

Across

- 4. What kind of analysis do CPT 95970 codes refer to?
- 8. Name for person responsible for chargemaster.
- **10.** Department that completes provider documentation to support accurate coding and reporting of the clinical truth.
- **13.** CMS reviews the list of packaged revenue codes for OPPS rate setting in the OPP Medicare Accounting Document.
- **15.** Name the anatomy that the radiologic examination for CPT code 74019 applies to.
- **16.** New section added to AMA'S 2019 CPT changes: fine _____ aspiration biopsy.
- **18.** Word for the action of repaying a person who has spent or lost money.

Created using the Crossword Maker on TheTeachersCorner.net

<u>Down</u>

- **1.** Name of denial when a third-party payer does not pay a line item on a claim or does not pay the entire claim.
- 2. How many views does CPT code 71046 (radiologic examination, chest), include?
- 3. When reviewing your chargemaster, what code set do you need to check?
- **5.** What type of denial occurs when an inpatient stay is downgraded to an observation stay by a commercial insurer?
- **6.** Third-party payer's process of checking details of a claim against the information they have on the patient.
- 7. Name of contractors tasked by Medicare to identify improper payments.
- 9. Keep track of updates in the chargemaster through an _____ trail.
 11. List detailing the official rate charged by a hospital for individual procedures, services, and goods.
- **12.** One of five NAHRI values, defined as "meeting current and future challenges with creativity."
- **14.** Report used to help identify feedback on claims data to help providers identify improper payments.
- **17.** If a claim is denied, but the hospital disagrees, what is the next step?
- **19.** What kind of edit did CMS develop to reduce the paid claims error rate for Part B claims?