

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

S Marginson



Inpatient Medical Coding Guidelines:

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

In a digitally-driven earth where screens reign supreme and quick connection drowns out the subtleties of language, the profound strategies and mental nuances hidden within phrases usually move unheard. However, set within the pages of **Inpatient Medical Coding Guidelines** a charming literary treasure blinking with organic thoughts, lies an extraordinary journey waiting to be undertaken. Composed by an experienced wordsmith, that charming opus encourages viewers on an introspective trip, delicately unraveling the veiled truths and profound impact resonating within the very fabric of each and every word. Within the psychological depths of this emotional evaluation, we can embark upon a sincere exploration of the book's primary styles, dissect its interesting publishing model, and yield to the powerful resonance it evokes heavy within the recesses of readers' hearts.

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