

Physician/Outpatient Coding**Facility/Inpatient Coding**

ICD-10-CM for diagnoses

ICD-10-CM for diagnoses

Coding for "probable," "suspected," or "rule-out" conditions is NOT allowed

Coding for "probable," "suspected," or "rule-out" conditions is allowed

Medical/surgical procedures: CPT® and HCPCS Level II

Medical/surgical procedures: ICD-10-PCS

Reimbursement primarily based on physician fee, insurance contracted rates, ambulatory surgical center rates, etc.

Reimbursement primarily based on the diagnosis-related group (DRG)

Does not require hospital stay

Requires a hospital stay (usually with two-day minimum)

Code assignment is based on the encounter/visit

Code assignment is based on the entire admission (length of stay)

Services are billed on CMS-1500 form

Services are billed on UB-04 form

Inpatient Medical Coding Guidelines

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Inpatient Medical Coding Guidelines:

Whispering the Strategies of Language: An Emotional Quest through **Inpatient Medical Coding Guidelines**

In a digitally-driven earth wherever displays reign supreme and immediate connection drowns out the subtleties of language, the profound techniques and psychological subtleties hidden within phrases usually go unheard. Yet, situated within the pages of **Inpatient Medical Coding Guidelines** a captivating fictional prize sporting with fresh emotions, lies an extraordinary journey waiting to be undertaken. Penned by an experienced wordsmith, that wonderful opus encourages visitors on an introspective trip, lightly unraveling the veiled truths and profound impact resonating within ab muscles fabric of each word. Within the mental depths of the touching review, we can embark upon a heartfelt exploration of the book is core subjects, dissect their interesting writing type, and yield to the strong resonance it evokes serious within the recesses of readers hearts.

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