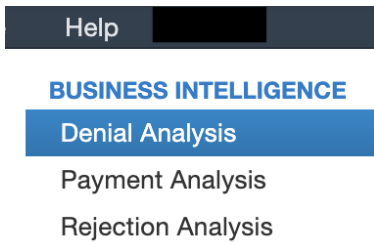# How to run a report by payer and their denial codes?

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While you are working on your claims, you may want to run a report per payer to see what type of denials you are receiving. DrChrono makes finding this information simple and easy to do.

- Hover over **Billing** and select **Denial Analysis**

- Select the **Detail** tab.

- Uncheck the **Display unbilled transactions only** box and the **Display claims with zero balance** and click on **Update.**

- From the Group By drop-down, select Insurance and click on **Update**.

Your information will populate and list each line by reason/denial code. You can click on any of the blue dollar amounts to see the actual claims that make up that denial. It will also allow you to go into the individual appointment so you can take a closer look.

- Click on the total amount corresponding to the insurance and the denial code to see all claims that received that denial code. If you prefer, you can click on the blue dollar amounts under each aging bucket (0-30 days; 31-60 days; 61-90 days; 91-120; 121+) to drill down to the claim level:

Reason Code	Payer Name	0—30	30—60	60—90	90—120	120+	Total
151	Blue Shield of CA (94036)	—	$850.00	$425.00	—	—	$1,275.00
15	Blue Shield of CA (94036)	$300.00	—	—	—	—	$300.00
16	()	$200.00	—	—	—	—	$200.00
16	AARP Medicare Supplement Plans insured by UnitedHealthcare Insurance Co (36273)	$200.00	—	—	—	—	$200.00
16	Anthem Blue Cross (47198)	$2,000.00	—	—	—	—	$2,000.00
16	CA Medicare Part B South (J1 - PGBA) (SMCA2)	$57,132.50	$1,464.00	—	—	—	$58,596.50
16	Humana Inc. (61101)	$750.00	—	—	—	—	$750.00
16	MEDICARE (PRNT1824)	$28,683.50	$4,993.00	—	—	—	$33,676.50
18	Blue Shield of CA (94036)	$1,450.00	$750.00	—	—	—	$2,200.00

To Export the report, simply click on **Export to File** and the report will generate and be available in your message center.