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 (charge) amount on the patient's account does not match the billed amount reported on the remit. Verify the charge against the EOB; this payment will need to be reviewed and posted manually.
4	Insurance balance is zero	There is no insurance balance remaining on the procedure, so the payment cannot be auto-applied. Review the account history and allocate/post manually if appropriate.
5	Amount paid is more than owing	The payment reported by the carrier is greater than the amount still owed on the procedure. Verify the charge and any previously posted payments; the overpayment may require manual allocation or a refund.
6	Allowed amount doesn't match	The allowed amount on the remit does not match the allowed amount calculated on the account. This is a warning (the item posts unless another exception occurred), but the allowed amount should be reviewed for accuracy.
7	Zero amount	No payment amount was reported for the line item(s) on the remit. Review the EOB to determine why nothing was paid and post manually if needed.

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8	Allowed Amt doesn't = calculated Pmt/Adj	The allowed amount does not equal the payment plus the adjustments for the line item, so the amounts on the remit do not balance. Depending on system setup this is treated as a warning or an exception. Review the EOB and post the payment and adjustments manually.
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 account number on the remit could not be matched to an account. Verify the account/patient and post manually, or correct the account information.
11	Allowed amount equals zero	The carrier reported an allowed amount of zero for the line item (for example a full denial or non-covered service). Review the EOB and post manually if appropriate.
12	Names do not match	The patient name on the remit does not match the name on the account for the supplied account number. Verify this is the correct patient before posting manually.
13	This carrier is a secondary carrier	The remit is from a carrier set up as the secondary (or later) payer on the account. Secondary/crossover payments are not auto-posted; review the EOB and post manually.
15	Contractual code same as billed amount	The entire billed amount of the line item was taken as a contractual (CO) adjustment, leaving no payment. Verify the contractual write-off is correct and post manually.
16	Did not pay or allow for this item	The carrier neither paid nor allowed any amount for this line item (the full amount was adjusted to patient responsibility or otherwise not covered). Review the EOB and post manually.
17	Missing details on Secondary payer	Information required to post the secondary (crossover) payment is missing from the remit. Review the EOB and post manually.

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18	Claim denied, can't identify	The claim was reported as Denied at the claim level (835 claim status) with no line-level payment detail to identify how to apply it. Review the EOB denial and handle/post manually.
19	Comments:	An informational comment is attached to this line (for example an account note, a secondary adjustment, or "Other Adjustment 97 present"). This is a warning provided for the poster's awareness; the item posts unless another exception occurred.
20	Adjustments could affect amt pd	The remit contains claim-level adjustments (CAS applied at the claim level, not to a specific service line). These can affect the amount paid/applied, so this is a warning - review the claim-level adjustments to confirm the posted amount is correct.
21	Payment is negative-post manually	The remit reports a negative (credit) payment for this item, which cannot be auto-posted. Post the reversal/credit manually.
22	Pmt is > than claim pmt-post manually	The payment reported for the individual line item is greater than the total payment reported for the claim/check, so the amounts do not reconcile. Review the EOB and post manually.
24	Line items do not tally remit total	The sum of the individual line-item amounts does not equal the total reported for the check/remit. Review the EOB to reconcile before posting.
25	Missing payment breakdown, contact CGM	The remit is missing the payment breakdown needed to post the item automatically. If this recurs, contact CGM support with the ERA file for review.

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26	Interest payment - not posted	The line represents an interest payment from the carrier rather than a payment against a charge. Interest payments are not auto-posted; post manually to the appropriate account if needed.
27	No procedure included in EOB - not posted	The remit line did not include a procedure code, so the payment could not be matched to a charge. Review the EOB and post manually.
28	Carrier no longer in effect for DOS	The carrier on the remit is termed/inactive for the date of service on the account. Verify the patient's coverage for that DOS and update the policy or post manually.
29	Roll Up Claims must be posted manually	The remit represents a "rolled up" (bundled) claim, which cannot be auto-posted. Review the EOB and post the bundled amounts manually.