

Introducing Your Core Billing Tools

Last modified on 02/18/2025 2:06 pm EST

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.

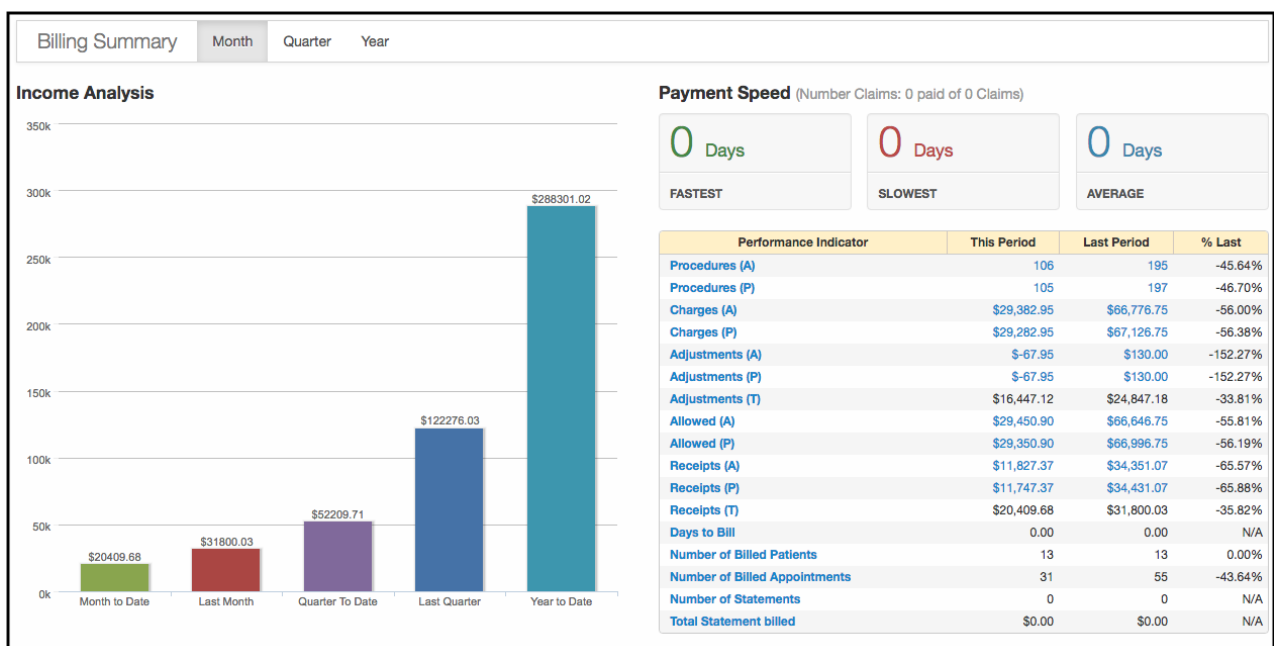
Billing Summary

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.

The screenshot shows the 'Live Claims Feed' interface. At the top, there are several filter buttons: 'Select All Offices', 'Select None', and a series of office type filters: 'A nursing home', 'B Assisted Living', 'C new office', 'D Inpatient Hospital', 'patient statement remit address', and 'Primary Office'. Below these are 'Primary Office' and 'Telehealth' dropdowns. The 'Claim St' filter is set to 'All' with color-coded icons (green, yellow, red). Other filters include 'Billing St', 'Appt Profiles', and a 'Calculate Counts' button. A 'TFL Warning' checkbox is present. The search area includes fields for 'Providers', 'Patient', 'Payer Name', 'Payer ID', 'drc claim #', a date range from '08/21/2020' to '09/20/2020', and a 'Clinical Note' dropdown. At the bottom, there are buttons for 'Open window in new tab', 'Check All', 'Clear', and 'Update Filter'. A footer bar contains 'Batch Status Change', 'Export to File', 'Custom Export', 'Display', and 'Schedule' buttons, along with '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.

Financial Transactions (Day Sheet)

1. Navigate to **Billing > Financial Transactions (Day Sheet)**

The Financial Transactions (Day Sheet) is designed to provide a day-to-day snapshot of your finances, detailing charges, payments/credits, and adjustments. Since the day sheet provides sums for the period, the day sheet can also be used to summarize daily, week-to-week, and monthly finances (max 31 days). 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).

The screenshot shows the 'Day Sheet' interface with the following elements:

- Header: Day Sheet, Default, Reimbursement Analysis
- Filters: 08/01/2022, 08/31/2022 (Max 31 days), Patient, All Office, All Room, All Reasc
- Options: Claim Type (All Claims), Display Credits & Adjmt by (Posted Date), Display Charges by (Posted Date), Include Moved Cash (Yes)
- Buttons: Update All, Update
- Data as of: 08/31/2022 8:36 AM
- Tabs: Grand Totals, Credits & Adjustments, Patient Payments, Charges
- Summary Table:

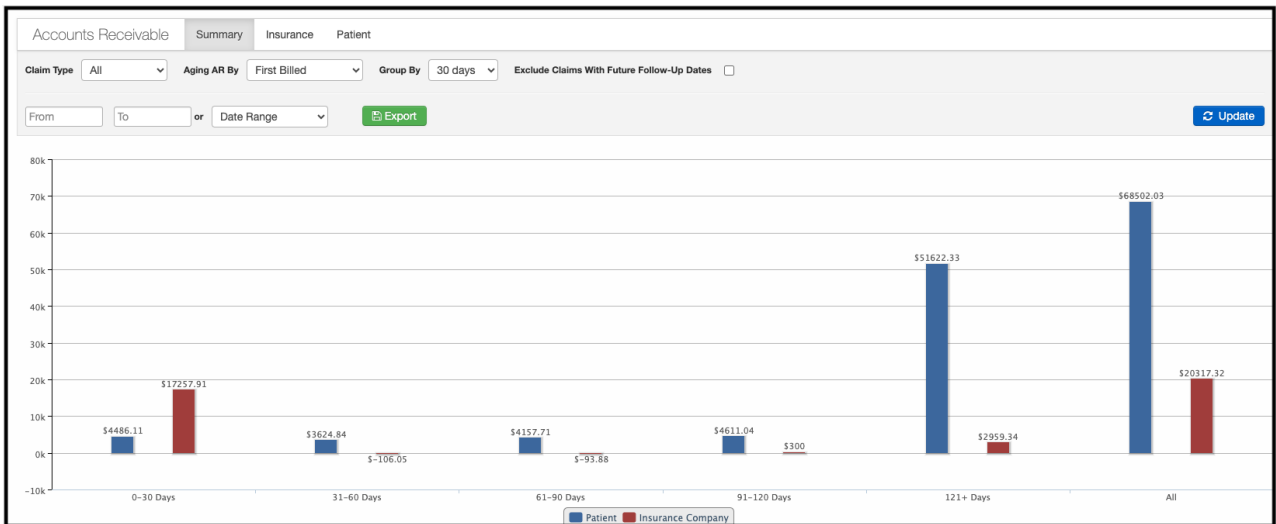
DEBIT	CREDIT	ADJUSTMENT	PATIENT PAYMENT
\$0.00	\$0.00	\$0.00	\$0.00

Accounts Receivable

1. Navigate to **Billing > Accounts Receivable**

Accounts Receivable tracks the total amount of money outstanding from previous appointments/transactions. Here you can organize your claims by claim type, submission status, age, and date.

You can also view your accounts receivable by insurance or patient type by selecting the respective tab. If you press on the blue word **Total** on the right of the screen in either the insurance or patient tabs, the system will resort items for you from the highest dollar amount to the lowest.



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.

Insurance Payer Fee Schedule CPT & HCPCS ICD-9 ICD-10 Update

CPT/HCPCS/Custom Procedure Payer ID Picklist Category Update

Export to File Add New 1 - 7 OF 7

Procedure	Provider	Type	Insurance Payer	Price	Allowed	Modifiers	NDC Code	NDC Units	Payer ID	Picklist
01430: ANESTH KNEE VEINS SURGERY	Thomas Your	CPT	Default Price	\$549.00						
15788: CHEMICAL PEEL FACE EPIDERM	Thomas Your	CPT	Default Price	\$120.00						
28630: TREAT TOE DISLOCATION	Thomas Your	CPT	Default Price	\$100.00						
33310: EXPLORATORY HEART SURGERY	Thomas Your	CPT	Default Price	\$3,000.00			00409-1209-65	ML (Milliliter)		
54231: DYNAMIC CAVERNOSOMETRY	Thomas Your	CPT	Default Price	\$350.00						
67906: REPAIR EYELID DEFECT	Thomas Your	CPT	Default Price	\$400.00						
99213: OFFICE/OUTPATIENT VISIT EST	Thomas Your	CPT	Cash: Self pay patients	\$100.00					Cash	