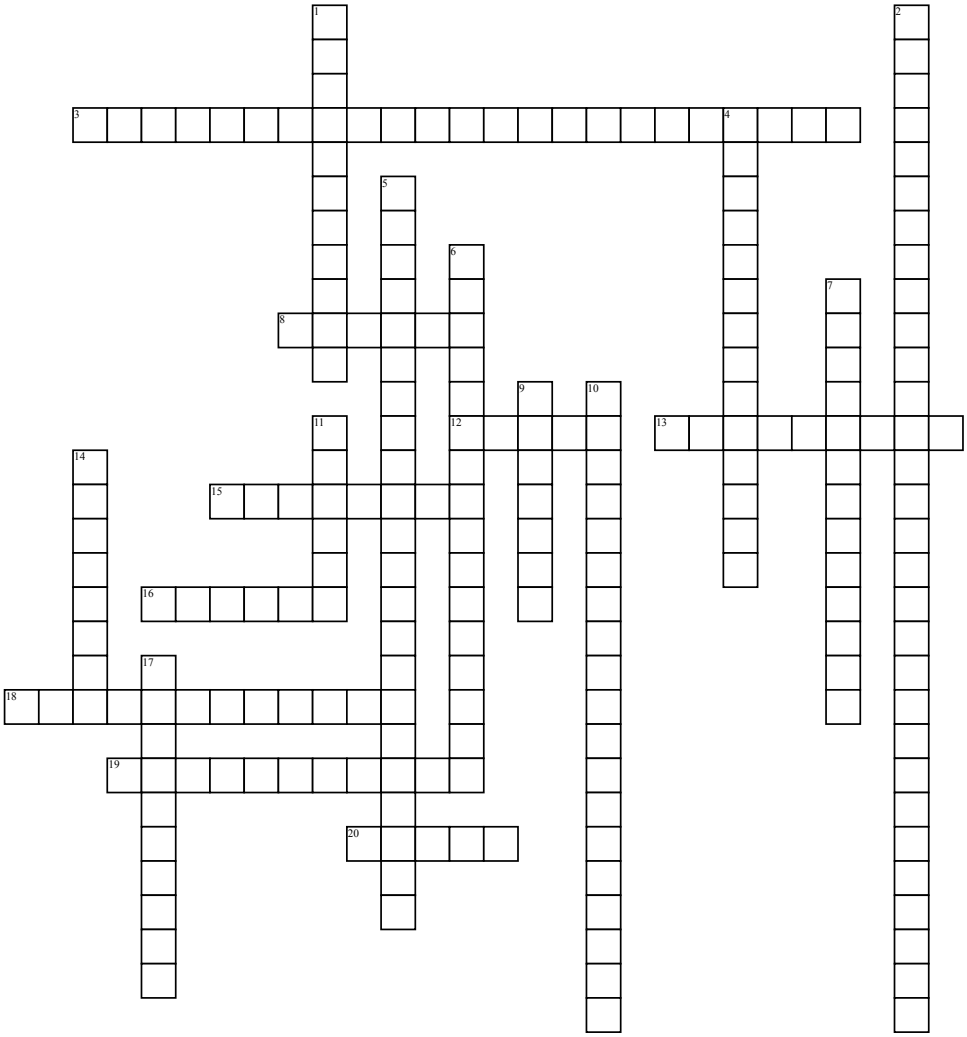
Week 4 Terminology



Across

3. patient medical record from a single medical practice, hospital, or pharmacy
8. ICD-9-CM codes for the external causes of injury, poisoning, or other adverse reactions that explain how the injury occurred
12. misuse; excessive or improper use, especially of narcotics or psychoactive drugs
13. complication of pregnancy that includes general edema, hypertension, proteinuria, and convulsions
15. also known as code creep, overcoding, and overbilling. Up-coding occurs when the insurance carrier deliberately bills a higher rate service than what was performed to obtain greater reimbursements
16. found in the ICD-9-CM and used primarily with cancer registries. M codes further identify behavior and the cell type of a neoplasm
18. method to determine which of two or more policies covering a dependent child will be primary; that parent with the birthday falling first in the calendar year has the primary policy
19. the destruction of tissue by application of extreme cold, silver nitrate, and carbon dioxide
20. measurement of amount of antibody present against a particular antigen

Down

1. that percentage paid by the company or that paid by the insured
2. completion of a two-part certification examination administered by the Association for Healthcare Documentation Integrity
4. specific symptom or problem for which the patient is seeing the provider today
5. the provision of an insurance contract that limits benefits to 100% of the cost
6. medical reports that document the hospitalization history of a patient
7. also called an autopsy protocol, a necropsy report, or a medical examiner report. Autopsies are performed to determine the cause of death or to ascertain and confirm disease presence
9. a person responsible for determining the final content of a document and the document's correctness in every aspect
10. a biopsy of the uterine cervix using an instrument, the end of which is a punch
11. ICD-9-CM codes representing either factors that influence a person's health status or legitimate reasons for contacting the health facility when the patient has no definitive diagnosis or active symptom of any disorder
14. an additional code that may be added to a five-digit CPT code to further explain the service provided
17. (also called progress notes) provider's formal or informal notes about presenting problem, physical findings, and plan for treatment for a patient examined in the office, clinic, acute care center, or emergency department

Word Bank

Discharge summary	V codes	Modifier	Coordination of benefits
Titer	Coinsurance	M codes	Birthday rule
Chart notes	Cervical punch biopsy	Chief complaint	Auditor
Electronic medical record	Up coding	Eclampsia	E codes
Abuse	Cryosurgery	Autopsy report	Certified medical transcriptions