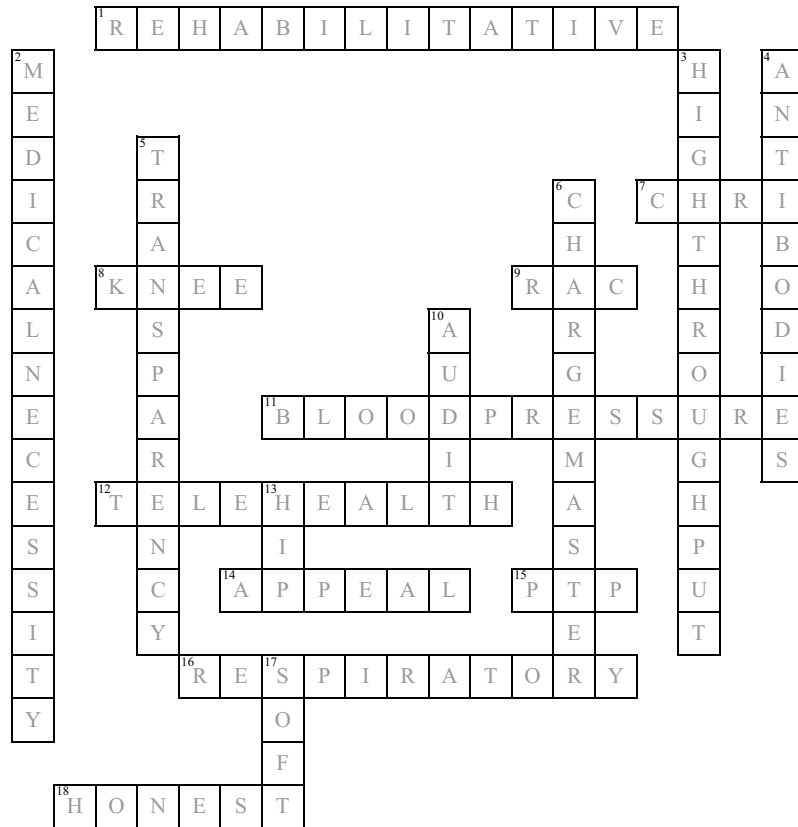


Revenue Integrity Crossword



Across

1. Modifier 97 is added to document _____ services.
7. Acronym for the credential that shows knowledge of revenue integrity core competencies.
8. MS-DRG codes 485-489 relate to procedures on which part of the body?
9. Detects and corrects past improper payments so that CMS and Carriers, FIs, and MACs can implement actions that will prevent future improper payments.
11. In 2020, CPT® codes 99473 and 99474 were added to report self-measured _____ monitoring.
12. _____ services include office visits, psychotherapy, consultations, and other medical or health services that are provided by an eligible provider who isn't at your location using an interactive two-way communications system such as real-time audio or video.
14. If a hospital seeks to dispute a denial, what is the next step?
15. The three types of NCCI edits are MUEs, add-on code edits, and _____.
16. The ICD-10-CM code U07.1 is assigned for patients suffering from acute _____ disease.
18. One of the five core values of NAHRI, defined as a “straightforward approach to work and interactions with others.”

Down

2. Primary causes of _____ denials include lack of documentation necessary to support the length of stay, service provided, level of care, and reason for readmission.
3. The code U0004 identifies tests that would otherwise be identified by U0002 but are performed using _____ technologies.
4. CPT® codes 86328 and 86769 are used to report when patients receive blood tests that can detect _____ for COVID-19.
5. The _____ In Coverage Proposed Rule require insurers to provide personalized price estimates and publish negotiated in-network rates and historical payment information.
6. Comprehensive list of a hospital's products, procedures, and services.
10. Keep track of updates in the chargemaster through an _____ trail.
13. As part of the 2021 IPSPS Proposed Rule, CMS is proposing to create two new MS-DRGs — 521 and 522. These relate to procedures performed on which part of the body?
17. Term used to describe a temporary or interim denial that could be paid if the provider takes the necessary follow-up action.