EverHealth Scribe Billing Assist: Coding Recommendations

Last modified on 10/15/2026 9:41 am EDT

Overview | Guided Steps | Reference Summary

Related resources

EverHealth Scribe Billing Assist (Video)	AI-Powered Documentation Assistant	AI-Powered Documentation Assistant Videos

Overview

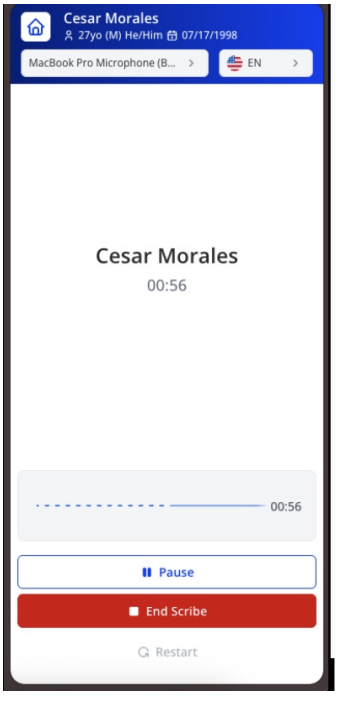
This guide walks you through how to review and submit CPT billing codes generated by the AI EverHealth Scribe after a patient visit. Following these steps ensures accurate billing codes are sent to DrChrono without delay.

Before you begin, make sure you have completed your patient visit and that the AI Scribe has finished generating the clinical note.

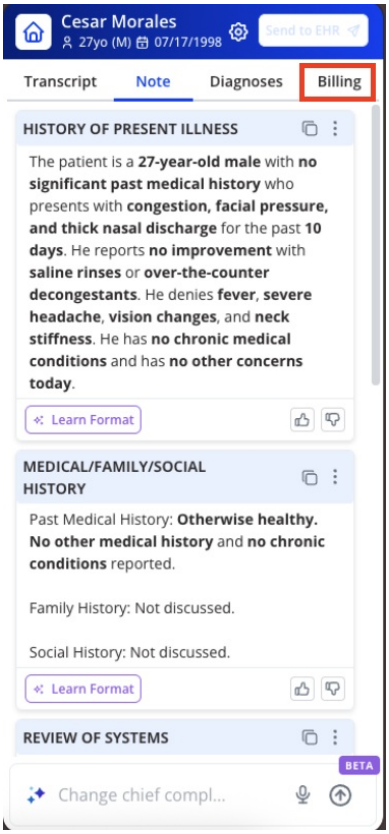
Guided steps

Part 1: Record Your Visit & Open the Billing Tab

Begin Recording Your Patient Visit — Start the AI Scribe as you normally would to capture the visit.



Locate the New Billing Tab — Once your note has been generated, a new Billing tab will appear in the interface. Look for the **Billing** tab at the top of the note — it will not be visible until the note generation is complete.

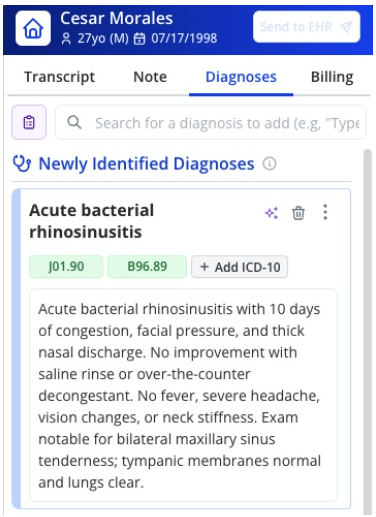


Part 2: Review Diagnoses

Click the Diagnoses Tab — After reviewing and editing your note, navigate to the Diagnoses tab.

Confirm Diagnosis Accuracy — Review all diagnoses listed to make sure they are correct and complete before proceeding.

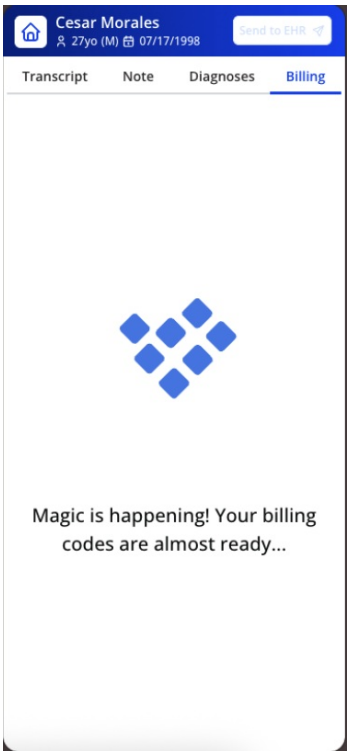
> This step is important — billing codes are generated based on the diagnoses you confirm here.



Part 3: Review the Billing Tab

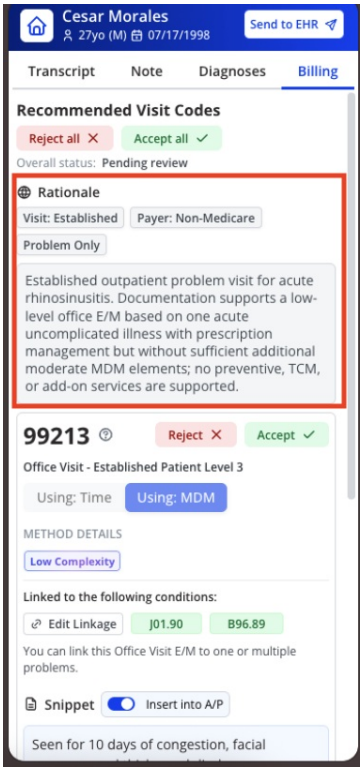
Click the Billing Tab — After confirming diagnoses, click the Billing tab to view the generated codes.

> You may notice a short delay before billing codes appear. This is normal — the system generates billing codes after the diagnoses have been reviewed. Please wait a moment.



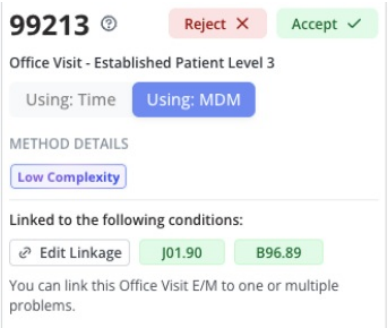
Review the Global Rationale — Once generated, a Global Rationale section will appear explaining the overall coding logic.

> The Global Rationale is for your reference only. It will **not** flow into DrChrono.



Note the E&M Coding Method — The Scribe will automatically determine whether to use Time or Medical Decision Making (MDM) to calculate the E&M code, and will display which method was used.

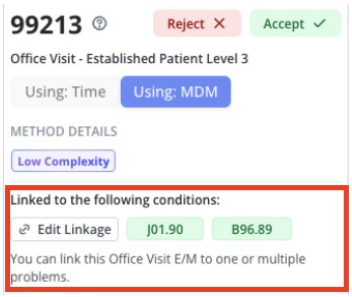
You do not need to select this yourself — the Scribe makes this transparent so you can review the reasoning.



Part 4: Review Each CPT Code

Review the ICD-10 Code Linkage — Each CPT code will be linked to one or more ICD-10 diagnosis codes. Review these links and edit them if needed.

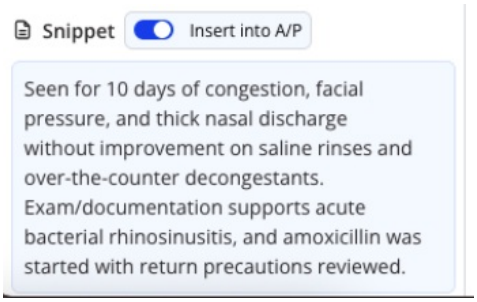
These linkages are what will flow into the DrChrono Billing Tab, so accuracy here is important.



Review the Justification Snippet — Each code includes a short justification snippet explaining why that code was suggested.

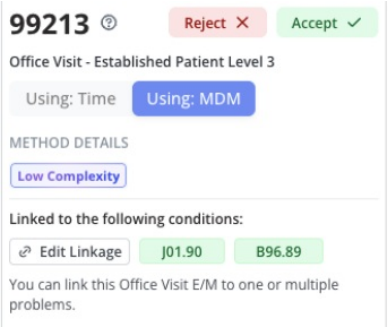
Read through the snippet to confirm the reasoning aligns with the visit documentation.

Add Justification to the Clinical Note (Optional) — If you want to include the justification in your clinical note, click the slider next to the code to insert it into the Assessment section.



Part 5: Accept or Reject Codes

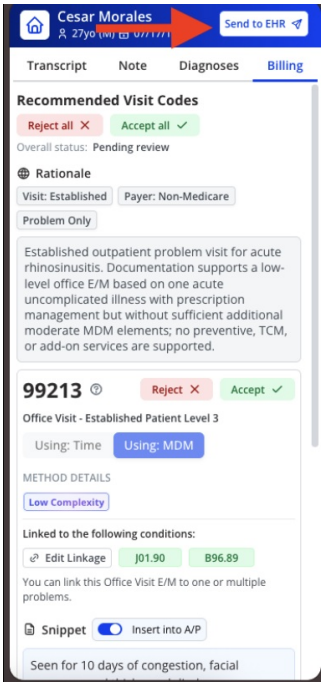
> You must Accept or Reject all billing codes before sending to the EHR. If you attempt to send without completing this step, the system will display a reminder prompt.

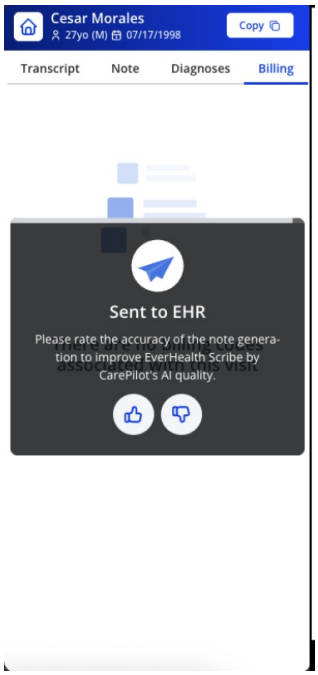


Part 6: Send to DrChrono

Send to EHR — Once all codes have been accepted or rejected, send the note to DrChrono.

After sending, you will be able to view the ICD-10 and CPT/HCPCS codes in the **DrChrono Billing Tab** for that visit.





Quick Reference Summary

#	Action	Key Point
1	**Begin Recording Visit**	Start the AI Scribe for your patient visit
2	**Open Billing Tab**	Appears automatically after note generation
3–4	**Review Diagnoses**	Confirm accuracy before moving to billing
5	**Click Billing Tab**	Short delay is normal while codes generate
6	**Review Global Rationale**	For reference only — does not flow to DrChrono
7	**Note E&M Method**	Scribe selects Time or MDM automatically
8	**Review ICD-10 Linkage**	Edit if needed — these flow to DrChrono
9	**Review Justification Snippets**	Confirm reasoning matches visit documentation
10	**Insert Justification (Optional)**	Use slider to add to Assessment section
11–12	**Accept or Reject Codes**	Do individually or all at once
13	**Send to EHR**	ICD-10 and CPT/HCPCS codes appear in DrChrono