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

07/24/2024 5:20 pm EDT

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

Help	
BUSINESS INTELLIGENCE	
Denial Analysis	
Payment Analysis	
Rejection Analysis	
• Select the Detail tab.	
Denial Analysis 2.0 Summary Detail	Denial H

Denial Analysis 2.0	Summary	Detail	Denial History						
Claim Type All 🗸	Filter by	Posted Date	✓ Custom range	♥ 01/28/2020	То	Report Type	Reason Code	✓ Patient	t 🕂
All Office v All Room v								C Update	🖺 Export to File
Display unbilled transactions on	ily 🗹 Displ	lay claims with	ero balance Group By Gr	roup By: 🗸	Subgroup By	Group By:	~		

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

Denial Analysis 2.0	Summary	Detail	Denial History						
Claim Type All 🗸	Filter by	osted Date	✓ Custom ran	ge 🗸 01/28/2020	То	Report Type	Reason Code	✓ Patien	t 🕂
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Display unbilled transactions or	ıly 🗌 Displa	ay claims with	zero balance Group By	Group By:	✓ Subgroup By	Group By:	~		

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

Denial Analysis 2.0	Summary	Detail	Denial History	
Claim Type All ~	Filter by	osted Date	Custom range 👻 01/28/2020 To Report Type Reason Code 👻 Patient 🐳	
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Display unbilled transactions o	nly 🗌 Displa	y claims with	n zero balance Group By Insurance V Group By Group By: V	

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	0	\$200.00	_	-	-	_	\$2 <mark>00</mark> 00
16	AARP Medicare Supplement Plans insured by UnitedHealthcare Insurance Co (36273)	\$200.00	-	-	-	_	\$200.00
16	Anthem Blue Cross (47198)	\$2,000.00	-	-	-	-	\$2,00000
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.

Denial Analysis 2.0	Summary	Detail	Denial History			
Claim Type All 🗸	Filter by	osted Date	Custom range 🗸 01/28/2020 To Report Type Reason Code 🗸 Patient 🖡			
All Office V All Room V			C Update Export to File			
Display unbilled transactions only Display claims with zero balance Group By Insurance Subgroup By Group By: V						