



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 ATHRSCLE 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 RESPIRATORY 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 CARDIOVASC 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%	1,885	\$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 CARDIOVASC PROC W/O AMI, W/ STENT	687	\$28,733	\$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	\$60,708	\$16,835,086	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	\$9,756,705	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	\$13,367,376	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 CARDIOVASC 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	\$9,076,283	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%.

