

Denial Analysis Updates: Summary tab

Last modified on 04/08/2025 11:35 am 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:

Denial Analysis

Summary

Details

Graph

Controls

Claim Type

All

Date Type

Posted Date

Filter Date

04/01/2024 - 04/08/2025

Patient

All

Office

All

Exam Room

All

Adjustment Code

All

Is Rebilled Claim

All

Is Zero Balance Claim

All

Data Freshness

Tue Apr 8, 2025 10:48 am

Group By

Reason Code

Sub Group By

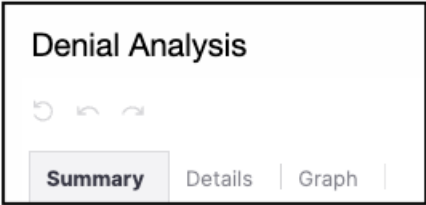
Select One

Tertiary Group By

Select One

Reason Code	0-30 days	31-60 days	61-90 days	91-120 days	Over 120 days	Total
Total	\$3,805.07	\$60.27	\$3,288.19	\$3,723.83	\$154,459.88	\$165,337.24
109: Claim not covered by this payer/contractor...					\$3,864.80	\$3,864.80
119: Benefit maximum for this time period or ...				\$275.56	\$333.33	\$608.89
11: The diagnosis is inconsistent with the ...					\$175.00	\$175.00
125: Submission/billing error(s). At least one ...					\$1,350.00	\$1,350.00
129: Prior processing information appears ...					\$6,299.79	\$6,299.79
12: The diagnosis is inconsistent with the provid...					\$1,125.00	\$1,125.00
133: The disposition of this claim/service is ...			\$175.00		\$1,048.88	\$1,223.88
136: Failure to follow prior payer's coverage rule...			\$80.00			\$80.00
163: Attachment referenced on the claim was no...					\$4,010.00	\$4,010.00

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
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		