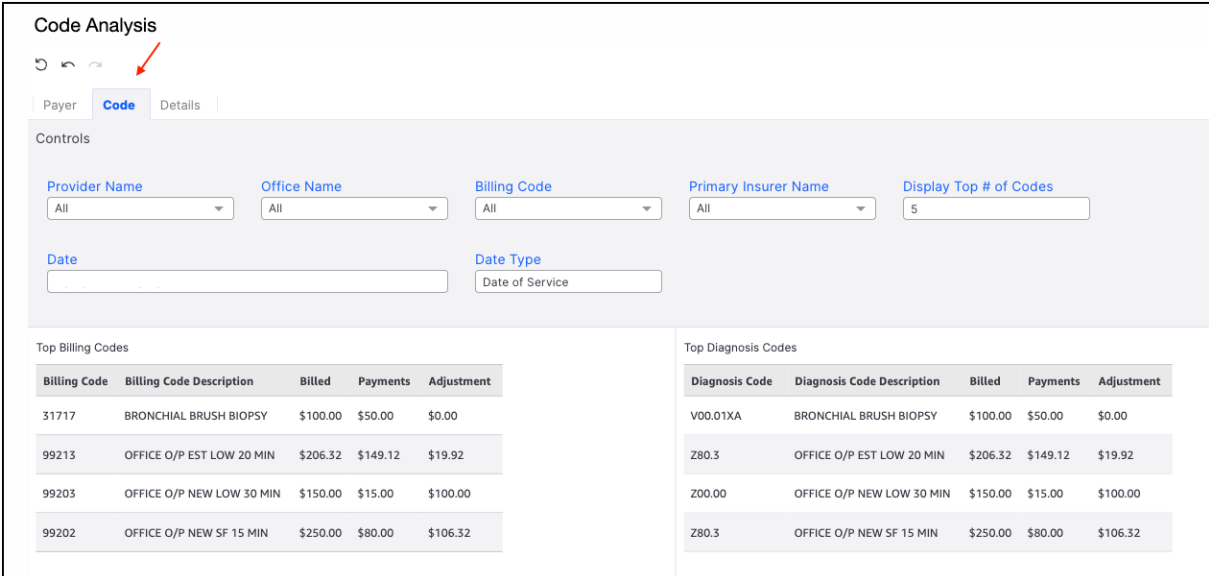


# Code Analysis Report: Code tab

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The Code tab within the Code Analysis Report will show you the total amount billed, the total paid amount received, and the total expected adjustments taken for your top CPT/HCPCS/Custom Codes and ICD-10s billed. By default, the top 5 codes will display, but this number can be adjusted up or down.



The screenshot shows the 'Code Analysis' interface with the 'Code' tab selected. It includes a 'Controls' section with filters for Provider Name, Office Name, Billing Code, Primary Insurer Name, Display Top # of Codes (set to 5), Date, and Date Type (set to Date of Service). Below the filters are two tables: 'Top Billing Codes' and 'Top Diagnosis Codes', both showing columns for Code, Description, Billed, Payments, and Adjustment.

Billing Code	Billing Code Description	Billed	Payments	Adjustment
31717	BRONCHIAL BRUSH BIOPSY	\$100.00	\$50.00	\$0.00
99213	OFFICE O/P EST LOW 20 MIN	\$206.32	\$149.12	\$19.92
99203	OFFICE O/P NEW LOW 30 MIN	\$150.00	\$15.00	\$100.00
99202	OFFICE O/P NEW SF 15 MIN	\$250.00	\$80.00	\$106.32

Diagnosis Code	Diagnosis Code Description	Billed	Payments	Adjustment
V00.01XA	BRONCHIAL BRUSH BIOPSY	\$100.00	\$50.00	\$0.00
Z80.3	OFFICE O/P EST LOW 20 MIN	\$206.32	\$149.12	\$19.92
Z00.00	OFFICE O/P NEW LOW 30 MIN	\$150.00	\$15.00	\$100.00
Z80.3	OFFICE O/P NEW SF 15 MIN	\$250.00	\$80.00	\$106.32

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).

