**Clearinghouse:** An intermediary or middleman (a sender and receiver) that regularly transmits secure, HIPAA-compliant electronic medical claims and financial information from eye care providers to single or multi payers in batch transactions. Payers include Medicare, Medicaid, Managed Care, private insurances, and other third-party payers.

**Co-payment (Co-pay):** A fixed fee that the patient pays the healthcare provider for the services or treatment received.

**Current Procedural Terminology (CPT®) Code:** Codes published by the [**American Medical Association**](https://www.ama-assn.org/practice-management/cpt/cpt-overview-and-code-approval)® that consist of various categories/types of five-digit codes and two-character modifiers to describe any changes to the procedure. Some codes may have a fifth alpha character, such as F, T or U. There are four types of CPT codes: Category I, Category II, Category II, and Proprietary Laboratory Analyses (PLA) codes.

**Diagnosis Code (ICD-10):** The ICD-10-CM (International Classification of Diseases) diagnosis code is a medical code that describes the condition and diagnoses of patients, whereas the ICD-10-PCS code describes inpatient procedures. A diagnosis code tells the insurance payer why you performed the service.

**Electronic Data Interchange (EDI):** A link between your billing system and the insurance company, and how billing transfers claim data to various insurance payers.

**Electronic Remittance Advice (ERA):** An electronic data interchange (EDI) or electronic transaction that provides claim information. ERAs are often used to auto-post claim payment into the billing system.

**Global Period:** A period triggered by a surgical procedure where certain follow-up procedures are included in the original surgery code. Depending on the surgical procedure, the global period may be 0 days, 10 days, or 90 days. During this period, certain modifiers may be used for procedures that would otherwise be considered part of the standard follow-up care when those procedures are performed for unrelated reasons.

**HIPAA:** The Health Insurance Portability and Accountability Act (HIPAA) federal law has been around since 1996. HIPAA compliance focuses on three main tasks—confidentiality, integrity, and availability. HIPAA protects the privacy of individual identifiable protected health information (PHI), provides electronic and physical security of health and PHI, and simplifies billing and other electronic transactions.

**Modifier:** Modifiers are added to the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) codes to provide additional information necessary for processing a claim, such as identifying why a doctor or other qualified healthcare professional provided a specific service and procedure.

**National Provider Identifier (NPI):** A unique 10-digit identification number issued to healthcare providers and is required by HIPAA. This number is assigned through the National Plan and Provider Enumeration System (NPPES).

**Revenue Cycle Management (RCM):** A complete RCM is a financial process that manages provider credentialing and enrollment, eligibility and benefits verification, claims processing, payment posting, and revenue generation. RCM and optometric billing services work with your medical clearinghouse to streamline and simplify administrative and clinical functions so you can capture, manage, and collect patient service revenue.

**Superbill:** An itemized document used by healthcare providers that outlines the services a patient received from the provider. The healthcare provider submits the Superbill via a paper or electronic claim to payers for reimbursement.

**Co-payment (Co-pay)**: A predetermined, fixed fee that you pay at the time of service. Copayment amounts vary by service and may vary depending on which provider (in-network, out-of-network, or provider type) you see. The amounts also may vary based on the type of service you are receiving (for instance, primary care vs. specialty care). For prescriptions, copayment amounts may vary depending on name-brand versus generic drugs. Call your insurance company for more information.

**Health plan**: A health plan refers to the type of health insurance you have. You may be part of a group health plan through your employer, you may have purchased an individual plan on the Health Insurance Exchange, be covered under workers’ compensation for a work-related injury, or have coverage through a government health plan such as Medicare and Medicaid.

**Medicaid**: [Medicaid](https://www.healthcare.gov/medicaid-chip/) is a jointly funded federal and state health insurance plan administered by states for low income adults, pregnant women, children and people with certain disabilities.

**Medicare**: [Medicare](https://www.medicare.gov/) is a federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with end-stage renal diseas.

**UB-04 claim form**: The standard claim form used by institutional providers, like hospitals, to bill insurance companies for medical services.