How to post an ERA in eClinicalWorks

This guide explains how to post an ERA in eClinicalWorks. You import an 835 file, post the ERA with ePost, and confirm it in the Payments screen. You then review the claim details and denial reason, if the claim was denied.

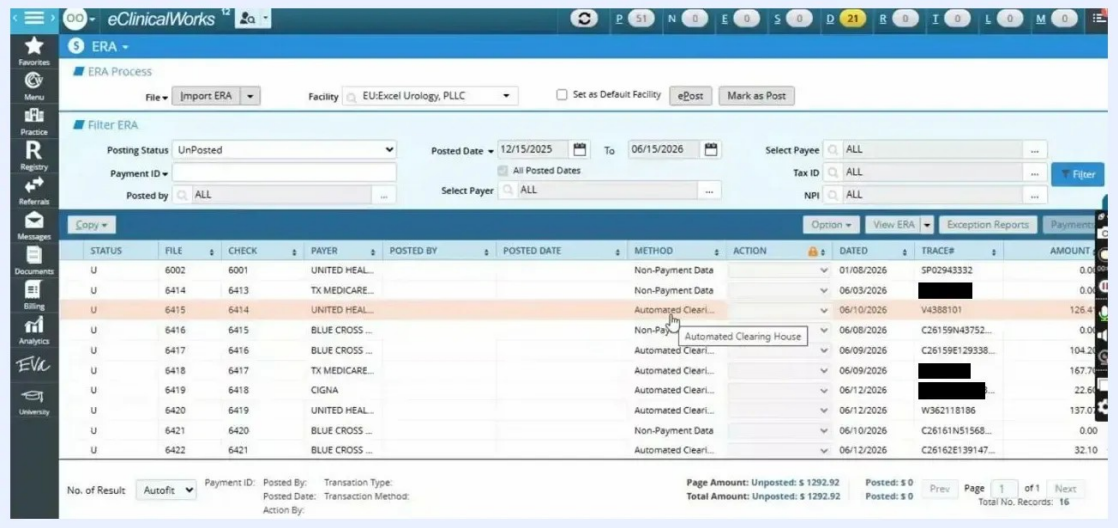
Prerequisites

- Access to the **Billing** menu and the **ERA** screen in eClinicalWorks.
- An 835 file containing ERA data, saved on your computer.

Step 1: Open the ERA screen

1. In the left sidebar, click **Billing**.
2. Under Billing, select **ERA**.

The ERA screen opens and shows all pending ERAs in a table. The table includes these columns: STATUS, FILE, CHECK, PAYER, POSTED BY, POSTED DATE, METHOD, ACTION, DATED, TRACE#, and AMOUNT. In this example, the listed payers include UNITED HEALTH, TX MEDICARE, BLUE CROSS, and CIGNA.

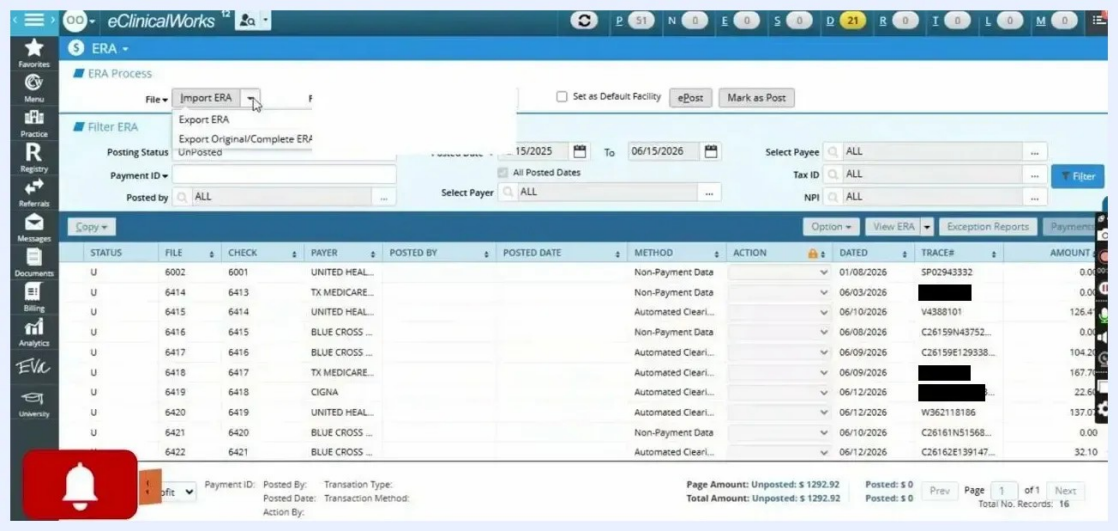


The ERA screen lists pending ERAs with their status, file, check, payer, posting, method, action, date, trace number, and amount columns. Billing is highlighted in the left sidebar.

Step 2: Start the ERA import

1. At the top of the ERA screen, find the **File** dropdown menu under ERA Process.
2. Click the dropdown and select **Import ERA**.

You need this option to import an 835 file that contains ERA data. The dropdown also lists Export ERA and Export Original/Complete ERA.

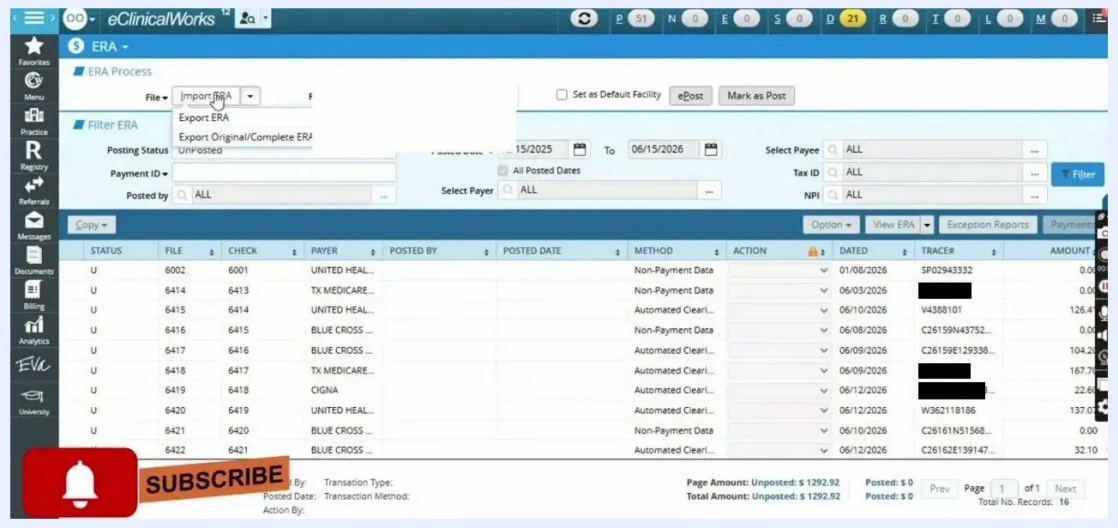


The File dropdown menu under ERA Process is expanded and shows Import ERA, Export ERA, and Export Original/Complete ERA.

Step 3: Upload the 835 file

1. After you select **Import ERA**, click the file upload area.
2. Choose the 835 file from your computer and upload it.

Once the upload finishes, the new ERA appears in the pending list.



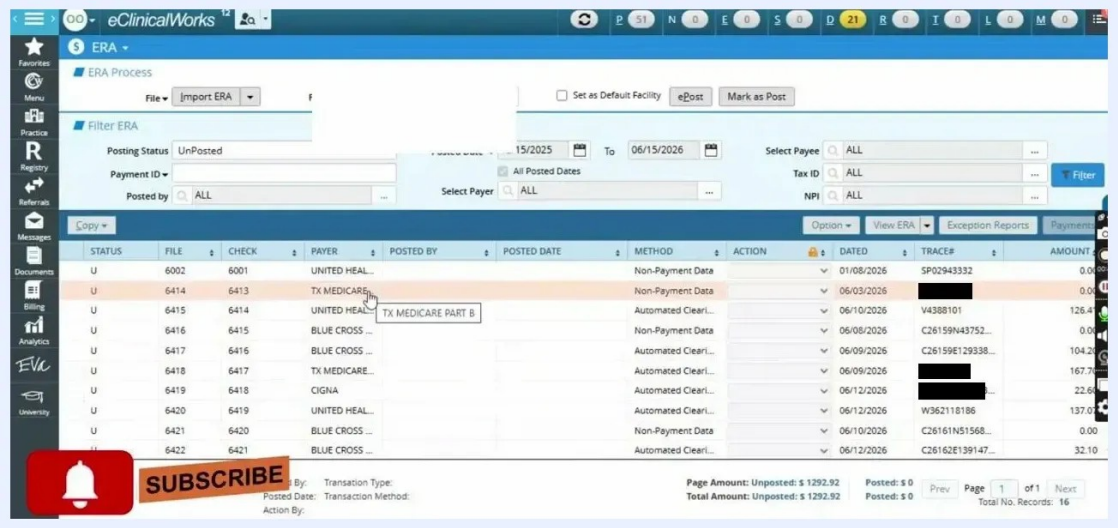
The Import ERA option is selected and the file upload area is ready for the 835 file.

Step 4: Post the ERA with ePost

This is the core step in how to post an ERA in eClinicalWorks.

1. In the pending list, identify the ERA you want to post. This example uses a Medicare ERA with a $0 amount.
2. Click the row for that ERA. In this example, it is TX MEDICARE PART B with an amount of $0.00.
3. Click **ePost**.

eClinicalWorks processes the ERA, removes it from the pending list, and moves it to the payment screen.

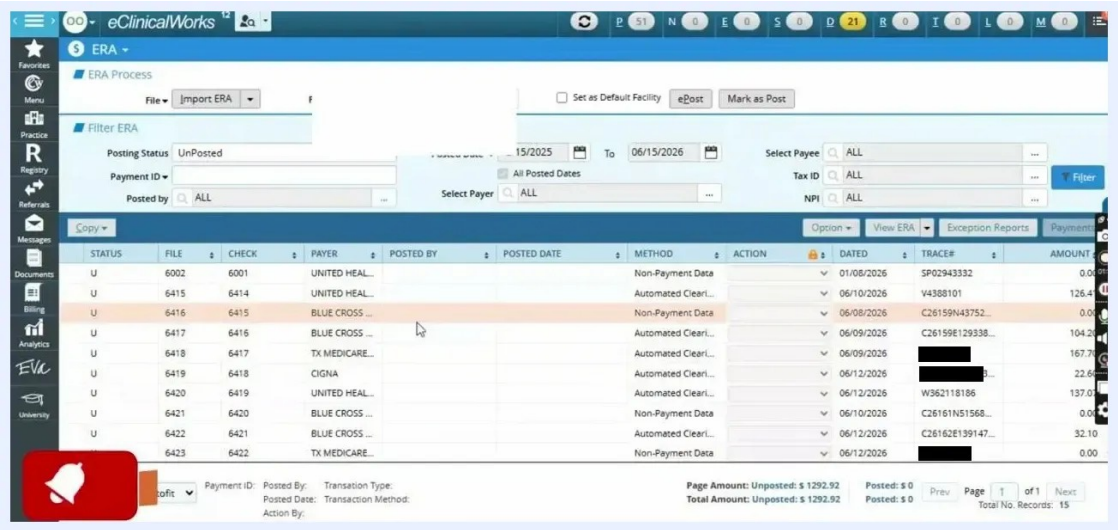


The ERA row for TX MEDICARE PART B is selected and ready to post with ePost.

Step 5: Confirm the posted ERA in the Payments screen

1. Go to the **Payments** screen.
2. Locate the ERA you just posted.

eClinicalWorks fills in the type (for example, Non-Payment Data), check number, amount received, received date, and check date automatically. In this example, the Type is "Non", the Check Number is 477432950, and the Amount Received is 0.00. The Received Date is 06/15/2026 and the Check Date is 06/03/2026.

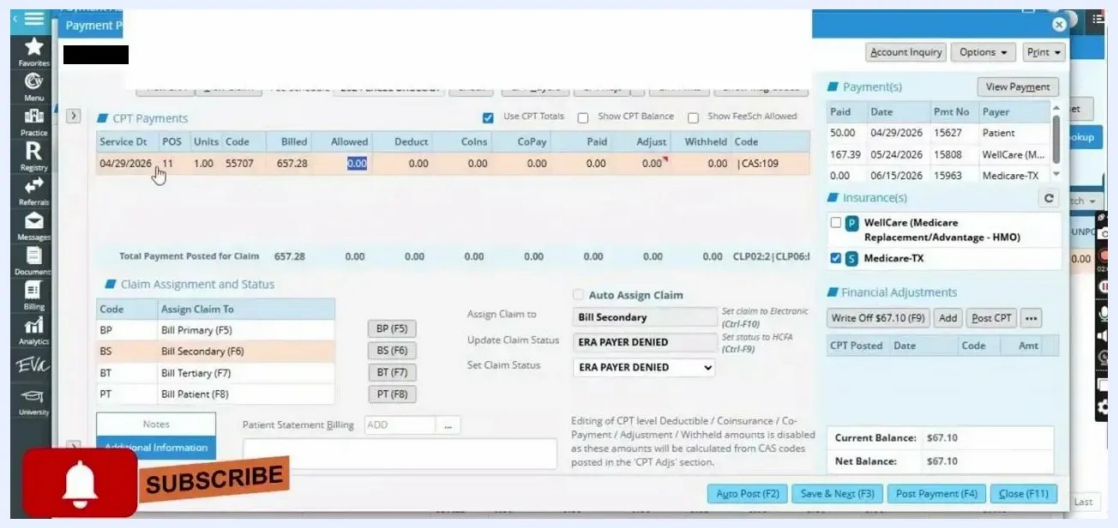


The Payments screen shows Insurance Payment details for Medicare-TX: amount $0.00, check number 477432950, received date 06/15/2026, check date 06/03/2026, EOB date 06/03/2026, batch number 0, and a notes field.

Step 6: Open the claim details

1. In the Payments screen, locate the payment entry you want to review. In this example, it is Medicare-TX, Payment ID 15963.
2. Click the claim number (for example, 11047).

The claim details window opens and shows the patient bill, date of service (DOS), units, CPT code, and bill amount.



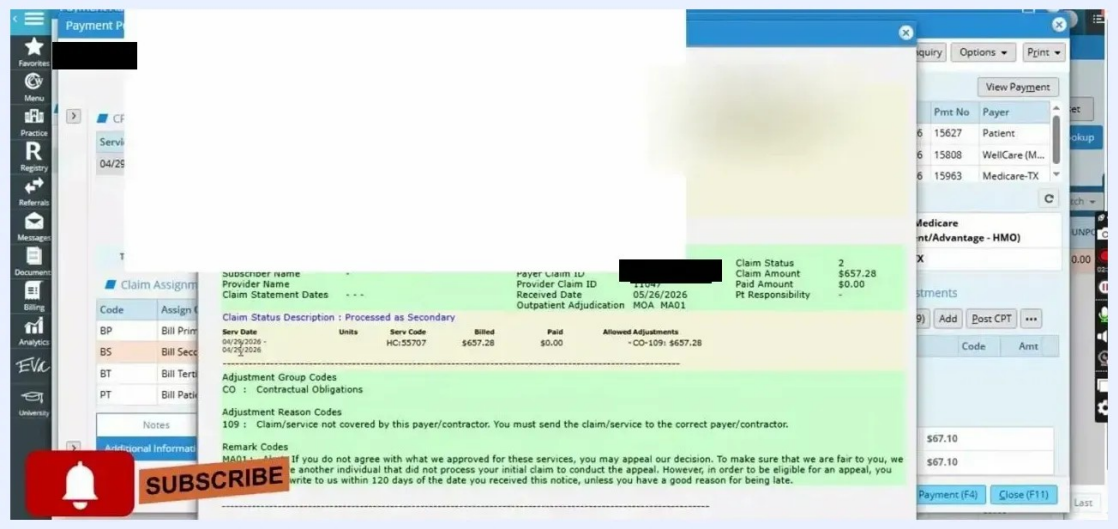
The Insurance Payment details dialog is open in the Payments screen and shows claim number 11047 and the payment details for Medicare-TX.

Step 7: Review the patient and claim information

In the claim details window, review these fields:

- **Service Date:** 04/29/2026
- **POS (Place of Service):** 11
- **Units:** 1.00
- **CPT Code:** 55707
- **Billed Amount:** $657.28
- **Allowed, Deductible, Coinsurance, Copay, Paid, Adjust, Withheld:** all $0.00 in this example

Confirm that the total payment posted for the claim matches these details. Also note the claim assignment and status, which may show "Bill Secondary" and "ERA PAYER DENIED".



The claim details screen shows CPT Payments, claim assignment, and payment status for service date 04/29/2026, CPT 55707, billed $657.28, allowed $0.00, and the status ERA PAYER DENIED.

Step 8: View the denial reason

1. In the claim details window, click **View ERA** or the equivalent button.
2. In the Explanation of Benefits (EOB) that opens, find the **Adjustment Reason Codes** section.

In this example, the code is 109: "Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor." The EOB also shows that the claim was processed as secondary, with $0.00 paid and the full amount adjusted.



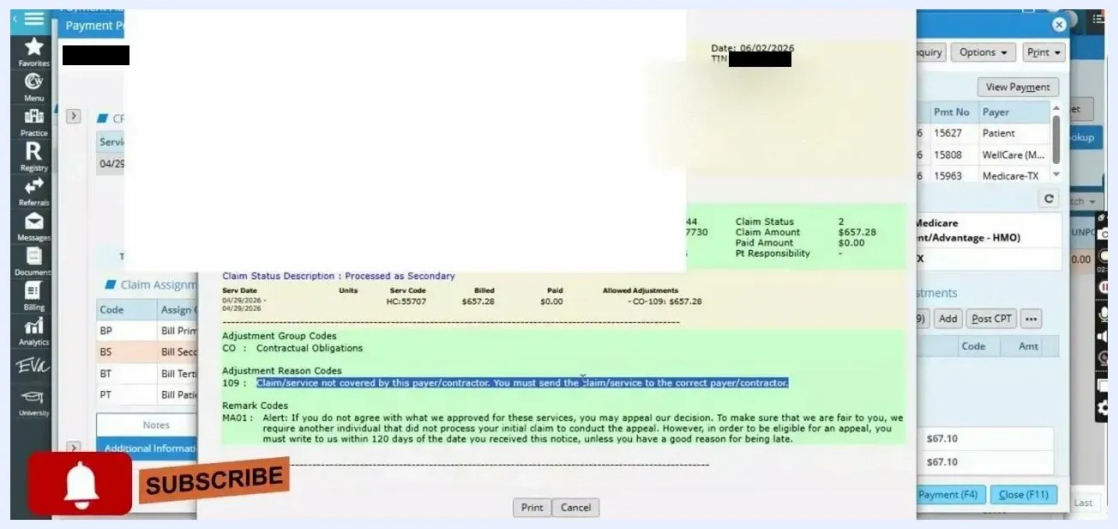
The EOB window shows the claim processed as secondary, adjustment reason code 109, and the denial explanation.

Step 9: Interpret the denial and plan next steps

Review the EOB for additional details:

- **Adjustment Group Codes:** CO (Contractual Obligations)
- **Remark Codes:** MA01 (instructions for appeal if needed)

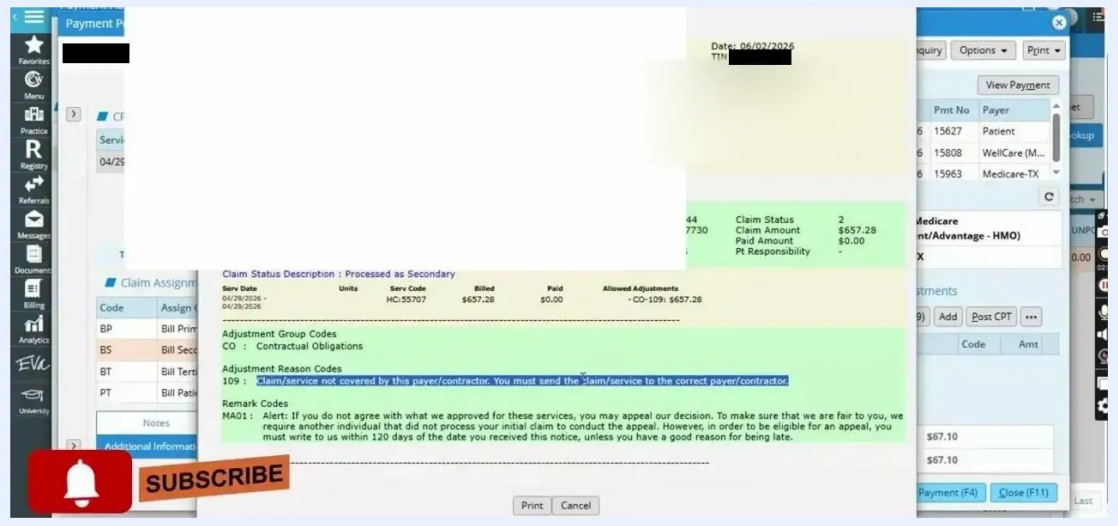
Denial code 109 means Medicare is not the primary payer. Another HMO plan, such as WellCare or USC, may be primary. Check the patient's insurance section to identify the correct HMO plan.



The EOB window highlights the denial reason, code 109, with the instruction to send the claim to the correct payer or contractor.

Step 10: Move to the next patient

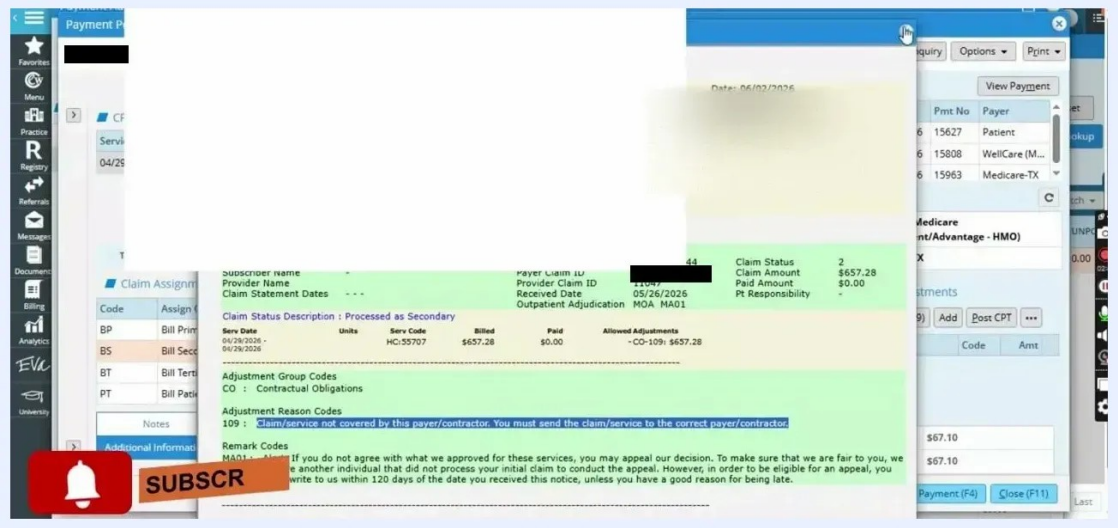
If there are multiple patients, click **Save & Next (F3)** to move to the next patient's claim. If only one patient is present, this button closes the claim details window.



The claim details screen with the Save & Next (F3) button highlighted, ready to move to the next patient or close the window.

Step 11: Complete the final review and exit

1. After you review all claims and denial reasons, close the claim details window.
2. Make sure you have documented all denial reasons and planned next steps, such as rebilling to the correct payer.



The claims posted screen shows the claim number and summary details, ready for final review or exit.

Summary

You now know how to post an ERA in eClinicalWorks. You imported an 835 file and posted the ERA with **ePost**. You then confirmed it in the **Payments** screen and reviewed the claim details and denial reason. This process supports accurate claim processing and timely resolution of payment issues.

What's next

- Check the patient's insurance section to identify the correct primary HMO plan when you see denial code 109.
- Rebill the claim to the correct payer.