Denial Analysis Report

Last modified on 09/18/2025 10:18 am 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

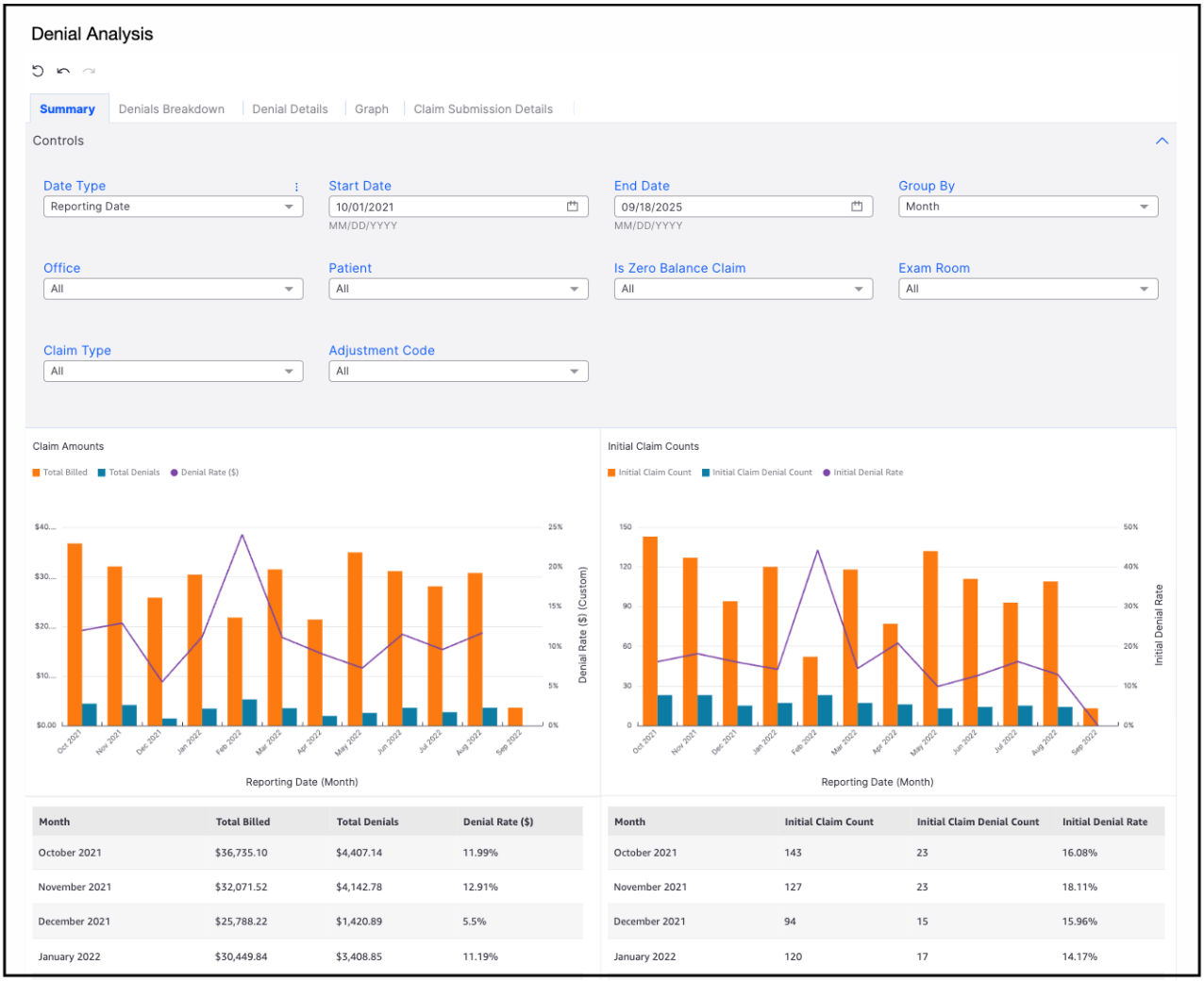
Summary

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.



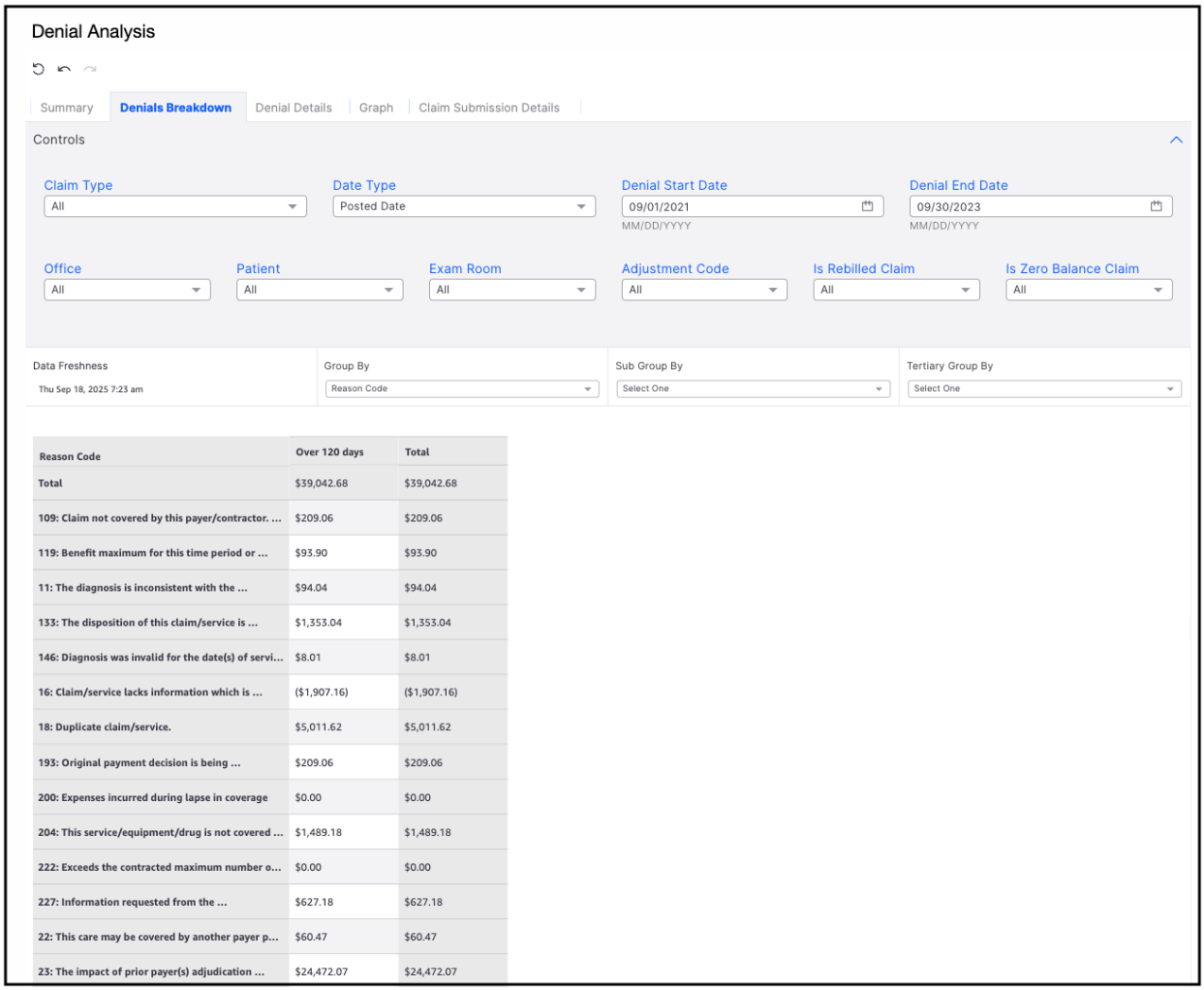
Month	Total Billed	Total Denials	Denial Rate ($)
October 2021	$36,735.10	$4,407.14	11.99%
November 2021	$32,071.52	$4,142.78	12.91%
December 2021	$25,788.22	$1,420.89	5.5%
January 2022	$30,449.84	$3,408.85	11.19%

Month	Initial Claim Count	Initial Claim Denial Count	Initial Denial Rate
October 2021	143	23	16.08%
November 2021	127	23	18.11%
December 2021	94	15	15.96%
January 2022	120	17	14.17%

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.

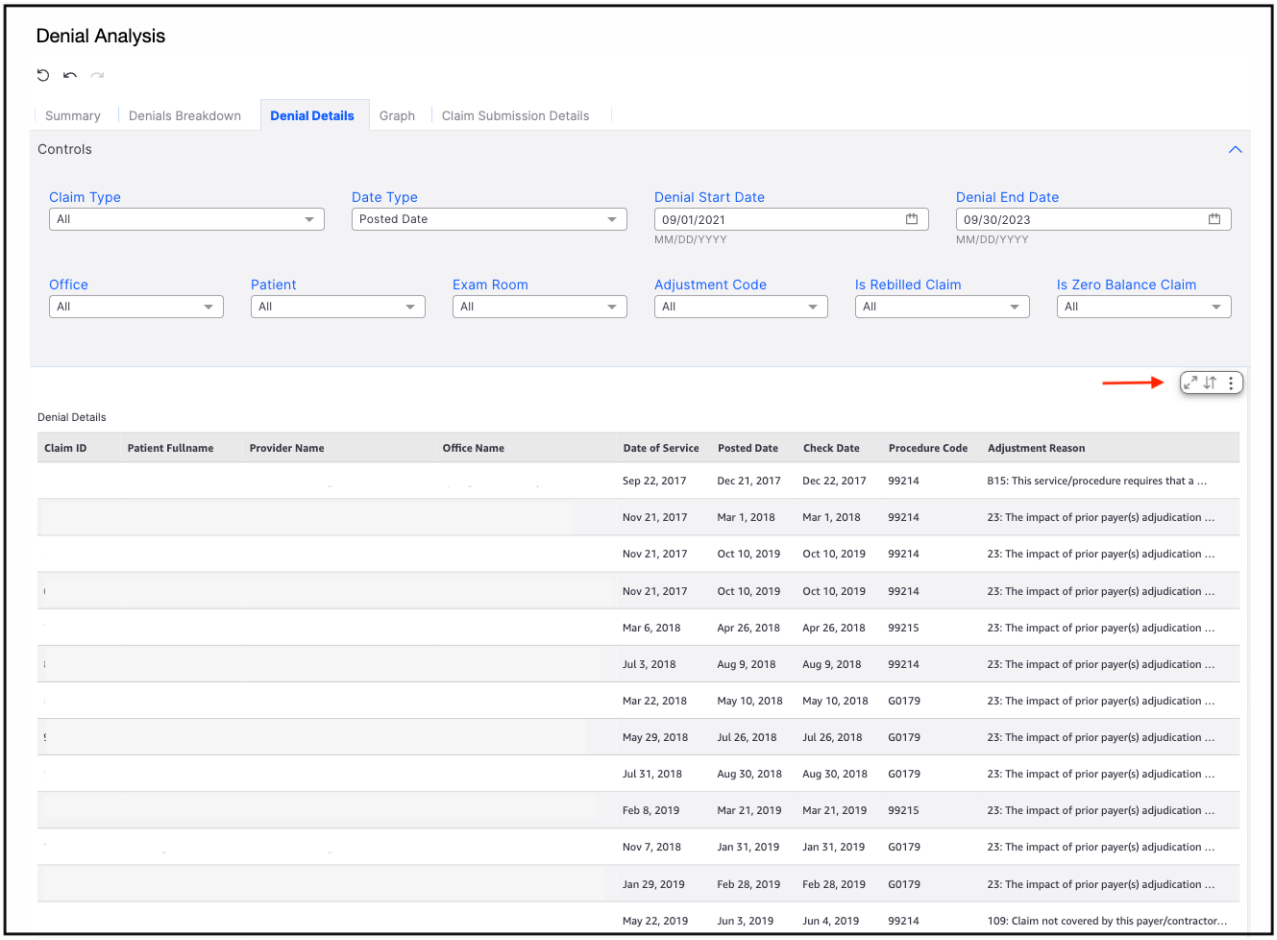
Hovering on the right side, just under the tertiary reason, will provide additional options to hide buttons, unpin totals for rows, and export the file.



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

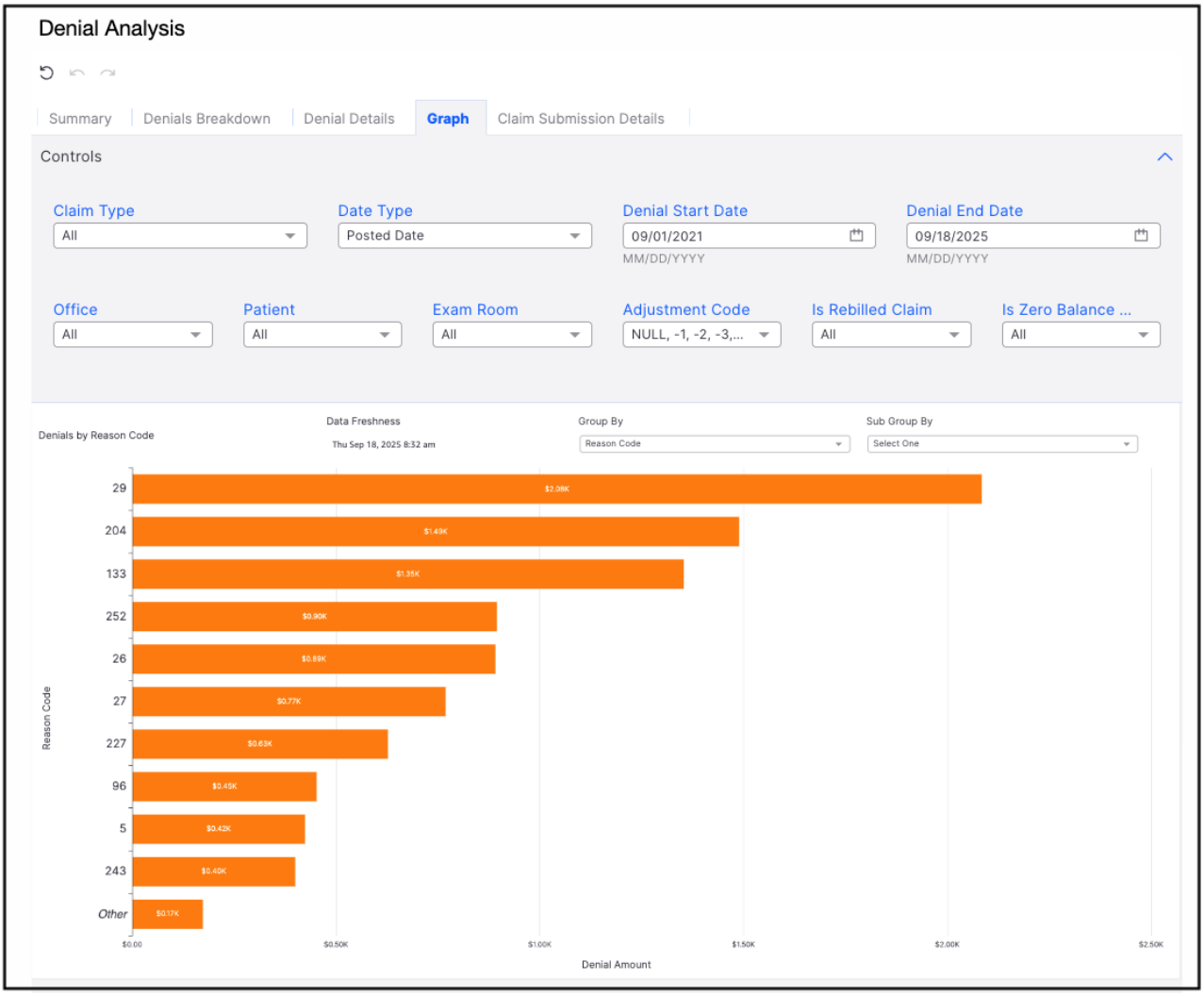
Denial Details

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.



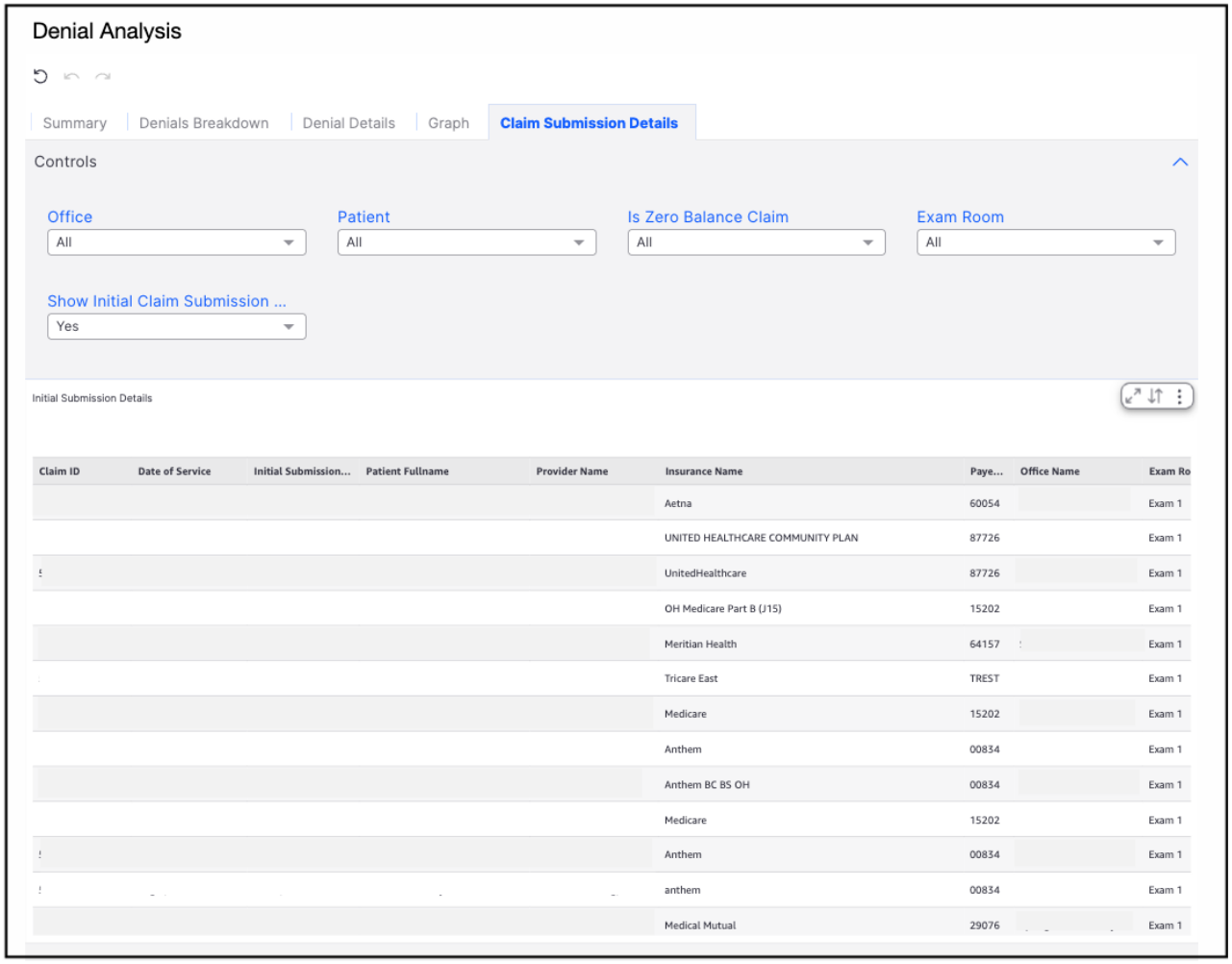
Graph

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.



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
All
Patient
All
Is Zero Balance Claim
All
Exam Room
All
Show Initial Claim Submission ...
Yes
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