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In addition to describing healthcare reimbursement methodologies and systems, this text discusses the impact of health insurance, coding and billing compliance and value-based purchasing initiatives. New and future healthcare professionals desiring to work in healthcare finance, revenue cycle, compliance and coding will gain the knowledge and training they need to succeed.

This fourth edition of Principles of Healthcare Reimbursement provides health information management educators and students an up-to-date textbook to understand how reimbursement systems affect providers and payers, consumers, policy makers, and the development of classification and information technology systems.

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Claims are submitted for reimbursement to the healthcare insurance plan by either the policy or certificate holder or the provider. Also called bills for Medicare Part A and Part B, services billed through fiscal intermediaries, and for Part B, physician or supplier services billed through carriers.

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The sum of the weights of ambulatory payment classification groups for patients treated during a given period, divided by the total volume of patients treated.

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