AAPC

CIC®

Certified Inpatient Coder

STUDY GUIDE

2026

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This publication provides the student with coding and reimbursement examples and explanations, of which many are taken from the Medicare perspective. The coder, however, should understand that while private payers typically take their lead regarding reimbursement rates from Medicare, it is not the only set of rules to follow.

While federal and private payers have different objectives (such as the age of the population covered) and use different contracting practices (such as fee schedules and coverage policies), the plans and providers set similar elements of the quality in common for all patients. Nevertheless, it is important to consult with individual private payers if you have questions regarding coverage.

Clinical Examples Used in this Book

AAPC believes it is important in training and testing to reflect as accurate a coding setting as possible for students and examinees. All examples and case studies used in our study guides, exams, and workbooks are *actual, redacted* office visit and procedure notes donated by AAPC members.

To preserve the *real world* quality of these notes for educational purposes, we have not re-written or edited the notes to the stringent grammatical or stylistic standards found in the text of our products. Some minor changes have been made for clarity or to correct spelling errors originally in the notes, but essentially they are as one would find them in a coding setting.

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Chapter 1

Inpatient Facilities and Related Hospital Departments

Introduction

The Certified Inpatient Coder (CIC®) credential recognizes expertise in inpatient facility coding. The coding in this study guide focuses on the services provided by the facility, not by the physician who performs the service for the inpatient. These services represent use of surgical suites, medical monitoring devices, recovery room time, and nursing services associated with procedures and services provided. When providers perform procedures in the inpatient facility, two bills (claims) are generated. One claim is for the facility services, which are submitted on a UB-04 (CMS 1450) paper claim form or electronically using the 837I (institutional) claim form. The other claim is for the physician services, which are submitted on a CMS-1500 claim form or electronically using the 837P (professional) claim form.

Procedure code selection differs for inpatient and outpatient claims. ICD-10-PCS codes are used for inpatient procedures, while CPT® and HCPCS Level II codes are used for the professional services performed by physicians and non-physician practitioners and outpatient facility services.

Objectives:

Objectives of this chapter are to help you:

- Understand the services provided by inpatient facilities
- Understand the services provided in a Skilled Nursing Facility (SNF)
- Understand the services provided in a Critical Access Hospital (CAH)
- Understand the services provided in a teaching hospital
- Understand the services provided in a Long-term Care Hospital (LTCH)
- Understand the typical patient flow through a facility
- Understand the services provided in outpatient hospital departments

Hospital Inpatient

Hospital inpatient services include all services provided to patients requiring an inpatient admission. An inpatient is formally admitted to a hospital with a physician's order. The decision for the inpatient hospital admission is based on the physician's judgment and the need for medically necessary hospital care. Patients can be admitted through the emergency department, observation, following surgical procedures, from clinics, or at the physician's request. The patient's condition must demonstrate medically necessity to require an inpatient stay.

EXAMPLE

A patient presents to the emergency room with chest pain. During the evaluation, the patient has an acute myocardial infarction (AMI). The patient is admitted and taken to the cardiac catheterization lab for stent placement in two carotid arteries.

For Medicare patients, the inpatient hospital admission is generally considered appropriate when the patient is expected to remain in the hospital for medically necessary care for two or more midnights. The physician must order the admission and the facility must formally admit the patient. The Centers for Medicare & Medicaid Services (CMS) established this requirement, known as the two-midnight rule, as a benchmark to determine patient status for inpatient or outpatient care. CMS specifies that when the physician expects the patient to require care that crosses two midnights and orders admission based on that expectation, inpatient status is generally appropriate. Conversely, hospital stays in which the physician expects the patient to require care for fewer than two midnights are considered outpatient care, as inpatient status would generally be inappropriate.

Exceptions to the two-midnight rule are admissions for the performance of procedures found on the Medicare inpatient only list, regardless of the length of stay. Admissions involving transfers to another facility and patient expiration are also exceptions to the two-midnight rule.

The two-midnight rule applies to all inpatient acute care hospitals, including long term care hospitals (LTCH) and critical access hospitals (CAH); however, it does not apply to inpatient rehab facilities (IRF). Specific regulatory guidelines apply for admission to these units and facilities.

Inpatient Hospital Services

CMS defines inpatient hospital services or inpatient CAH services as the following, when provided to an inpatient of participating hospital or a critical access hospital:

1. Bed and board
2. Nursing services and other related services

Chapter 1 Questions

1. What is an exception to the two-midnight rule?
   A. Patient admitted with multiple injuries due to an automobile accident.
   B. Patient admitted for a procedure that can only be performed as an inpatient procedure, leaving on day two.
   C. Patient admitted for observation for asthma.
   D. Patient admitted for a severe exacerbation of a chronic illness requiring three days admission.

2. Which of the facilities is NOT an inpatient facility?
   A. LTCH
   B. ASC
   C. ACF
   D. CAH

3. How many days are covered by Medicare for skilled nursing facilities?
   A. Up to two midnights
   B. Up to 45 days
   C. Up to 60 days
   D. Up to 100 days

4. What is the average length of stay in long term care hospitals?
   A. Greater than 10 days
   B. Greater than 15 days
   C. Greater than 20 days
   D. Greater than 25 days

5. Which services are covered under Medicare Part A?
   A. Hospice services
   B. Ambulatory surgical center procedures
   C. Partial hospitalization
   D. Inpatient services performed by physicians

6. Which services are considered included for inpatient services?
   I. Nursing care
   II. Physician services
   III. Post discharge skilled nursing care
   IV. Medications
   V. Medical social services
   A. I, II, IV
   B. I, IV, V
   C. II, III, IV
   D. All of the above

7. An inpatient admission begins at which point?
   A. When the patient is triaged
   B. When the patient is registered
   C. When the physician writes the order
   D. When medical treatment begins

8. Which of the following is reimbursed under OPPS?
   A. Outpatient hospital services
   B. Physician services
   C. Inpatient services
   D. Skilled nursing services

9. Which payment methodology is used for inpatient facility services?
   A. OPPS
   B. APC
   C. MS-DRG
   D. Percentage of charges

10. How are codes selected for inpatient facility services?
    A. Coders and billers
    B. Coders and chargemaster
    C. Physicians and billers
    D. Chargemaster and physicians

Code Examples

ICD-10-PCS: 0RPL0JZ Removal of synthetic substitute from right elbow joint, open approach

ICD-10-CM: M22.41 Chondromalacia patellae, right knee

Respiratory System

Term	Definition
Bronch/o	bronchus
Laryng/o	larynx
Pharyng/o	pharynx
Phren/o	diaphragm
Phrenic/o	phrenic nerve
Pleur/o	pleura
Pneumon/o	lung
Pneum/o, pneumat/o	air, gas; respiration, lung
Pulm/o, pulmon/o	lungs
Rhin/o	nose
Spir/o	breathing
Trache/o	trachea

Code Examples

ICD-10-PCS: 0BJ14ZZ Inspection of trachea, percutaneous endoscopic approach

ICD-10-CM: J02.9 Acute pharyngitis, unspecified

Cardiovascular System

Term	Definition
Angi/o	vessel
Aort/o	aorta
Arter/o, arteri/o	artery
Arteriol/o	arteriole
Atri/o	atrium
Cardi/o	heart
Phleb/o	vein
Valv/o, valvul/o	valve
Vas/o, vascul/o	vessel, duct
Ven/o, ven/i	vein
Ventricul/o	cavity, ventricle

Code Examples

ICD-10-PCS: 02PA0MZ Removal of cardiac lead from heart, open approach

ICD-10-CM: I21.19 ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall

Hemic and Lymphatic Systems

Term	Definition
Erythr/o, erythrocyt/o	red blood cell
Hem/o, hemat/o	blood
Immun/o	immunity, immune system
Leuk/o, leukocyte/o	white blood cell
Lymph/o	lymph, lymphatic system
Lymphaden/o	lymph node
Lymphangi/o	lymphatic vessel
Splen/o	spleen
Thromb/o	blood clot
Thrombocyt/o	platelet, thrombocyte
Thym/o	thymus gland
Tonsil/o	tonsil

Code Examples

ICD-10-PCS: 0CTPXZZ Resection of tonsils, External approach

ICD-10-CM: J36 Peritonsillar abscess

Digestive System

Term	Definition
Bucc/o	cheek
Chol/e, chol/o	bile, gall
Cholangi/o	bile duct
Cholecyst/o	gallbladder
Choledoch/o	common bile duct
Enter/o	intestine
Gastr/o	stomach
Gloss/o	tongue
Hepat/o	liver
Labi/o	lip
Lingu/o	tongue

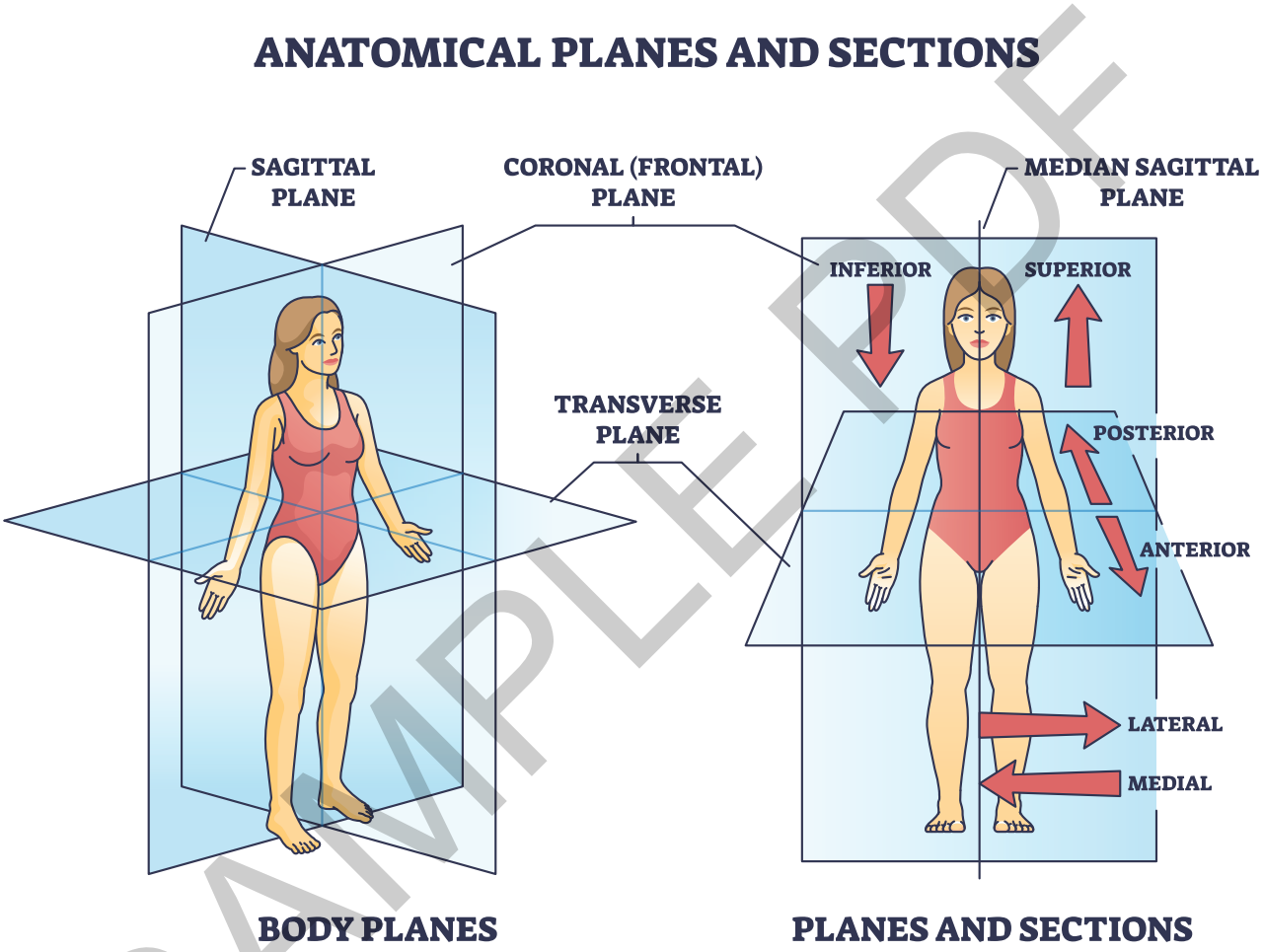
For radiological studies, the body is often virtually cut along a flat surface called a plane. The most frequently used planes include:

Sagittal—cuts through the midline of the body from front to back and divides the body into right and left sections

Frontal (coronal)—cuts at a right angle to the midline cut, from side to side, and divides the body into front (anterior) and back (posterior) sections

Transverse (horizontal) (axial)—cuts horizontally through the body and separates the body into upper (superior) and lower (inferior) sections

Body Planes



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APPLICATION TO DOCUMENTATION

Indication: Gastrointestinal bleed with history of mesenteric ischemia. The patient has had a celiac stent placed. Please evaluate.

CT of the abdomen and pelvis with contrast

Technique: Thin slice axial images (those transverse to the axis) of the abdomen and pelvis were obtained after the uneventful administration of oral and intravenous contrast.

Note the use of anatomical plane — transverse — explaining what types of images were obtained.

Structure of the Human Body

The structure of the human body falls into four categories:

- Cells
- Tissues
- Organs
- Systems

Each structure is a highly organized unit of smaller structures.

The cell is the basic unit of all living things. Human anatomy is composed of cells varying in size and shape according to function:

- Cell membrane forms the boundary of the cell.
- Cytoplasm makes up the body of the cell.
- Nucleus is the small, round structure in the center of the cell.
- Chromosomes are located in the nucleus of the cell; they contain genes that determine hereditary characteristics.

Tissue is a group of similar cells performing a specific task:

- Muscle tissue produces movement.
- Nerve tissue conducts impulses to and from the brain.
- Connective tissue connects and supports various body structures: adipose (fat) and osseous (bone).
- Epithelial tissue is found in the skin, lining of the blood vessels, respiratory, intestinal, urinary tracts, and other body systems.

Organs are two or more kinds of tissue that together perform special body functions. For example, the skin is an organ composed of epithelial, connective, and nerve tissue.

Systems are groups of organs that work together to perform complex body functions. For example, the nervous system is made up of the brain, spinal cord, and nerves. Its function is to coordinate and control other body parts.

Medical Terms Related to Cells and Tissues

Cell membrane—Surrounds and protects the individual cell.

Nucleus—Small, round structure within the cell that contains chromosomes and nucleoplasm (DNA [deoxyribonucleic acid] and RNA [ribonucleic acid]).

Chromosome—Linear strand made of DNA (Deoxyribonucleic acid) carrying genetic information.

Cytology—Study of cells including the formation, structure, and function of cells.

RNA (ribonucleic acid)—Contained within the nucleus, is transcribed from DNA by enzymes and plays a crucial role in protein synthesis.

Gene—Specific segment of base pairs in chromosomes; functional unit of heredity.

Mitosis—Cells divide and multiply to form two cells.

Body Cavities

The body has two main cavities that further divide into five sub-cavities, each of which contains an orderly arrangement of internal organs.

Dorsal cavity includes:

- The cranial cavity inside the skull, or cranium, contains the brain.
- The spinal (vertebral canal) cavity inside the spinal column contains the spinal cord.

Ventral cavity includes:

- The thoracic, or chest, cavity contains the heart, lungs, esophagus, trachea, bronchi, and thymus.
- The abdominal cavity contains the lower portion of the esophagus, stomach, intestines (excluding the sigmoid colon and rectum), kidneys, liver, gallbladder, pancreas, spleen, and ureters.
- The pelvic cavity contains the urinary bladder, certain reproductive organs, part of the large intestine, and the rectum.

Membranes

Membranes line the internal spaces of organs and tubes that open to the outside, and line body cavities. There are five types of membranes:

Mucous Membranes—Line the interior walls of the organs and tubes that open to the outside of the body, such as those of the digestive, respiratory, urinary, and reproductive systems.

- **Sesamoid** ("shaped like a sesame seed")—A short bone formed within the tendons; cartilaginous in early life and osseous (bony) in the adult. The patella is the largest sesamoid bone in the body.
- **Flat**—Consist of a layer of spongy bone between two thin layers of compact bone; cross-section is flat, not rounded. Flat bones have marrow but lack a bone marrow cavity. The skull and ribs are examples.
- **Irregular**—Bones in the body that do not fit into the above categories; several are found in the face, such as the zygoma. Vertebrae are also irregular bones.

Cartilage and Joints

Cartilage is a type of flexible connective tissue that is nonvascular (has no blood vessels). Cartilage is a matrix made of chondrocytes, collagen, and glycosylated protein called proteoglycans, depending on the type of cartilage.

Joints and articulating surfaces are synonymous and provide a connection between two or more parts of the skeleton. Joints are classified according to the type of connective tissue at the articulating surfaces. There are three types: fibrous, cartilaginous, and synovial. Most joints are synovial and have the following characteristics:

- Articular cartilage covers the bone ends.
- Joint cavity is lined with a synovial membrane, which secretes a thick, viscid, slippery mucous that cushions the joint and allows smooth motion.
- Joint capsule of fibrous connective tissue surrounds and provides stability of the joint.
- Accessory ligaments give reinforcement.

Human Skeleton

The human skeleton is divided into two parts: the axial and appendicular skeleton.

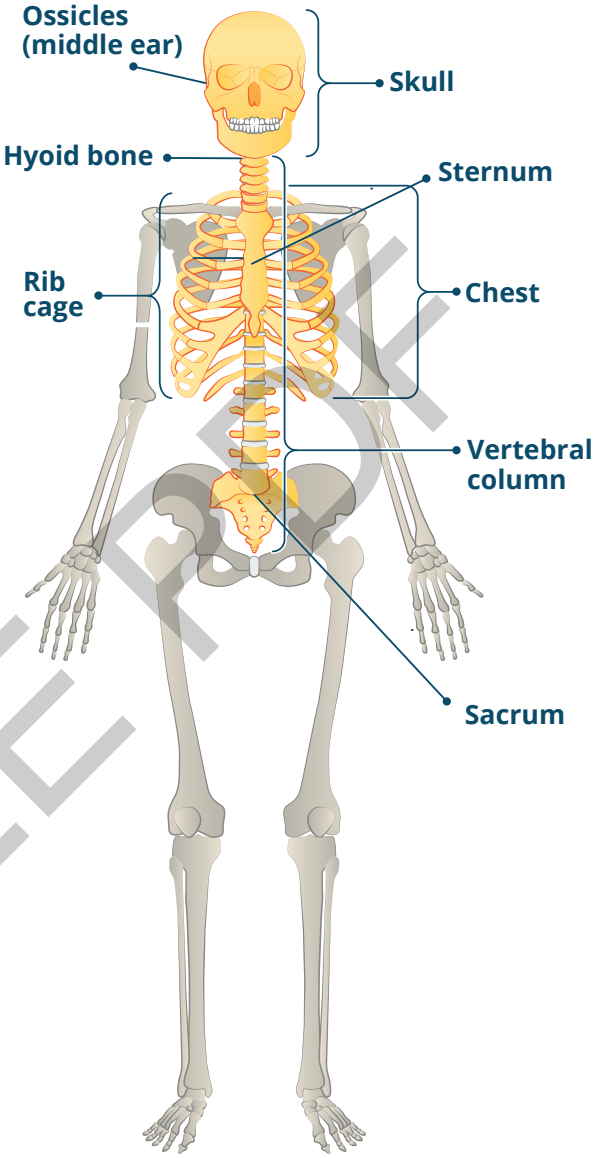
Axial Skeleton

- Skull
- Hyoid and cervical spine (neck)
- Ribs
- Sternum
- Vertebrae
- Sacrum

Appendicular Skeleton

- Shoulder girdle
- Pelvic girdle
- Extremities

Axial Skeleton



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CCU = coronary care unit

cm = centimeter

CO = cardiac output

CPK = creatinine phosphokinase

CXR = chest X-ray

DC or D/C = discharge, discontinue

D&I = dry & intact

DM = diabetes mellitus

DOA = dead on arrival

DP = dorsalis pedis

dsg = dressing

Dx = diagnosis

ECU = emergency care unit

ED = emergency department

ER = emergency room

ETOH = ethyl alcohol

F = Fahrenheit

fl oz = fluid ounce

FHT = fetal heart tones

fx = fracture

g = gram

gr = grain

gtt = drops

h. or hr = hour

H&H = hematocrit & hemoglobin

Hct = hematocrit

Hgb = hemoglobin

HNV = has not voided

HOB = head of bed

HR = heart rate

h.s. = hour of sleep

Ht = height

I&O = intake & output

ICU = intensive care unit

ID = intradermally

IM = intramuscularly

IS = incentive spirometry

kg = kilogram

KO = keep open

KVO = keep vein open

L = liter

lb = pound

LLE = left lower extremity

LLL = left lower lobe

LLQ = left lower quadrant

LOC = level of consciousness

LUL = left upper lobe

m = meter

MAP = mean arterial pressure

MPAP = mean pulmonary artery pressure

mEq = milliequivalent

mcg = microgram

mg = milligram

ml = milliliter

mm = millimeter

N&V = nausea & vomiting

NKA = no known allergies

NKDA = no known drug allergies

noc = night

NPO = nothing by mouth

NTG = nitroglycerine

o.d. or q.d. = once a day

Chapter 6

ICD-10-PCS Coding

Objectives

- Introduction and overview
- Understand the characters and values
- Review the code structure and organization of ICD-10-PCS
- Understand how to use the Tables and Index
- Understand ICD-10-PCS guidelines and their application

History, Structure, Tables, and Organization

Introduction

The World Health Organization has maintained the International Classification of Diseases (ICD) for recording cause of death since 1893. It has updated the ICD periodically to reflect new discoveries in epidemiology and changes in medical understanding of disease.

The Centers for Medicare & Medicaid Services (CMS), the agency responsible for maintaining the inpatient procedure code set in the U.S., contracted with 3M Health Information Systems in 1993 to design and develop a procedural classification system that would replace Volume 3 of ICD-9-CM.

ICD-10-PCS was initially released in 1998. It has been updated annually since that time although not in use the entire time. Coders need to develop a good working knowledge of anatomy and terminology to code in ICD-10-PCS. Developing these skills will help you become a master in ICD-10-PCS.

CODING TIP

Mastering anatomy is imperative to understanding medical records and coding. To increase your knowledge in anatomy, take a refresher course. When reading medical records, research terms you do not understand for a better understanding.

The ICD-10-PCS code set has a logical, consistent structure that follows a logical, consistent process down to the individual character level. This means that the process of constructing codes in ICD-10-PCS is also logical and consistent. Individual letters and numbers, called "values," are selected in sequence to occupy the seven spaces of the code, called "characters." Once the coding system is learned, the process is simplified.

Characters

All codes in ICD-10-PCS are seven characters long. Each character in the seven-character code represents an aspect of the procedure, as shown in the following diagram of characters from the main section of ICD-10-PCS, called medical and surgical.

1	2	3	4	5	6	7
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier

An ICD-10-PCS code is best understood as the result of a process rather than as an assigned number. The coding process consists of assigning values from among the valid choices for that part of the system, following the rules governing the construction of codes. It is logical and systematic in its coding approach.

Values

One of 34 possible values can be assigned to each axis of classification in the seven character code : the numbers 0–9 and the alphabet (except I and O, because they are easily confused with the numbers 1 and 0). A finished code looks like the example below.

02103D4 *Bypass Coronary Artery, One Artery from Coronary Vein with Intraluminal Device, Percutaneous Approach*

Choosing a specific value for each of the seven characters derives this code. Based on details about the procedure performed, values for each character specifying the section, body system, root operation, body part, approach, device, and qualifier are assigned.

Because the definition of each character is a function of its actual physical position in the code, the same value placed in a different position in the code means something totally different. The value 0 in the 1st character means something different than 0 in the 2nd character, or 0 in the 3rd character, and so on.

ICD-10-PCS System Organization

ICD-10-PCS is composed of 17 sections, represented by the numbers 0–9 and the letters of the alphabet (except I and O because they are easily confused with the numbers 1 and 0) . The broad procedure categories contained in these sections range from surgical procedures to substance abuse treatment and new technology. The complete ICD-10-PCS is presented in three parts: The Index, the Tables, and the List of Codes. There

is also a list of guidelines in the ICD-10-PCS code book that instruct the coder on how to use the PCS code set.

Medical and Surgical Section

The first section, Medical and Surgical, contains the great majority of procedures typically reported in an inpatient setting. As shown in the previous section discussing ICD-10-PCS code structure, all procedure codes in the Medical and Surgical section begin with the section value 0.

Example

Character 1 Section	Character 2 Body System	Character 3 Root Operation	Character 4 Body Part	Character 5 Approach	Character 6 Device	Character 7 Qualifier
Medical and Surgical	Tendons	Excision	Lower Arm and Wrist, Right	Open	No Device	No Qualifier
0	**L**	**B**	**5**	**0**	**Z**	**Z**

Medical and Surgical Related Sections

Sections 0–9 of ICD-10-PCS comprise the Medical and Surgical Related sections. These sections include obstetrical procedures, administration of substances, measurement and monitoring of body functions, and extracorporeal therapies, as listed in the table below.

Section value	Description
0	Medical and Surgical
1	Obstetrics
2	Placement
3	Administration
4	Measurement and Monitoring
5	Extracorporeal or Systemic Assistance and Performance
6	Extracorporeal Therapies
7	Osteopathic
8	Other Procedures
9	Chiropractic

Table 1

In sections 1 and 2, all seven characters define the same aspects of the procedure as in the Medical and Surgical section.

Codes in sections 3–9 are structured for the most part like their counterparts in the Medical and Surgical section, with a few exceptions. For example, in sections 5 and 6, the 5th character is defined as duration instead of approach, as in this code for intra-aortic balloon pump (IABP):

Character 1 Section	Character 2 Body System	Character 3 Root Operation	Character 4 Body System	Character 5 Duration	Character 6 Function	Character 7 Qualifier
Extracorp. Assist. and Performance	Physiological Systems	Assistance	Cardiac	Continuous	Output	Balloon Pump
5	**A**	**0**	**2**	**2**	**1**	**0**

Additional differences include these uses of the 6th character:

- Section 3 defines the 6th character as substance.
- Sections 4 and 5 define the 6th character as function.
- Sections 7 through 9 define the 6th character as method.

Ancillary sections: Sections B–D and F–H comprise the ancillary sections of ICD-10-PCS. These six sections include imaging procedures, nuclear medicine, and substance abuse treatment, as listed in table 2.

Section value	Description
B	Imaging
C	Nuclear Medicine
D	Radiation Therapy
F	Physical Rehabilitation and Diagnostic Audiology
G	Mental Health
H	Substance Abuse Treatment
X	New Technology

Table 2

The definitions of some characters in the ancillary sections differ from that seen in previous sections. In the Imaging section, the 3rd character is defined as root type, and the 5th and 6th characters define contrast and contrast/qualifier respectively, as in the CT scan example below.

Character 1 Section	Character 2 Body System	Character 3 Root Type	Character 4 Body Part	Character 5 Contrast	Character 6 Qualifier	Character 7 Qualifier
Imaging	Central Nervous	Computerized Tomography	Brain	High Osmolar	Unenhanced and Enhanced	None
B	**0**	**2**	**0**	**0**	**0**	**Z**

Additional differences include:

- Section C defines the 5th character as radionuclide.
- Section D defines the 5th character as modality qualifier and the 6th character as isotope.
- Section F defines the 5th character as type qualifier and the 6th character as equipment.
- Sections G and H define the 3rd character as a root type qualifier.
- Section X defines the 7th character as the new technology group. This letter changes each year that new technology

EXAMPLE

Find the complete ICD-10-PCS code for laparoscopic cholecystectomy to remove the entire gallbladder.

1. Look in the Index for Main term cholecystectomy.

   Cholecystectomy

   see Excision, Gallbladder 0FB4

   see Resection, Gallbladder 0FT4

   Refer to Root Operations table to review definitions for excision and resection.

2. Since the scenario documents removing the entire gallbladder, refer to main term, resection for cutting out all of a body part.
3. Refer to Table 0FT.

Section: 0 Medical and Surgical

Body System: F Hepatobiliary System and Pancreas

Operation: T Resection: Cutting out or off, without replacement, all of a body part

Body Part	Approach	Device	Qualifier
0 Liver 1 Liver, Right Lobe 2 Liver, Left Lobe 4 Gallbladder G Pancreas	0 Open 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier
5 Hepatic Duct, Right 6 Hepatic Duct, Left 8 Cystic Duct 9 Common Bile Duct C Ampulla of Vater D Pancreatic Duct F Pancreatic Duct, Accessory	0 Open 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	Z No Device	Z No Qualifier

4. The 4th character was listed in the Index as 4. Confirm in the table that 4 represents gallbladder.
5. Select the 5th character, approach. Stay in the same row as the gallbladder. Crossing over into another row can cause the coder to form an invalid code. This gives two choices: 0 for open and 4 for percutaneous endoscopic. The example states the approach is laparoscopic. A laparoscope is inserted percutaneously through the abdominal wall. Thus, the correct choice is 4 Percutaneous Endoscopic.
6. Select the 6th and the 7th characters. These characters have only one option to choose from – Z No Device and Z No Qualifier.
7. Put all 7 characters together to get the complete ICD-10-PCS code: 0FT44ZZ.

NOTE: If you had searched for the main term, laparoscopic, the ICD-10-PCS Index entry would have led you to:

Laparoscopy see Inspection

Note that the definition for Inspection is visually and/or manually exploring a body part. This definition does not fit our example of surgically removing the entire gallbladder using a laparoscope; therefore, the coder should search for a better main term for the root operation or body part effected. This illustrates that one of the first steps for PCS coding is to study the root operations so that you understand their meaning. This will make it easier to start your search for the main term.

Chapter 1

1. **Answer:** B. Patient admitted for a procedure that can only be performed as an inpatient procedure leaving on day two.

   Rationale: Exceptions to the two-midnight rule include admissions for the performance of procedures found on the Medicare inpatient only list, regardless of the length of stay. Admissions involving transfers to another facility and patient expiration are also exceptions to the two-midnight rule.

2. **Answer:** B. ASC

   Rationale: Inpatient facilities include acute care facilities (ACF), long-term care hospitals (LTCH), critical access hospitals (CAH), and inpatient rehab facilities (IRF).

3. **Answer:** D. Up to 100 days

   Rationale: The Medicare SNF benefit covers skilled nursing care, rehabilitation services, and other goods and services and pays facilities a pre-determined daily rate for each day of care, up to 100 days.

4. **Answer:** D. Greater than 25 days

   Rationale: CMS defines an LTCH as "a hospital which has an average inpatient length of stay (as determined by the Secretary of Health and Human Services) of greater than 25 days."

5. **Answer:** A. Hospice services

   Rationale: Medicare Part A covers inpatient hospital care, skilled nursing facility care, nursing home care (as long as custodial care isn't the only care needed), hospice, and home health services. Physician services are covered under Medicare Part B.

6. **Answer:** B. I, IV, V

   Rationale: CMS defines inpatient hospital services or inpatient CAH services as the following, when provided to an inpatient of participating hospital or a CAH:

   1. Bed and board
   2. Nursing services and other related services
   3. Use of hospital or CAH facilities
   4. Medical social services
   5. Drugs, biologicals, supplies, appliances, and equipment
   6. Certain other diagnostic or therapeutic services
   7. Medical or surgical services provided by certain interns or residents-in-training
   8. Transportation services, including transport by ambulance

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