

Introduction to Medical Terminology




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- **PATIENT/Claimant:** Person Who receives medical care
- **PID:** Account number assigned to each patient by our practice management system
- **DOS/ ENCOUNTER:** Date of service. The date the service was rendered to the patient.
- **CHARGES:** Amount assigned to services the patient received.
- **SS#:** Social Security Number. 9 digit unique identification number for each patient.
- **SUPERBILL/ENCOUNTER FORM:** Form in which the provider documents services rendered to a patient
- **BATCH BILLING:** Tab in our Practice Management System [Remedy] that stores the number of encounters [services]

- **EMPLOYER:** Entity for whom the patient works for
- **INSURANCE / PAYOR:** Entity that provides insurance to the employer in WC cases and who is responsible for paying the bills.
- **ADJUSTER:** Person assign by the insurance and who works for the insurance to handle the patient's case.
- **DOI:** Date of Injury. The date the patient sustained the injury
- **APPLICANT ATTORNEY:** Attorney representing the patient in WC cases
- **DEFENSE ATTORNEY:** Attorney representing the Insurance in WC cases
- **APPOINTMENT DATE:** Date the patient was given an appointment to be seen by the doctor



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- **APPOINTMENT LETTER:** Letter sent by the patient's attorney to the insurance company notifying them that the patient will be seen by a provider.
 - **JOINT LETTER:** Letter sent to the AME doctor by the referring party [insurance, A/A or D/A] documenting the appointment. The letter has information as to who is responsible for the bill as well as any information they expect the AME to discuss in his/her medical report.
 - **PROCEDURE CODE:** 5 digit number assign to each service rendered by a provider and use to submit bills to the insurance.
 - **UNITS:** A number assigned to time based or some other procedure codes to identify that more than 1 unit of service was performed. These numbers are important as they will increase the amount billed for each service.

- **MODIFIERS:** 2 digit number that modifies the description of a procedure code. Modifiers are important as these help the payor to identify certain procedure codes that require more information. [Sample modifiers are LT=left, RT=right, 50=bilateral; 94=AME, 95=PQME,etc]
- **PLACE OF SERVICE:** Place where the service is rendered
- **DIAGNOSIS:** Codes assigned to an illness or injury. Each illness [low back pain, knee sprain, etc] has a unique identifier. Diagnosis are identified by ICD9 [prior to October 2015] or ICD10 [after October 2015]
- **RENDERING PROVIDER:** Doctor who provides the service
- **REFERRING PROVIDER:** Doctor who refers the patient to the doctor performing the service.
- **MEDICAL REPORT:** Documentation narrated by a doctor to justify services rendered.



- PR2: Progress report. A provider is required to justify follow-up services provided to WC patients and to submit these findings in this report.
- PR4: P&S/MMI report. A provider is required to justify a final P&S/MMI workers' compensation visit and to render a report to the payor. This is usually in a narrative format.
- RTC: Return to client. This is an internal term use to identify incomplete [deficient] charges, waiting information from the client.
- DEFICIENCIES: Internal term use to identify claims received by clients to process but that we are unable to complete due to missing information
- WORKERS COMPENSATION: Cases that identify patients being treated for injuries sustained while at work



EOB/EOR

- EOB/EOR: Explanation of Benefits/Review
- Denial Codes: Denial reasons assigned to each denial (explanation of denial)
- Control Number: Payor internal control number assigned to each EOB
- Date Received: Date payor received bill
- Date Reviewed: Date payor reviewed bill
- Date Processed: Date payor processed bill

- **PERSONAL INJURY:** Cases that identify patients being treated for injuries sustained in personal injury such as motor vehicle accidents, slip and falls, etc.
- **COMMERCIAL INSURANCE:** Cases that identify patients being treated for illnesses using their private health insurance card.
- **UPLOAD:** Internal term use to upload documents in the computer system
- **EGNYTE:** Cloud software used to keep records that require processing
- **PRACTICE MANAGEMENT SYSTEM:** Software systems or to perform billing and collections

