DENIALTRACKER
CATCH DENIALS, KEEP REVENUE

System Overview

Brief Description

DenialTracker is a HIPAA-compliant Google Workspace Add-on that automates insurance denial tracking and management. It integrates directly to your Google Drive, Sheets, and Gmail to parse electronic remittance advice (ERA 835) files, extract denial data, log claim activity, and send configurable email alerts.

No protected health information leaves your secure Google environment.

This document explains how DenialTracker works, how it's configured, and how it fits into a medical billing workflow from file upload to claim resolution.

DenialTracker is positioned to be released in early to mid-2026, but beta testers and preorders would significantly help accelerate this projection!

Table of Contents

System Overview

Purpose

DenialTracker eliminates the manual effort of tracking claim denials across multiple payers by automatically extracting denial information from 835 files in ANSI X12 format and organizing it into automatically generated structured Google Sheets.

Core Functions

- Centralize denial and resubmission information
- Reduce claim follow-up time
- Enable proactive monitoring through automated alerts
- Maintain full HIPAA compliance using Google Workspace

Technology Breakdown

- **Google Sheets**: Denial logging, analytics, and reports
- **Gmail**: Configurable denial and appeal summaries
- **Google Drive**: Secure file storage and folder organization
- **Google Apps Script**: System logic

Setup & Settings

Please email csnoke@denialtrackerapp.com for any assistance or questions.

Accessing the Add-On

DenialTracker's main UI, or home screen, is available within any Google Sheet. To access, press the app's button (the app icon is a dark blue "**D**") located on the right side panel under Calendar, Keep, Contacts, Tasks, etc. If you cannot find this, click the arrow on the bottom right of the Google Sheet that says "Show side panel" if you hover over it. Once you press the app's icon and open the home card, **"Settings"** should be the last listed option.

Settings Configuration

The first step to setting up DenialTracker is selecting the auto-scan frequency. This is how often the designated Drive folder will be scanned for new denials. It's recommended you choose the most frequent option - hourly - to ensure new denials are logged as quickly as possible.

Next is **Drive Configuration**. Create a new Drive folder designated for DenialTracker (you can do this by going into **Drive**, clicking **new**, then **new folder** - it's recommended to name the folder something related to the system like "Denials" or "DenialTracker"), this is where you will upload 835 files to be scanned. To connect the folder to the system, paste the folder ID into the **Upload Folder ID** input in DenialTracker's settings. To find the folder ID, go into the folder in Drive that you. The link at the top should look something like this:

https://drive.google.com/drive/u/0/folders/**1fE9ZMN2xvLfrOSlNVDhrlbpGg_qD2BJA**

The folder ID is the combination of numbers and letters that come after "/folders/" that are in bold on the example link. This is what you paste into the **Upload Folder ID** input in **Settings**. Only put the combination of numbers and letters that come after "/folders/", or else the system won't be properly connected.

Under this are two preference questions.

The first asks if you want **line-level denials** reported as well. If this is left unchecked, the system will not report them. If it is, you'll be able to tell if a logged denial is a claim or line level denial through the listed denial reason on Google Sheets, ex. "**[Claim/Line] OA204: Not covered under current benefit plan"**.

The other sets up the **archiving process** that takes place after each automatic scan. If you select "**Delete files that contain only paid claims**", all files that only have paid claims will be moved to your trash, but files that contain denials will be moved to an automatically generated "Archived" subfolder within the designated Drive folder to ensure denials aren't logged twice. If you select "**Delete all files (even if they contain denials)**" everything is moved to your trash. If

neither are selected, files with denials are moved to the Archived subfolder, and files with no denials are moved to a “Paid” subfolder within the Archived subfolder.

For **Alert Email Configuration**, please refer to **Email Alert System** on pg. 13.

The last section is **Analytics Configuration**, you can select what charts you want to appear in an **Analytics tab** located to the right of the last generated monthly tab.

These charts consist of:

- **Line** - Denials over time
- **Bar** - Denials by payer
- **Pie** - Denials by reason
- **Column** - Denials by procedure code
- **Bar** - Top patients denied

These charts reflect data from the **entire year**. See **Images** or pg. 26 to view what a DenialTracker generated analytics sheet should look like.

Once you’re done selecting your preferences, be sure to hit **Save Settings** at the bottom to ensure everything is set! You're now ready to engage in the workflow!

Core Workflow

Step-by-Step Process

1. **File Acquisition**
   ERA 835 files are dropped into the designated Drive folder.

2. **Denial Scan**
   DenialTracker scans the folder on your selected cadence. It's recommended to have the scan run as frequently as possible.

3. **File Parsing (Reading)**
   Each 835 file is parsed into structured claim-level denial data.

4. **Logging & Archival**
   Parsed denials are logged into the correct yearly Google Sheet and monthly tab (for details, please refer to **Denial Logging & Sheet Management** on pg. 7), automatically created if missing. After being logged, uploaded files are archived in accordance with your preferences.

5. **Alerts**
   Email alerts are sent on your selected schedule and frequency, reporting on new denials as well as any additional field you choose.

6. **Status Updates**
   Resubmitted or appealed pending denials are monitored for paid or denied status, if communicated by 835 files (for details, please refer to **Resubmission and Appeal Tracking** on pg. 15).

Denial Logging & Sheet Management

Organization

As soon as denials are detected, a subfolder is generated within the designated Drive folder and labeled “Sheets”. This is where all the Google Sheets containing the logged denials are located (as well as within the Google Sheets app).

Each year gets its own dedicated Sheet named **“Denials - 20xx”.** Every month has one tab within each sheet, plus an analytics tab at the end to reflect yearly data. Each denial will occupy one row within the monthly tab.

Grouping & Formatting

Denials are placed into the yearly sheet and monthly tab based on their claim’s date of service.

For example, if a denial has a date of service of 8/14/2025, it will be located in sheet “Denials - 2025” in tab “Aug”.

Within each month, you can sort the denials by date of service, patient name, procedure code, denial reason, resubmission or appeal status, or payer. This sorting will only apply to the month you’re in.

Header formatting, column autosizing, and bold highlighting ensure readability.

Logged Information

From left to right, each denial has:

- **Patient Name**
- **Claim ID**
- **Date of Service**
- **Denial Code/Reason** (details below)
- **Adjustment Code** (details below)
- **Procedure Code**

- **Charge** - A **monthly total** of all charges is automatically generated at the end of the list (paid resubmissions and appeals **do not contribute** to this total).
- **Allowed Amount**
- **Units**
- **Payer**
- **Logged Date**

If one of these fields isn't reported on an 835 file you upload, it won't be reflected in the Google Sheet.

See **Images** or pgs. 21 and 22 to view what a DenialTracker generated sheet should look like.

Denial Code Translation

On an 835 file, denial information appears in combinations such as **CO45**, **PR1**, or **OA23**. DenialTracker separates these into two columns:

- **Denial Code/Reason** → lists the **primary denial** (the CAS element selected as the true denial driver).
- **Adjustment Code** → lists **adjustment-only CAS entries**, such as deductible, coinsurance, or co-payment amounts.

Below is the complete list of **primary denial codes** currently recognized by DenialTracker. When a code appears as the primary *CAS* for a denial, its English translation will appear in the **Denial Code/Reason** column.

Primary Denial Codes Used by DenialTracker

DenialTracker treats a claim or service line as a **true denial** when:

1. The paid amount for that claim/line is **$0.00**, and
2. At least one CAS (adjustment) entry contains a **denial-type CARC code** (from the groups below).

These codes then appear in the **Denial Code/Reason** column.

1. CO & PI Series – Always Eligible as Denials

All **CO-group** and **PI-group** CARC codes are considered potential denial reasons when the claim/line is unpaid. Common CO examples include:

- **CO4** – Procedure code inconsistent with modifier
- **CO5** – Procedure/bill type inconsistent with place of service
- **CO6** – Procedure/revenue code inconsistent with patient's age
- **CO7** – Procedure/revenue code inconsistent with patient's gender
- **CO8** – Procedure code inconsistent with provider type/specialty
- **CO11** – Diagnosis inconsistent with procedure
- **CO12** – Procedure inconsistent with patient's age
- **CO13** – Procedure inconsistent with patient's gender
- **CO16** – Claim/service lacks information or contains billing errors
- **CO18** – Duplicate claim/service
- **CO22** – May be covered by another payer (COB)
- **CO23** – Prior payer adjudication impact
- **CO27** – Expenses incurred after coverage terminated
- **CO29** – Time limit for filing has expired
- **CO31** – Patient cannot be identified as insured
- **CO39** – Services denied at time authorization/pre-cert was requested
- **CO45** – Charge exceeds fee schedule/max allowable (denial when paid = 0)
- **CO49** – Non-covered services (routine/screening)
- **CO50** – Non-covered services
- **CO51** – Not deemed medically necessary

- **CO96** – Non-covered charge(s)
- **CO97** – Benefit included in another service's allowance
- **CO109** – Claim not covered
- **CO119** – Benefit maximum reached
- **CO121** – Indemnification adjustment
- **CO125** – Submission/billing errors
- **CO129** – Prior processing information incorrect
- **CO131** – Claim-specific negotiated discount
- **CO133** – Disposition pending further review
- **CO151** – Information does not support this level of service
- **CO197** – Precertification/authorization/notification absent
- **CO198** – Authorization exceeded
- **CO204** – Not covered under current benefit plan
- **CO207** – Service not furnished directly to patient/not documented
- **CO208** – NPI not matched
- **CO209** – Service not paid per requirement
- **COB7** – Provider not certified/eligible on this date of service

If any CO/PI code appears on a **zero-pay** claim or line, DenialTracker may treat it as the primary denial reason.

2. PR-Series – Denial Subset (Patient-Responsibility Denials Only)

Most **PR** codes represent normal patient responsibility (copays, deductibles, coinsurance) and are **not** denials. However, the following PR codes are commonly used when the payer shifts liability to the patient for a **denied** service. DenialTracker will treat these as denial reasons on zero-pay claims/lines:

- **PR22** – May be covered by another payer (COB)
- **PR23** – Prior payer adjudication impact
- **PR31** – Patient cannot be identified as insured
- **PR96** – Non-covered charge(s)
- **PR119** – Benefit maximum reached
- **PR121** – Indemnification adjustment
- **PR125** – Submission/billing errors
- **PR131** – Claim-specific negotiated discount
- **PR197** – Authorization/notification absent
- **PR204** – Service not covered under current plan

3. OA-Series – Denial Subset (Other Adjustment Denials Only)

Most **OA** codes are other/administrative adjustments, but a subset that constitute true denials. DenialTracker treats the following OA codes as denial reasons when the claim/line is unpaid:

- **OA18** – Duplicate claim/service
- **OA97** – Benefit included in another service/procedure
- **OA109** – Claim not covered
- **OA119** – Benefit maximum reached
- **OA121** – Indemnification adjustment
- **OA125** – Submission/billing errors
- **OA197** – Authorization missing
- **OA204** – Not covered under current plan

Other OA codes (e.g., **OA23**) are treated as adjustments only and will appear in the **Adjustment Codes** field, not as the primary Denial Code.

Adjustment-Only Codes (Never Used as the Primary Denial)

Some codes are **never** used by DenialTracker as the main Denial Code/Reason. They may still appear in the **Adjustment Codes** column to give context, but they do not by themselves trigger a denial:

- **PR1** – Deductible amount
- **PR2** – Coinsurance amount
- **PR3** – Co-payment amount
- **PR45**, **OA45** – Charge exceeds fee schedule or maximum allowable amount (when treated purely as an adjustment/contractual write-off)
- Other PR/OA codes not listed in the denial subsets above

When “Denial reason not yet mapped” Appears

DenialTracker includes built-in descriptions for the most common CARC adjustment codes used by payers. However, insurers occasionally use:

- Rare or specialty-specific denial codes
- Newly introduced CARC codes
- Payer-specific internal variations
- Unmapped combinations of CAS group + reason code

When DenialTracker encounters a **valid denial code** (CO, PI, or an allowed PR/OA denial code) but the specific code does not appear in the add-on’s internal dictionary, it will still log the denial, but the explanation will appear as: **“Denial reason not yet mapped.”**

This tells you the system correctly identified the **claim or service line as a denial**, the **denial code itself is valid** and was recognized by the parser, only the **human-readable description** for that specific code is missing

The denial code (e.g., **CO252**, **PI123**, **OA999**) will still appear in the **Denial Code** column so your team can interpret it manually.

Email Alert System

Frequency Options

- **Daily** - Reporting window is the past day.
- **Weekly** - Reporting window is the past 7 days.
- **Biweekly** - Reporting window is the past 14 days.
- **Monthly** - Reporting window is the past 28 days.

The email is constructed to include everything that's logged within your selected reporting window. So while an insurance denial could be for a date of service that was months ago, if it was logged within the reporting window, you'll be notified. Each frequency is structured to ensure nothing falls through the cracks.

For **each frequency**, you can select what time of day you'd like the listed recipients to receive the alert email.

For **weekly, biweekly, or monthly alerts**, you can also select the day of the week for listed recipients to receive them as well.

For **daily alerts**, you can choose if you want to skip the email alert being sent on Saturday and Sunday by having Monday report on the previous Friday, or instead have them be sent each day of the week including Saturday and Sunday.

Additional Reporting

While each email lists the new denials logged within the reporting period, there are a total of 10 other fields it can report on as well! Everything in this list can be optionally selected in settings to include in the email.

- **Resubmitted Denials** - Denials that were logged as resubmitted within the reporting period.
- **Paid Resubmissions** - Resubmissions that were logged as paid within the reporting period.
- **Denied Resubmissions** - Resubmissions that were logged as denied within the reporting period.
- **Overdue Resubmissions** - Resubmissions that have stayed in pending status for longer than a number of days you input in settings.

- **Submitted Appeals** - Appeals that were filed within the reporting period.
- **Paid Appeals** - Appeals that came back as paid within the reporting period.
- **Denied Appeals** - Appeals that came back as denied within the reporting period.
- **Overdue Appeals** - Appeals that have stayed in pending status for longer than a number of days you input in settings
    - This will be the same number of days you put for overdue resubmissions.
- **Unresolved Denials** - Denials that have no action filed (resubmission or appeal).
    - The number of days DenialTracker looks back for unresolved denials is also configurable within settings.
- **Analytics Reporting** - The top of the email can list the total number of new denials, their combined charges (billed amount), top payer that denied, top reason for denials, and the top patient that denied. This data is drawn from the new logged denials only.

Email Contents

Each email contains:

- The reporting period, unresolved lookback, and overdue threshold at the top.
- Tables for new denials as well as any selected additional reporting field.
- A couple tips at the bottom followed by a sign off.

Other Configuration Features

- Alerts can be sent to multiple emails.
    - It's sent from the google account that installs DenialTracker.
- If there are no new denials detected within a reporting period, you have the option to not receive an alert email.

See **Images** or pgs. 23, 24, and 25 to view what a DenialTracker generated alert email should look like.

Resubmission & Appeal Tracking

Log Claim Action Form

On DenialTracker's main home card in Sheets, the first button listed is **Log Claim Action**. This is what you will use to label denials as either resubmitted or appealed.

At the top of the page, paste in the claim ID of the denial(s) that were resubmitted or appealed. Multiple IDs can be pasted in, separated by commas.

If you **resubmitted** a claim, fill out the **Resubmission** field. If you **appealed** a claim, fill out the **Appeal** field. The questions are identical, but the information is logged differently based on if it's filled out under Resubmission or Appeal.

Under each field, input if a resubmission/appeal was filed, the date it was filed, its status (paid, denied, or pending - if none is selected, the system assumes pending), and any notes you have on a specific denial or group of denials.

Once everything is filled out, press **Save** on the bottom.

You can only log this information for the monthly tab you are in. No changes will be made to other monthly tabs.

Column Generation

Once **Log Claim Action** is used, eight additional columns are generated to the right of **Logged Date** in the monthly tab you're in to reflect each of the fields you just filled out. The columns are labeled:

- **Resub. Filed?**
- **Resub. Date**
- **Resub. Status**
- **Resub. Notes**
- **Appeal Filed?**
- **Appeal Date**
- **Appeal Status**
- **Appeal Notes**

Color-Coded Status Tracking

A resubmitted or appealed claim in **pending status** is highlighted in **yellow**. If a resubmission or appeal's status is **paid**, the row is highlighted in **green**. Finally, if a resubmission or appeal's status is **denied** again, the row is highlighted in **red**.

Automatic Updates

Because of DenialTracker's strict capacity for Google domains, denied claims will need to be resubmitted or appealed per your EHR, clearinghouse, or insurance payer's instructions. DenialTracker is a way for you to keep track of your submissions.

All resubmitted claims or submitted appeals need to be logged via **Log Claim Action**. Their status will be monitored through the uploaded 835 files. If a claim is in pending status and comes back as paid or denied, its status will be automatically changed from pending to paid or denied, depending on the outcome. This will change the respective **row color**, **Logged Date** column, and **Status** column.

If any resubmission or appeal is paid or denied, and **not** communicated through an 835 file that is uploaded to DenialTracker, its status will **not change**.

Sheets Card Functions Breakdown

Preview Next Alert

This lets you preview what the **next email alert** is going to look like so you can get ahead of what will be reported to recipients. **Every field** you select in settings to be reported in an alert email will be reflected here.

This preview immediately changes once the alert email has been sent.

Log Claim Action

Please refer to **Resubmission and Appeal Tracking** on pg. 15.

Sort Denials By…

This is where you can apply sorting to the monthly tab you're in. You can select to sort by payer, patient name, date of service, resubmission/appeal status (pending, paid, denied, none), procedure code, and denial reason.

Check for Duplicates

This scans selected sheets for duplicate logging of denied claims. DenialTracker's parsing and logging system should prevent this initially, however you can check at your liberty if any have fallen through the cracks.

First, select a yearly sheet to scan. You can optionally then select a specific tab within that sheet to scan for duplicate logging. After selecting, hit **Scan for Duplicates**.

If any duplicate loggings are found, they will be listed, highlighting the two specific rows they occupy within the sheet. You can then choose to delete either.

Subscription & Billing

This lists multiple billing details: your subscription status, selected plan, next billed amount and date, and any active discounts. At the bottom of the page there is a link to Stripe where you can officially manage all billing details.

Settings

Please refer to **Setup & Settings** on pg. 4.

See **Images** or pg. 27 to view what DenialTracker's home card looks like.

Subscription Models & Discount Policies

Free Trial

When published, a **14 day free trial** will be available. If a subscription is not set up with Stripe by the end of the trial, the home card will not load and functions will not perform.

Subscription Costs

DenialTracker has two upcoming subscription model selections:

- $49.99 / month
- $499.99 / year
    - Save 17%

Because DenialTracker is in late-stage development, these prices are subject to slight change, but the available discounts' value will stay the same.

Discounts

Preorder - Potential users who **express early interest** in DenialTracker by filling out this preorder form will receive **2 months free** or **16%** off your **first annual payment**.

Quick Action - The **first 25** preorders will receive an additional you will receive **another month free** or an additional **8%** off your **first annual payment**.

Referral - If you **refer** another potential user to fill out the early interest form, you will also receive **another month free** or an additional **8%** off your **first annual payment.**

- The person you refer will need to produce your business email on the early interest form.

Beta Testing - Beta testers are also wanted to test-drive DenialTracker before its official public release. If you specify you are interested in being a beta tester on the preorder form and are selected to help test the system, you'll receive **6 months free** or **50%** off your **first annual payment**.

- Beta testers can still receive the **referral** and **quick action** discounts, bringing them to **7 months free** or **58%** off your **first annual payment** if they're eligible for **one**, or **8 months free** or **67%** off your **first annual payment** if they're eligible for **both**.

- If you're **not selected** to be a beta tester, the early interest discount will **still apply**.

Security & Compliance

HIPAA Compliance

DenialTracker is architected to ensure PHI never leaves the user's Google Workspace:

- All processing occurs in the user's own Drive, Sheets, and Gmail.
- No external servers or APIs receive PHI.
- Anyone outside your Google domain has zero data access.

Scope Minimization

Only essential scopes are used:

- Drive, Sheets, Gmail.send, and ScriptApp (DenialTracker's code) authorize the system's core functions and access essential data such as your timezone to ensure alerts are sent at the correct scheduled time.
- An additional **external request** scope is included **only** to securely connect with **Stripe**, which will handle DenialTracker's subscription billing, payment verification, and customer portal access. No other external APIs are accessed, and all Stripe communication is limited to subscription management to ensure compliance and minimal exposure.

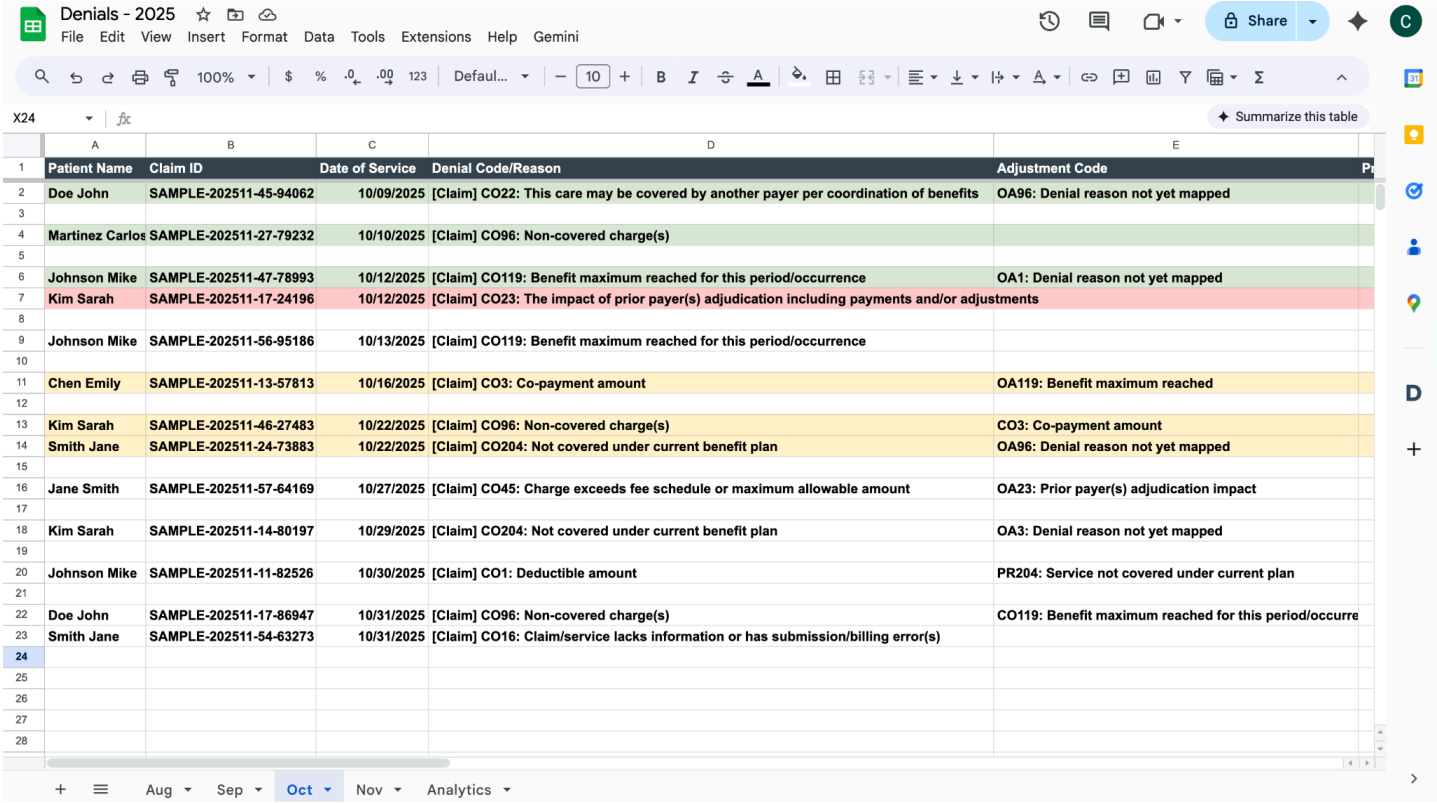
Data Retention & Control

- All files remain owned by the client.
- Users can delete logs, revoke triggers, or remove the Add-on at any time.
- No hidden data duplication or remote storage.

Images

all patient data in each example shown photo shown is fake

Sheet



Denials - 2025

File Edit View Insert Format Data Tools Extensions Help Gemini

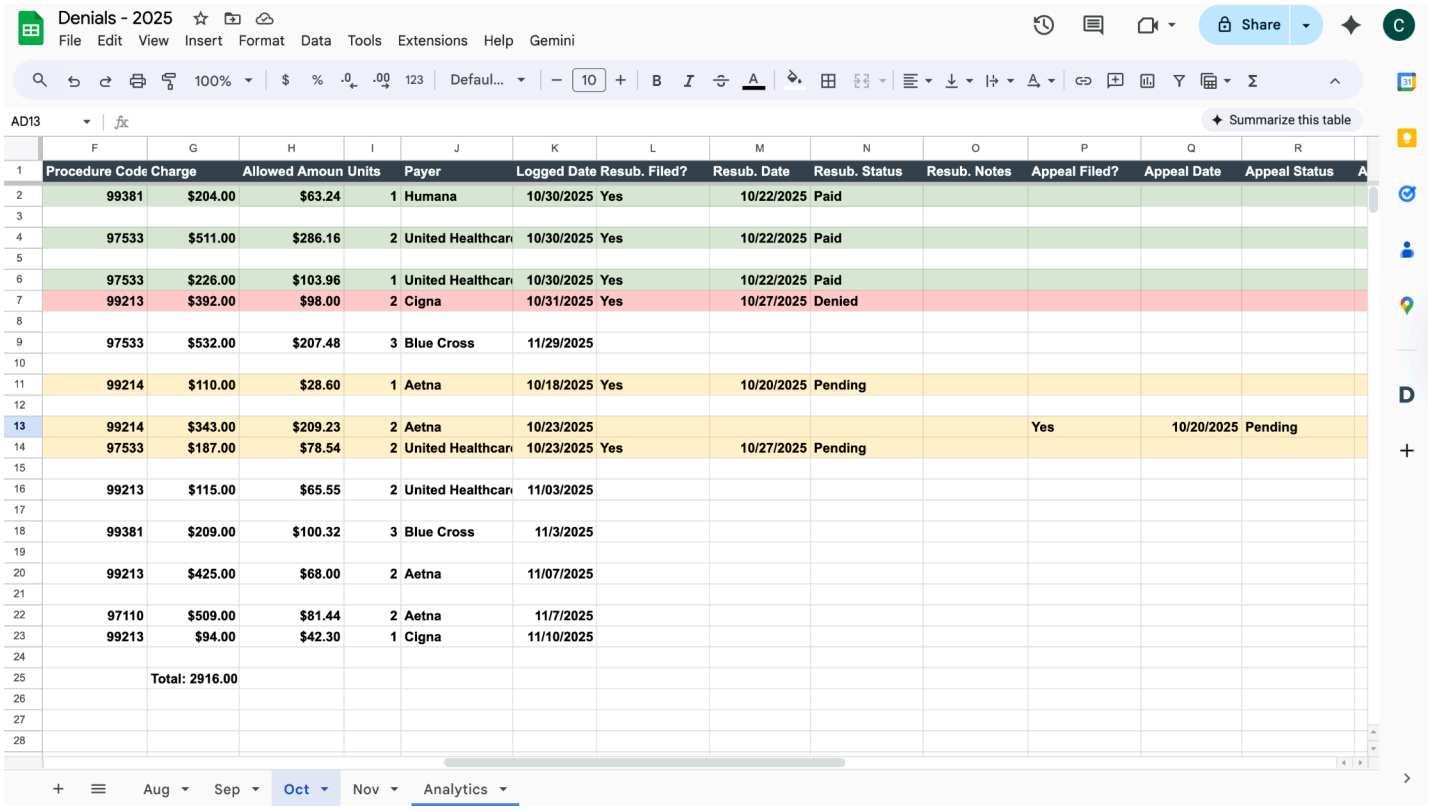
Share

X24

Summarize this table

	A	B	C	D	E
1	Patient Name	Claim ID	Date of Service	Denial Code/Reason	Adjustment Code
2	Doe John	SAMPLE-202511-45-94062	10/09/2025	[Claim] CO22: This care may be covered by another payer per coordination of benefits	OA96: Denial reason not yet mapped
3					
4	Martinez Carlos	SAMPLE-202511-27-79232	10/10/2025	[Claim] CO96: Non-covered charge(s)	
5					
6	Johnson Mike	SAMPLE-202511-47-78993	10/12/2025	[Claim] CO119: Benefit maximum reached for this period/occurrence	OA1: Denial reason not yet mapped
7	Kim Sarah	SAMPLE-202511-17-24196	10/12/2025	[Claim] CO23: The impact of prior payer(s) adjudication including payments and/or adjustments	
8					
9	Johnson Mike	SAMPLE-202511-56-95186	10/13/2025	[Claim] CO119: Benefit maximum reached for this period/occurrence	
10					
11	Chen Emily	SAMPLE-202511-13-57813	10/16/2025	[Claim] CO3: Co-payment amount	OA119: Benefit maximum reached
12					
13	Kim Sarah	SAMPLE-202511-46-27483	10/22/2025	[Claim] CO96: Non-covered charge(s)	CO3: Co-payment amount
14	Smith Jane	SAMPLE-202511-24-73883	10/22/2025	[Claim] CO204: Not covered under current benefit plan	OA96: Denial reason not yet mapped
15					
16	Jane Smith	SAMPLE-202511-57-64169	10/27/2025	[Claim] CO45: Charge exceeds fee schedule or maximum allowable amount	OA23: Prior payer(s) adjudication impact
17					
18	Kim Sarah	SAMPLE-202511-14-80197	10/29/2025	[Claim] CO204: Not covered under current benefit plan	OA3: Denial reason not yet mapped
19					
20	Johnson Mike	SAMPLE-202511-11-82526	10/30/2025	[Claim] CO1: Deductible amount	PR204: Service not covered under current plan
21					
22	Doe John	SAMPLE-202511-17-86947	10/31/2025	[Claim] CO96: Non-covered charge(s)	CO119: Benefit maximum reached for this period/occurre
23	Smith Jane	SAMPLE-202511-54-63273	10/31/2025	[Claim] CO16: Claim/service lacks information or has submission/billing error(s)	
24					
25					
26					
27					
28					

Aug Sep Oct Nov Analytics



Denials - 2025

File Edit View Insert Format Data Tools Extensions Help Gemini

Share

AD13

Summarize this table

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Procedure Code	Charge	Allowed Amoun	Units	Payer	Logged Date	Resub. Filed?	Resub. Date	Resub. Status	Resub. Notes	Appeal Filed?	Appeal Date	Appeal Status
2	99381	$204.00	$63.24	1	Humana	10/30/2025	Yes	10/22/2025	Paid				
3													
4	97533	$511.00	$286.16	2	United Healthcar	10/30/2025	Yes	10/22/2025	Paid				
5													
6	97533	$226.00	$103.96	1	United Healthcar	10/30/2025	Yes	10/22/2025	Paid				
7	99213	$392.00	$98.00	2	Cigna	10/31/2025	Yes	10/27/2025	Denied				
8													
9	97533	$532.00	$207.48	3	Blue Cross	11/29/2025							
10													
11	99214	$110.00	$28.60	1	Aetna	10/18/2025	Yes	10/20/2025	Pending				
12													
13	99214	$343.00	$209.23	2	Aetna	10/23/2025					Yes	10/20/2025	Pending
14	97533	$187.00	$78.54	2	United Healthcar	10/23/2025	Yes	10/27/2025	Pending				
15													
16	99213	$115.00	$65.55	2	United Healthcar	11/03/2025							
17													
18	99381	$209.00	$100.32	3	Blue Cross	11/3/2025							
19													
20	99213	$425.00	$68.00	2	Aetna	11/07/2025							
21													
22	97110	$509.00	$81.44	2	Aetna	11/7/2025							
23	99213	$94.00	$42.30	1	Cigna	11/10/2025							
24													
25		Total: 2916.00											
26													
27													
28													

Aug Sep Oct Nov Analytics

Alert Email

DenialTracker - Daily Summary: 2 New Denials, 2 Status Changes, 4 Unresolved Inbox ×

Summarize this email

csnoke@denialtrackerapp.com 12:23 PM (3 hours ago)
to me

Denial Summary

Total Denials: 2 | **Total Charges:** $422.00 | **Top Payer:** United Healthcare | **Top Reason:** [Claim] CO22: This care may be covered by another payer per coordination of benefits | **Top Patient:** Doe John

Reporting Period: 2025-11-30 to 2025-11-30 | **Unresolved Lookback:** 28d | **Overdue Threshold:** 14d

Recent Denials - 2

Patient	Claim ID	DOS	Payer	Denial Reason	Adjustment Codes
Doe John	SAMPLE-202511-22-38431	2025-11-14	United Healthcare	[Claim] CO22: This care may be covered by another payer per coordination of benefits	
Smith Jane	SAMPLE-202511-25-15468	2025-11-14	Blue Cross	[Claim] CO22: This care may be covered by another payer per coordination of benefits	PR16: Denial reason not yet mapped

Resubmitted Denials - 2

Patient	Claim ID	DOS	Payer	Resub Date	Adjustment Codes
Kim Sarah	SAMPLE-202511-57-30618	2025-11-18	Humana	2025-11-30	OA1: Denial reason not yet mapped
Martinez Carlos	SAMPLE-202511-14-19933	2025-11-18	Cigna	2025-11-30	CO1: Deductible amount

Paid Resubmissions - 2

Patient	Claim ID	DOS	Payer	Status Date	Adjustment Codes
Doe John	SAMPLE-202511-47-23457	2025-11-16	Cigna	2025-11-30	
Martinez Carlos	SAMPLE-202511-57-85739	2025-11-17	Aetna	2025-11-30	

Denied Resubmissions

(No items found in this period)

Overdue Resubmissions - 1

Patient	Claim ID	DOS	Filed Date	Notes	Adjustment Codes
Smith Jane	SAMPLE-202511-57-64169	2025-11-19	2025-11-14		CO3: Co-payment amount

Submitted Appeals

(No items found in this period)

Paid Appeals

(No items found in this period)

Denied Appeals

(No items found in this period)

Overdue Appeals

(No items found in this period)

Unresolved Denials (No Action Filed) - 4

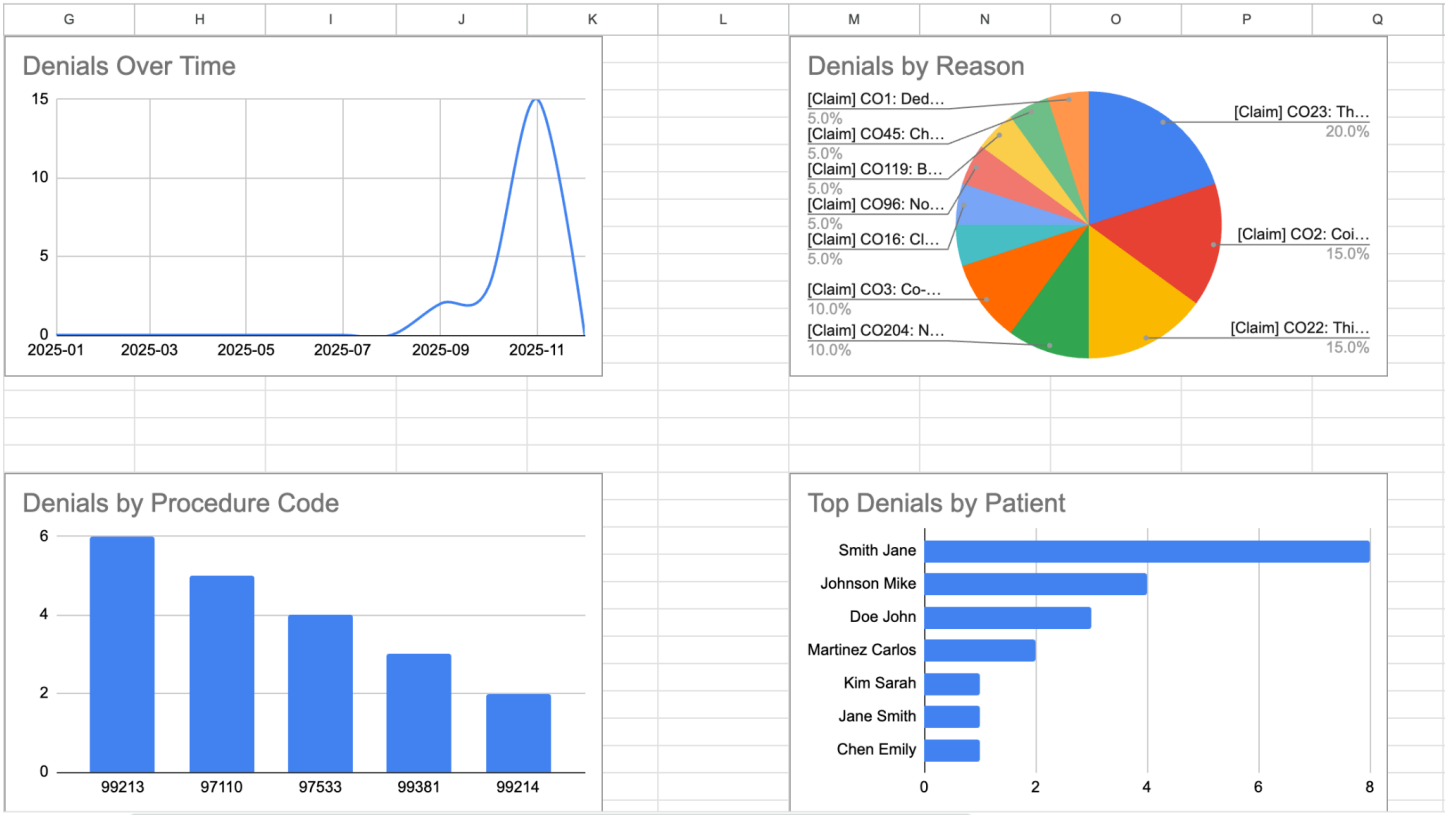
Patient	Claim ID	DOS	Payer	Denial Reason	Adjustment Codes
Johnson Mike	SAMPLE-202511-44-93715	2025-11-09	United Healthcare	[Claim] CO23: The impact of prior payer(s) adjudication including payments and/or adjustments	[Claim] CO1: Deductible amount
Smith Jane	SAMPLE-202511-28-19643	2025-11-13	United Healthcare	[Claim] CO204: Not covered under current benefit plan	OA16: Denial reason not yet mapped
Doe John	SAMPLE-202511-22-38431	2025-11-14	United Healthcare	[Claim] CO22: This care may be covered by another payer per coordination of benefits	
Smith Jane	SAMPLE-202511-25-15468	2025-11-14	Blue Cross	[Claim] CO22: This care may be covered by another payer per coordination of benefits	PR16: Denial reason not yet mapped

Tips:

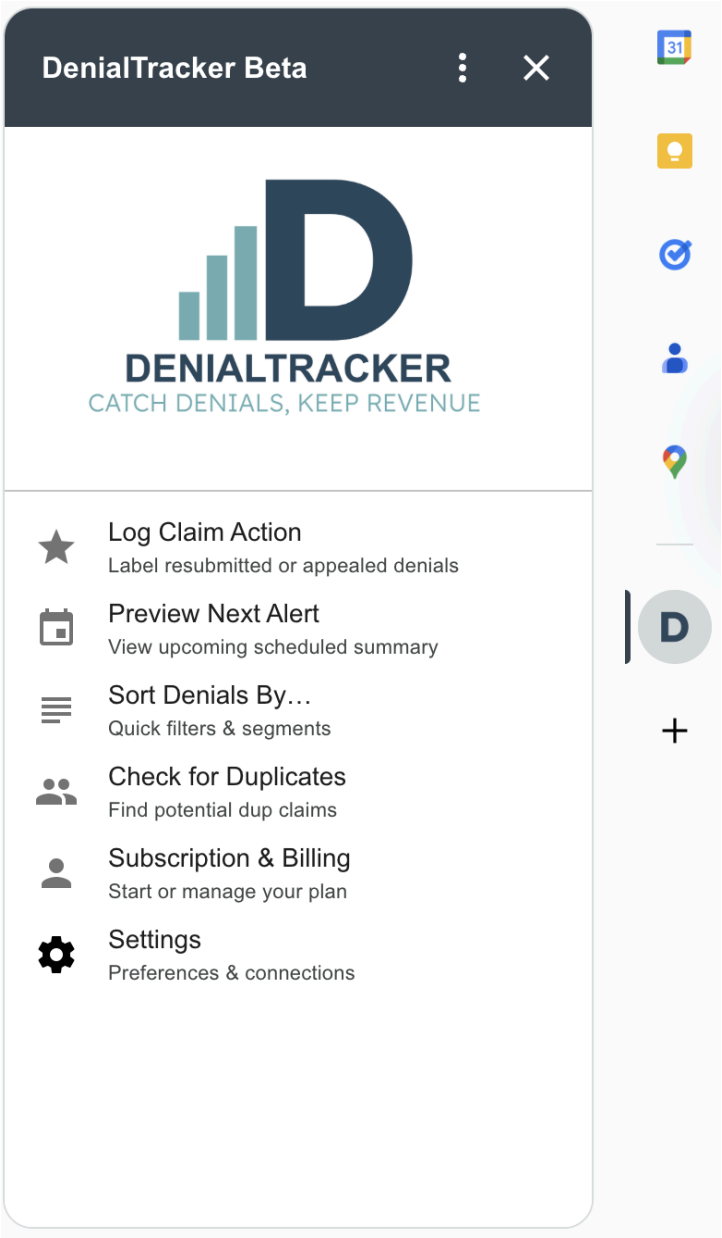
- Add clear notes whenever you file a resubmission or appeal to strengthen your audit trail.
- Set your alert frequency in Settings (Daily/Weekly/etc.) to match your team’s cadence.

– DenialTracker
Keeping you on track of denials, deadlines, and decisions.

Analytics


G H I J K L M N O P Q
Denials Over Time
15
10
5
0
2025-01
2025-03
2025-05
2025-07
2025-09
2025-11
Denials by Reason
[Claim] CO1: Ded…
5.0%
[Claim] CO45: Ch…
5.0%
[Claim] CO119: B…
5.0%
[Claim] CO96: No…
5.0%
[Claim] CO16: Cl…
5.0%
[Claim] CO3: Co-…
10.0%
[Claim] CO204: N…
10.0%
[Claim] CO23: Th…
20.0%
[Claim] CO2: Coi…
15.0%
[Claim] CO22: Thi…
15.0%
Denials by Procedure Code
6
4
2
0
99213
97110
97533
99381
99214
Top Denials by Patient
Smith Jane
Johnson Mike
Doe John
Martinez Carlos
Kim Sarah
Jane Smith
Chen Emily
0
2
4
6
8

Home Card / Access Button



These are DenialTracker's current Terms of Service and Privacy Policy.

Each will be updated prior to DenialTracker's public release.

For technical assistance, configuration walkthroughs, or other questions, please contact support at csnoke@denialtrackerapp.com

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