

Chapter 20: Coding and Classification: Billing Guidelines

1. When was the question? the ICD-10-CM system that replacement ICD-9-CM provided. How good is the new ICD-10-CM system when it is significantly superior? Evidence is provided by comparing coding in selected inpatient hospital payments. This issue is to be used to assess payment for services provided in the inpatient setting and the payment for the same payments in the ambulatory setting.
2. When is the ICD-10-CM system for coding inpatient hospital payments? The ICD-10-CM system is to be used for coding inpatient hospital payments.
3. When was possible "add-on" payments? A hospital could receive an addition to the base Medicare ICD-10-CM payment. Add-on payments may be added to the ICD-10-CM payment for services provided in the inpatient setting. (a) for the inpatient setting, (b) for the ambulatory setting, (c) for the outpatient setting.
4. When additional factor is included in the payment of ICD-10-CM based payment and secondary diagnosis including the presence of major or minor complications or a significant complication diagnosis or other? The ICD-10-CM system for coding inpatient hospital payments is to be used for coding inpatient hospital payments.
5. When is the ICD-10-CM system for coding inpatient hospital payments? The ICD-10-CM system for coding inpatient hospital payments is to be used for coding inpatient hospital payments.
 - (a) The ICD-10-CM system for coding inpatient hospital payments is to be used for coding inpatient hospital payments.
 - (b) The ICD-10-CM system for coding inpatient hospital payments is to be used for coding inpatient hospital payments.
 - (c) The ICD-10-CM system for coding inpatient hospital payments is to be used for coding inpatient hospital payments.
 - (d) The ICD-10-CM system for coding inpatient hospital payments is to be used for coding inpatient hospital payments.
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 - (t) The ICD-10-CM system for coding inpatient hospital payments is to be used for coding inpatient hospital payments.
 - (u) The ICD-10-CM system for coding inpatient hospital payments is to be used for coding inpatient hospital payments.
 - (v) The ICD-10-CM system for coding inpatient hospital payments is to be used for coding inpatient hospital payments.
 - (w) The ICD-10-CM system for coding inpatient hospital payments is to be used for coding inpatient hospital payments.
 - (x) The ICD-10-CM system for coding inpatient hospital payments is to be used for coding inpatient hospital payments.
 - (y) The ICD-10-CM system for coding inpatient hospital payments is to be used for coding inpatient hospital payments.
 - (z) The ICD-10-CM system for coding inpatient hospital payments is to be used for coding inpatient hospital payments.
6. Describe when a hospital reported condition (ICD-10-CM) is included and how it impacts reimbursement? When a hospital reported condition (ICD-10-CM) is included, the hospital is to be used for coding inpatient hospital payments. The ICD-10-CM system for coding inpatient hospital payments is to be used for coding inpatient hospital payments.
7. When does inclusion or exclusion (ICD-10-CM) impact reimbursement? The ICD-10-CM system for coding inpatient hospital payments is to be used for coding inpatient hospital payments.
8. When does a hospital qualify for a hospital-based diagnosis adjustment factor (ICD-10-CM)? A hospital-based diagnosis adjustment factor (ICD-10-CM) is to be used for coding inpatient hospital payments.

Exercises For Coding Reimbursement

Carol J. Buck



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