

US HEALTH INSURANCE TERMS

A

Accumulation Period: Time to meet deductible through medical expenses.

Actual Charge: Amount charged by provider for services.

Adjudication: Reviewing and paying, or denying, claims.

Adjudication Code: Outcome of claim reviewed by insurance.

Adjudication Date: Review date during claim processing.

Allowed Amount: Maximum payment for covered services.

Appeal: Request for review of insurer's decision.

Arbitration: Dispute resolution by neutral third party.

APS (Attending Physician Statement): Health assessment for underwriting.

Authorization: Approval for coverage of rendered services.

B

Benefit: Service or supply covered by health plan.

Benefit Level: Maximum payment for specific benefit.

Benefit Code: Code for coverage and payment of services.

Benefit Package: Services covered by health plan.

Billed vs Allowed Amount: Provider invoice vs approved payment.

C

Capitation: Fixed payment per patient to providers.

Co-insurance: Your share of covered service costs.

Copay: Fixed payment before service for subscribers.

Carrier: Insurer, managed care organization, or plan.

Catastrophic Plan: Low premium, high deductible plan.

CPT (Current Procedural Terminology): Codes for medical services.

D

Denial of Claim: Insurer refusal to pay for services.

Dispensing Fee: Service charge added to prescription.

DME (Durable Medical Equipment): Ordered supplies for everyday use.

E

EIN (Employer Identification Number): Business identifier.

Emergency Medical Condition: Serious condition needing immediate care.

EPO (Exclusive Provider Organization): Small network with PCP.

F

Fee Schedule: List of fees for medical services.

Formulary: List of covered medications.

H

HICN (Health Insurance Claim Number): Identifier for claims.

HMO (Health Maintenance Organization): Small network, PCP required.

I

In-network Co-insurance: Percent paid for in-network services.

ICD (International Classification of Diseases): Codes for diagnoses.

M

Modifier: Code indicating procedure variations.

Medicaid: State and federal program for low-income individuals.

O

Out-of-Pocket Limit: Max paid before full coverage starts.

P

PPO (Preferred Provider Organization): Larger network, no PCP.

Primary Care Physician (PCP): Initial care and referrals.

R

Repricers (Brokers): Silent PPO, negotiate rates.

S

SSN (Social Security Number): Identifier for citizens and residents.

T

TPA (Third Party Administrator): Admin services for health plans.

U

UCR (Usual, Customary, Reasonable) Fee: Reasonable charge for services.

Please note that some terms may have variations in their definitions depending on the context and specific insurance policies.