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â™¦ Health maintenance organization (HMO) - A health care system that assumes both the financial risks associated with providing comprehensive medical services (insurance and service risk) and the responsibility for health care delivery in a particular geographic area to HMO members, usually in return for a fixed, prepaid fee.

DEFINITIONS OF HEALTH INSURANCE TERMS

COMPREHENSIVE HEALTH INSURANCE: BILLING, CODING & REIMBURSEMENT, 2/e provides students with the knowledge and skills needed to work in a variety of medical billing and coding positions in the medical field. Comprehensive in approach, it covers the foundations of insurance, billing, coding and reimbursement.

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Comprehensive Health Insurance: Billing Coding

the American Medical Association (AMA). It has been adopted by the Secretary of Health and Human Services as the standard system of reporting medical services. It is accepted by virtually all commercial health insurance carriers and required by Medicare and Medicaid.

Coding and Billing OVER VEIW - University of Nebraska

Below is a complete list of terminology for all medical billers and coders. 5010 - Version 5010 of the X12 HIPAA transaction and code set standards for electronic healthcare transactions.

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