

Name: _____

Date: _____

Quiz 1 Ch. 1 & 2

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| 1. A standard identifier for healthcare providers consisting of ten numbers. | A. Patient Information Form |
| 2. Paper document from a payer that shows how the amount of a benefit was determined | B. Affordable Care Act (ACA) |
| 3. Codes used for supplies, equipment, and services not included in the CPT codes | C. ICD-10-CM |
| 4. Abbreviated title of International Classification of Diseases, Ninth Revision, Clinical Modification, the source of the codes used for reporting Diagnoses until October 1, 2015 | D. HCPCS |
| 5. Includes the personal, employment, and medical insurance data needed to complete an insurance form | E. Coding |
| 6. A code that identifies a medical service | F. HIPAA Privacy Rule |
| 7. Abbreviated title of International Classification of Diseases, Tenth Revision, Clinical Modification, which will be used beginning on October 1, 2015 | G. ICD-9-CM |
| 8. The process of translating a description of a diagnosis or procedure into a standardized code | H. National Provider Identifier |
| 9. Regulations for protecting individually identifiable information about a patient's health and payment for healthcare that is created or received by a healthcare provider. | I. Explanation of Benefits (EOB) |
| 10. Federal legislation passed in 2010 that includes a number of provisions designed to increase access to healthcare, improve the quality of healthcare, and explore new models of delivering and paying for healthcare. | J. Procedure Code |