

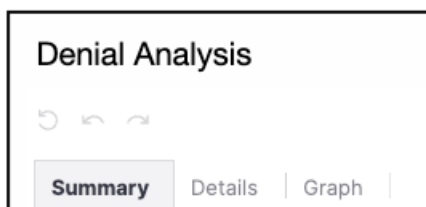
# Denial Analysis Updates: Summary tab

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DrChrono has made significant improvements to the Denial Analysis report. It will allow you to dig down into the denied charges from your practice to identify trends so you can eliminate the root cause.

Let's look at the Summary tab:

First, the tabs on the top left of the screen.



- **Summary** - This tab will show you a high-level view of your denied charges. It is also where you can customize the report to meet your business needs.

Many controls are available to customize the report to meet your business needs.

Controls include:

- **Claim Type** - This is where you can select professional or institutional claims if your account is set to bill institutional claims.
- **Date Type** - This is where you can select between Check Date, Date of Service, or Posted Date.
- **Date** - This is where you can set the beginning and ending dates of your report.
- **Patient** - Allows you to search for a specific patient.
- **Office** - Allows you to search by a specific office location.
- **Exam Room** - Allows you to search by a specific exam room within your office.
- **Adjustment Code** - Allows you to search for a specific adjustment code.
- **Is Rebilled Claim** - Allows you to search by first billed, rebilled, or all claims.
- **Is Zero Balance Claim** - Allows you to search by claims that have a balance, or no balance.

**Data Freshness Date** - This date and time stamp will show you the date and time the data was retrieved from our servers. There should typically be a 15-minute lag between entering a payment/adjustment/credit and viewing it on the report.

Data Freshness	Group By Procedure Code	Sub Group By Select One	Tertiary Group By Select One
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This section will also allow you to group by:

- Primary - Insurance payer, Procedure Code, Reason Code
- Sub Group by - Insurance payer, Reason Code
- Tertiary Group by - Defaults to one of the 3 types of codes not selected for group by or sub-group by

Once you select your parameters, you will see your report onscreen on the summary tab:

## Grouped by Reason Code

The denial reason code will be listed on the left side. The associated dollars will be broken down into time frames (0-30; 31-60; 61-90; 91-120; Over 120 days). The total associated dollar amount will be listed on the right.

Reason Code	Over 120 days	Total
<b>Total</b>		
<b>18: Duplicate claim/service.</b>		

## Grouped by Insurance Payer

The insurance payer will be listed on the left side. The associated dollars will be broken down into time frames (0-30; 31-60; 61-90; 91-120; Over 120 days). The total associated dollar amount will be listed on the right.

Insurance	Over 120 days	Total
<b>Total</b>		
<b>AARP Medicare Complete though ...</b>		
<b>Aetna</b>		
<b>Aetna Health Plans</b>		
<b>Aetna KY</b>		

## Grouped by Procedure Code

The CPT/HCPCS code will be listed on the left side. The associated dollars will be broken down into time frames (0-30; 31-60; 61-90; 91-120; Over 120 days). The total associated dollar amount will be listed on the right.

Procedure Code	Over 120 days	Total
00777		
90785		
90791		
90792		

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