraska Hospital Association, 2003.

Note: Hospitalization may have occurred outside area of residence.

(1) Calendar year. Reflects an estimated inpatient discharge contribution rate statewide of 91% for 2003.

(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%.

