

How can I see what I'm being reimbursed for a particular code from all of my payers?

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If you want to take a look at what you are being reimbursed for a particular CPT/HCPCS code across all of your payers, DrChrono offers a report that makes this a breeze!

- Navigate to Billing > Product Procedure.

The screenshot shows a navigation menu with three main sections: Billing, Account, and Marketplace. Under the Billing section, there is a sub-section titled 'BILLING' with a list of options: Billing Summary, Live Claims Feed, Patient Payments, Day Sheet, Transactions, Remittance Reports, Unmatched ERAs, Insurance Credit Card Payments, Accounts Receivable, Patient Statements, Product/Procedure (highlighted in blue), Patient Balance Ledger, Fee Schedule, Underpaid Items, Adjustment Master, Sales Tax, and Billing Log.

- Once the report opens, you will have several options:

The screenshot shows a filter interface for the report. It has a header with tabs: Product/Procedure (selected), CPT/HCPCS/Custom, Revenue, ICD-9, and ICD-10. Below the tabs, there are three input fields: a dropdown menu for 'All Claims', a text input for 'Code (CPT/HCPCS/Custom)', and a dropdown menu for 'Service Date'. To the right of these fields are two empty text input boxes and a blue 'Update' button with a refresh icon.

- Professional, Institutional, or All Claims (institutional will only appear if your account is set up for institutional billing)
- By specific CPT, HCPCS, or Custom Code
- By Service or Procedure posted date
- Or a date range

The system will default to all claims (or your type of claim if you only use 1 type), Service Date, and a date range of 3 months starting with the day you are requesting the report and the previous 3 months. You can update any/all of these filters as needed.

This is how the report will look. This front page will give you the CPT/HCPCS/Custom Code on the left, a description of the code, the total number of units/times it has been billed during the time period specified, the total charge, and the total payment from the insurer and patient (not listed in this screenshot, but will appear when you pull up in the system).

Product/Procedure	CPT/HCPCS/Custom	Revenue	ICD-9	ICD-10	
All Claims	Code (CPT/HCPCS/Custom)	Service Date		Update	
Code	Units	Charge	per item	Insurer Payment	per item
Totals:	1848.00	\$138,320.72		\$68,325.91	
00000:	13	\$1,309.32	\$100.72	\$524.99	\$40.38
36415: ROUTINE VENIPUNCTURE	20	\$392.40	\$19.62	\$153.72	\$7.69
76881: US COMPL JOINT R-T W/IMG	26	\$6,447.04	\$247.96	\$2,473.06	\$95.12
80053: COMPREHEN METABOLIC PANEL	37	\$5,030.55	\$135.96	\$2,567.81	\$69.40
80076: HEPATIC FUNCTION PANEL	9	\$1,202.91	\$133.66	\$602.49	\$66.94
81003: URINALYSIS AUTO W/O SCOPE	12	\$359.52	\$29.96	\$189.51	\$15.79
85027: COMPLETE CBC AUTOMATED	26	\$3,519.76	\$135.38	\$1,778.64	\$68.41
86480: TB TEST CELL IMMUN MEASURE	9	\$1,129.75	\$125.53	\$577.07	\$64.12
96365: THER/PROPH/DIAG IV INF INIT	11	\$1,668.38	\$151.67	\$886.22	\$80.57
96413: CHEMO IV INFUSION 1 HR	26	\$6,359.06	\$244.58	\$3,218.39	\$123.78
96415: CHEMO IV INFUSION ADDL HR	18	\$1,282.72	\$71.26	\$687.79	\$38.21
99203: OFFICE O/P NEW LOW 30-44 MIN	5	\$750.00	\$150.00	\$0.00	\$0.00
99213: OFFICE O/P EST LOW 20-29 MIN	53	\$4,797.62	\$90.52	\$2,230.76	\$42.09
99214: OFFICE O/P EST MOD 30-39 MIN	22	\$3,030.63	\$137.76	\$1,479.07	\$67.23
99245: OFFICE CONSULTATION	13	\$5,680.75	\$436.98	\$2,432.34	\$187.10
G8553:	29	\$2,896.38	\$99.88	\$1,477.26	\$50.94
J0129: Abatacept injection	1275	\$54,504.00	\$42.75	\$27,444.08	\$21.52
J1745: Infliximab not biosimil 10mg	180	\$18,725.00	\$104.03	\$9,729.35	\$54.05
J3488: Reclast injection	55	\$19,050.55	\$346.37	\$9,776.06	\$177.75
J7050: Normal saline solution infus	9	\$184.38	\$20.49	\$97.30	\$10.81

To see the breakdown of which payer paid what for each CPT, just click on the blue CPT/HCPCS code.

Product/Procedure	CPT/HCPCS/Custom	Revenue	ICD-9	ICD-10					
Insurer	Service Date			Update					
← Back to Product/Procedure List									
Date of Service	Posted	Patient	Provider	Code	Insurer	Quantity	Billed	Insurer Payment	
						Totals:	20.00	\$392.40	\$153.72
11/25/2022	11/25/2022	Lucas (Demo) Harris		36415	Cigna	1.00	\$19.53	\$0.00	
11/17/2022	11/17/2022	Erik (Demo) Cook		36415	Cigna	1.00	\$19.61	\$0.00	
11/17/2022	11/17/2022	Ashlee (Demo) Smith		36415	Aetna	1.00	\$18.57	\$0.00	
11/16/2022	11/16/2022	Matthew (Demo) Brown		36415	Aetna	1.00	\$19.75	\$0.00	
11/14/2022	11/14/2022	Lucas (Demo) Harris		36415	Cigna	1.00	\$18.33	\$0.00	
11/07/2022	11/07/2022	Adam (Demo) Gill		36415	FL BCBS	1.00	\$18.47	\$11.00	
11/03/2022	11/03/2022	Victoria (Demo) Kelly		36415	Cigna	1.00	\$19.79	\$8.09	
11/03/2022	11/03/2022	Jenny (Demo) Shields		36415	Cigna	1.00	\$18.36	\$7.74	
10/25/2022	10/25/2022	Erik (Demo) Cook		36415	Cigna	1.00	\$21.32	\$9.57	
10/21/2022	10/21/2022	Adam (Demo) Gill		36415	FL BCBS	1.00	\$18.32	\$10.42	
10/19/2022	10/19/2022	Lucas (Demo) Harris		36415	Cigna	1.00	\$21.04	\$10.66	
10/19/2022	10/19/2022	Jenny (Demo) Shields		36415	Cigna	1.00	\$19.32	\$13.42	
10/18/2022	10/18/2022	Walter (Demo) Anderson		36415	FL BCBS	1.00	\$18.00	\$9.53	
10/18/2022	10/18/2022	Adam (Demo) Gill		36415	FL BCBS	1.00	\$19.94	\$10.57	
10/17/2022	10/18/2022	Lucas (Demo) Harris		36415	Cigna	1.00	\$21.96	\$10.03	
10/16/2022	10/18/2022	Jenny (Demo) Shields		36415	Cigna	1.00	\$21.46	\$11.08	
10/15/2022	10/18/2022	Matthew (Demo) Brown		36415	Aetna	1.00	\$20.67	\$11.31	
10/15/2022	10/18/2022	Alicia (Demo) Franklin		36415	Aetna	1.00	\$18.06	\$7.55	
10/15/2022	10/18/2022	Ashlee (Demo) Smith		36415	Aetna	1.00	\$20.82	\$11.48	
10/14/2022	10/18/2022	Anthony (Demo) Hall		36415	Aetna	1.00	\$19.08	\$11.27	

(The patient names listed above are samples, not real patient names.)

From here, you can either view it online, or export it to Excel where you can sort and review it in greater detail.

To view revenue or ICD-10 codes used across your patient base, you can utilize this same report, just select the appropriate tab. The separate tabs work like the CPT/HCPCS/Custom screen.
