

## **HIPAA Glossary**

### **Covered Entity**

Any business entity that must comply with HIPAA regulations, which includes health-care providers, health plans and health-care clearinghouses. For purposes of HIPAA, health-care providers include hospitals, physicians and other caregivers.

### **CPT - Current Procedural Terminology**

A 5-digit code used in medical billing and records systems that defines the medical procedures and medical services provided.

### **EMR - Electronic Medical Record**

A computer-based medical record for a patient that provides secure, real-time data access, sharing and evaluation for medical care. Also called an electronic health record or electronic patient record.

### **HCFA 1500**

A medical billing form used by doctors to file insurance claims for medical services.

### **HCPCS - HCFA Common Procedural Coding System**

A medical coding system used to describe what treatment or services were provided by a physician. The HCPCS Level II Coding books contain codes and descriptions for durable medical goods, injections, supplies and services not listed by CPT Coding books.

### **HL7 - Health Level Seven**

A data exchange protocol and interface for medical records and billing software that allows different systems to interoperate.

### **HIPAA - Health Insurance Portability and Accountability Act**

A body of national standards for electronic medical records and transactions for healthcare providers, health plans, and employers. It also addresses the security and privacy of electronic health records.

### **ICD-9 - International Classification of Diseases, 9th Edition**

A numerical code used in medical billing describing a diagnosis or medical procedure to treat a disease, syndrom or disorder.