## **Denial Analysis Updates: Summary tab**

Last modified on 08/08/2025 3:10 pm EDT

DrChrono has made significant improvements to the Denial Analysis report. It will allow you to examine your practice's denied charges to identify trends and eliminate the root cause.

Let's look at the Summary tab:

Summary Denials Breakdown	Details Gra	oh											
ontrols													1
Date	Office				Patient				Is Re	ebilled Cla	aim		
09/01/2024 - 08/08/2025	All				All				All				× )
Is Zero Balance Claim	Exam F	loom			Claim Typ	е			Adju	ustment C	ode		
All	r All			-	All			~	NU	LL, -1, -2, -	3, -4, 0, 1, 10, 1	00, 1	•
im Count, Denial Claim Count, and Denial Rate by I	irst_billed_date												
it Billed Date													
laim Count 📕 Denial Claim Count 🌘 Denial Rate													
150												0.7%	
												0.6%	
120													
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90													
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												0	
			Gro	up By: first_billed	_date (Month)								
im Count, Denial Claim Count, and Denial Rate by	Froup By Field and	irst_billed_date											
roup by field		first_billed_date	Claim Count	Denial Claim Cou	nt Denial Rate								
09: Claim not covered by this payer/contractor. You must send	the claim to the	nutt	25		0 0%								
19: Benefit maximum for this time period or occurrence has be	en reached.	null	0		0								
25: Submission/billing error(s). At least one Remark Code mus	be provided (may	null	0		0								

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



• Summary - This tab provides 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:

- Date This is where you can set the beginning and ending dates of your report.
- Office Allows you to search by a specific office location.
- Patient Allows you to search for a specific patient.
- 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.
- Exam Room Allows you to search by a specific exam room within your office.
- Claim Type This is where you can select professional or institutional claims if your account is set to bill institutional claims
- Adjustment Code Allows you to search for a specific adjustment code.

**Data Freshness Date** - This date and time stamp indicates when 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	Sub Group By	Tertiary Group By	
	Procedure Code 👻	Select One 👻	Select One	

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
Total		
18: Duplicate claim/service.		

## **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
Total		
AARP MedicareComplete though		
Aetna		
Aetna Health Plans		
Aetna KY		

## **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		