2022 Revenue Integrity Week Crossword Puzzle

ANSWERS



- Place of service code 02 can be used to indicate this type of service. (Answer: TELEHEALTH)
- Software that scans claims for errors. (Answer: SCRUBBER)
- CMS' primary audit programs are TPE, SMRC, and ______ Audits. (Answer: RECOVERY)
- A two-digit alphanumeric code added to a Current Procedural Terminology (CPT®) or HCPCS code that provides additional information. (Answer: MODIFIER)
- CPT code 93798 is used to report physician or other qualified healthcare professional services for outpatient ______ rehabilitation, with continuous ECG monitoring (per session). (Answer: CARDIAC)
- 6. Condition code -G0 is reported when multiple medical visits occur on the same day in the same revenue center but are distinct and ______ visits (Answer: INDEPENDENT)
- This diagnosis, an extreme complication of an infection, is one of the most common targets of denials. (Answer: SEPSIS)
- Status indicator "C" indicates this type of procedure. (2 words) (Answer: INPATIENT ONLY)
- **18.** New _____ Add On Payments provide additional payment to hospitals above the standard MS-DRG. (Answer: TECHNOLOGY)
- 21. The 2-____ rule sets a benchmark for how many days of hospital-level care a physician expects a patient to need.

 (Answer: MIDNIGHT)

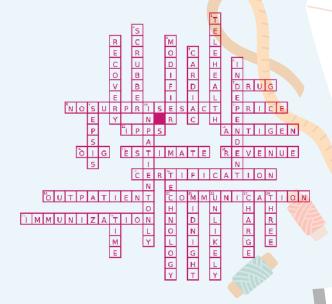
- 22. A Medically ______ Edit for a HCPCS/CPT code is the maximum units of service that, under typical circumstances, a provider can report for a single patient on a single date of service. (Answer: UNLIKELY)
- 23. A _____ code is a unique code assigned to a specific drug, supply, or service.

 (Answer: CHARGE)
- 24. Under the _____ day payment rule, certain outpatient services provided in a specific timeframe prior to inpatient admission are considered inpatient services and billed on the inpatient claim. (Answer: THREE)
- **26.** There are two methods to calculate the substantive portion of a split/shared visit: performance of a key component and ____. (Answer: TIME)

ACROSS

- Modifier -JW is used to report _____ amounts that are discarded and not administered to the patient. (Answer: DRUG)
- 8. The _____ requires payers and providers to settle disputes about out-of-network bills through an arbitration process.

 (3 words) (Answer: NO SURPRISES ACT)
- 11. _____transparency rules require hospitals to post charges online in a machine-readable format. (Answer: PRICE)
- **12.** This CMS reimbursement methodology applies to inpatient hospital services. (Answer: IPPS)
- **13.** The "A" in CAR-T stands for this. (Answer: ANTIGEN)



NAHRI

- **14.** This government organization releases a *Work Plan* detailing upcoming audits. (Answer: OIG)
- **15.** The "E" in GFE stands for this. (Answer: ESTIMATE)
- **16.** _____ reconciliation is the process of ensuring that actual revenue matches planned revenue. (Answer: REVENUE)
- **17.** The "C" in CHRI stands for the this. (Answer: CERTIFICATION)
- 19. Modifier -CO is used to indicate occupational therapy services furnished in whole or in part by an occupational therapy assistant. (Answer: OUTPATIENT)
- 20. HCPCS code G2252 is used to report a brief ______ technology-based service, e.g., virtual check-in service. (Answer: COMMUNICATION)
- 25. ICD-10-CM code Z28.39 should be assigned to indicate a lapsed ______ schedule status. (Answer: IMMUNIZATION)

