

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 201

**Michael Hoelscher**

A red circular graphic with a gradient, appearing as a partial circle or a thick curved line, located to the right of the author's name.

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**Regulations** United States. Department of the Interior, 2000 Special edition of the Federal register containing a codification of documents of general applicability and future effect as of with ancillaries

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