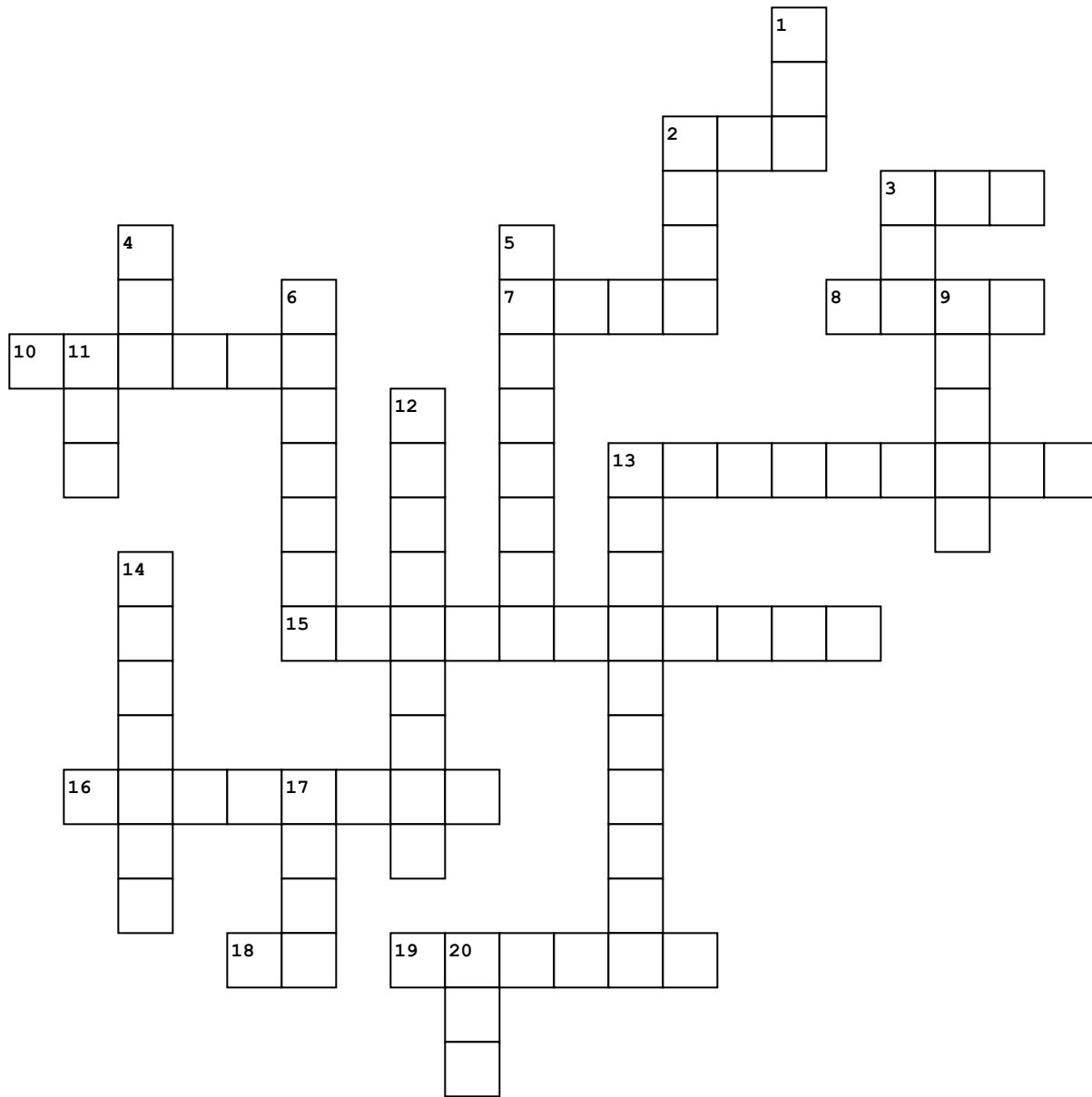


# Billing and Coding II Mid Term



## Across

2. / Which type of consumer-driven health plan funding option is set up and funded by employers?
3. / type of plan is a hybrid of two networks, where members may choose from a primary or secondary network
7. / \_\_\_\_\_ enrollee refers to an individual who enrolls in a health plan after the original enrollment date
8. / After providing treatment, the provider submits the claim to the local BCBS plan in his or her service area, which is referred to as the \_\_\_\_\_ plan.

## Down

1. / Which type of consumer-driven health plan funding option can be funded by both employers and employees?
2. / A patient's \_\_\_\_\_ plan processes the BCBS claim and sends it back to the host plan.
3. / most popular type of private health plan
4. / What type of private payer offers lower costs, but also has the most stringent guidelines and the narrowest choice
5. / What type of surgery is a procedure that can be scheduled ahead of time, but which may or may

10. / Medicare was originally called Medicare+ \_\_\_\_\_.
13. / What type of plan requires premium, deductible, and coinsurance payments and typically cover 70 to 80 percent
15. / which step comes first in the standard medical billing cycle
16. / 115 percentage of the fee on the Medicare NonPAR Fee Schedule is the \_\_\_\_\_ CHARGE.
18. costs for covered benefits after deductibles are met
19. / Which type of deductible can be met by combining payments?
6. / private insurance that beneficiaries may purchase to fill in some of the gaps—unpaid amounts—in Medicare coverage
9. / Which program under Medicaid offers health insurance coverage for uninsured children?
11. / Which type of consumer-driven health plan funding option is set up by individuals rather than employers?
12. / What is performed for a patient who does not have symptoms, abnormal findings, or any past history of the disease
13. / If the policy states an amount which must be met for each enrollee, what kind of deductible is it?
14. / \_\_\_\_\_ period is the amount of time that must pass before an employee can enroll in a health plan
17. / Which program under Medicaid offers financial assistance for people with low incomes and few resources?
20. / If a Medicare PAR physician thinks that a planned procedure will not be found medically necessary by Medicare and so will not be reimbursed, the patient should be asked to sign a(n)