

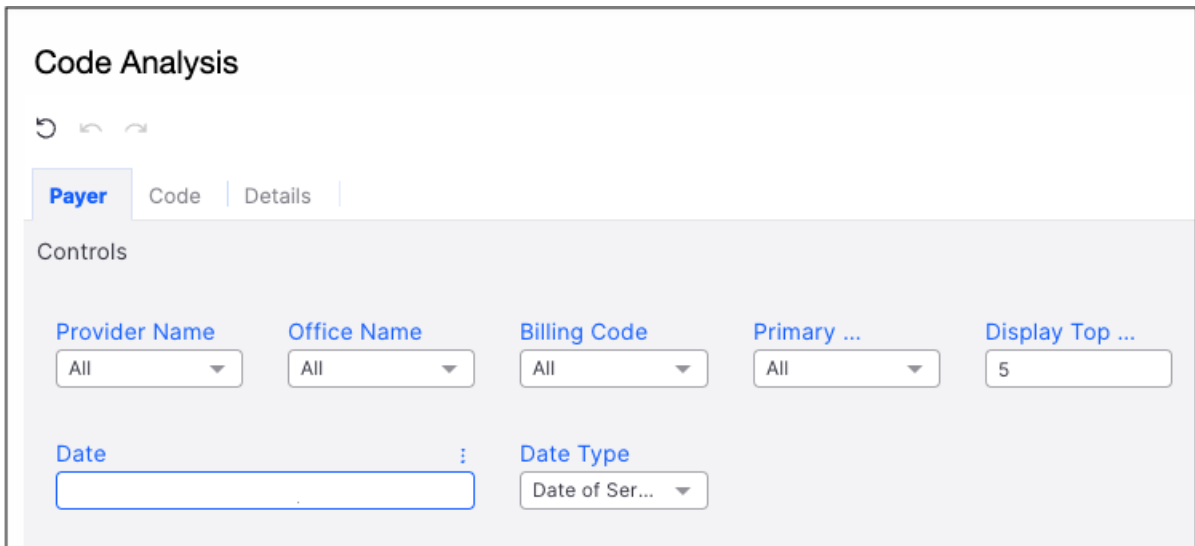
Code Analysis Report: Overview

Last modified on 01/09/2025 8:45 am EST

The Code Analysis Report is designed to give you easy insight into the top CPT/HCPCS/Custom Codes billed by your organization. The information can be viewed as the practice as a whole, a specific office location, an individual provider, or an insurance payer. This will allow you to compare reimbursements from a particular payer to your contract to ensure you receive your contractually agreed payment. The report will default to the top 5 codes, but it can be updated to any number.

The report is broken down into three tabs:

1. Payer
2. Code
3. Details



The screenshot shows the 'Code Analysis' control panel. At the top, there are navigation icons (refresh, back, forward) and three tabs: 'Payer' (selected), 'Code', and 'Details'. Below the tabs is a 'Controls' section with the following fields:

- Provider Name:** All (dropdown)
- Office Name:** All (dropdown)
- Billing Code:** All (dropdown)
- Primary ...:** All (dropdown)
- Display Top ...:** 5 (input field)
- Date:** (empty text input field)
- Date Type:** Date of Ser... (dropdown)