

**MS-DRG  
MCC/CC**

**Specificity and MS-DRGs**

Acute vs. chronic  
 Etiology of condition  
 Causative organism in infection  
 Degree of severity of diseases  
 Proper staging of chronic conditions (i.e.—chronic kidney disease)  
 Accompanying conditions (i.e.—hemorrhage, coma, heart failure, chronic kidney disease)  
 Benign vs. malignant hypertension when specifying organ disease due to hypertension  
 Congestive heart failure—specify if it is acute or chronic, in addition whether it is systolic or diastolic (or both) and right or left sided (or both)  
 Specify severity of malnutrition  
 If patient is receiving tube feedings or TPN, document the nutrition diagnosis  
 Document the total time the patient is on ventilation if it is prolonged  
 Every diagnostic test and medication ordered should have a documented diagnosis  
 Clinically significant diagnoses from diagnostic reports should be documented in the progress notes  
 Arrow, plus signs, and many abbreviations are not sufficient documentation (i.e.—document hypokalemia not ↓K)

**Common MCCs**

Acute cor pulmonale	Encephalopathy
Acute CVA w/infarction	End stage renal disease
Acute diastolic heart failure	Epilepsia partialis continua
Acute lung edema NOS (acute pulmonary edema)	Grand mal status
Acute myocardial infarction	Hepatitis w/ hepatic coma
Acute myocarditis	Iatrogenic pulmonary embolism/infarction
Acute on chronic diastolic heart failure	"itis" diagnoses w/ hemorrhage, perforation, or obstruction
Acute on chronic systolic heart failure	Kwashiorkor
Acute pancreatitis	Meningitis, specify type
Acute renal failure	Myasthenia Gravis w/acute exacerbation
Acute respiratory failure	Nutritional marasmus
Acute systolic and diastolic heart failure	Peritonitis
Acute systolic heart failure	Petit mal status
Aspiration pneumonia	Pneumonia
Bleeding esophageal varices	Pneumothorax, spontaneous tension
Cardiac arrest	Pulmonary embolism, infarction
Cardiogenic shock	Quadriplegia
Coma	Ruptured aortic aneurysm
Decubitus ulcer-back, hip, buttock, ankle, heel	Sepsis
Diabetes w/coma	Septic shock
Diabetes w/hyperosmolarity	Septicemia
Diabetes w/ketoacidosis	Severe protein calorie malnutrition
Encephalitis, specify type	SIRS
	Ventricular fibrillation
	Ventricular flutter

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**Common CCs**

Acidosis	Hypermnatremia
Acid base imbalance	Hyperosmolarity
Acute bronchiectasis	Hyponatremia
Acute but ill defined cerebrovascular disease	Hypoosmolarity
Acute coronary syndrome (unstable angina)	Ileus
Acute coronary occlusion w/o myocardial infarction	Infection post op
Acute esophagitis	Infectious diarrhea
Acute exacerbation of asthma	Intermediate coronary syndrome
Acute pericarditis	"itis" gastrointestinal diagnoses
Acute post-hemorrhagic anemia (acute blood loss anemia)	Left heart failure
Alcohol or Drug withdrawal	Malignant hypertensive heart disease w/CHF
Alkalosis	Obesity—BMI > 40
Anorexia nervosa	Paraplegia
Atelectasis	Paroxysmal supraventricular tachycardia
Atrial flutter	Paroxysmal ventricular tachycardia
Bacteremia	Pathological fracture
Bilateral bundle branch block	Phlebitis and thrombophlebitis, femoral vein (deep) (superficial)
Cachexia	Pleural effusion, specify type
CAD of bypass graft of transplanted heart	Post traumatic pulmonary insufficiency (or post surgery)
Cardiomyopathy, specify type	Protein calorie malnutrition
Cellulitis	Pulmonary edema
Chronic diastolic heart failure	Pyelonephritis
Chronic kidney disease—stage IV or V	Rhabdomyolysis
Chronic pancreatitis	Rheumatic heart failure
Chronic respiratory failure	Schizophrenia
Chronic systolic heart failure	Shock
COPD, acute exacerbation	Status asthmaticus
Decubitus ulcer—elbow	Stroke
Drug dependence, continuous	Systolic heart failure
Epilepsy, intractable	Trifascicular block
Hemoptysis	Ulcer-acute-gastric, duodenal, peptic, gastrojejunal
Hepatitis w/o hepatic coma or encephalopathy	UTI
	Ventricular tachycardia
	Wound dehiscence
	Wound infection

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