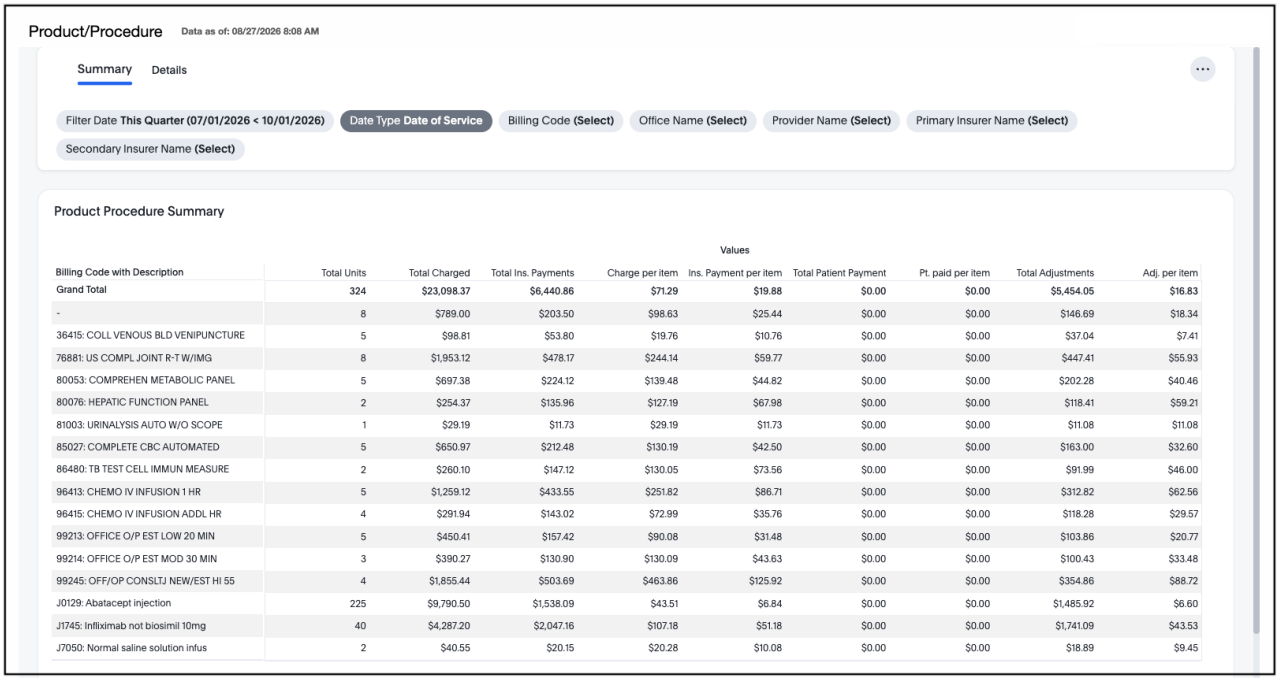
Product/Procedure Report: Summary Tab

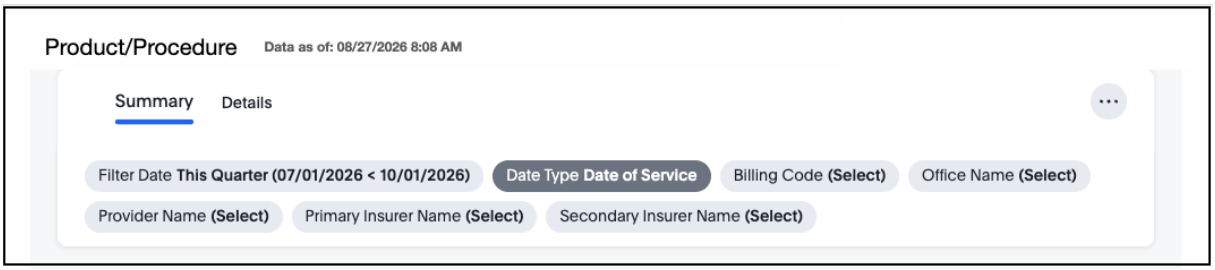
Last modified on 11/06/2026 1:55 pm EST

The Product/Procedure Report will show you what CPT/HCPCS/Custom codes have been billed throughout your practice and detailed patient information if you need to dig deeper. Offices use this report to identify their office's most-used procedures and custom codes.

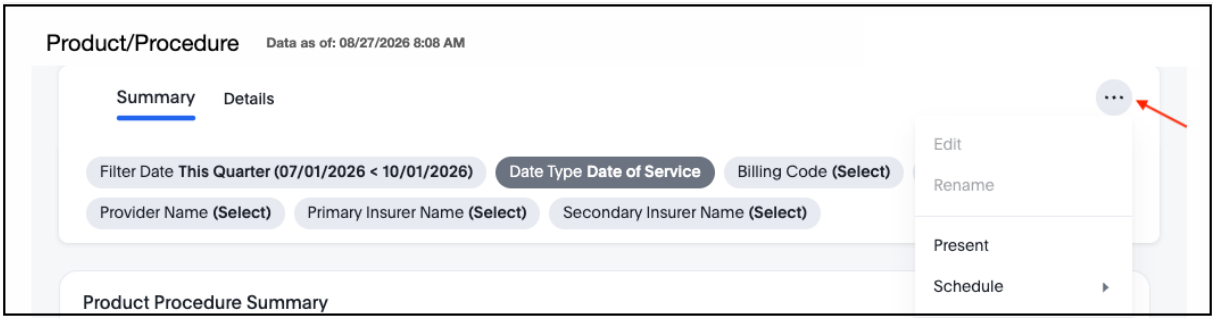


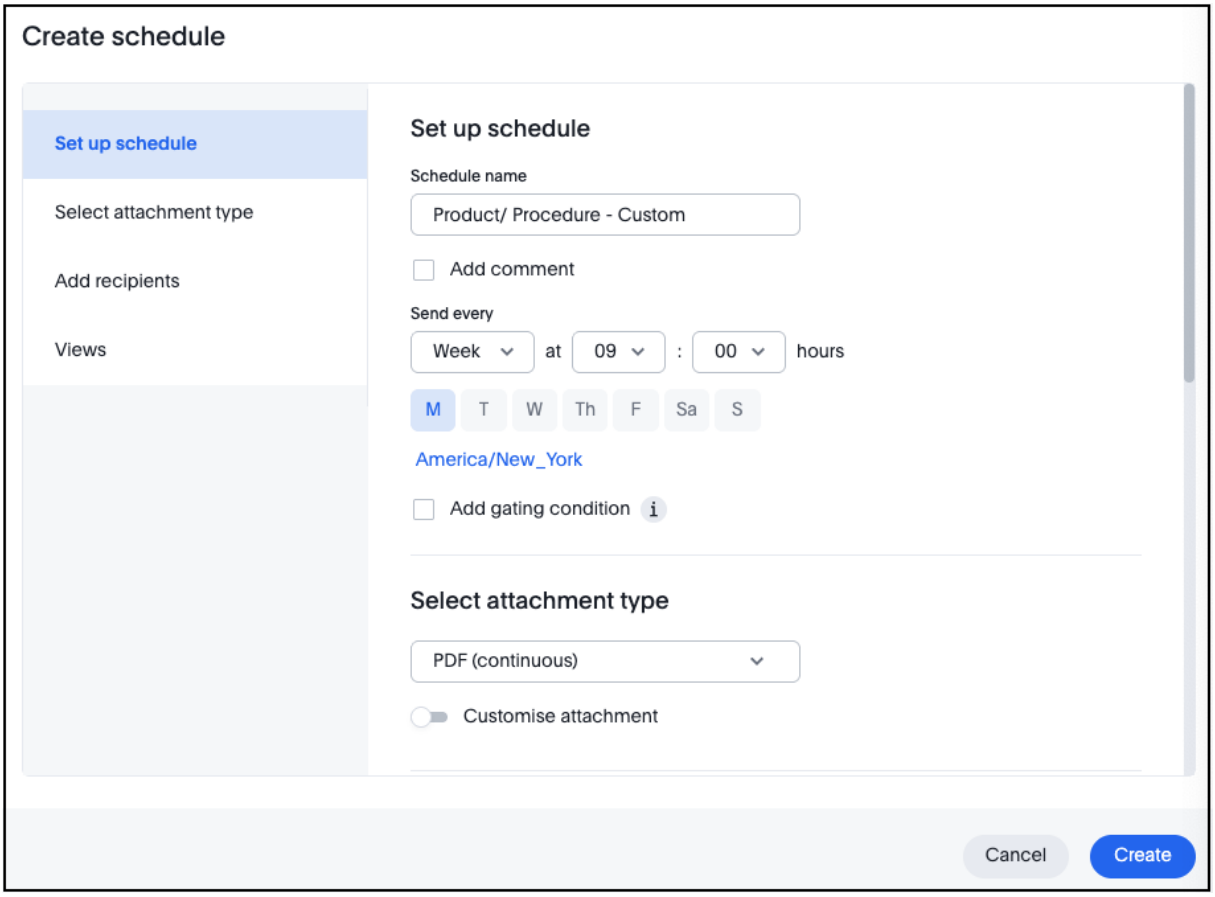
Billing Code with Description	Total Units	Total Charged	Total Ins. Payments	Charge per item	Ins. Payment per item	Total Patient Payment	Pt. paid per item	Total Adjustments	Adj. per item
Grand Total	324	$23,098.37	$6,440.86	$71.29	$19.88	$0.00	$0.00	$5,454.05	$16.83
-	8	$789.00	$203.50	$98.63	$25.44	$0.00	$0.00	$146.69	$18.34
36415: COLL VENOUS BLD VENIPUNCTURE	5	$98.81	$53.80	$19.76	$10.76	$0.00	$0.00	$37.04	$7.41
76881: US COMPL JOINT R-T W/IMG	8	$1,953.12	$478.17	$244.14	$59.77	$0.00	$0.00	$447.41	$55.93
80053: COMPREHEN METABOLIC PANEL	5	$697.38	$224.12	$139.48	$44.82	$0.00	$0.00	$202.28	$40.46
80076: HEPATIC FUNCTION PANEL	2	$254.37	$135.96	$127.19	$67.98	$0.00	$0.00	$118.41	$59.21
81003: URINALYSIS AUTO W/O SCOPE	1	$29.19	$11.73	$29.19	$11.73	$0.00	$0.00	$11.08	$11.08
85027: COMPLETE CBC AUTOMATED	5	$650.97	$212.48	$130.19	$42.50	$0.00	$0.00	$163.00	$32.60
86480: TB TEST CELL IMMUN MEASURE	2	$260.10	$147.12	$130.05	$73.56	$0.00	$0.00	$91.99	$46.00
96413: CHEMO IV INFUSION 1 HR	5	$1,259.12	$433.55	$251.82	$86.71	$0.00	$0.00	$312.82	$62.56
96415: CHEMO IV INFUSION ADDL HR	4	$291.94	$143.02	$72.99	$35.76	$0.00	$0.00	$118.28	$29.57
99213: OFFICE O/P EST LOW 20 MIN	5	$450.41	$157.42	$90.08	$31.48	$0.00	$0.00	$103.86	$20.77
99214: OFFICE O/P EST MOD 30 MIN	3	$390.27	$130.90	$130.09	$43.63	$0.00	$0.00	$100.43	$33.48
99245: OFF/OP CONSLTJ NEW/EST HI 55	4	$1,855.44	$503.69	$463.86	$125.92	$0.00	$0.00	$354.86	$88.72
J0129: Abatacept injection	225	$9,790.50	$1,538.09	$43.51	$6.84	$0.00	$0.00	$1,485.92	$6.60
J1745: Infliximab not biosimil 10mg	40	$4,287.20	$2,047.16	$107.18	$51.18	$0.00	$0.00	$1,741.09	$43.53
J7050: Normal saline solution infus	2	$40.55	$20.15	$20.28	$10.08	$0.00	$0.00	$18.89	$9.45

1. The Product/Procedure Report can be found by navigating to **Billing > Product/Procedure.**



2. The three horizontal dots at the top right of the page will allow you to maximize the report on your screen as a presentation and schedule (or edit) the report to run on a preset schedule.



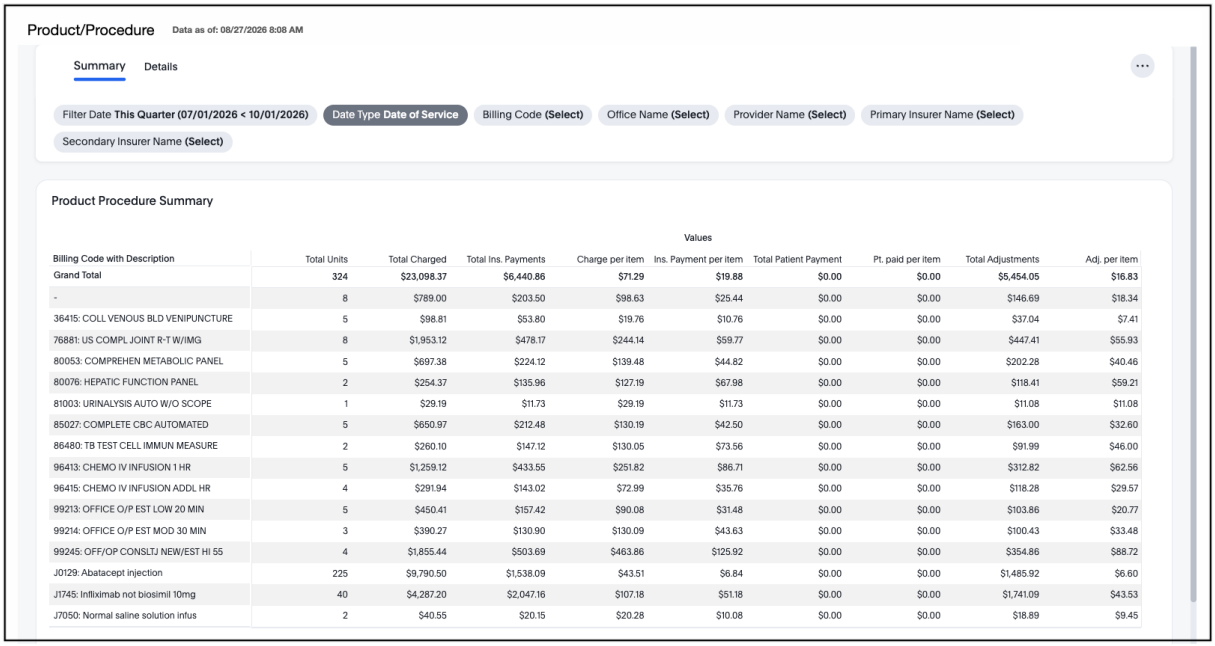


3. There are several options available to run the report. They include:
    a. **Filter Date** - Single Date or Date Range
    b. **Date Type** - Date of Service or Procedure Posted Date
    c. **Billing Code** - Select a single, multiple, or all Billing Codes
    d. **Office Name** - Select a single, multiple, or all offices associated with the account
    e. **Provider Name** - Select a single, multiple, or all providers
    f. **Primary Insurer Name**- Select a single, multiple, or all insurances
    g. **Secondary Insurer Name** - Select a single, multiple, or all insurances

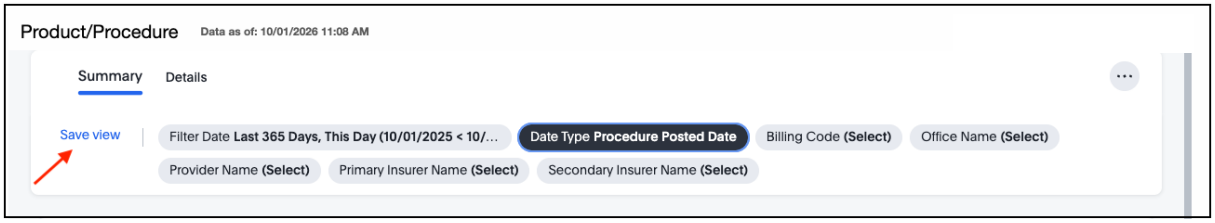
4. The Data Freshness date/time stamp will appear on the top left center side of the report, just to the right of

the report name.

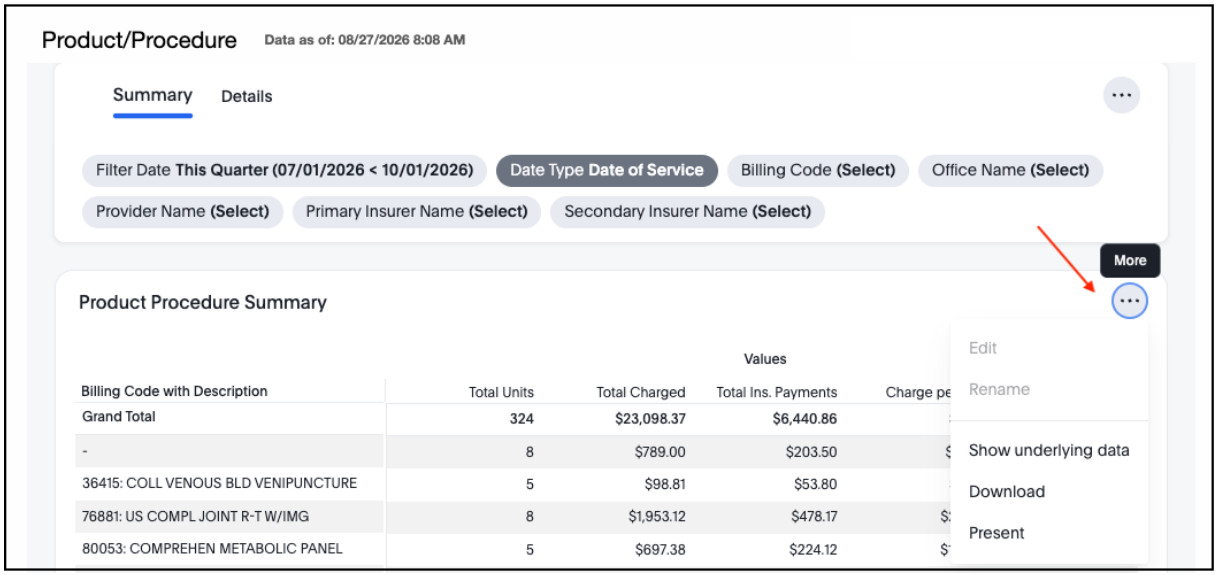
5. The report will generate and include columns including Total Units Billed, Total Dollar Amount Billed, Charge per Item, Total Insurance Payments Received, Total Insurance Payments Received, Insurance Payment per Item, Total Patient Payments Received, Patient Payment per Item, Total Adjustments, and Adjustments per Item.



6. Once you have the parameters set, you can save the view to quickly run it in the future. The option is on the left side of the screen. It will allow you to select a name for the report to quickly identify it.



7. On the right side of the screen, the three horizontal dots will allow you to drill down into underlying data, download the information, or maximize it on your screen as a presentation.


Product/Procedure
Data as of: 08/27/2026 8:08 AM
Summary
Details
Filter Date This Quarter (07/01/2026 < 10/01/2026)
Date Type Date of Service
Billing Code (Select)
Office Name (Select)
Provider Name (Select)
Primary Insurer Name (Select)
Secondary Insurer Name (Select)
More
Product Procedure Summary
Values
Billing Code with Description
Total Units
Total Charged
Total Ins. Payments
Charge pe
Grand Total
324
$23,098.37
$6,440.86
-
8
$789.00
$203.50
36415: COLL VENOUS BLD VENIPUNCTURE
5
$98.81
$53.80
76881: US COMPL JOINT R-T W/IMG
8
$1,953.12
$478.17
80053: COMPREHEN METABOLIC PANEL
5
$697.38
$224.12
Edit
Rename
Show underlying data
Download
Present