

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 Coding Guidelines 23

RJ Alexander



Inpatient Coding Guidelines 23:

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