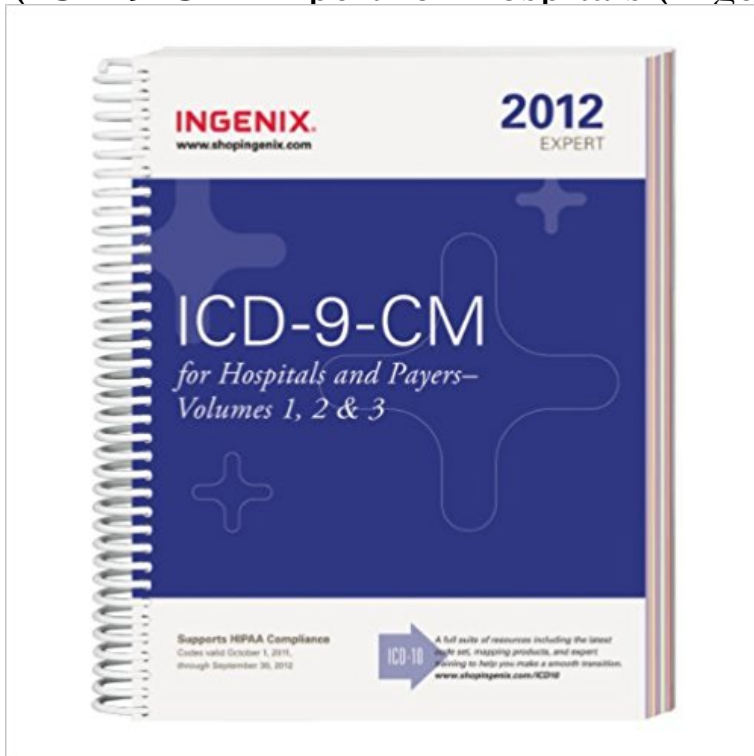


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assignment. Valid three-digit code list. See at a glance whether a code is valid for claim submission to prevent denied claims due to invalid code usage. Highlighted coding instructional and informational notes. Recognize important code usage guidance for specific sections more easily with highlighted notes. AHAs Coding Clinic and official coding guideline tips. Use citations to link to the official coding advice every coder in every health care setting must follow for ICD-9-CM and find official coding tips with the codes. Wrong surgery edit. Spot cases in which the wrong surgery was performed and are then exempt from reimbursement. 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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