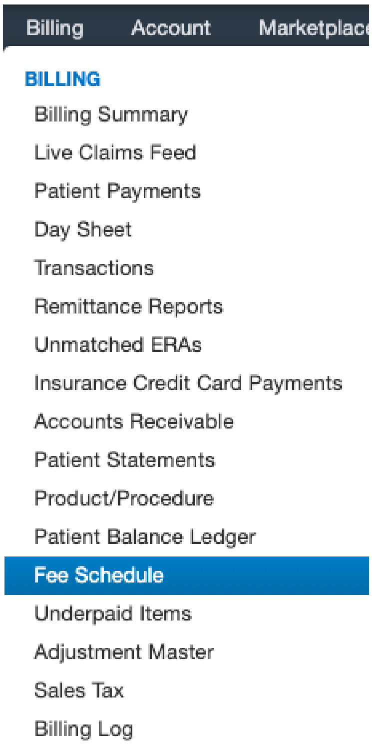
Fee Schedule: How to add a new fee schedule

07/24/2024 2:40 pm EDT

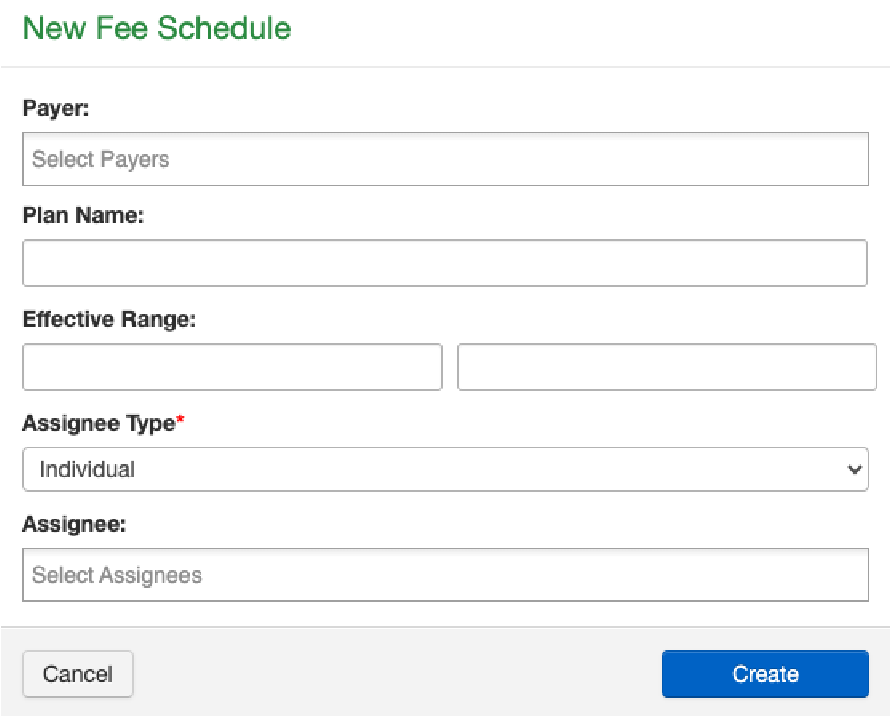
DrChrono has updated the fee schedule to include additional fields and functionality that can be customized to adapt to the needs of your practice. One of the features is the ability to add multiple fee schedules for specific providers, and specific specialties if your office offers services of multiple, or specific practice locations.

- To add a new fee schedule, navigate to Billing > Fee Schedule.



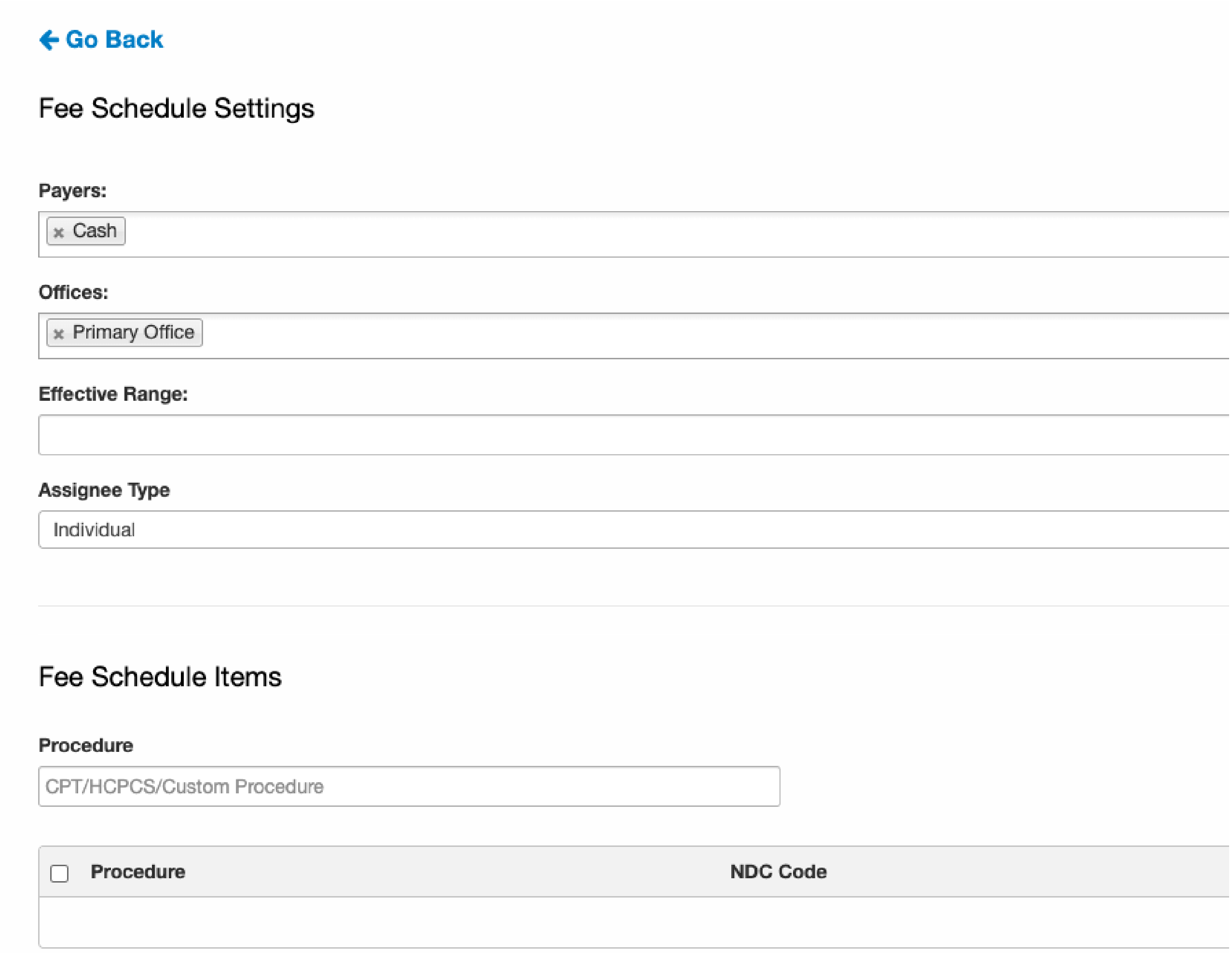
- Click on the blue **+ New Fee Schedule** button on the right.

- First, you will create the new fee schedule shell and give a name with the following screen.
    - **Payer** - This can be a specific payer, or if you would like a single fee schedule for your office, you can name it "All", "Main fee schedule" or any other title you would like. This field can also designate the specific payer you are entering allowed amounts for. This will enable the Underpaid Items feature.
    - **Plan Name** - This field can specify a specific plan within a payer. Example: PPO vs POS
    - **Effective Range** - This field designates the effective dates of the fee schedule. The first box is the 1st date the fee schedule is effective. The 2nd box is the expiration date of the fee schedule. If left blank, the system will consider the fee schedule active and will pull fees as long as other parameters (Payer/Plan/Code) are met.
    - **Assignee Type** -
    - **Assignee** -



- Once those items are filled in, click on **Create.**
    - From this next screen, you can add CPT/HCPCS/Custom Codes that will apply to that fee schedule and the parameters you have set (payer, office, assignee type, assignee name).

(Left side of the screen)



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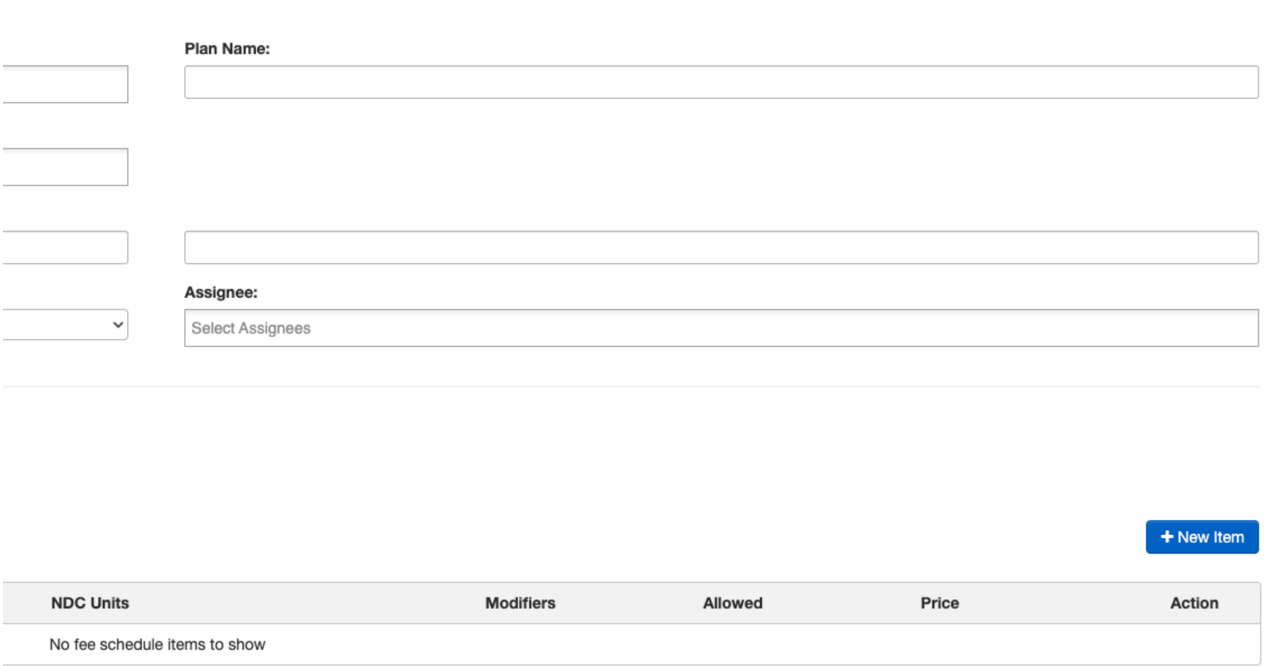
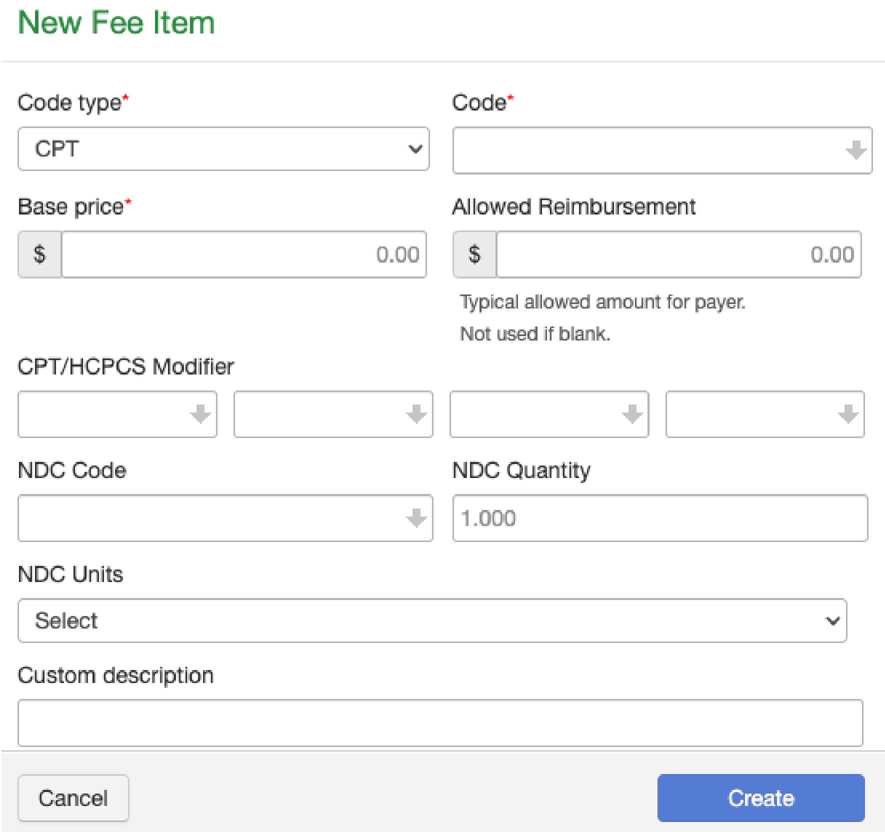


- To add a new code to your fee schedule, click on **+ New Item**.

- Code type - options in the drop-down include CPT, HCPCS, Custom, Revenue
- Code - here is where you would enter the CPT, HCPCS, Custom or Revenue code
- Base Price - the price you are charging for the code entered
- Allowed Reimbursement - this is your contractual allowed amount per code per payer. This amount would include both the insurance reimbursement and any amount owed by the patient. It can be left blank if it doesn't apply.
- CPT/HCPCS Modifier - if there is a modifier that you always bill with a certain code, you can enter it here so it will populate anytime the CPT/HCPCS code is billed.
- NDC Code - required if you are billing drug codes. This would only need to be updated if you change suppliers or the type (single vs multi-vial containers).
- NDC Quantity - if applicable
- NDC Units - if applicable
- Custom description - if applicable



- Once all fields are filled in - click on **Create**.