Code Analysis Report

Last modified on 10/02/2025 3:56 pm EDT

The Code Analysis Report provides a clear overview of the top CPT, HCPCS, and Custom Codes billed by your organization. Data can be viewed for the entire practice, a specific office location, an individual provider, or an insurance payer, enabling targeted analysis. This functionality allows you to compare reimbursements from a payer against your contractual agreement to ensure accurate payment. By default, the report displays the top five codes, but it can be adjusted to show any number of codes as needed.

Payer | Code | Details | Video Walkthrough

Payer tab

The Payer tab displays, by payer, the total amount billed, total allowed, total expected reimbursement (if entered in the fee schedule), and payments received for each CPT, HCPCS, or Custom Code billed.

Additional search options allow you to refine the information by provider, office name, billing code (CPT, HCPCS, or Custom Code), primary payer, date range, and date type. Each option provides the flexibility to select one, multiple, or all entries within the chosen category.

Hovering in the right corner of the screen will allow you to view the information in full screen (diagonal arrows) or export the file to CSV or MS Excel.
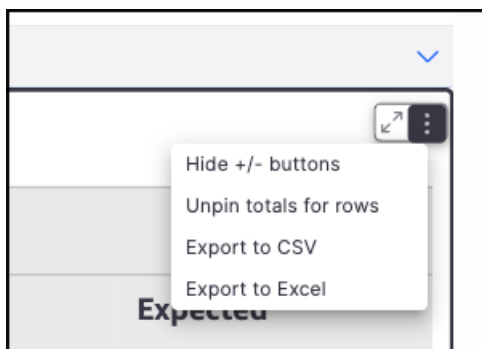
Code tab

The Code tab displays the total amount billed, total payments received, and total expected adjustments for your top CPT, HCPCS, Custom Codes, and ICD-10 codes billed. By default, the report shows the top five codes, but this number can be adjusted to display more or fewer codes as needed.

Additional search options are available to view the information provider, office name, billing code (CPT, HCPCS, and/or Custom Code), Primary Payer, Date Range, Date Type, and number of top codes to display. Most options allow you to select one, multiple, or all in each category.

Hovering in the top right corner of the Top Billing Codes section and the Top Diagnosis Codes section will open a menu that allows you to maximize the screen (diagonal arrows), sort the menu you see onscreen (vertical arrows), and export the report to CSV or MS Excel (three vertical dots).
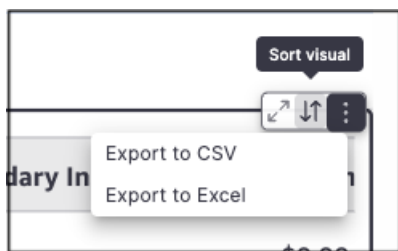
Details tab

The Details tab provides a comprehensive view of all appointment and patient information that corresponds to the selected report parameters. This tab offers a detailed breakdown, enabling deeper analysis of the underlying data. It serves as a valuable tool for reviewing specific claims and coding details to support informed decision-making.
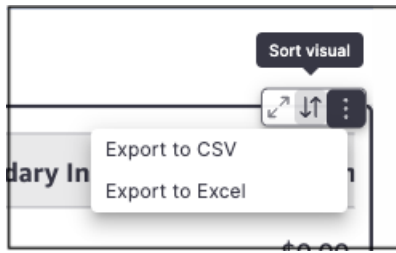

Code Analysis

Payer | Code | **Details**

Controls

Date Type	Date	Provider Name	Office Name	Billing Code
Date of Service	03/01/2020 - 04/09/2025	All	All	All
Primary Insurer Name	Include Future Appts			
All	Yes			

Date of Service	Patient Fullname	Claim ID	Provider Name	Billing Code	Diagnoses	Billed	Adjustment	Allowed	Primary Insurer Name	Primary Insurer Paid	Secondary Insurer Name	Secor
				99213		$84.52	$29.20	$55.32	FL BCBS	$48.20		$0.00
				99213		$88.92	$34.88	$54.04	FL BCBS	$42.01		$0.00
				99213		$93.12	$34.70	$58.42	FL BCBS	$51.47		$0.00
				96413		$246.04	$109.44	$136.60	FL BCBS	$116.59		$0.00
				85027		$142.34	$51.91	$90.43	FL BCBS	$64.77		$0.00
				G8553		$99.94	$42.91	$57.03	Cigna	$46.72		$0.00
				80053		$140.84	$67.56	$73.28	Cigna	$65.40		$0.00
				85027		$127.71	$41.55	$86.16	Cigna	$72.87		$0.00
				G8553	85027	$108.78	$50.02	$58.76	Cigna	$54.01		$0.00

There are additional search options available to view the information provider, office name, billing code (CPT, HCPCS, and/or Custom Code), Primary Payer, Date Range, and Date Type. Each option will allow you to select one, multiple, or all in each category if you would like to narrow the information further.

Hovering in the top right corner of the report will open a menu that will allow you to maximize the screen (arrows pointing diagonally), sort the menu you see onscreen (vertical arrows), as well as export the report to CSV or MS Excel (three vertical dots).

Video Walkthrough