



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 CARDIOVASC 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 ATHRCL 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 SYNCOPÉ 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 CARDIOVASC 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 Cases	Average Charges	% Total Charges ⁽²⁾	Total Cases	Average Charges	% Total Charges ⁽²⁾			
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 CARDIOVASC PROC W/O AMI, W/ STENT	496	\$25,893	\$12,842,835	3.0%	533	\$25,068	\$13,361,282	3.6%	1,111	\$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	\$94,398	\$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	\$8,328,952	2.2%	247	\$38,024	\$9,391,989	2.8%
12	516 PERCUTANEOUS CARDIOVASC 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 CARDIOVASC 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	\$12,636	\$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	Payer Type				
		All Discharges Percent	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 CARDIOVASC 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%.

