

# Medical Claims

## Illustrated Handbook

SECOND EDITION

**KAPLAN** FINANCIAL

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# Introduction

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This quick reference to anatomical and medical terms is a must-have item for all professionals who work with medical claims. The claim-specific data is presented in a quick and easy format, featuring annotated visuals and concise descriptions.

Be sure to keep this *Medical Claims Illustrated Handbook* close at hand—on your desk or in your briefcase.

## Quick and Easy Format

This reference covers 12 main topic areas, each identified by thumb tabs at the edges of the book. Within each section, each main topic is further divided into subtopics. Eight sections deal with parts of the body and its systems; these sections provide details about anatomy, injuries, and conditions. Four sections cover material that isn't specific to a particular body part or system. This more global material appears under the headings Terms, Tests and Signs, Burns, and Disabilities.

## Annotated Visuals

The illustrations, which are clearly annotated, provide a fast reminder about the names and locations of anatomical parts. Certain injuries and conditions are also illustrated, where appropriate.

## Concise Descriptions

This handbook includes just the information you're likely to encounter in medical claims work. You can quickly find just the claim-specific data you need and then continue working with minimal interruption.

You can look up information in either of two ways.

- If you're looking for a specific term, go to the comprehensive index first, and from there you will be directed to the information you need.
- If you don't know the term, use the table of contents or thumb tabs to find the main topic, and then work your way through the clearly marked subtopics until you find what you're looking for.

# Terms

## TOPICS IN THIS SECTION

- Root Words
- Prefixes
- Suffixes
- Specialists
- Abbreviations
- Pronunciation Guide
- Common Injuries
- Healing Complications



## ROOT WORDS

Term	Meaning
Aden	Gland
Algesia	Sensitivity to pain
Asthenia	Weakness
Cardi/Cardio	Heart
Cephal	Head
Chondri/Chondro	Cartilage
Cost	Rib
Crani	Skull
Derma/Dermis	Skin
Encephal	Brain
Esthesia	Sensation, feeling
Gaster/Gastero/Gastro	Stomach
Hemat/Hemato	Blood
Hepat/Hepato	Liver
Hidrosis	Sweating
Myel/Myelo	Bone marrow
Myo	Muscle
Neur/Neuro	Nerve
Oste/Osteo	Bone
Ot/Oto	Ear
Sclerosis	Hardening of part of the body
Spondyl	Vertebra
Tension	Pressure

## PRONUNCIATION GUIDE

### How to Use This Guide

- All vowels and consonants are pronounced as they are in English.
- Primary accent marks (´) receive the most stress.
- Secondary accent marks (˘) receive less stress than the part of the term with the primary accent mark.
- A vowel followed by a consonant in the same syllable is pronounced as a short vowel, unless a macron (—) appears over the vowel, making it a long vowel.
- A vowel that is not followed by a consonant is pronounced as a long vowel.
- A vowel that stands alone is pronounced as a short vowel unless marked with a macron.

### Medical Terminology

**Abscess** (ab´ ses)

**Acetabulum** (as e tab´ u lum)

**Aden** (ad´ en)

**Adipose** (ad´ epos)

**Algesia** (al je´ ze a)

**Algia** (al´ je a)

**Alveolus** (al ve´ ol us)

**Aneurysm** (an´ u rizm)

**Anomaly** (a nom´ a le)

**Aorta** (a or´ ta)

**Aphasia** (ah fa´ ze ah)

**Arachnoid** (ah rak´ noid)

**Asthenia** (as the´ ne a)

**Atherosclerosis**  
(ath˘ er o skle ro´ sis)

**Atrophy** (at´ ro fe)

**Brachial** (bra´ ke al)

**Bronchiole** (brong´ ke ol)

**Bronchus** (brong´ kus)

**Bursa** (bur´ sah)

**Calcaneus** (kal ka´ ne us)

**Capillary** (kap´ i lar e)

**Cataract** (kat´ ah rakt)

**Catheterization**  
(kath e ter i za´ shun)

**Cephal** (sef´ al)

**Chondri** (kon´ dri)

**Chondro** (kon´ dro)

**Coccyx** (kok´ siks)

**Conjunctivitis** (kon junk te vi´ tis)

**Crani** (kra´ ne)

**Derma** (derm´ a)

**Dermis** (der´ mis)

**Diabetes mellitus**  
(di ah-be´ tez mel´ i tus)

**Dura mater** (du´ rah ma´ ter)

**Dynia** (din´ ē-a)

**Ecchymosis** (ek e mo´ sis)

# Skull and Brain

## TOPICS IN THIS SECTION

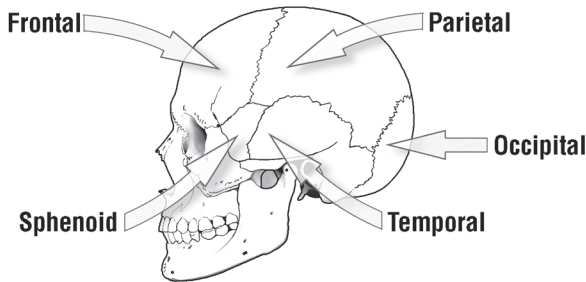
- Skull
- Brain

## SKULL

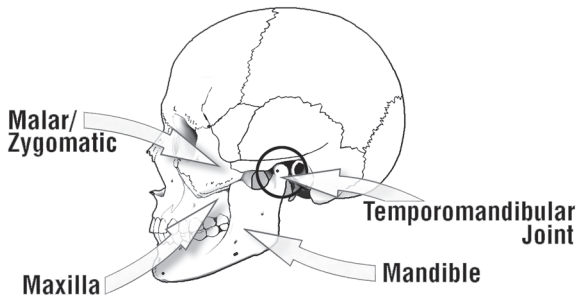
The skull is the bony frame that protects the brain.

### Anatomy

#### Large Cranial Bones



#### Cheekbones and Jawbones



### Injuries and Conditions

#### Temporomandibular Joint (TMJ) Disorders

This family of disorders affects the temporomandibular joints. Common causes are emotional stress, clenching of the teeth (*bruxism*), bad bite (*malocclusion*), severe stretching or straining of the neck muscles, and disease (such as arthritis), and (rarely) trauma (such as a blow to the head, neck, or jaw). Common symptoms are severe pain in the area of the TMJ; grating or clicking sounds when opening the mouth; difficulty in opening the

mouth; increased pain when clenching the teeth; headaches or neck aches; increased pain during emotional stress; sensitive, loose, broken, or worn teeth; and sore, stiff muscles around the jaw area when awakening.

TMJ disorders are treated by resting the jaw, applying ice or heat, taking medication, stress management techniques, physical therapy, dental splints, or orthodontic braces, bridges, and crowns. In severe cases, surgery is necessary.

### *Skull Fractures*

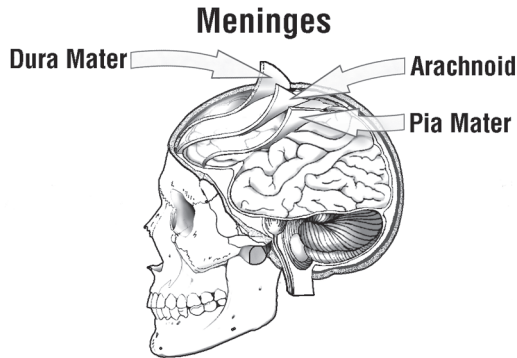
These breaks in the skull bone can be of any of the following types.

- **Linear Skull Fracture.** The skull bone is cracked, but not broken into pieces. This fracture usually heals on its own and does not require surgery.
- **Comminuted Skull Fracture.** The skull bone is broken or splintered into two or more pieces, and surgery is required.
- **Simple Skull Fracture.** In this type of fracture, there is no external wound leading to the fracture site.
- **Compound Skull Fracture.** The bone is broken, and an external wound leads to the fracture site, or a piece of bone extends through the skin.
- **Basal Skull Fracture.** This fracture, located at the base of the skull where the brain rests, usually is accompanied by bleeding from one or both ears and sometimes from the mouth or nose. A basal skull fracture may not be able to be corrected surgically.
- **Depressed Skull Fracture.** The skull bone is broken or splintered into more than two pieces, and one or more of the pieces are driven inward and press on the brain. This type of fracture requires surgery.

## BRAIN

The *brain* is a large mass of nerve tissue located within the skull that controls all of the thought processes and physical actions of the human body. Three soft layers of tissue, or membranes, that pad the area between the brain and the skull are called the *meninges*.

## Anatomy



## Injuries and Conditions

### *Cerebral Hemorrhage*

The abnormal flow of blood in the brain or meninges is a *cerebral hemorrhage*. This injury is caused by fractured bone breaking blood vessels or a blow to the skull breaking blood vessels even if the bone itself is not broken.

- **Brain Contusion.** This bruise on the brain usually causes a period of unconsciousness and swelling, which sometimes results in temporary or permanent brain damage, or even death in more severe cases.
- **Brain Laceration.** This serious injury results from an extremely severe blow to the head, where the substance of the brain is torn. A brain laceration is usually accompanied by a depressed skull fracture, hemorrhaging, and contusions, and generally results in permanent brain damage.
- **Cerebral Hematoma.** This blood tumor is located somewhere within the brain or meninges. An *epidural hematoma* is located on or above the dura mater. A *subdural hematoma* is located below the dura mater. This hematoma must be treated surgically.

### *Cerebral Concussion*

In this injury, the brain has been violently shaken about, and the brain tissue has been distorted, usually as a result of a blow to the head. Common symptoms, which vary depending on which area of the brain is injured, are a brief period of unconsciousness, a dazed condition, sudden vomiting, and dizziness. Residual symptoms are headache, nervousness, sensation of swaying, lightheadedness, feeling faint, ringing in the ears, and blurred vision.

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