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adopted by Medicare in 2008 to improve recognition of severity of illness and resource consumption and reduce cost variation among DRG's; bases DRG relative weights on hospital costs and greatly expanded the number of DRG; reevaluated complications/comorbidities (CC) list to assign all ICD-9-CM codes as non-CC status (conditions should not be treated as CCs for specific clinical conditions), CC status, or major CC status; handles diagnoses closely associated with patient mortality ...

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NOTE: Code 771.7 is assigned during the first 28 days of the patient's life, and code 112.9 is assigned if the patient is older than 28 days. (This exercise does not indicate the patient's age. Therefore, either code is acceptable. In practice, review the medical record to determine the patient's age to assign the correct code.)

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Select the most appropriate response. A patient is ...

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Select the most appropriate response. A patient is ...

Health & Nutrition Understanding Health Insurance: A Guide to Billing and Reimbursement A 42-year-old white male was referred to a gastroenterologist by his primary care physician because of a two-month history of gross rectal bleeding. The new patient was seen on Wednesday, and the doctor performed a comprehensive history and exam. Medical decision making was of moderate complexity.

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