

# Nebraska Traumatic Brain Injury Registry Annual Report-2025

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Nebraska Department of Health and Human  
Services

Division of Public Health

Andrew Ngochoch

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# Acknowledgements

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Nebraska Vocational Rehabilitation (Nebraska VR)

Nebraska Brain Injury Advisory Council (BIAC)

Ming Qu, PhD.

Keri Bennett, MEd, CBIS

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# Introduction

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## Purpose

**To monitor and analyze brain and head injuries in Nebraska in accordance with Nebraska Revised Statute § 81-656, supporting prevention initiatives and informing policy development.**

The report also provides updated information on traumatic brain injury (TBI) to stakeholders including Nebraska Brain Injury Advisory Council (BIAC), Nebraska Vocational Rehabilitation (VR), and policymakers to support informed decision-making, while raising public awareness.

## **Healthy People 2030 TBI Objective-Reduce fatal traumatic brain injuries (Objective IVP-05)**

Successful interventions are those that reduce the incidence of fatal TBIs by addressing key risk factors such as falls, promoting seat belt use, and encouraging helmet use among bicyclists. These preventive measures aim to reduce TBI occurrence and TBI-related deaths.

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# National Trends in Traumatic Brain Injury (TBI)

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## TBI Burden in the U.S. (CDC\*)

TBI is a major cause of death and disability

The CDC reports that TBI cases remain consistently high in the U.S.

- Hospitalization and death rates are stable or increasing in some groups.
- TBI-related deaths increase sharply with age, especially among the oldest adults due to falls.

## How Big is the Problem?

- 2020: 214,110 TBI-related hospitalizations.
- 2021: 69,473 TBI-related deaths.
- 2023 (Provisional): 68,663 TBI-related deaths.

## Summary:

- TBI continues to pose a serious public health challenge in the U.S., especially among older adults and males.
- The true burden is likely underestimated, as many TBIs are not reported, diagnosed, or captured in hospital data.

\*Centers for Disease Control and Prevention (CDC). Traumatic Brain Injury Statistics, 2025. Available at: <https://www.cdc.gov/traumatic-brain-injury/data-research/facts-stats/index.html>

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# Cost of TBI

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A severe (TBI) impacts not only the individual and their family but also places a significant burden on society and the economy. (CDC\*)

In the United States, nonfatal TBIs in 2016 alone generated more than \$40.6 billion in costs, with over 2 million cases reported.

The financial burden varies by severity: the average cost per patient for fatal TBIs requiring hospitalization was estimated at \$47,952, while nonfatal TBIs treated in the emergency department averaged \$4,530 per patient within the first year of care.

\*Centers for Disease Control and Prevention (CDC). Traumatic Brain Injury & Concussion. Facts About TBI. Updated August 2025. Available from: <https://www.cdc.gov/traumatic-brain-injury/data-research/facts-stats/index.html>

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# Method

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Data Source: Nebraska Traumatic Brain Injury (TBI) Registry, covering years 2017 through 2024

Analysis Type: Descriptive

Variables Included:

- Age, Sex, Residence Location
- Admission Type, Primary Payer, Length of Stay, Discharge Status
- Cause of Injury

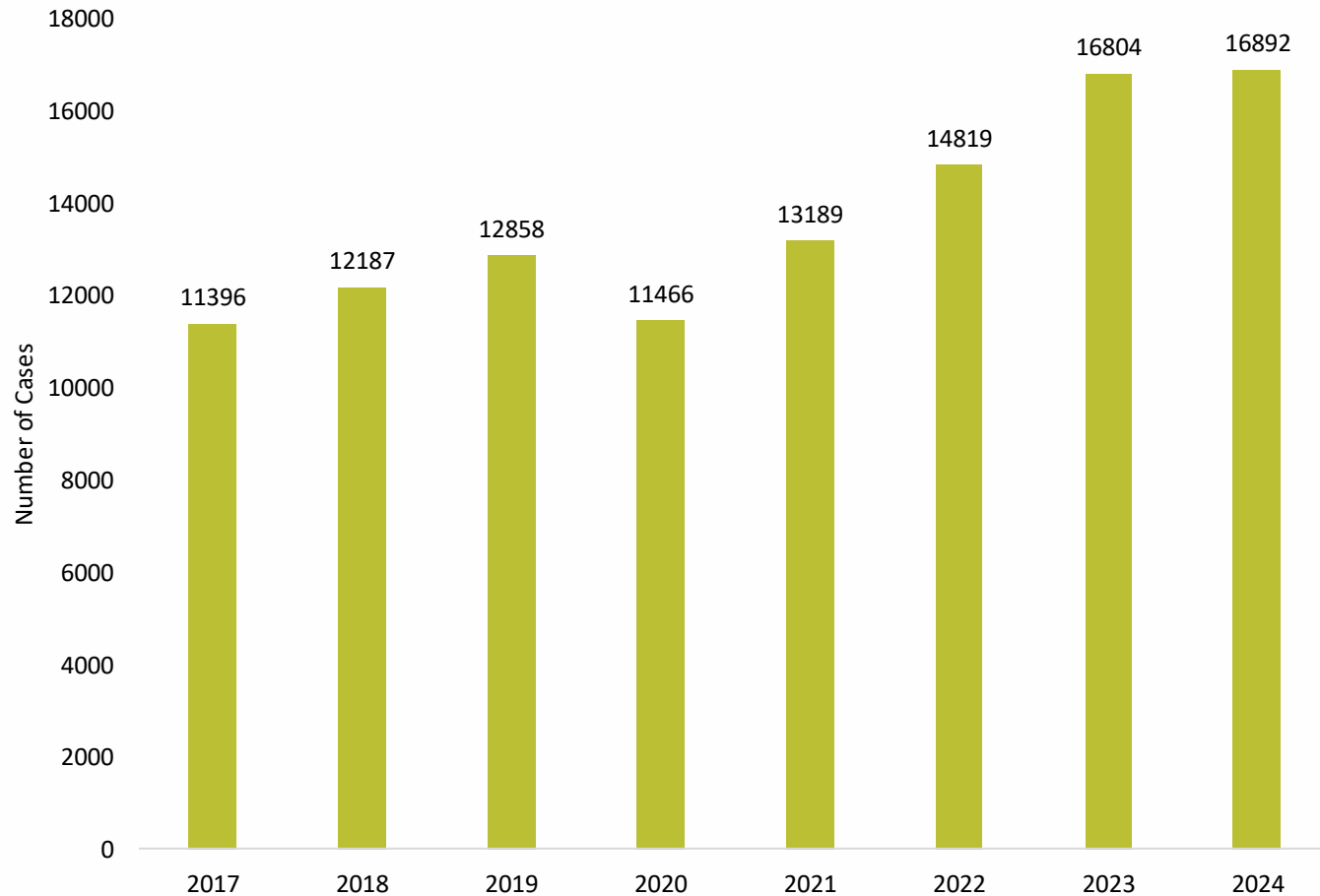
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# Figure 1. Number of Traumatic Brain Injury Cases by year, Nebraska 2017-2024, N =109,611



- The number of TBI cases rose by 48% from 2017 to 2024.
- Yearly TBI cases average 13,701.
- The number of facilities reporting to the registry grew from 85 in 2017 to 87 in 2024, with these two new facilities contributing a combined total of 498 reported cases between 2018 and 2024.

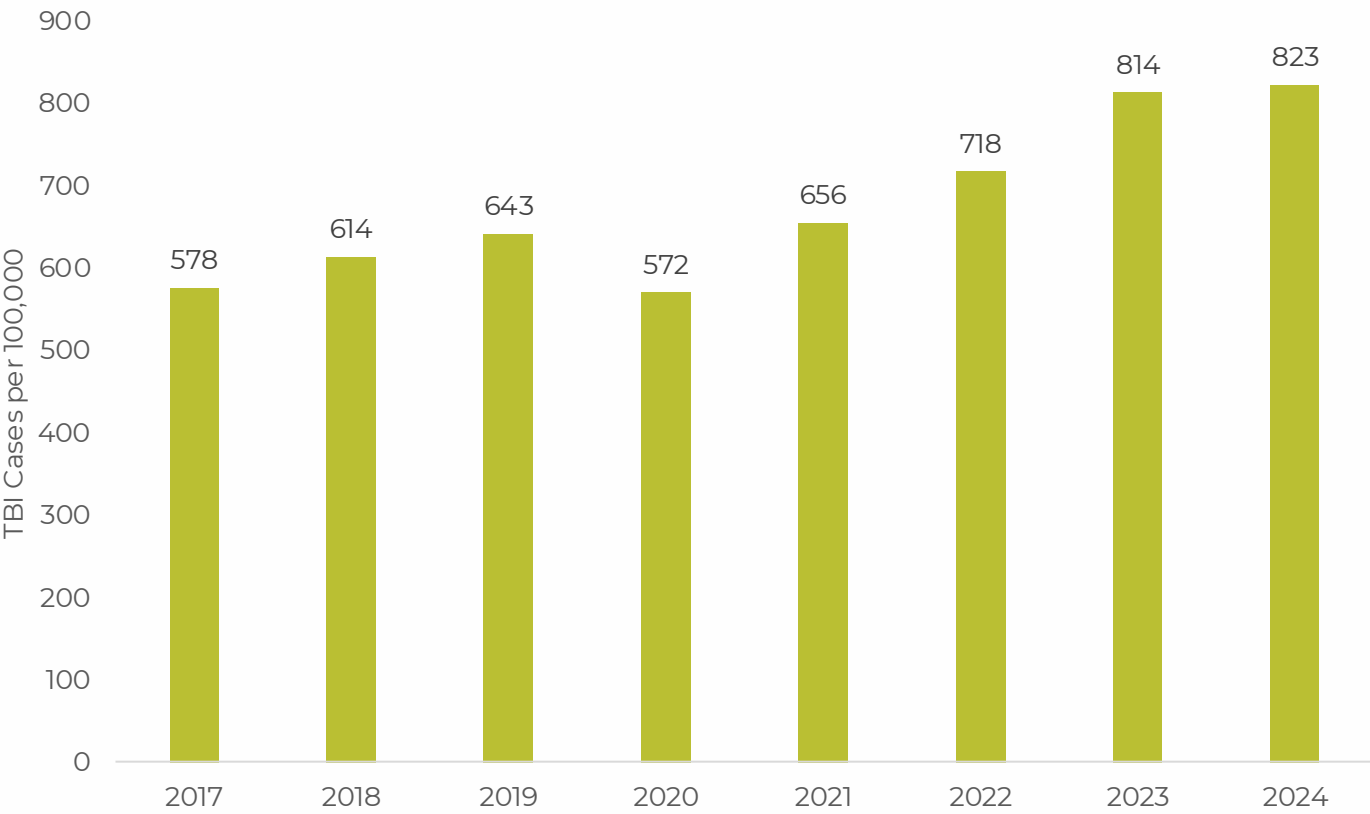
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Figure 2. Age adjusted TBI rates by year, 2017-2024, Nebraska, N=109,611



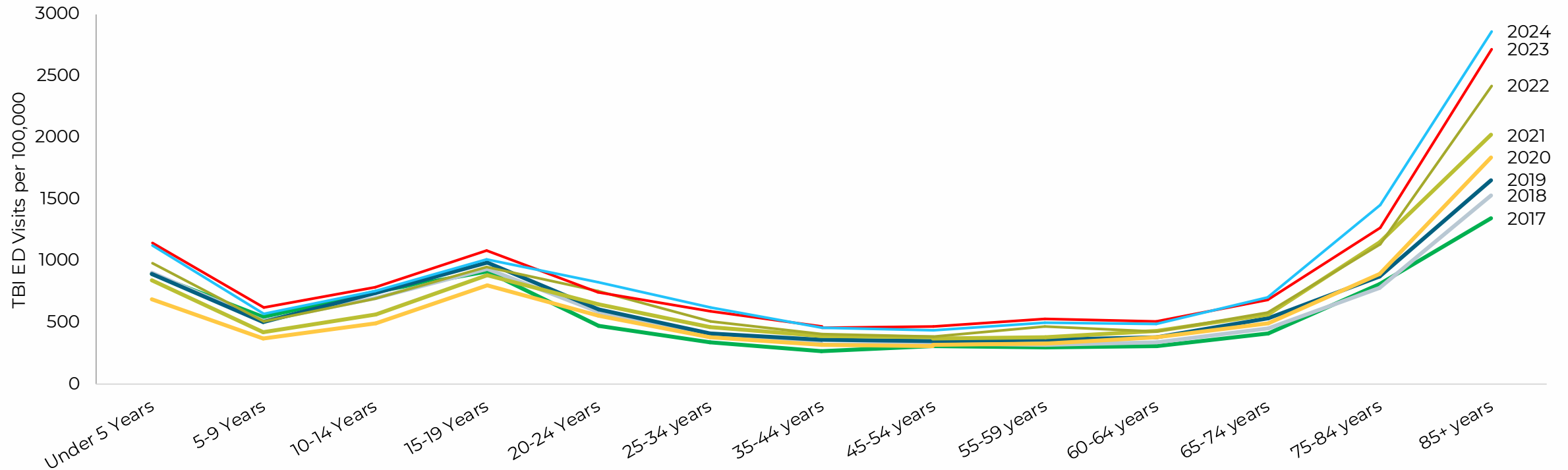
- Age-adjusted TBI rates rise each year from 2017 to 2024, except for a decline in 2020.

Note: Rates for 2024 were calculated using 2023 population estimates due to the unavailability of 2024 census data.



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Figure 3. Age-Specific Rates-TBI ED Visits by Year, Nebraska, 2017–2024 N = 93,315



- Highest Rates: Seniors 75+ had the highest TBI ED visit rates, followed by ages 15–19 and under 5.
- Largest Increase: From 2017–2024, the sharpest rise was in seniors 75+, especially those 85+.
- Teen Trend: Ages 15–19 saw an upward trend from 2017–2024.

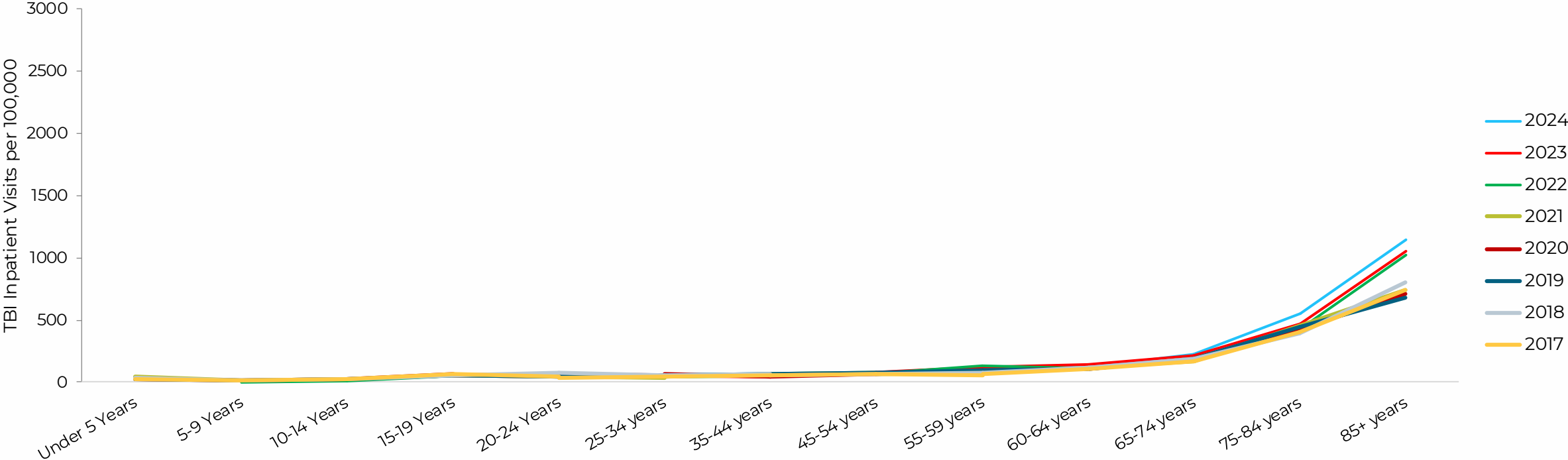
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Figure 4. Age Specific Rates-TBI Inpatients 2017-2024, Nebraska, N=16,296



- The highest TBI hospitalization rates occurred among adults 75+, and these rates increased in 2024.

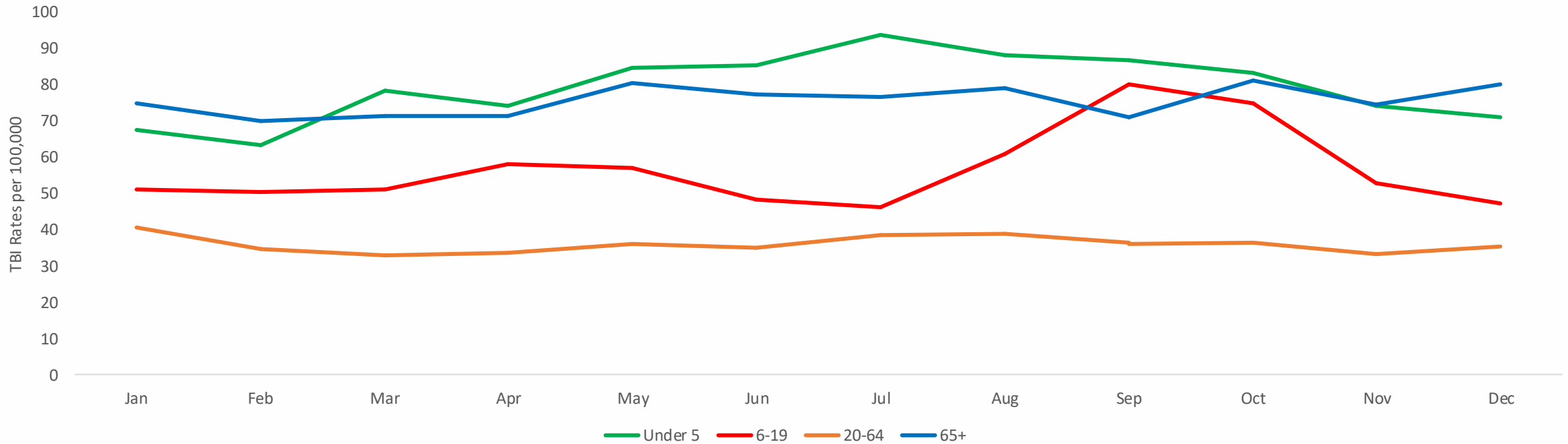
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Figure 5. TBI ED Visit Rates by Age Group & Month 2017-2024, Nebraska, N=93,315



- TBI ED visit rates remain stable year-round among patients aged 20–64 years and seniors aged 65 years and older.
- TBI ED visit rates peak in the fall among patients aged 6–19 years, while rates peak in the summer among those aged 5 years and younger.

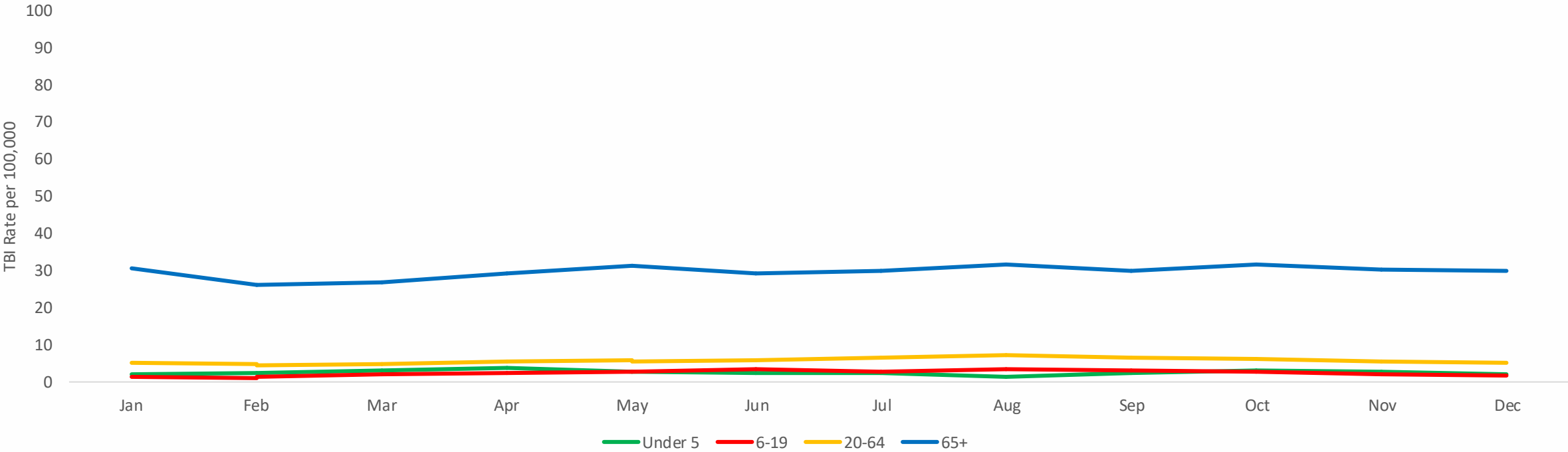
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Figure 6. TBI Inpatient Visit Rates by Age Group & Month 2017-2024, Nebraska, N=16,296

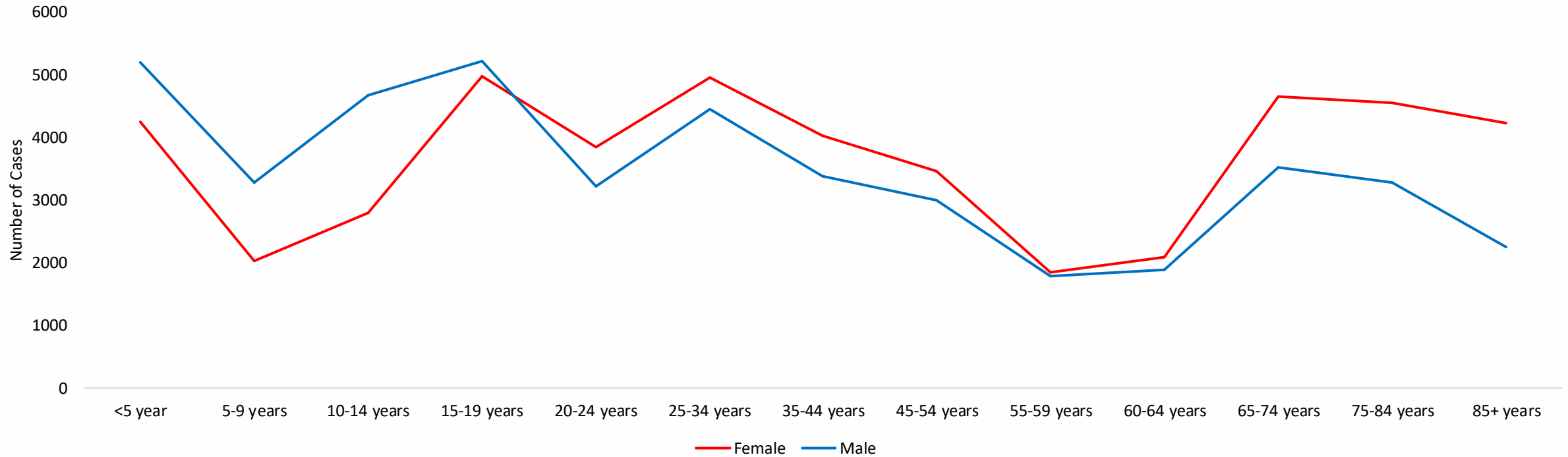


- For patients aged 65 years and above, the 2024 inpatient TBI visit rate exceeded the combined rate of all years by 24%.
- Adults aged 65 years and older had the highest TBI hospitalization rates.
- TBI inpatient rates remain stable throughout the year across all age groups.

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Figure 7. TBI ED Visit Trends by Age Group and Sex 2017-2024, Nebraska, N=93,315



- The pattern of ED visits in 2024 was consistent with the trends seen in prior years collectively.
- Males aged 0–19 years account for more cases than females, whereas among those aged 20 years and older, females account for more cases.
- The median age is 37 years for female ED patients and 26 years for male patients.

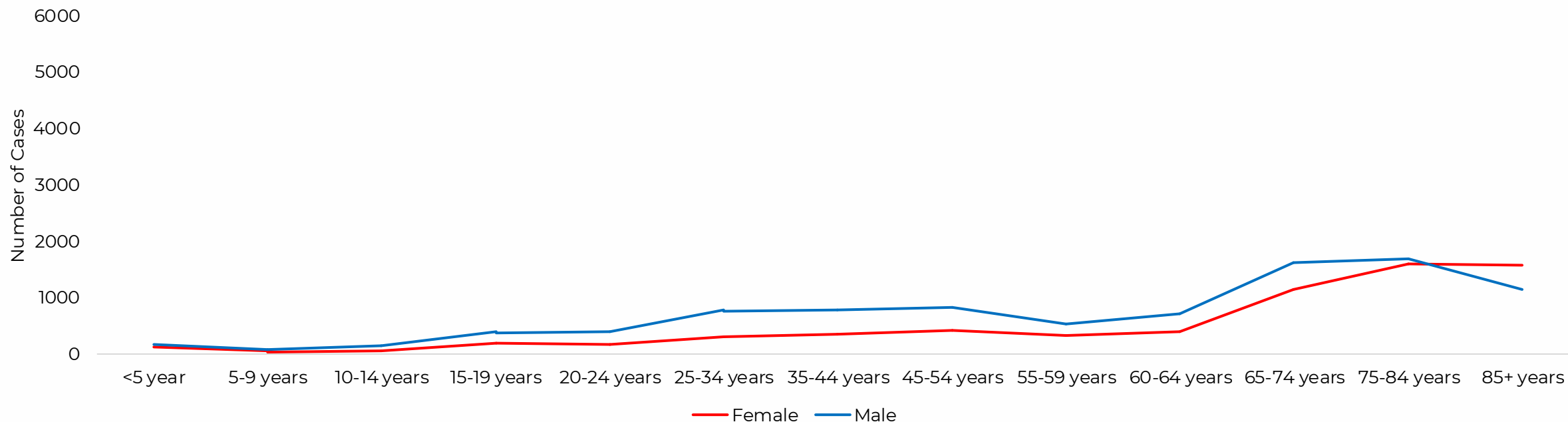
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## Figure 8. TBI Inpatient Trends by Age Group and Sex 2017-2024, Nebraska, N= 16,296



- The pattern of hospitalization in 2024 was consistent with the trends seen in prior years collectively.
- Males account for 58% of TBI inpatient visits, with the highest proportions among those aged 25–84 years.
- Female Inpatients have a median age of 73, compared to 63 for males.
- Males have a higher percentage of TBI hospitalization, while females have a higher percentage of TBI ED visits.

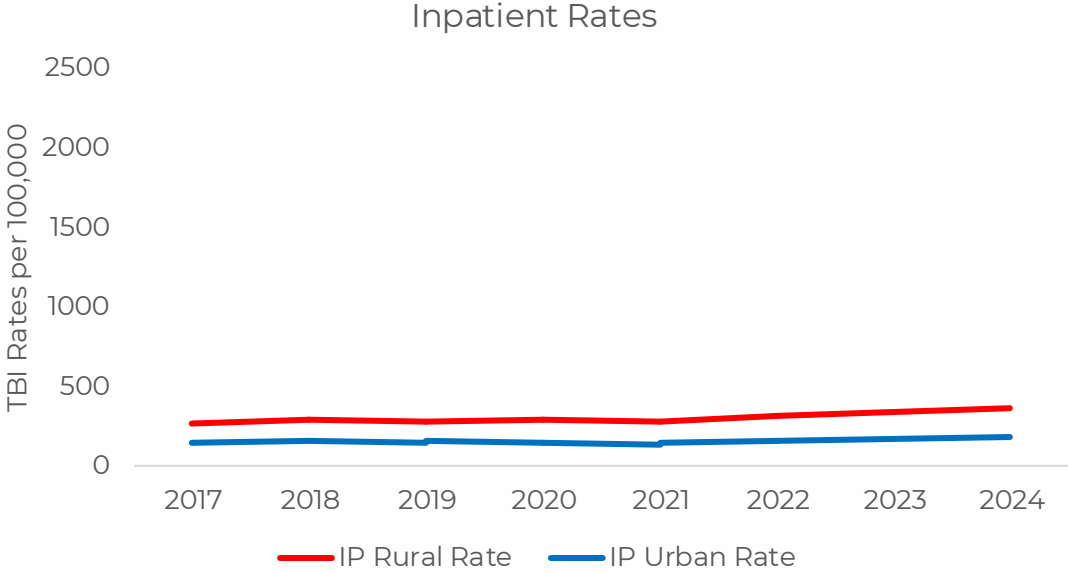
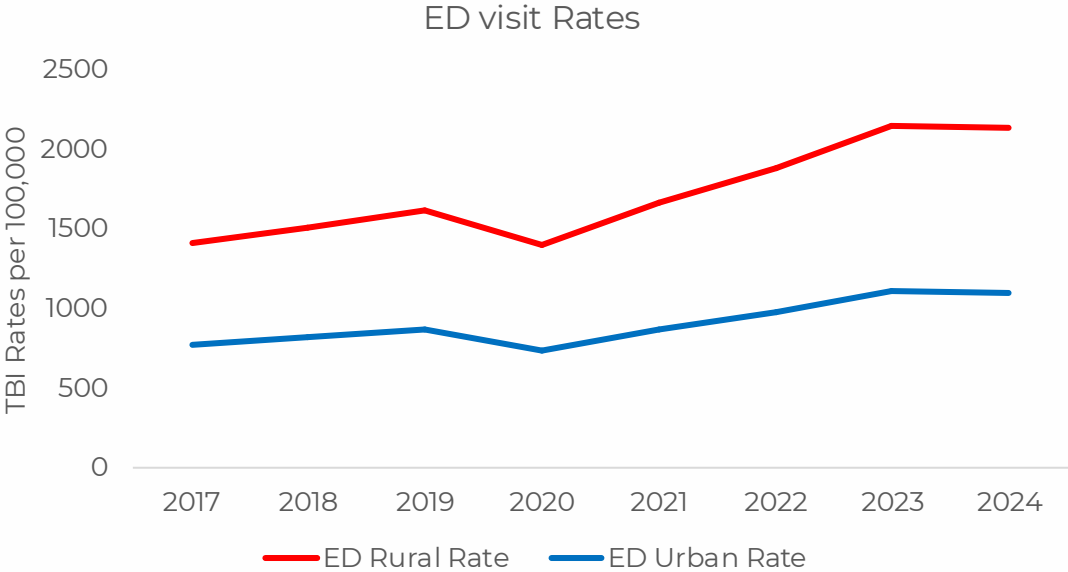
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Figure 9. TBI Rates by Patient Residency 2017-2024, Nebraska, N=109,611

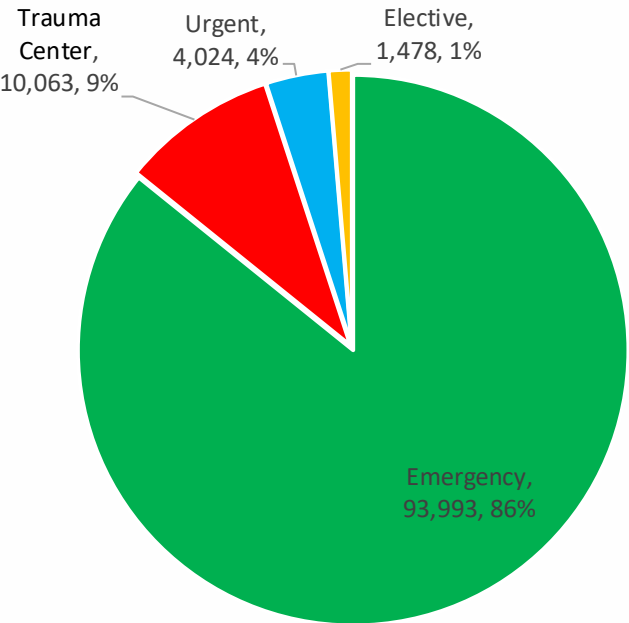
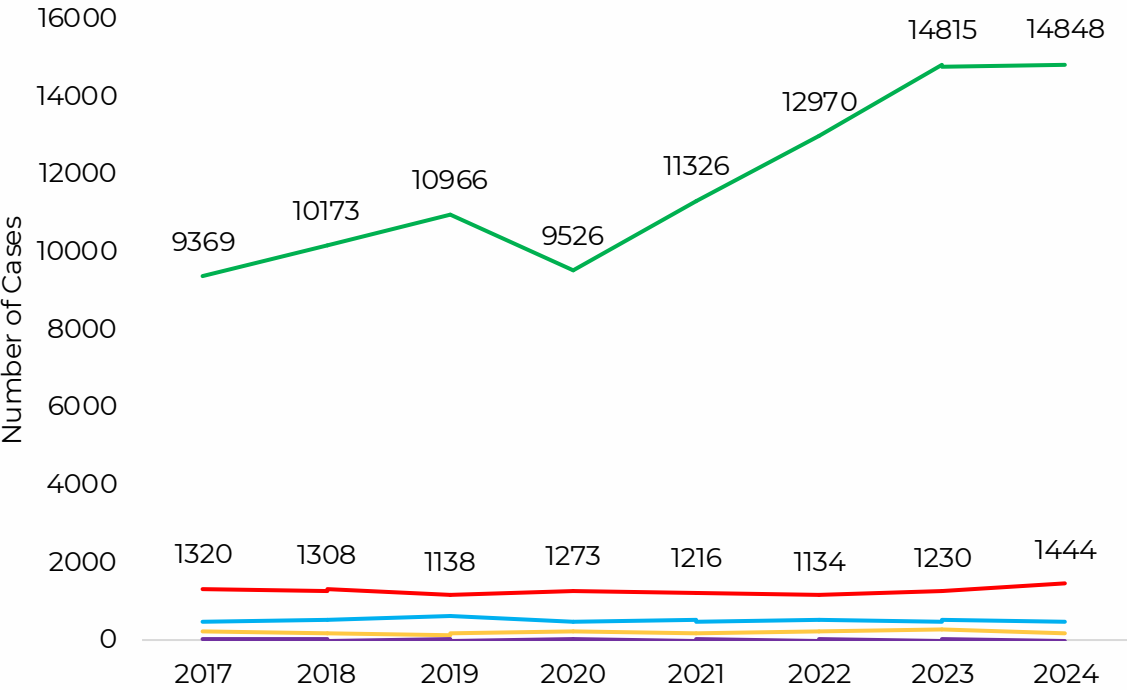


- TBI rates among rural patients are elevated in both ED and Inpatient settings.
- The median age of Inpatients is 71 years in rural areas and 65 in urban areas; for ED patients, it is 35 and 30 years, respectively.



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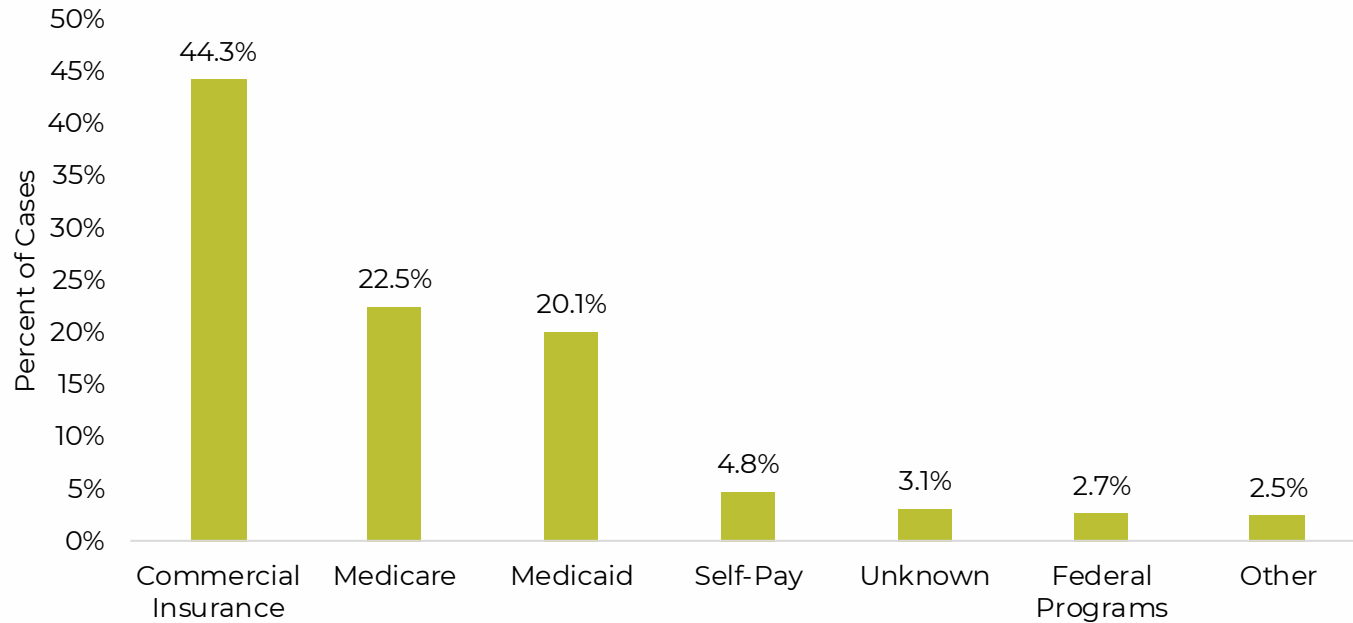
Figure 10. Number of TBI cases by Admission Type 2017-2024, Nebraska, N=109,611



- TBI-related ED and trauma center visits peaked in 2024, with ED visits showing a significant increase since 2017.

Note: See Appendix II for definitions of admission types.

Figure 11. Primary Payer for TBI Related ED Visits 2017-2024, Nebraska, N=93,315



Frequency and Median Age by Primary Payer

Primary Payer Category	Frequency	Percent	Median Age
Commercial Insurance	41,299	44.26	23
Medicare	20,986	22.49	76
Medicaid	18,743	20.09	15
Self-Pay	4,508	4.83	29
Unknown	2,915	3.12	65
Federal Programs	2,532	2.71	19
Other	2,332	2.5	38

- Commercial insurance covers 44.3% of TBI-related ED visits.
- Medicare and Medicaid cover 42.6% of TBI-related ED visits.
- The median age of TBI ED patients is 32 years.

Note: Primary payer missing for 3.12% of cases

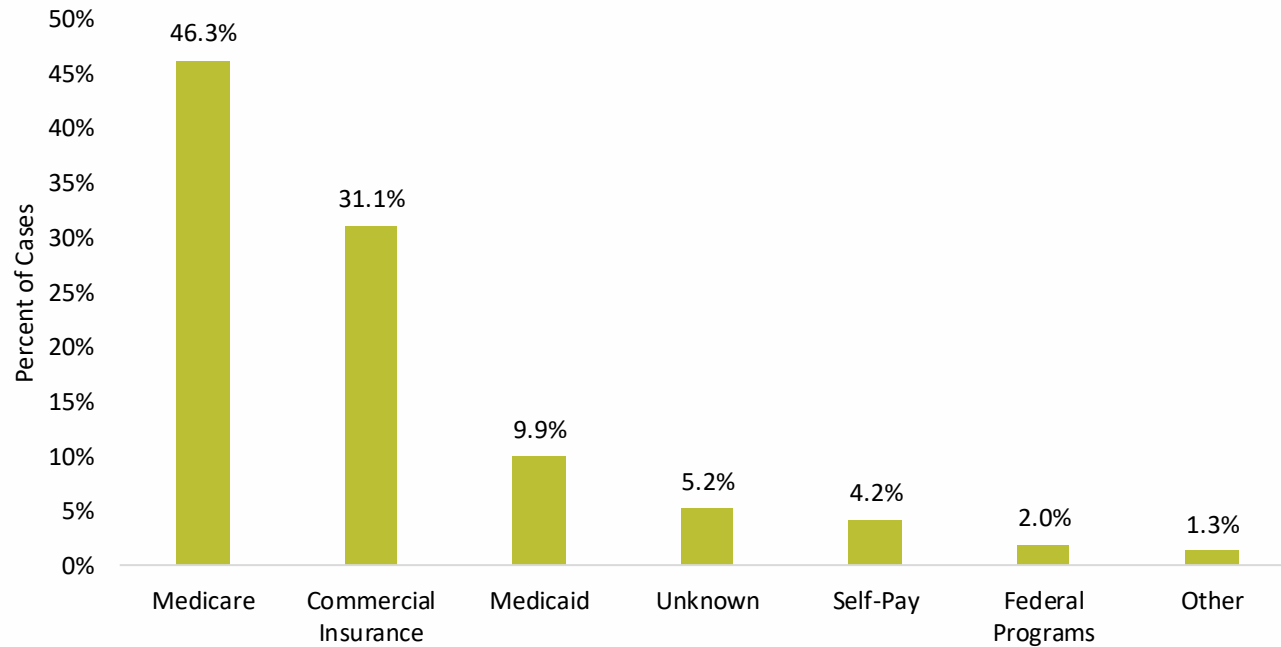
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# Figure 12. Primary Payer for TBI Related Hospitalization 2017-2024, Nebraska, N=16,296



## Frequency and Median Age by Primary Payer

Primary Payer Category	Frequency	Percent	Median Age
Medicare	7,538	46.3%	79
Commercial Insurance	5,073	31.1%	51
Medicaid	1,620	9.9%	35
Unknown	845	5.2%	70
Self-Pay	683	4.2%	39
Federal Programs	321	2.0%	63
Other	216	1.3%	48

- Medicare is the top insurer for most TBI-related hospitalization, while commercial insurance is most common for TBI-related ED visits.
- Median age: 67 years for TBI inpatients vs. 32 years for ED visits

Note: Primary payer missing for 5.2% of cases

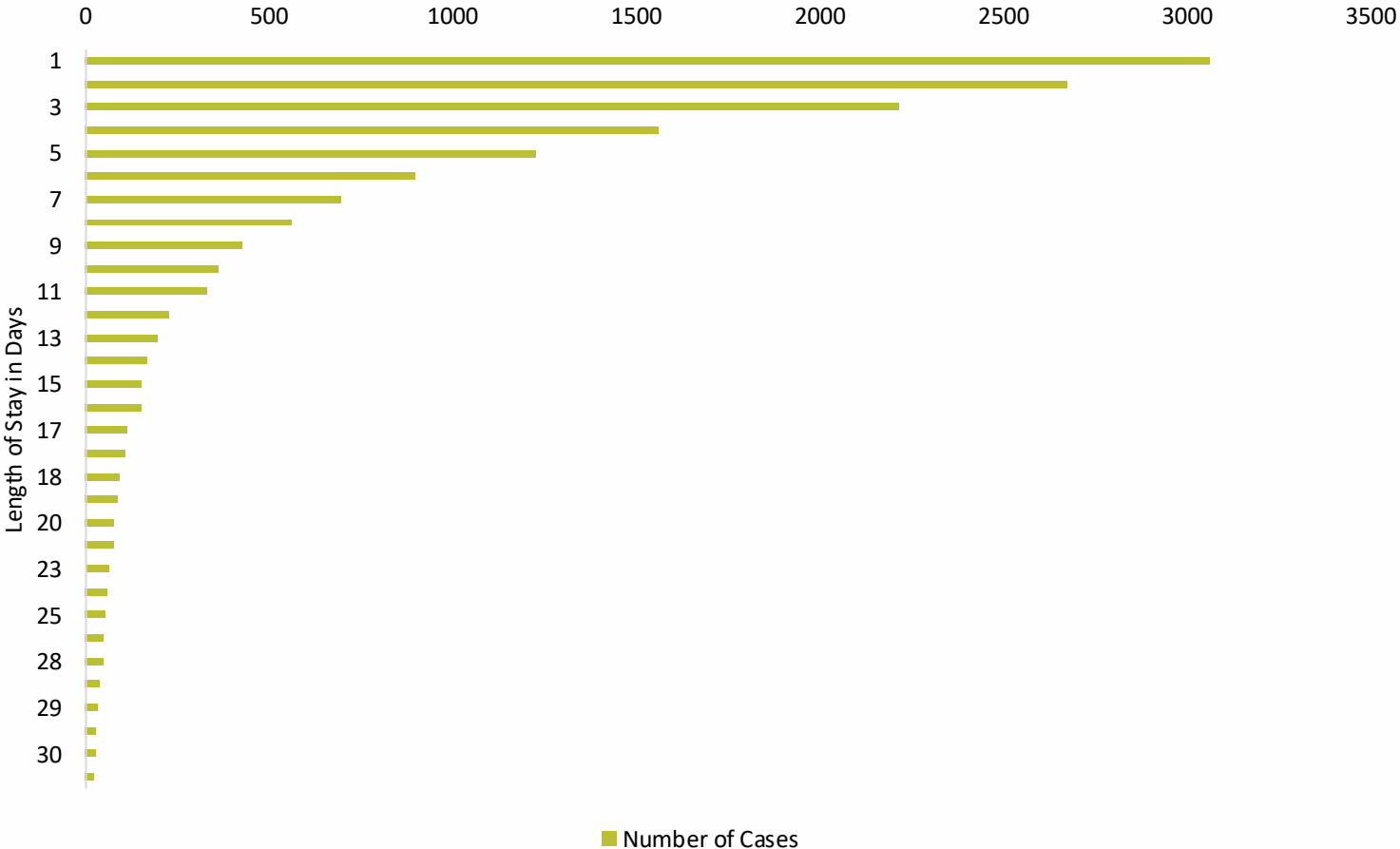
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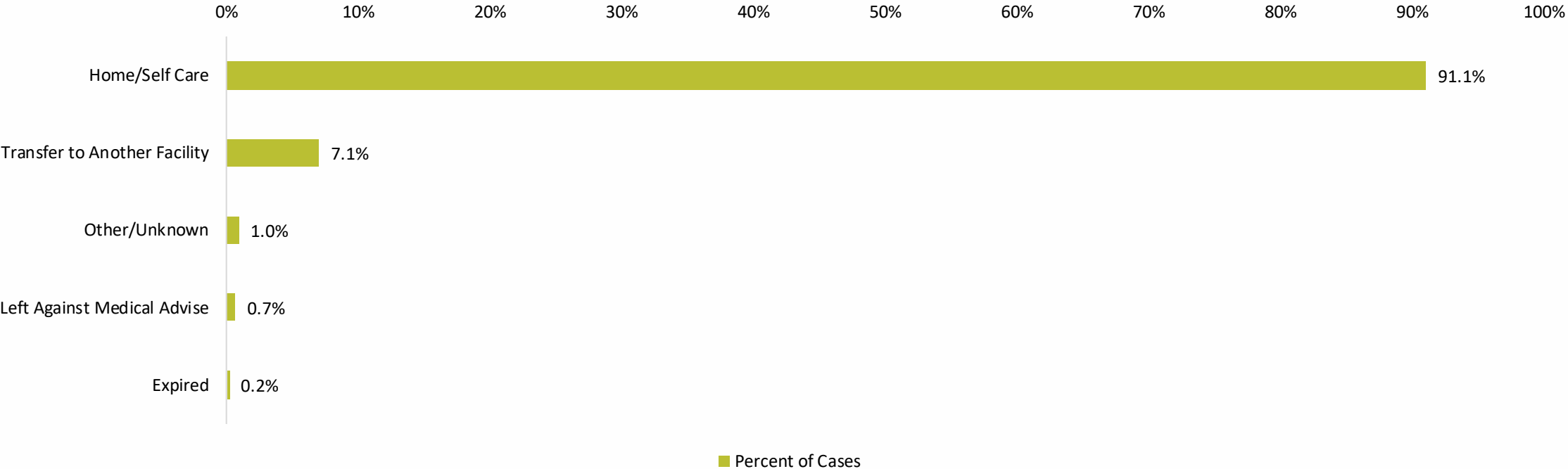
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Figure 13. Length of Stay for TBI Inpatients 2017-2024, Nebraska, N=16,296



- Nearly half of TBI Inpatients stay for three days or less.
- Median length of stay rises with age: 2 days for patients under 16, 3 days for adults 16–64, and 4 days for those 65 and older.

# Figure 14. Discharge Status for TBI ED Visits 2017-2024, Nebraska, N=93,315



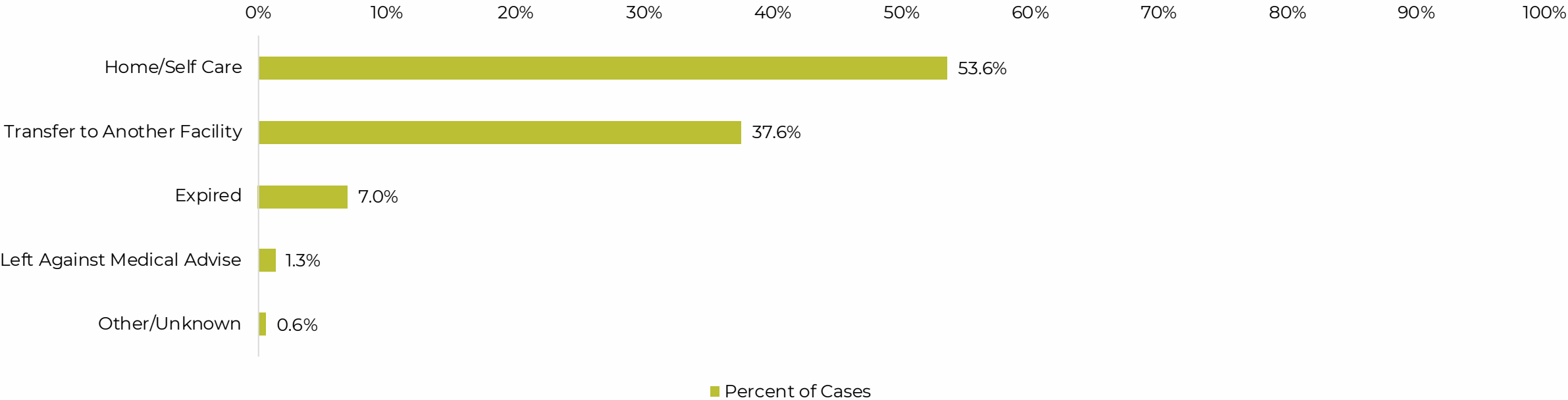
- Ninety-one percent of patients with TBI-related ED visits are discharged home or to self-care.
- Median age: 69 years for transfers to another facility vs. 29 years for home/self care discharges.

Note: Discharge status missing in 0.6% of cases.



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# Figure 15. Discharge Status for TBI Hospitalization 2017-2024, Nebraska, N=16,296



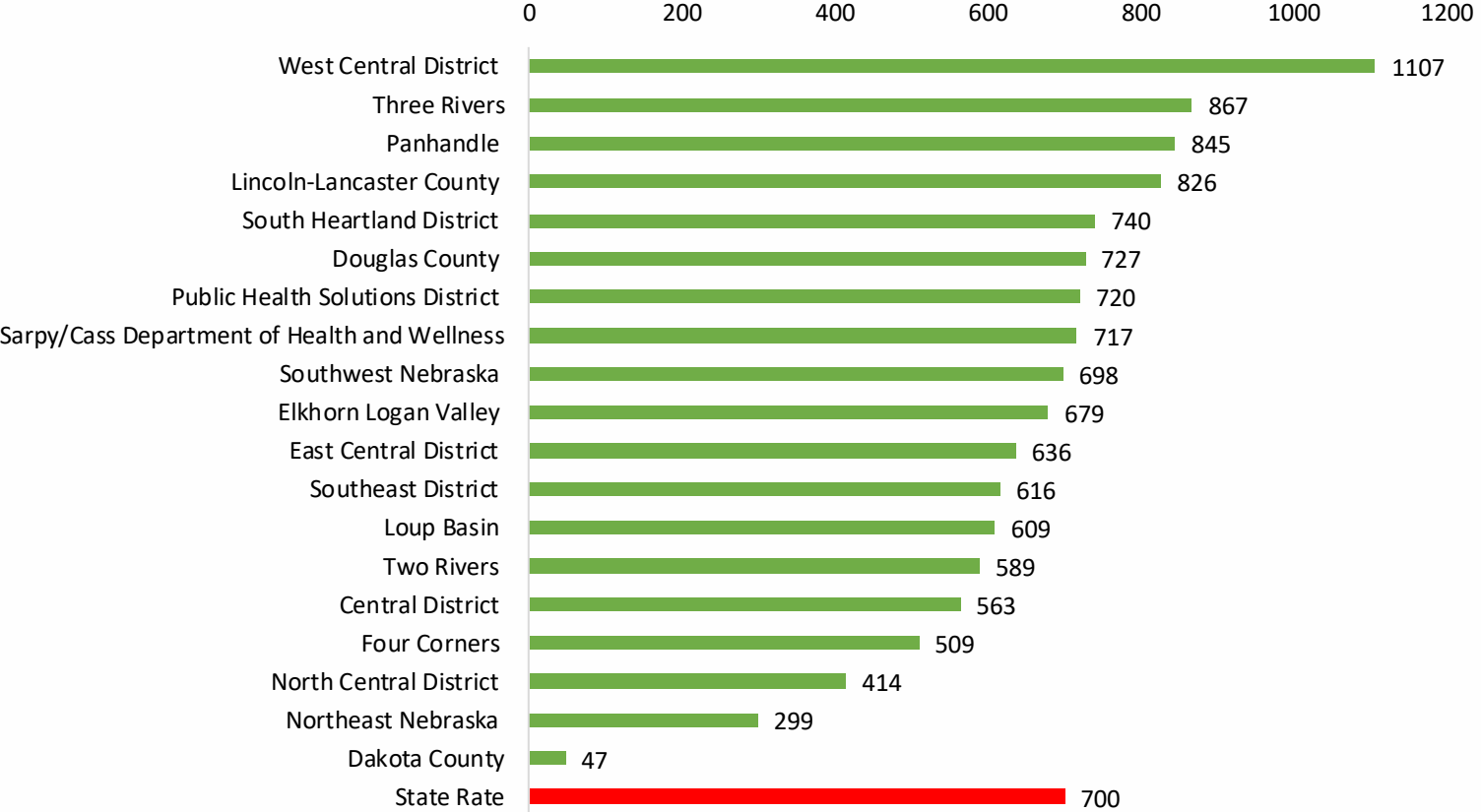
- Fifty-four percent of TBI-related inpatients are discharged home.
- Fifty-nine percent of TBI Inpatients have a primary diagnosis of intracranial injury, including concussions.
- TBI-ED patients are almost twice as likely to be discharged home or to self-care compared to TBI-Inpatients.

Note: Discharge status missing for 0.6% of cases



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Figure 16. TBI Rates by Local Health Department 2017-2024, Nebraska, N=109,607



- Eight local health departments had TBI rates higher than the State Average Rate.
- West Central Health Department had the highest TBI rate (1,107 per 100,000), while Dakota County Health Department has the lowest (47 per 100,000).
- Median age: 43 years in West Central HD vs. 32 years in Dakota County.

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Figure 17. TBI Incidence Rates and Rate Change by Health Department 2017-2024, Nebraska, N=109,607

Health Department	2017	2018	2019	2020	2021	2022	2023	2024	Rate Change 2017-2024
Three Rivers Public	576	615	615	767	878	1030	1226	1190	614
Southwest Nebraska Public	492	565	857	579	510	752	871	1054	562
Southeast District	477	514	623	533	587	580	742	866	389
Public Health Solutions District	511	629	735	569	774	756	908	879	368
Central District	352	444	491	480	537	707	799	690	338
Two Rivers Public	404	420	522	575	602	745	693	741	337
Lincoln-Lancaster County	670	847	849	698	784	777	990	985	315
Four Corners	395	487	433	389	433	638	591	702	308
South Heartland District	665	777	753	498	646	772	909	910	244
Douglas County	643	696	692	549	679	787	872	883	241
Elkhorn Logan Valley Public	603	693	637	610	659	633	782	814	211
Loup Basin Public	485	474	580	621	645	736	676	665	180
Panhandle Public	539	559	729	665	768	813	928	717	178
North Central District	436	318	411	339	433	483	596	598	162
Northeast Nebraska Public	253	194	227	270	372	324	368	386	133
Sarpy/Cass Department of Health and Wellness	682	746	770	591	666	754	754	769	86
East Central District	618	705	599	528	620	699	698	622	4
Dakota County	65	40	35	14	23	71	89	42	-22
West Central District	1227	974	1305	1092	889	1074	1197	1201	-26

- Between 2017 and 2024, the Three Rivers Public Health Department recorded the largest rise in TBI rates (+621 per 100,000), while the median age increased from 36.5 to 50 years.

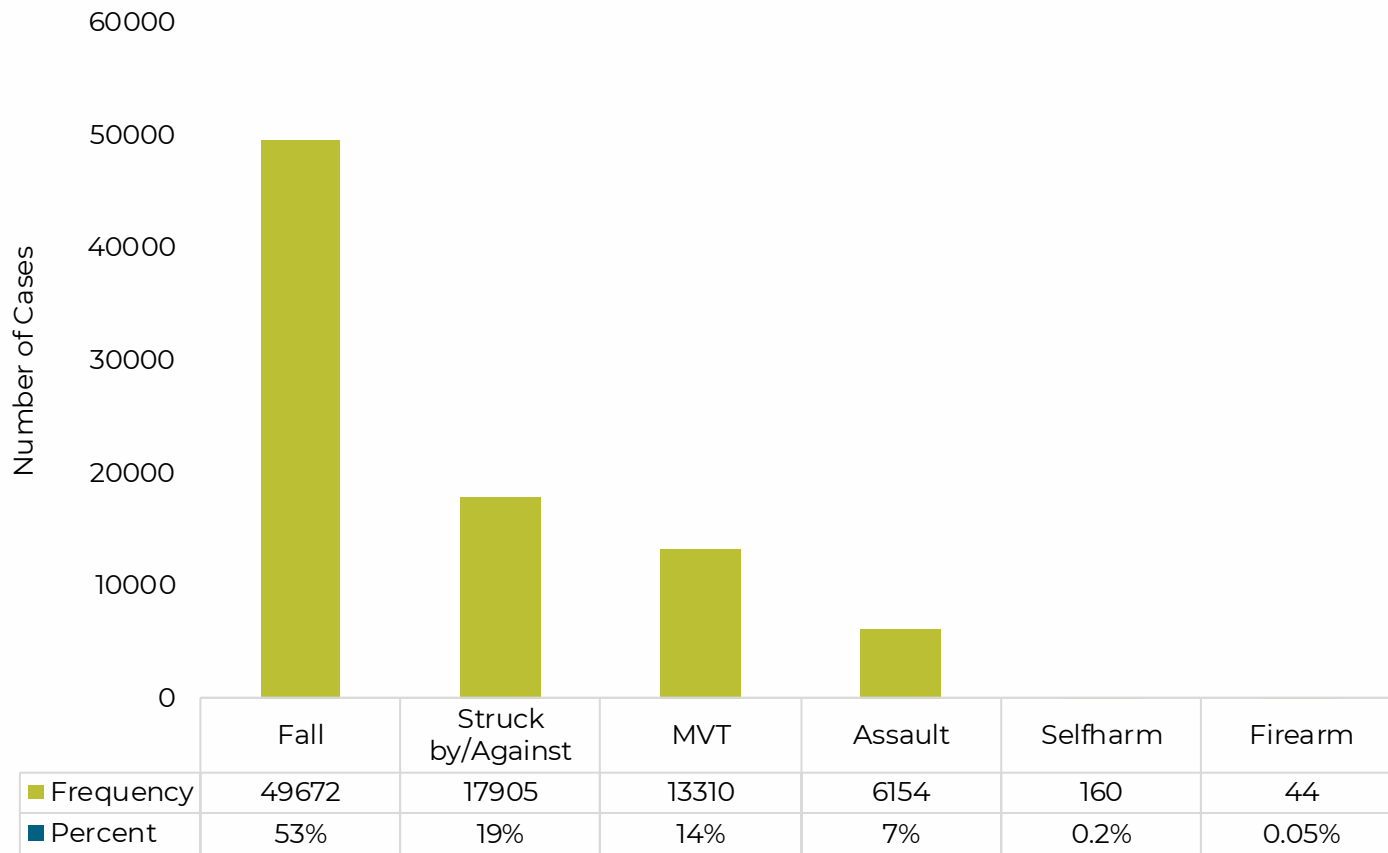
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Figure 18. Cause of Injury among TBI ED Patients 2017-2024, Nebraska, N=93,315



- Falls are the leading cause of TBIs among ED patients.
- The median age of struck-by/against TBI patients is 18 years.
- The median age of motor vehicle traffic (MVT) TBI patients is 26 years.

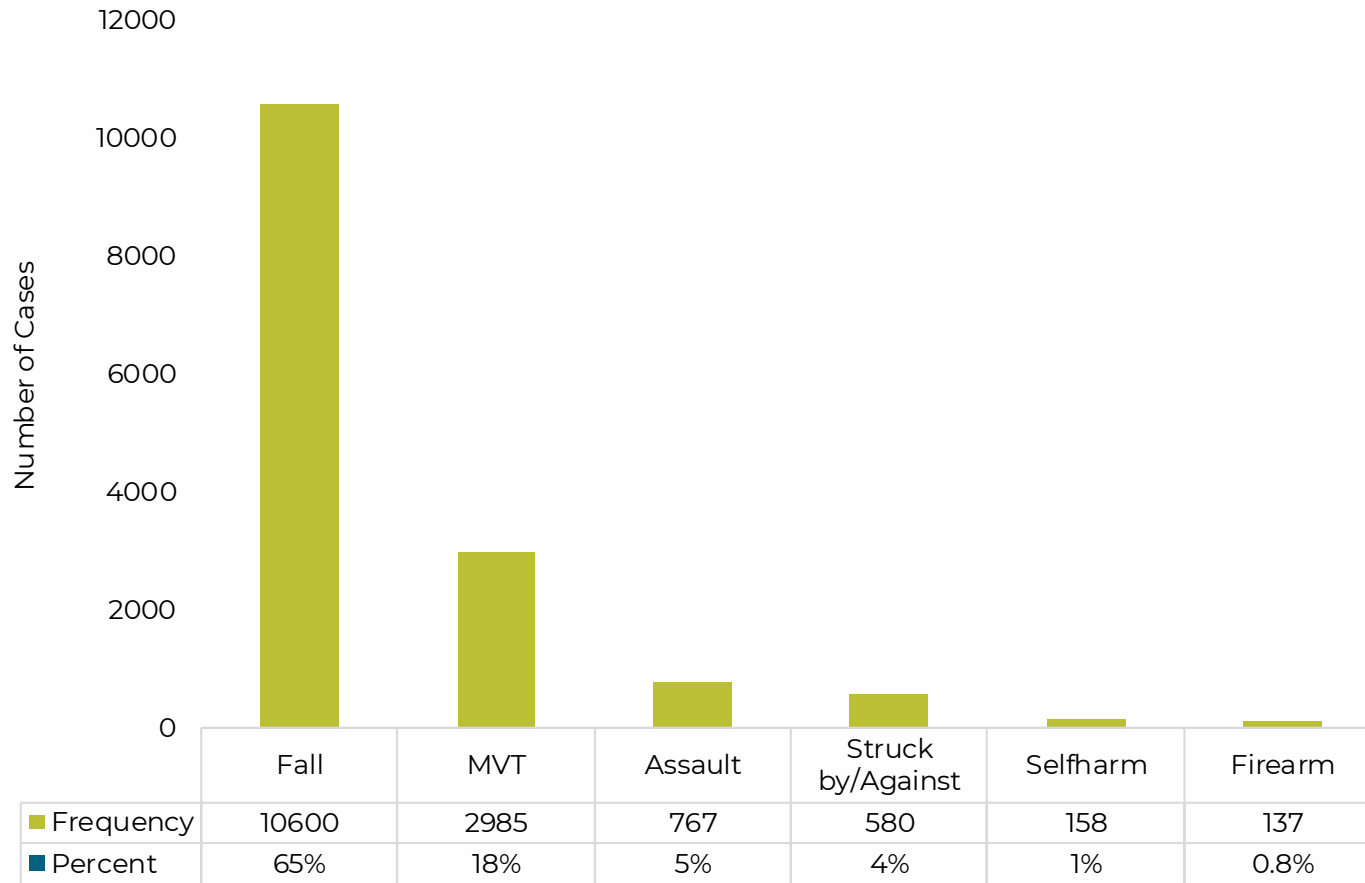
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Figure 19. Cause of Injury among TBI Hospitalization 2017-2024, Nebraska, N=16,296



- Falls are the leading cause of TBIs among inpatients, where the median age is 75.
- MVT are second leading cause of TBI among inpatients where the median age is 39.
- Falls make up a larger share of inpatient TBI injuries than ED TBI injuries.

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Figure 20. TBI Related Falls 2017-2024, Nebraska, N=60,264

Falls	ICD10 CM CODE	# Cases	Percent
Fall on same level from slipping, tripping, and stumbling	W01	14835	24.6%
Other slipping, tripping, and stumbling and falls	W18	13131	21.8%
Unspecified fall	W19	8402	13.9%
Fall on and from stairs and steps	W10	5555	9.2%
Fall due to ice and snow	W00	3212	5.3%
Other fall from one level to another	W17	2978	4.9%
Fall from bed	W06	2561	4.3%
Fall from chair	W07	1672	2.8%
Fall on and from ladder	W11	1082	1.8%
Fall from other furniture	W08	971	1.6%
Other fall on same level due to collision with another person	W03	861	1.4%
Pedestrian conveyance accident	V00	815	1.4%
Fall on and from playground equipment	W09	795	1.3%

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## Figure 21. TBI Related Struck by/Against 2017-2024, Nebraska, N=18,485

Struck by/Against	ICD10 CM	# Cases	Percent
Striking against or struck by other specified objects (e.g., walls, furniture)	W228	5179	28.0%
Striking against or struck by sports equipment (e.g., balls, bats)	W220	2951	16.0%
Struck by other thrown, projected, or falling objects (e.g., debris, tools)	W208	1822	9.9%
Accidental striking by another person during a fight or brawl	W500	1572	8.5%
Slipping, tripping, or stumbling without falling (unspecified cause)	W180	1483	8.0%
Struck by football helmet during sports activity	W210	1464	7.9%
Striking against or bumped into by another person (e.g., collisions in crowds)	W51X	1175	6.4%
Slipping, tripping, or stumbling without falling due to stepping into a hole or uneven surface	W183	503	2.7%
Struck by other sports equipment (e.g., hockey sticks, golf clubs)	W218	395	2.1%
Unspecified fall (cause not specified)	W19X	190	1.0%
Struck by baseball during sports activity	W211	148	0.8%
Accidental striking by another person during sports activity (e.g., boxing, martial arts)	W501	140	0.8%

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## Figure 22. TBI Related MVT Injuries 2017-2024, Nebraska, N=16,293

Motor Vehicle Traffic (MVT)	ICD10 CM CODE	# Cases	Percent
Car occupant injured in other and unspecified transport accidents	V49	4420	27.1%
Car occupant injured in collision with car, pick-up truck, or van	V43	3840	23.6%
Motor- or nonmotor-vehicle accident, type of vehicle unspecified	V89	2135	13.1%
Car occupant injured in non collision transport accident	V48	773	4.7%
Car occupant injured in collision with fixed or stationary object	V47	758	4.7%
Pedestrian injured in collision with car, pick-up truck, or van	V03	416	2.6%
Motorcycle rider (driver) (passenger) injured in unspecified traffic accident	V299	269	1.6%
Occupant of pick-up truck or van injured in other and unspecified transport accidents	V59	306	1.9%
Car occupant injured in collision with heavy transport vehicle or bus	V44	291	1.8%
Pedal cycle rider injured in other and unspecified transport accidents	V19	283	1.7%
Evidence of alcohol involvement determined by blood alcohol level	Y90	264	1.6%
Occupant of pick-up truck or van injured in collision with car, pick-up truck, or van	V53	255	1.6%

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# Summary

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## Increasing Incidence of TBI in Nebraska

Traumatic brain injury (TBI) in Nebraska has been on a steady rise, reflecting national patterns, with cases peaking in 2024 in Nebraska. This upward trend has created a significant burden on society, straining healthcare systems, rehabilitation services, and community support networks across the state. Much of this pressure stems from increasing emergency department (ED) visits, with the steepest rise seen among adults aged 75 and older.

## Population and Demographic Differences

TBI incidence varies by age, sex, and place of residence. Older adults, especially those aged 75 and above, have the highest rates of ED visits and hospitalizations due to TBI. Young children under five and adolescents between 15 and 19 years also show elevated rates of ED visits. Males are more likely to suffer severe TBIs requiring hospitalization, whereas females more commonly seek care in emergency departments. Additionally, rural residents experience higher rates of both hospitalizations and ED visits compared to urban populations.

## Causes and Mechanisms of Injury

Falls are the leading cause of TBI in Nebraska, disproportionately affecting older adults. Among Younger people, TBIs more often result from being struck by or against objects, motor vehicle crashes, and assaults. This variation in injury mechanism highlights the need for age-specific prevention strategies.

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## Summary-continued

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### Mild TBIs Underestimated

While most TBIs are classified as mild, these injuries can still lead to persistent and sometimes lifelong complications, including mental health challenges. Because many mild TBIs are not managed within hospital systems or are never medically evaluated, current surveillance systems significantly underestimate the true burden of TBI in the state.

### Public Health Implications and Recommendations

To effectively address the growing TBI challenge, Nebraska must strengthen surveillance systems to better capture the full spectrum of TBI cases. Strategic public health interventions, such as fall prevention programs targeting older adults, along with evidence-based policies and supportive healthcare infrastructure, are crucial to reducing the short- and long-term impacts of TBI on the community.

### Report Limitations

Limited race and ethnicity data, injury location codes, and admission dates.

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# TBI Prevention (CDC\*)

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## Prevention for Children under 5 years

- Install window guards and stair gates.
- Use soft playground surfaces (e.g., mulch, sand) to reduce head injury severity .

## Prevention Tips for Teens and Adults

- Buckle Up Every Ride – Wear a seat belt every time you drive – or ride – in a motor vehicle.
- Wear a helmet, or appropriate headgear, when:
  - Riding a bike, motorcycle, snowmobile, scooter or ATV
  - Playing contact sports such as football, hockey or boxing
  - Riding a horse, skateboarding or playing baseball or softball
- Never drive while under the influence of alcohol or drugs.

## Prevention for Older Adults

- Remove tripping hazards (loose rugs, clutter).
- Install grab bars in bathrooms and handrails on stairs.
- Improve home lighting and use nonslip mats.

\*Centers for Disease Control and Prevention (CDC). Preventing Traumatic Brain Injury. Available at: <https://www.cdc.gov/traumatic-brain-injury/prevention/index.html>. Accessed September 3, 2025.

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# TBI Prevention (CDC\*)

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## Home & Recreation Safety

- Supervise children near water; avoid diving in shallow (<12 ft) pools or unknown-depth areas.
- Secure furniture and heavy objects to prevent tip-overs.

## Proactive Measures

- Engage in balance/strength exercises to reduce fall risk.
- Review medications with doctors to minimize dizziness/drowsiness.

## Research-backed strategies

- Booster seats lower head injury risk by 45% compared to seat belts alone .
- Soft playground surfaces reduce TBI impact forces (Mack et al., 2000).

The CDC's HEADS UP program emphasizes combining protective gear, environmental modifications, and behavioral awareness for optimal prevention.

\*Centers for Disease Control and Prevention (CDC). Preventing Traumatic Brain Injury. Available at: <https://www.cdc.gov/traumatic-brain-injury/prevention/index.html>. Accessed September 3, 2025.

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## Quality Assurance and Improvement

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Review key data fields (e.g., external cause codes, diagnosis codes, race/ethnicity, admission dates) for completeness, accuracy, and consistency, and apply standardized coding practices (e.g., ICD-10 CM) to ensure consistent identification of TBI cases.

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# Appendix I

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## Inclusion Criteria

TBI cases were identified using patients' diagnosis code.

The table below shows ICD 10 CM codes used to define TBI's:

S02.0, S02.1-	Fracture of skull
S02.8, S02.91	Fracture of other specified skull and facial bones; Unspecified fracture of skull
S04.02, S04.03-, S04.04-	Injury of optic chiasm; injury of optic tract and pathways; injury of visual cortex
S06-	Intracranial injury
S07.1	Crushing injury of skull
T74.4	Shaken infant syndrome

“-” indicates any 4th, 5th or 6th character

7th character of A or B for S02.0, S02.1-, S02.8 and S02.91

7th character of A for S04.02, S04.03-, S04.04-, S06- , S07.1 and T74.4

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## Appendix II

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### Priority (Type) of Admission

Emergency	The patient requires immediate medical intervention as a result of severe, life-threatening or potentially disabling conditions.  Generally, the patient is admitted through the emergency room.
Urgent	The patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient is admitted to the first available and suitable accommodation.
Elective	The patient's condition permits adequate time to schedule the availability of a suitable accommodation.
Newborn	A baby born within this facility.
Trauma Center	Visit to a trauma center hospital as licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons and involving trauma activation.
Information Not Available	The hospital does not have this information in its records.

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# Appendix III

## Expected Source of Payment

09	Self-Pay
10	Central Certification
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
17	Dental Maintenance Organization
AM	Automobile Medical
BL	Blue Cross/BlueShield
CH	Champus
CI	Commercial Insurance Co.
DS	Disability
FI	Federal Employees Program
HM	Health Maintenance Organization
LI	Liability
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veteran Administration Plan
WC	Workers' Compensation Health Claim
ZZ	Unknown

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