ERA PAYMENT EXCEPTION MESSAGES

Code	ERA Payment Exception Message	Description
1	Procedure not in open index-not posted	Either a payment has been posted to the procedure or an exact match cannot be found (checking Date of Service, Equivalent CPTs and Modifiers). In either case, you must make the final determination on how to allocate the payment.
2	Unable to match Procedure/Procedure details	A match could not be found for this date of service corresponding with this procedure code.
3	Billed amount doesn't match	The billed amount for this procedure on the remit doesn't match what is in the patient's file.
4	Insurance balance is zero	An amount was expected to reside in the insurance balance, but the insurance balance was zero, which means a payment has already been applied toward this procedure.
5	Amount paid is more than owing	The amount remaining on this procedure was less than what the carrier paid. A payment may have already been applied against this procedure.
6	Allowed amount doesn't match	The allowed amount held in your fee schedule for this procedure code doesn't match what the carrier is allowing. The payment will be posted; however it will be listed on the exception report so you can take appropriate action.
7	Zero amount	The carrier is not paying anything. If the deductible amount equals the billed amount, a denial with the denial reason will be recorded.

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8	Allowed Amt doesn't = calculated Pmt/Adj	The expected calculated payment is based on the insurance liability percentage held in the patient's insurance policy. This percentage will be multiplied by the allowed amount held in the carrier's fee schedule to arrive at the calculated payment amount. If the expected calculated payment amount differs from what the carrier is paying, the payment will be placed on the exception report.
9	Adjustment amount will create a credit	Posting the adjustment will create a credit on the patient's account.
10	Patient not found	The patient listed on the remit could not be found. This can occur if a patient account has been deleted or if the patient number could not be read from the converted remit file.
11	Allowed amount equals zero	The carrier did not allow anything on this procedure.
12	Names do not match	
13	This carrier is a secondary carrier	
14	Cannot find a matching policy	
15	Contractual code same as billed amount	
16	Did not pay or allow for this item	
17	Missing details on Secondary payer	
18	Claim denied, can't identify	
19	Comments:	
20	Adjustments could affect amt pd	
21	Payment is negative-post manually	
22	Pmt is > than claim pmt-post manually	
23	The following Adj Code could not be posted: Code -	
24	Line items do not tally remit total	
25	Missing payment breakdown, contact CGM	
26	Interest payment - not posted	

Code	ERA Payment Exception Message	Description
27	No procedure included in EOB - not posted	
28	Carrier no longer in effect for DOS	
29	Roll Up Claims must be posted manually	
30	Duplicate procedure found - not posted	