Profee

Facility/IP Coding

ICD-10-CM for diagnoses

ICO-10

ICD-10-CM 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 schedule, insurance contracted rates, ambulatory surgical center rates, etc.

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

Does not require hospital stay



Requires hospital stay (usually with 2-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

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Janet I. Beik

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