

Denial Analysis Report

Last modified on 10/02/2025 4:11 pm EDT

DrChrono has enhanced the Denial Analysis report to provide deeper insights into payer denials. This updated report helps you identify patterns and uncover the root causes of denials, enabling your practice to address issues proactively and reduce future occurrences

[Summary](#) | [Denials Breakdown](#) | [Denial Details](#) | [Graph](#) | [Claim Submission Details](#)

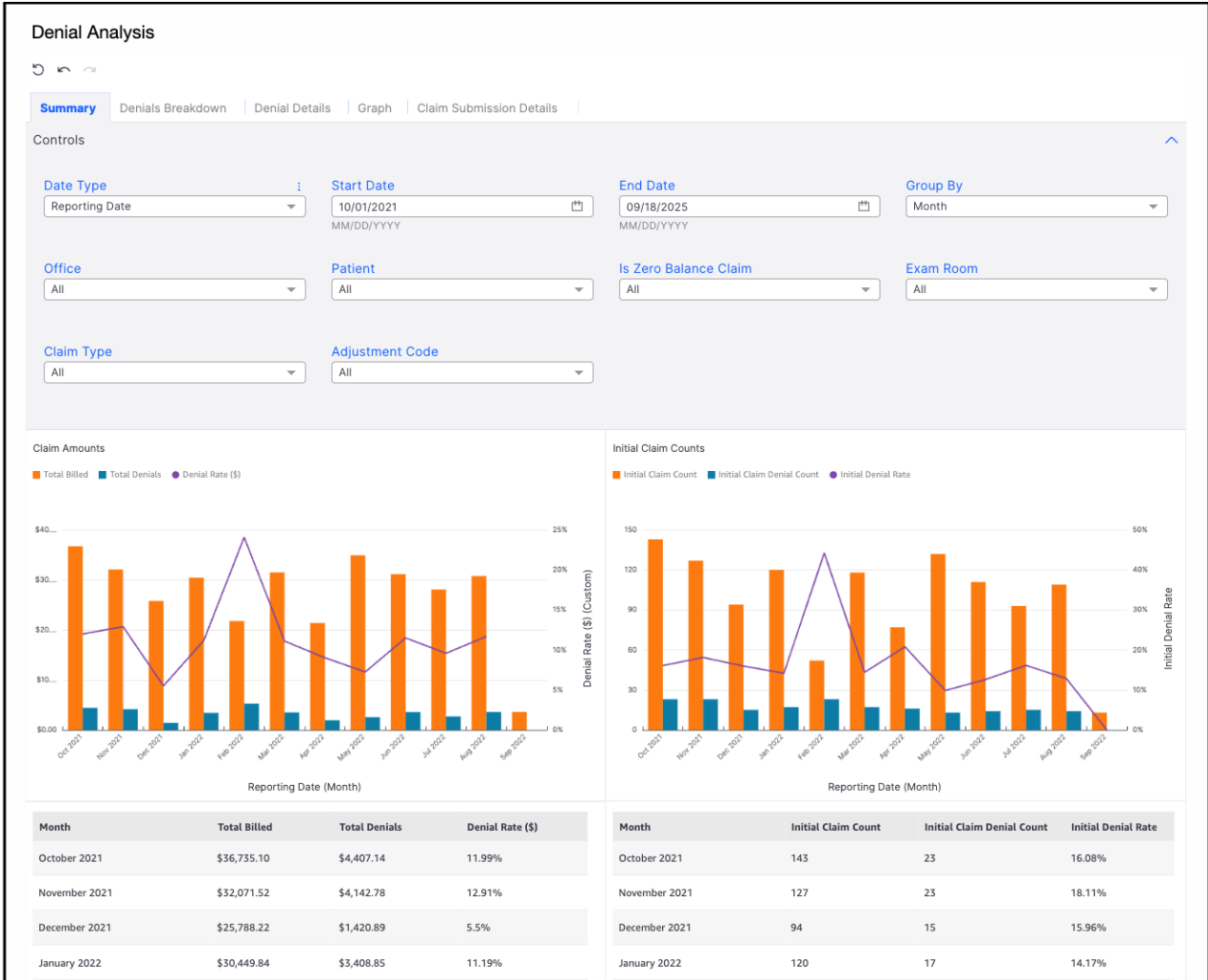
Summary

This tab will allow you to set the controls/parameters for your report. You can set which information you want to pull and how it is displayed.

Options include: Date Type, Date range (or single day) for the report, How you would like the information to be grouped, Office, Patient, Is a zero balance claim, exam room, claim type, and adjustment code.

For most options, you can select a single date/office/patient/exam room/claim type/adjustment code, multiple of each, or all of them.

Once the parameters are set, the report will automatically generate.



Denials Breakdown

The Denials Breakdown page will group the denials by reason, showing the total dollar amount as well as the dollars for claims over 120 days old. You can sort the group by a primary, sub-group, and tertiary reason.

Hovering on the right side, just under the tertiary reason, will provide additional options to hide buttons, unpin totals for rows, and export the file.

Denial Analysis

Summary | **Denials Breakdown** | Denial Details | Graph | Claim Submission Details

Controls

Claim Type: All
 Date Type: Posted Date
 Denial Start Date: 09/01/2021
 Denial End Date: 09/30/2023

Office: All
 Patient: All
 Exam Room: All
 Adjustment Code: All
 Is Rebilled Claim: All
 Is Zero Balance Claim: All

Data Freshness: Thu Sep 18, 2025 7:23 am
 Group By: Reason Code
 Sub Group By: Select One
 Tertiary Group By: Select One

Reason Code	Over 120 days	Total
Total	\$39,042.68	\$39,042.68
109: Claim not covered by this payer/contractor. ...	\$209.06	\$209.06
119: Benefit maximum for this time period or ...	\$93.90	\$93.90
11: The diagnosis is inconsistent with the ...	\$94.04	\$94.04
133: The disposition of this claim/service is ...	\$1,353.04	\$1,353.04
146: Diagnosis was invalid for the date(s) of servi...	\$8.01	\$8.01
16: Claim/service lacks information which is ...	(\$1,907.16)	(\$1,907.16)
18: Duplicate claim/service.	\$5,011.62	\$5,011.62
193: Original payment decision is being ...	\$209.06	\$209.06
200: Expenses incurred during lapse in coverage	\$0.00	\$0.00
204: This service/equipment/drug is not covered ...	\$1,489.18	\$1,489.18
222: Exceeds the contracted maximum number o...	\$0.00	\$0.00
227: Information requested from the ...	\$627.18	\$627.18
22: This care may be covered by another payer p...	\$60.47	\$60.47
23: The impact of prior payer(s) adjudication ...	\$24,472.07	\$24,472.07

Denial Details

The Denial Details tab provides patient details that correspond to the parameters set for the report. Hovering in the right corner will provide options to maximize the screen, sort the onscreen report, and export the data.

Denial Analysis

Summary | Denials Breakdown | **Denial Details** | Graph | Claim Submission Details

Controls

Claim Type: All
 Date Type: Posted Date
 Denial Start Date: 09/01/2021
 Denial End Date: 09/30/2023
 Office: All
 Patient: All
 Exam Room: All
 Adjustment Code: All
 Is Rebilled Claim: All
 Is Zero Balance Claim: All

Denial Details

Claim ID	Patient Fullname	Provider Name	Office Name	Date of Service	Posted Date	Check Date	Procedure Code	Adjustment Reason
				Sep 22, 2017	Dec 21, 2017	Dec 22, 2017	99214	B15: This service/procedure requires that a ...
				Nov 21, 2017	Mar 1, 2018	Mar 1, 2018	99214	23: The impact of prior payer(s) adjudication ...
				Nov 21, 2017	Oct 10, 2019	Oct 10, 2019	99214	23: The impact of prior payer(s) adjudication ...
				Nov 21, 2017	Oct 10, 2019	Oct 10, 2019	99214	23: The impact of prior payer(s) adjudication ...
				Mar 6, 2018	Apr 26, 2018	Apr 26, 2018	99215	23: The impact of prior payer(s) adjudication ...
				Jul 3, 2018	Aug 9, 2018	Aug 9, 2018	99214	23: The impact of prior payer(s) adjudication ...
				Mar 22, 2018	May 10, 2018	May 10, 2018	G0179	23: The impact of prior payer(s) adjudication ...
				May 29, 2018	Jul 26, 2018	Jul 26, 2018	G0179	23: The impact of prior payer(s) adjudication ...
				Jul 31, 2018	Aug 30, 2018	Aug 30, 2018	G0179	23: The impact of prior payer(s) adjudication ...
				Feb 8, 2019	Mar 21, 2019	Mar 21, 2019	99215	23: The impact of prior payer(s) adjudication ...
				Nov 7, 2018	Jan 31, 2019	Jan 31, 2019	G0179	23: The impact of prior payer(s) adjudication ...
				Jan 29, 2019	Feb 28, 2019	Feb 28, 2019	G0179	23: The impact of prior payer(s) adjudication ...
				May 22, 2019	Jun 3, 2019	Jun 4, 2019	99214	109: Claim not covered by this payer/contractor...

Graph

The graph will display the information in bar graph form. Hovering in the right corner across from the bar graph will provide options to view summary data and export the information.

Denial Analysis



Summary | Denials Breakdown | Denial Details | **Graph** | Claim Submission Details

Controls

Claim Type

All

Date Type

Posted Date

Denial Start Date

09/01/2021
MM/DD/YYYY

Denial End Date

09/18/2025
MM/DD/YYYY

Office

All

Patient

All

Exam Room

All

Adjustment Code

NULL, -1, -2, -3,...

Is Rebilled Claim

All

Is Zero Balance ...

All

Denials by Reason Code

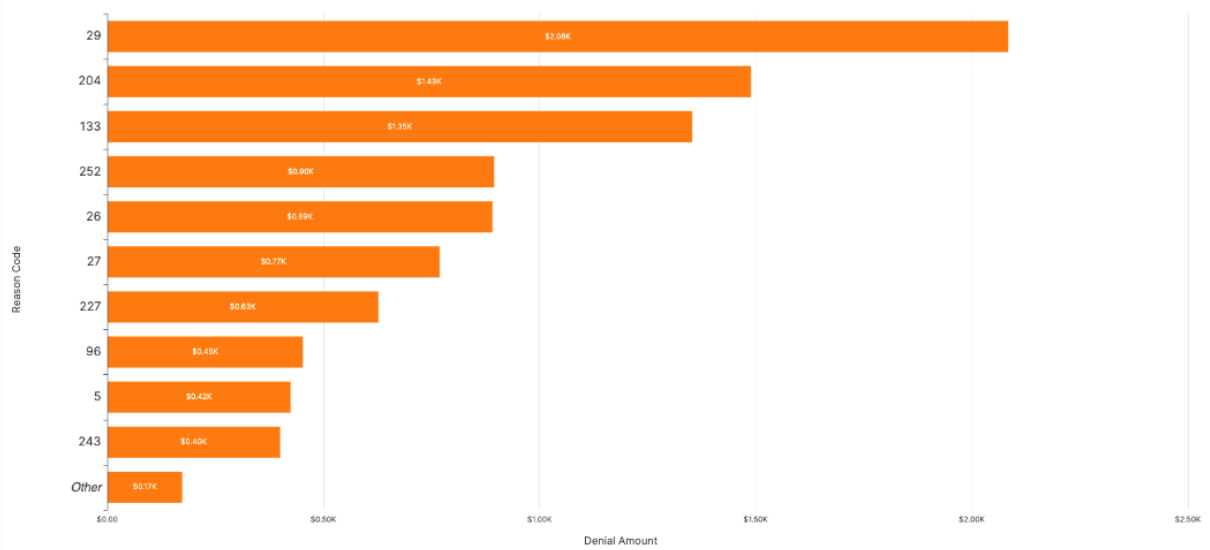
Data Freshness
Thu Sep 18, 2025 8:32 am

Group By

Reason Code

Sub Group By

Select One



Claim Submission Details

The Claim Submission Details tab will provide patient-level details that meet the report parameters.

Denial Analysis



- Summary
- Denials Breakdown
- Denial Details
- Graph
- Claim Submission Details**

Controls

Office: Patient: Is Zero Balance Claim: Exam Room:

Show Initial Claim Submission ...

Initial Submission Details



Claim ID	Date of Service	Initial Submission...	Patient Fullname	Provider Name	Insurance Name	Paye...	Office Name	Exam Ro
					Aetna	60054		Exam 1
					UNITED HEALTHCARE COMMUNITY PLAN	87726		Exam 1
!					UnitedHealthcare	87726		Exam 1
					OH Medicare Part B (J15)	15202		Exam 1
					Meritian Health	64157		Exam 1
:					Tricare East	TREST		Exam 1
					Medicare	15202		Exam 1
					Anthem	00834		Exam 1
					Anthem BC BS OH	00834		Exam 1
					Medicare	15202		Exam 1
!					Anthem	00834		Exam 1
!					anthem	00834		Exam 1
					Medical Mutual	29076		Exam 1