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MCC and CC code list. Improve reimbursement through knowledge of which codes are considered MCC (major complications and comorbidities) and CC (complications and comorbidities) that impact MS-DRG assignment.

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Highlighted coding instructional and informational notes. Recognize important code usage guidance for specific sections more easily with highlighted notes.

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Symbols identify MCC and CC conditions. Ensure appropriate reimbursement by reporting patient severity correctly. Know when conditions are considered a complication or comorbidity, as well as which are major CCs that impact MS-DRG assignment.

Hospital-acquired condition (HAC) alerts. Know which conditions, when not present upon admission, will not impact DRG assignment.

Adjunct procedure code alert. Learn how to properly use ICD-9-CM procedure codes that provide additional information only and cannot be used alone.

MCC and CC codes paired with principal diagnosis exclusions. Identify at a glance if the assigned complication or comorbidity code will impact MS-DRG assignment based on the established principal diagnosis (PDx).

HIV major related diagnosis code alert. Understand when a diagnosis entered as a secondary diagnosis with HIV will group the case to a higher-paying MS-DRG 974-976 for improved reimbursement.

Additional digit required symbols. Know when an additional fourth or fifth digit is required for code specificity and validity to avoid invalid code submissions.

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