



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 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 6.19 - 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 CARDIOVASC 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	\$16,406,910	6.5%	566	\$24,534	\$13,866,056	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	\$38,990	\$4,530,019	2.3%
6	517 PERCUTANEOUS CARDIOVASC 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	\$6,933	\$3,669,709	2.0%	496	\$7,756	\$3,846,601	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 CARDIOVASC 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 CARDIOVASC 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	286	\$8,965	\$2,553,580	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	1.5%	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%	12,284	\$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					Other ⁽³⁾
		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 CARDIOVASC 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%.

