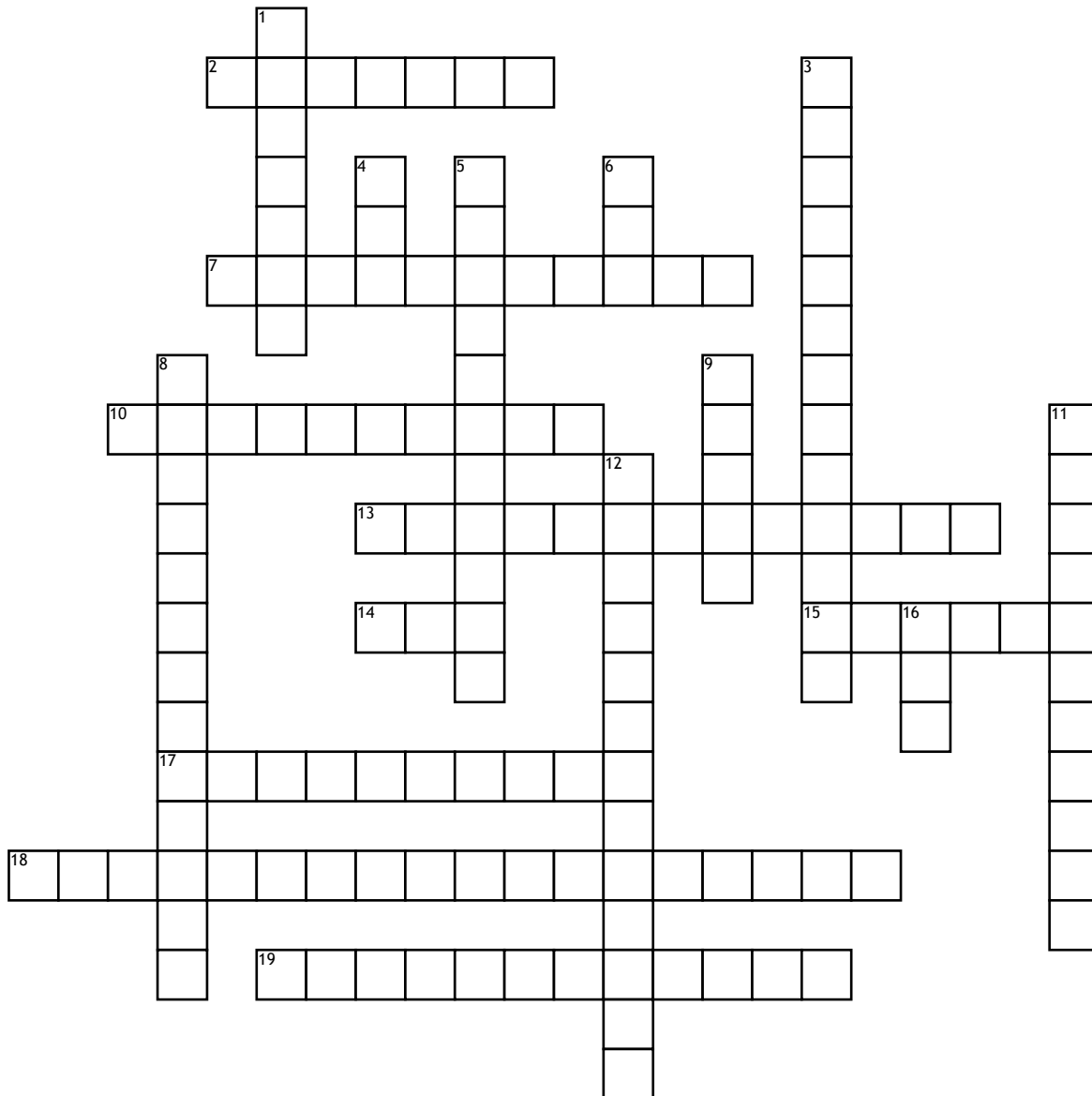


# Medical Terminology



## Across

2. Utilization management program that requires the individual or the provider to notify the insurer prior to a hospitalization or surgical procedure. The notification allows the insurer to authorize payment, as well as to recommend alternate courses of action.
7. Any illness, injury, or condition which existed prior to the issuance of a specific policy.
10. The amount of covered expenses that must be incurred by the insured before benefits become payable by the insurer.
13. An agreed maximum charge for a service.
14. Current Procedural Terminology
15. Amount in dollars met by the patient/family in a deductible plan.

17. The status of a covered person who receives services or supplies through a Hospital, other facility provider, physician, or other professional provider while not confined as an inpatient.
18. Terms used by insurers to describe medical treatment that is appropriate and rendered in accordance with generally accepted standards of medical practice.
19. A term used to identify physician and other medical/surgical services and respective charges.

## Down

1. A term used in COB to designate that an insurer has primary liability as determined by certain rules of order establishing such primacy. The Primary Carrier assumes its full liability toward those expenses covered under its contract.
3. Pertaining to care provided by a facility rather than a professional provider.
4. Durable medical equipment

5. Most commonly defined as the determination of whether the covered person qualifies for coverage.
6. 10-digit unique identifier issued by the National Plan Provider Enumeration System (NPPES), used to identify a health care provider to all health plans/payers.
8. Written policies pertaining to clinically important and scientifically complex emerging medical technologies and new applications of established technologies.
9. A dollar amount as specified in the schedule of benefits that you are required to pay at the time covered services are rendered.
11. The arrangement by which the insurer and the insured share a percentage of covered losses after the deductible is met.
12. The period of time when benefit maximums, deductibles and coinsurance limits can be accumulated. Usually a calendar year, unless specifically amended.
16. Coordination of Benefits