

Getting Started with Billing through DrChrono

07/24/2024 2:55 pm EDT

Getting Started With Billing

The DrChrono platform revolves around patient appointments. It works this way since that is the way you interact with patients and in turn, bill for the care provided.

To get started, fill out the schedule appointment prompt created through your scheduling portal (**Navigation Bar > Schedule > Calendar > + New Event**). Once you finished entering the basic details of the appointment, hit "Save" and the tabs on the top of the form will become available for you to click on. *Note: You cannot navigate to other tabs without first completing and saving the basic information in the Appointment tab.*

Schedule Appointment

Appointment | Billing | Vitals | Revisions | Eligibility | Flags | Custom Data | Com. Log | MU Helper

Type Break Walk-in Transition of Care New Patient

Patient: [Dropdown] Office: Primary Office [Dropdown]

Reason: [Text Area] Profile: [Dropdown]

Scheduled: 08/06/2016 Time: 12:00AM Exam: Exam 1 [Dropdown]

Duration: 30 minutes Allow overlapping Color: [Color Picker]

Notes: [Text Area] Status: [Dropdown]

Consent Forms: HIPAA Data Use Agreement (default) Requisition Form (default)

Recurring Appointment Arrange a Follow-up Reminder View Active Reminders

Choose a Reminder Profile: [Dropdown] [+ New Reminder](#)

[View Clinical Note](#) [View All Appointments](#)

[Delete](#) [Save & Close](#) [Save](#) [Cancel](#)

Once the appointment is saved, the "Billing" tab becomes available. Click on the **Billing tab** to begin entering the billing information associated with the appointment.

- **Billing Status:** Refers to how the payment is or has been processed
- **ICD Version:** Refers to the ICD version your practice uses
- **Patient Payment:** Refers to the amount the patient has paid toward the appointment
- **Payment Notes:** A section to add any additional notes regarding the payment
- **Payment Posted Date:** The date the payment was issued
- **Pre-Authorization Approval #:** The number provided by your insurance for pre-authorization. Insurance sometimes requires prior approval for procedures and will require a pre-authorization approval number to consider the claim when it is received
- **Referral Number:** Insurance may require a referral from another physician to treat the patient. The referral number can be entered here.
- **Payment Profile:** The type of payment obtained for the services you provide
- **Billing Profile:** A DrChrono convenience feature that allows you to select from various profiles to pre-populate sections of the billing form that can be customized to your own needs.
- **Billing Pick List:** Commonly used ICD and procedure codes used in your billing
- **Diagnosis Pick List:** Previous diagnoses populated from the patient problems list
- **Employment/Auto/Other Accident:** For insurance and legal purposes, select what kind of accident caused

the patient's condition (if applicable).

- **Onset Date Type:** The type of event that caused the onset of the condition
- **Onset Date:** The date of the condition onset.
- **Initial Visit Date:** The first date the patient visited your office for this condition
- **Last Related Visit Date:** The last date the patient visited your office for this condition

Schedule Appointment

Appointment | **Billing** | Vitals | Revisions | Eligibility | Flags | Custom Data | Corn. Log | MU Helper

Patient SuperBill | Clinical Note | Billing Details | Other Forms

Billing Status [dropdown] **HCFA Box 10 - Is patient's condition related to:**

ICD Version: ICD-10 [dropdown]

Patient Payment: 0.00 / 20 [dropdown]

Payment Notes: [text box]

Payment Posted Date: 08/06/2016

Pre Authorization Approval #: [text box]

Referral #: 998877665544

Payment profile: Insurance [dropdown]

Billing Profile: [dropdown] +

Billing Pick List: Choose Codes from Pick List

Diagnosis Pick List: Choose Codes from Pt Problems

Employment: No [dropdown]

Auto Accident: No [dropdown]

Other Accident: No [dropdown]

Onset Date Type: Onset of Current Symptoms or [dropdown]

Onset date: [text box] (HCFA Box #14)

Initial visit date: [text box] (HCFA Box #15)

Last related visit date: [text box] (HCFA Box #19)

ICD-10 Codes Find Diagnosis codes [dropdown]

#	Code	Description
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CPT Codes Find CPT Procedure codes [dropdown]

Code	Description	Price (\$)
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ICD-9 Codes to Convert Find Diagnosis codes [dropdown]

#	Code	Description
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HCPCS Codes Find HCPCS Procedure codes [dropdown]

Code	Description	Price (\$)
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NDC Codes Find NDC Codes [dropdown]

NDC Code	Quantity	Units	Line Item
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Custom Codes Find Custom Procedure codes [dropdown]

Code	Description	Price (\$)
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Include note in EDI Billing: Custom NTE EDI Billing Note (a.k.a. HCFA/CMS-1500 Line 19)

Delete Save & Close Save Cancel

To add an item to charge to your patient, begin by adding the CPT or HCPCS code associated with the service(s) rendered. You can pre-populate the CPT fields by selecting your billing profile through the drop-down menu. If a billing profile is used, additional CPT codes can be added to the appointment through the CPT Code search box.

Using the CPT Code Search:

CPT Codes 99213 [dropdown]

Code	Description
99213	OFFICE/OUTPATIENT VISIT EST

Using a billing profile:

Payment profile Insurance

Billing Profile ✓

Billing Pick List

Diagnosis Pick List

Copy Last Billing
Cardiac Surgery
Cat Therapy
Physical Check Up
Allergy Testing
Porcupine Petting

ICD-10 Codes Find Diagnosis codes

After populating the CPT Code section, you can make adjustments to the procedures.

- In the **Price** box, the price per unit is entered which will be multiplied by the quantity you enter.
- The **Modifiers** option allows you to choose CPT modifiers to attach to the procedure (ie. AF: Specialty Physician"). Modifiers may describe if multiple procedures were performed, where the procedure was performed on the patient, and if there were multiple providers involved in the patient's care.
- The **Quantity/Minutes** box allows you to input a quantity to multiply by the rate determined by your entry in the 'Price' box (ie. Price = \$5, Quantity = 60 minutes will result in a \$300 bill for a 1-hour procedure).
- The **Diagnosis Pointers** box is important for insurance purposes and refers to the primary ICD-10 code(s) to the CPT/HCPCS procedure billed. The pointer format A:B:C:D points toward the order of the ICD-10 codes you may enter (see below). For example, the format 2:1:0:0 means that the procedure primarily was performed for the second diagnosis listed; and secondarily for the first diagnosis listed. By default, the pointer is set to 1:0:0:0 which means the procedure is intended to affect the first item of the ICD-10 code list.

CPT Codes Find CPT Procedure codes

Code	Description	Price (\$)
1 97602	WOUND(S) CARE NON-SELECTIVE	200.00

Modifiers: [dropdown] [dropdown] [dropdown] [dropdown]

Quantity/Minutes: 1

Diagnosis Pointers: 1:0:0:0

In this example, the Diagnosis Pointer 1:0:0:0 refers that code 97602: WOUND CARE is intended to treat #1 of the ICD-10 code list (below), 'S01.501A: Unspecified open wound of lip' and indicates that it was performed to treat this particular diagnosis.

ICD-10 Codes Find Diagnosis codes

#	Code	Description
1	S01.501A	Unspecified open wound of lip, initial encounter
2	R11.0	Nausea
3	R05	Cough

HCPCS codes represent medical procedures to Medicare, Medicaid, and third parties. HCPCS is separated into three levels to represent different services. Level I HCPCS codes are used to bill Medicare or Medicaid and are identical to CPT codes. These CPT codes used for billing Medicare and Medicaid are actually HCPCS codes by definition. Level II and Level III HCPCS modifiers are where CPT and HCPCS really differentiate. You may add your HCPCS codes by searching by keyword or code in the HCPCS Procedure Code search box. Modifiers, Quantity, and Diagnosis pointers work in the same way as CPT codes.

HCPCS Codes		
Find HCPCS Procedure codes ▾		
Code	Description	Price (\$)
1 G9313	Docrsn not first line amox	6 ✖
G9313 Modifiers: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Quantity: <input type="text" value="1"/>		
Diagnosis Pointers: <input type="text" value="2:3:0:0"/>		

The drugs you use in your procedures can be recorded for insurance billing purposes in the NDC Code box. Search for your drug by keyword or by the 10-digit NDC code. The price entered in the HCPCS section will show up as a line item in the NDC Code section.

NDC Codes			
amoxicillin ▾			
NDC Code	Quantity	Units	Line Item
43598-0225-01	<input type="text" value="1"/>	UN (Unit) ▾	G9313 / \$6 ✖

If you would like to charge your patients for any other items or services, you can add them by searching by keyword or custom code through the Custom Code search box. If you are unfamiliar with Custom Codes, please feel free to read our guide on [inventory and service management](#).

Custom Codes		
Find Custom Procedure codes ▾		
Code	Description	Price (\$)
5883	Antibacterial Hand Soap	2.80 ✖
Quantity: <input type="text" value="1.00"/>		

Conclusion

Once you click save, if you selected **Bill Insurance** or any of the 5 claim submission statutes (Bill Insurance, Bill Secondary Insurance, Worker's Comp Claim, Auto Accident Claim, Durable Medical Equipment Claim) under Billing Status, your claim will be batched and transmitted to the clearinghouse at their designated time. Claims are submitted 7 days a week, regardless of holidays or weekends. You will be able to view claim progress through the RCM Cycle by watching the claim status in the Live Claims Feed.

- Bill Insurance
- Bill Secondary Insurance
- Worker's Comp Claim
- Auto Accident Claim
- Durable Medical Equipment Claim