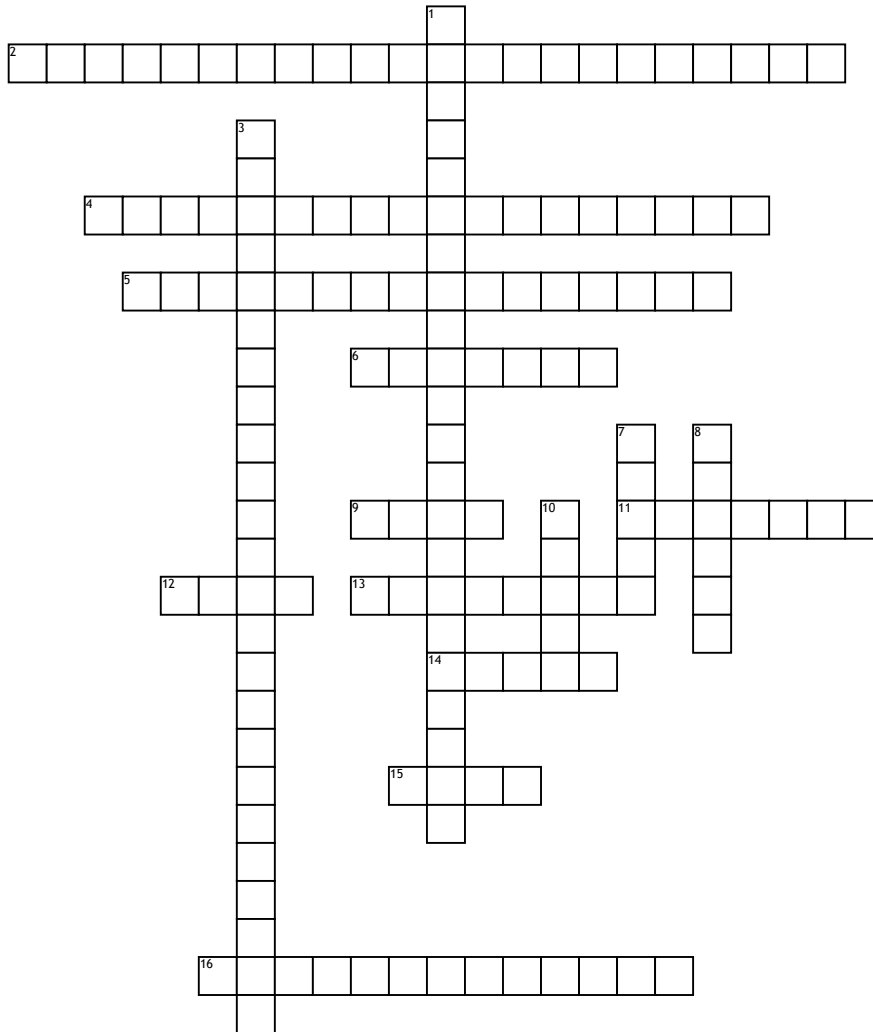


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chapter 25



Across

2. process by which the quality of the care and services provided to patients within a healthcare facility is monitored and evaluated
4. organization that accredits and certifies health care organizations and other programs in the United States
5. term used to encompass both registered health information administrators and registered health information technicians as individuals with either of these credentials who hold a variety of positions within the health information management profession
6. electronic health record system generally considered as the portal through which clinicians access a patient's health record, order treatments or therapy, and document care delivered to patients; allows providers to gather multiple types of data about a patient
9. comprehensive listing of medical terms and codes for the uniform designation of diagnostic and therapeutic procedures
11. the classification system that replaced ICD-9-CM, volumes 1 and 2 on October 1, 2015. This classification system is used for diagnosis coding in all health care settings in the United States

Word Bank

HIM Practitioners
the Joint Commission
Health records
CPT-4
APCs
HIPAA

12. an accreditation program "authorized by the centers for medicare and medicaid services to survey" all hospitals and many other types of health care settings

13. A classification used in the United States for reporting of inpatient hospital procedures. This classification system replaces the ICD-9-CM volume 3 procedure codes on October 1, 2015

14. professionals who possess the expertise to develop, implement, and/or manage individual, aggregate, and public health care data in support of patient safety and privacy, as well as the confidentiality and security of health information

15. classification system of patients based on diseases, clinical modification codes for diagnoses, current procedural terminology evaluation and management codes, and procedure codes, age, sex, and visit disposition used for reimbursement for health care provided in the hospital outpatient setting

16. permanent or long-lasting documentation of all patient care information that applies to individuals patients

RHIAs
RHITs
diagnosis-related groups
ICD-10-PCS
ICD-9-CM

Down

1. system that categorizes into payment groups patients who are medically related with respect to diagnosis and treatment and statistically similar with regard to length of stay

3. system for medicare patients by which a predetermined level reimbursement is established before services are provided

7. professionals who are technical experts in health data collection, analysis, monitoring, maintenance, and reporting activities in accordance with established data-quality principles, legal and regulatory standards, and professional best practice guidelines

8. the classification system used in the United States to report morbidity and mortality information until september 30, 2015

10. Federal legislation passed to improve the efficiency and effectiveness of the health care system

HFAP
EHR/EMR
Prospective Payment System
Performance Improvement
ICD-10-CM