

Inpatient and outpatient hospital services essay

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The inpatient and outpatient hospital services are two totally different processes that are used in the medical facilities or practices at different timing.

The major differences between inpatient and outpatient hospital services are the type of services they provide, the coding, and billing process. With the inpatient care patients are required to be admitted in a hospital or to stay overnight. Inpatient care can be provided to patients through skilled nursing facilities, which includes care given by licensed nurses under direction of a physician, such as intravenous injections, tube feeding, and changing sterile dressings on a wound. Then you have the long-term care facilities, such as nursing home that custodial care for patients with chronic disabilities and prolonged illnesses. On the other hand you have the outpatient care, which can be provided in hospital emergency rooms or departments. Outpatient care covers all types of health services that do not require the patient to stay overnight in the hospital.

Outpatient departments provide services such as same-day surgery, where surgeries are performed and the patient does not have to stay overnight or be admitted in the hospital. Then you have home health care services, such as physical therapy or skilled nursing care that could be provided at a patient home. You have care services, such as skilled nursing, physical therapy, occupational therapy, speech therapy, and care by home health aides that is considered as outpatient services. The differences affect the coding process because of the time frame they are being used. Coding is done by inpatient medical coders as soon as the patient is discharged. For outpatient care coding is being done during the patient visit, before they done with their

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care or discharged. The coding for inpatient and outpatient is coded according to three extensive rules, which the first rule is principal diagnosis.

An example principal diagnosis: acute appendicitis (540); while admitting diagnosis: severe abdominal pain (789. 00). The second rule is suspected or unconfirmed diagnosis. An example is principal diagnosis: diverticulosis of the small intestine (562. 00); while admitting principal: probable acute appendicitis (540).

The third rule is the comorbidities and complications.