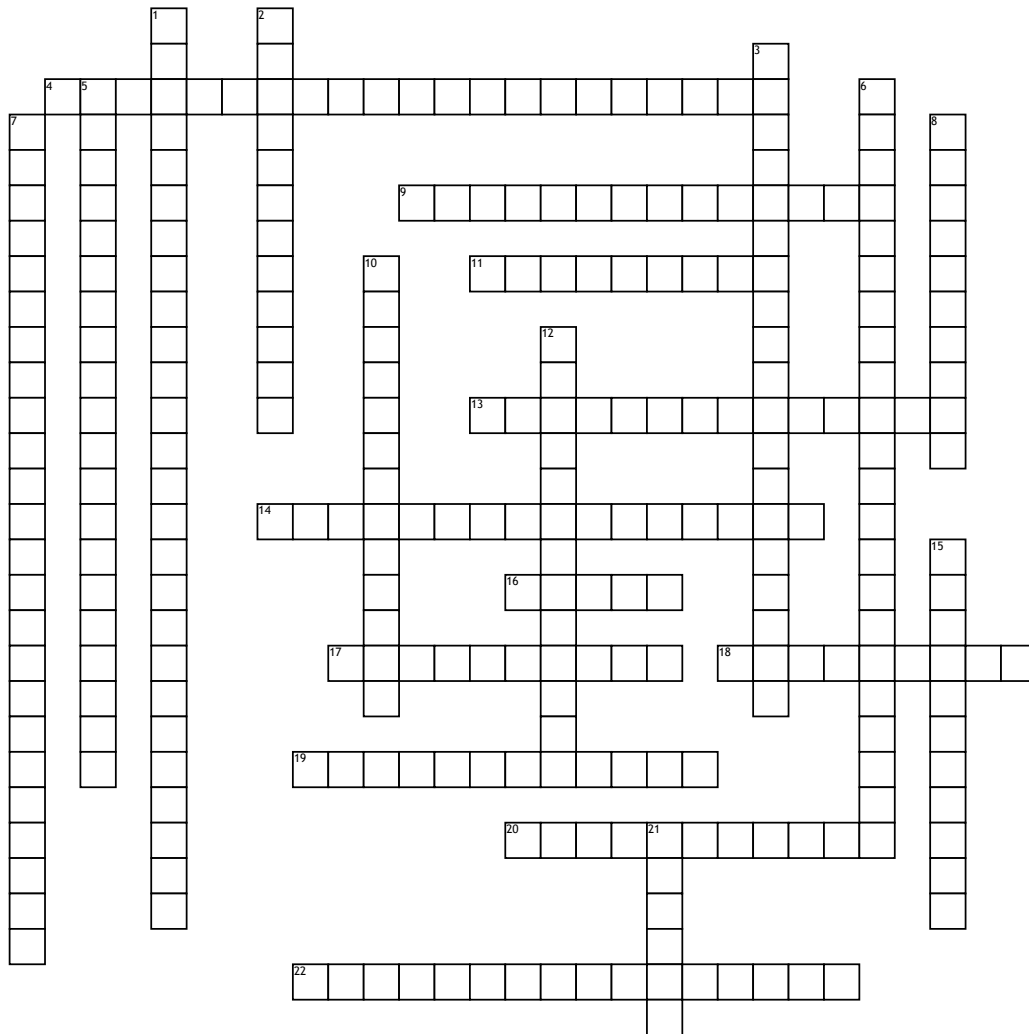


Name: _____

Date: _____

Medical Billing and Coding



Across

4. a provider who has a contractual agreement with an insurance plan to render care to eligible beneficiaries and then bill the insurance carrier directly

9. the insurance carrier billed for costs that were not covered by the primary payer

11. a list of medications that will be covered under the insurance plan

13. insurance plan in which a patient may choose an HMO or a non-HMO provider

14. requirement to obtain prior approval for surgery or procedures from the insurance carrier in order to receive reimbursement

16. Federal law passed to create a market for purchase of health care insurance policies and mandates and incentives to decrease the number of uninsured Americans

17. billing separately for related procedures that were performed together and by law, must be one charge

18. family member of a health plan member

19. used to determine which parent's benefit plan will pay for the medical bills of dependent child when the child is covered by both parents

20. a physician who substitutes for the patient's regular physician

22. the process of establishing the medical need for medical services

Down

1. 10-digit identification number assigned to health care providers by the Center of Medicare and Medicaid Services

2. the insurance carrier responsible for paying benefits before any other insurer makes a payment

3. gatekeeper provider who refers patients to other providers for services he/she cannot perform

5. patient's written authorization giving the insurance company the right to pay the physician directly for billed charges

6. procedures to prevent duplication of payment by more than one insurance carrier

7. a physician to whom the patient is expected to pay charges before submitting the claim to the insurance company, which pays the patient directly

8. a primary care provider who refers patients to other providers for services he/she cannot perform

10. the amount insurance companies consider to be an appropriate fee for a given service

12. the insurance policy billed first for any health care service

15. a person who is eligible for coverage by government health policies

21. person who owns a health insurance policy

Word Bank

assignment of benefits

formulary

secondary payer

allowed amount

primary payer

dependent

birthday rule

medical necessity

participating provider

primary care provider

primary policy

gatekeeper

point of service

member

coordination of benefits

beneficiary

unbundling

nonparticipating provider

preauthorization

locum tenens

National Provider Identifier

PPACA