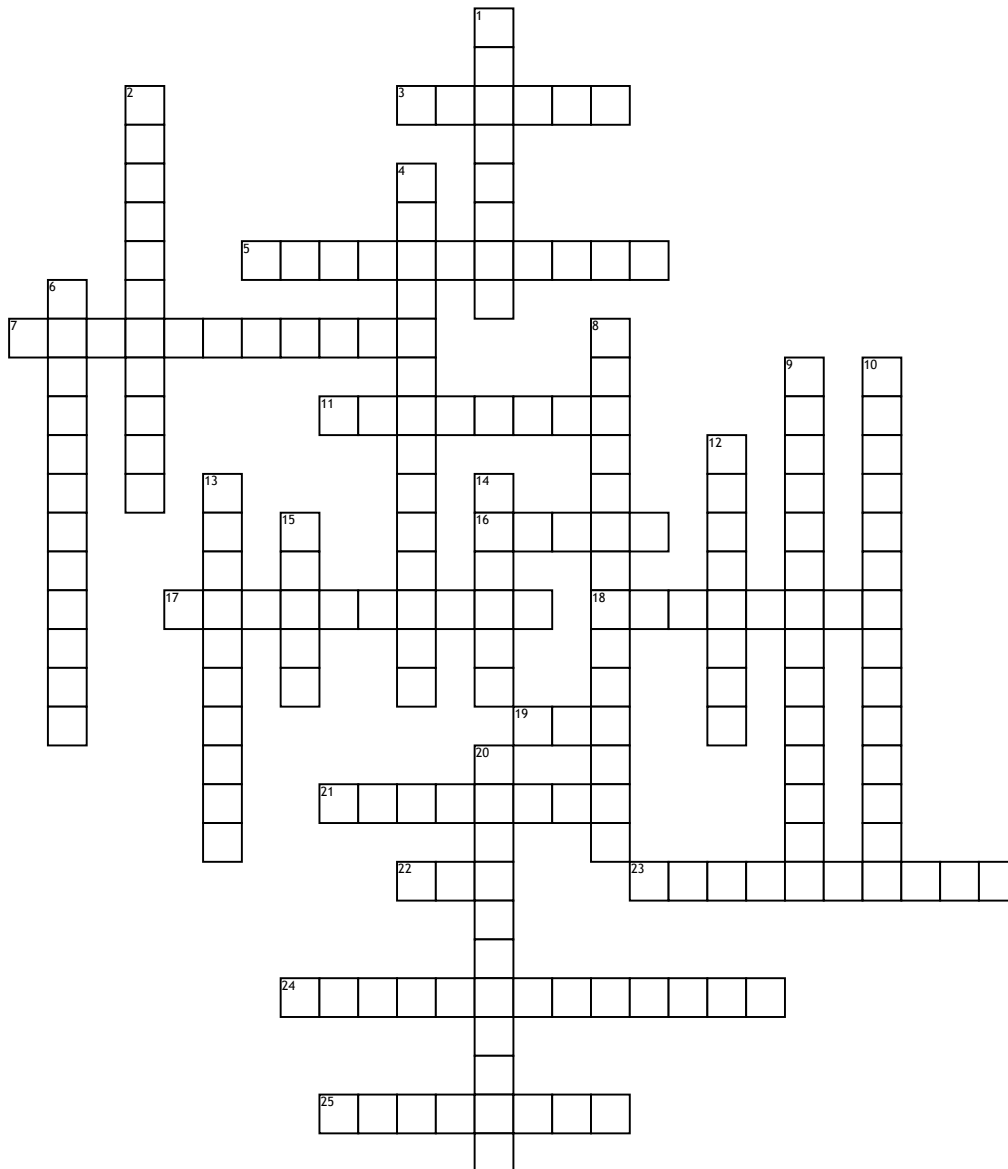


Medical Billing and Coding Ch. 4-6 CrossWord



Across

3. previously HIPAA mandated diagnosis code set
 5. four or five character code number
 7. connection between a service and a patient's condition/illness
 11. transfer of patient care from one physician to another
 16. single code grouping laboratory tests frequently done together
 17. patient who receives health care in a hospital setting without admission
 18. three character code for classifying a disease or condition
 19. usual, customary, reasonable

21. conditions that remain after acute illness has been treated and resolved
 22. not otherwise specified
 23. a prepayment covering provider's services for a plan member for a specified period
 24. characteristic sign or symptom of a disease
 25. cause or origin of a disease or condition

Down

1. number appended to a code to report particular facts
 2. CPT procedure codes that have been reassigned to another sequence
 4. pos

6. physician advises a requesting physician about a patient's condition and care
 8. maximum charge a plan pays for a service or procedure
 9. cc
 10. patient with no insurance
 12. to deduct an amount from a patient's account
 13. change to a patient's account
 14. name or phrase formed from/based on a person's name
 15. health care common procedure coding system
 20. list of the usual fees a physician charges