Introducing Your Core Billing Tools

Last modified on 05/15/2025 2:49 pm EDT

Core Billing Tools

DrChrono provides many tools for you to effectively and efficiently process your claims and keep up-to-date on your financials.

Here is a quick introduction to the various tools available to you.

Billing Summary

1. Navigate to Billing > Billing Summary

The billing summary is separated into Income Analysis and Payment Speed. The Income Analysis section is a simple graph that gives you a basic income picture. For a more detailed view of income, many providers use the Day Sheet as a broader and more understandable view.

Payment Speed lets you know the fastest, slowest, and average speed at which you get paid. The Payment Speed section only works for electronic remits (ERAs) and not paper EOBs.

Performance Indicators give you a few key metrics to measure the health of your practice operations. Here you can view the number of procedures, amount of charges, amount of adjustments, and amount allowed by insurance, If you notice, there are the letters 'A' and 'P' next to some of the items in the Performance Indicator list. These stand for Appointment Date and Posted Date respectively.



Live Claims Feed

1. Navigate to Billing > Live Claims Feed

The Live Claims Feed is a convenient and comprehensive way to keep track of all your claims beginning when the appointment is first scheduled.

Live Claims Feed							
Select All Offices Select N	A nursing home All -	B Assisted Living All -	C new office All -	D Inpatient Hospital All -	patient statement remit address All -	Primary Office All -	
Providers: All Patient	Payer Name	Payer ID	drc claim # 08/21	/2020 — 09/20/2020	Clinical Note		
Open window in new tab					Check	All Clear Update Filter	
Batch Status Change -	ixport to File 🔻 🖺 Custom	Export Display - +	Schedule			PAGE 1	

To navigate the live claims, you have access to several filters to narrow the range you are examining.

Claim Status Filter:

- ERA Received: A response has been received via ERA from the payer, however, at least 1 item on the claim needs manual review. Additional details can be found within the actual appointment by pressing on the green words ERA Received.
- In Process at Clearinghouse: The claim has been received at the clearinghouse and is being scrubbed before sending it to the payer.
- In Process at Payer: The payer has received the claim from the clearinghouse and is conducting an upfront scrub of the claim before accepting it into their system for processing.
- Payer Acknowledged: The payer has accepted the claim into their system for processing.
- **Coordination of Benefits:** The claim has been processed by the patient's primary insurance and is now with the patient's secondary insurance for consideration.
- Other: These are claims that are in other statuses, including Paid in Full, Faxed/Mailed Claim or Appeal, Balance Due, and Pending Info Practice among others. Details for these claims can be found under Billing St, just to the right of the Claim St. Billing > Live Claims Feed > Billing St
- **Rejected:** Upfront rejection. If you press on the blue **Rejected Payer** within the appointment, you will be able to see additional information regarding the denial. This claim has not made it into the payer's system for processing.
- **ERA Denied:** The claim has been processed by the payer, however, there is a portion(s) that has been denied. Details on the denial can be found on the actual ERA posting within the appointment.
- Not Submitted: These are appointments for which there is no status. The claim has not been billed to insurance. This could include appointments from the current or future dates.
- Missing Information: Upfront rejection for information that is imperative to submit the claim. Additional information on the rejection and clarity on what information is missing can be seen by pressing on the blue **missing information** words within the appointment.

Day Sheet

1. Navigate to Billing >Day Sheet

The Day Sheet is designed to provide a day-to-day snapshot of your finances, detailing charges, payments/credits, and adjustments. The day sheet provides a more macroscopic view of your practice. It allows you to keep track of your Debits (Total Charges), Credits (Amount Collected From Insurance), Adjustments (Insurance Adjusted Amount), and Patient Payments (Paid By Patient).



Aging AR Analysis

1. Navigate to Billing >Aging AR Analysis

Significant enhancements have been made to the Aging Accounts Receivable (AR) Analysis Report, providing users with a more comprehensive and intuitive view of outstanding balances. These improvements offer greater clarity and transparency into the monies owed to your practice by both insurance payers and patients, enabling you to quickly identify aging claims, monitor payment trends, and prioritize follow-up efforts for faster reimbursement and improved cash flow management.

Aging AR Analysis									
0 m a									
Summary Details Graph									
Controls Date Type Date of Service Date 01/01/2024	Bucket Type 30 d	lays Payer ID All	Insurance Name All	Office All Patient All	AR Type Insurance	Measure Balance	Claim Type All	Has Future Follow-up All	Has 🗸 🗸
Dat	Data Freshness		Group By			Sub Group By			u ² :
Insurance Aging AR			Insurance		~	Select one			Ŧ
Insurance	61-90 days	91-120 days	Over 120 days	Total					
Total	\$49.33	\$275.00	\$5,018.63	\$5,342.96					
D	\$49.33	\$175.00	\$345.05	\$569.38					
Aetna [60054]		\$100.00	\$1,560.72	\$1,660.72					
Cigna [62308]			\$2,787.86	\$2,787.86					
MEMIC Casualty Company [E0132]			\$175.00	\$175.00					
Unitedhealthcare Community Plan / NYU [NYU01]			\$150.00	\$150.00					

Fee Schedule

1. Navigate to **Billing > Fee Schedule**

The fee schedule is where you can add prices for the services you offer. These services can be added as CPT/HCPCS code or a custom procedure. NDCs can also be added to any drug codes you bill out to assist during the billing process. This NDC would need to be updated if anything changes (i.e. multi-use vial to single-use) that would result in a change in NDC.

During an appointment, you can attach any of the CPT/HCPCS/custom codes to the appointment and they will reflect the price that is currently listed in the fee schedule. You can add items such as modifiers, taxes, expected reimbursement by payer, and picklist information to further customize your fee schedule.

Fee Schedule				
Current Effecti	ive Ineffective Invalid			
Payer				
Search payer name of	or ID			↑ + Import + New Fee Export From File Schedule
Payer \$	Plan Name ¢	Assignee ¢	Offices \$	Effective Date Ineffective Date Action
Cash		All Specialities	All Offices	1 1