

TRICARE South Remittance Status Code Reference

U0009	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
U0011	A SEPARATE CLAIM MUST BE FILED FOR EACH FAMILY MEMBER.
U0012	NONCOVERED SERVICES. CHARGES INCLUDED IN AMBULANCE BASE RATE.
U0013	SERVICES RENDERED OR SUPPLIES PROVIDED ARE NOT MEDICALLY NECESSARY. RESUBMIT CLAIM WITH CURRENT RECERTIFICATION OF MEDICAL NECESSITY.
U0015	THE PROVIDER IS NOT TRICARE-CERTIFIED FOR THIS SERVICE.
U0017	PROVIDER INACTIVE FOR DATES OF SERVICE.
U0026	SERVICES PAID IN FULL BY OTHER INSURANCE.
U0027	TOTAL CHARGES ARE MORE THAN ALLOWABLE AMOUNT. ALLOWANCE FOR ITEMIZED MATERNITY CARE CANNOT EXCEED ALLOWANCE FOR GLOBAL MATERNITY CARE.
U0030	THIS CHARGE IS INCLUDED IN THE ALLOWED AMOUNT FOR THE DURABLE MEDICAL EQUIPMENT.
U0038	NON-COVERED SERVICE. DOCUMENTATION OF SERVICES RENDERED DOES NOT MEET TRICARE CRITERIA.
U0040	MEDICAL NEED WAS NOT DOCUMENTED BASED ON A REVIEW BY OUR MEDICAL STAFF.
U0043	NON COVERED SERVICE. THIS SERVICE NOT PAYABLE UNDER BASIC TRICARE.
U0049	PATIENT IS NOT WITHIN THE AGE RANGE, GENDER OR RELATIONSHIP SPECIFIED FOR THIS PROCEDURE.
U0050	THE AUTHORIZATION FOR THESE SERVICES IS NOT ON FILE OR DOES NOT MATCH THE SERVICES PROVIDED UNDER THE AUTISM DEMO PROJECT OR EXTENDED HEALTH CARE OPTION (ECHO).
U0051	NON-COVERED SERVICE. TRICARE DOES NOT ALLOW BENEFITS FOR SERVICES THAT ARE CONSIDERED UNPROVEN.
U0056	NON-COVERED SERVICE(S). ONLY ONE LEVEL OF CARE CAN BE ALLOWED PER DAY.
U0058	ANESTHETIC BY ATTENDING PHYSICIAN IN SURGICAL ALLOWANCE.
U0065	NON-AVAILABILITY STATEMENT NOT RECEIVED. THIS DIAGNOSIS DOES NOT MEET THE CRITERIA FOR AN EMERGENCY ADMISSION.
U0066	NON-COVERED SERVICES OR SUPPLIES. THESE SERVICES ARE NOT PAYABLE WITH A BEHAVIORAL HEALTH DIAGNOSIS.
U0068	THIS AMBULANCE SERVICE IS NOT COVERED.
U0073	SPEECH THERAPY LIMIT EXCEEDED.
U0075	CHARGES EXCEED MONTHLY MAXIMUM.
U0080	FOOT SUPPORTS/ORTHOTICS NOT COVERED.
U0081	PERSONAL COMFORT ITEM NOT COVERED.
U0084	THIS SERVICE IS INCLUDED IN THE MATERNITY ALLOWANCE.
U0087	CHIROPRACTIC SERVICES NOT COVERED.
U0099	NOTIFICATION OF ADMISSION NOT RECEIVED.
U0103	REQUESTED INFORMATION NOT RECEIVED ON SERVICES RENDERED.
U0110	CERTIFICATE OF MEDICAL NECESSITY OR PRESCRIPTION INCOMPLETE OR NOT RECEIVED.
U0112	SERVICES RENDERED OR SUPPLIES PROVIDED ARE NOT MEDICALLY NECESSARY. AS PER PEER REVIEW, THERE IS INSUFFICIENT MEDICAL DOCUMENTATION OF DIAGNOSIS.

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U0113	SERVICES RENDERED OR SUPPLIES PROVIDED ARE NOT MEDICALLY NECESSARY. AS PER PEER REVIEW, THERE IS INSUFFICIENT MEDICAL DOCUMENTATION OF TREATMENT PLAN AND/OR DIAGNOSIS, AND/OR SESSION NOTES.
U0115	SERVICES PROVIDED WERE OUTSIDE THE HMO/PPO NET- WORK, PRE-AUTHORIZATION WAS NOT OBTAINED OR RELATED INFORMATION WAS NOT SUBMITTED BY PATIENT/PROVIDER. HAVE PRIMARY CARRIER SEND THE AMOUNT THAT WOULD HAVE BEEN PAID IF CLAIM MET THE REQUIREMENTS.
U0123	REQUESTED INFORMATION NOT RECEIVED. POWER OF ATTORNEY REQUIRED WHEN OTHER HEALTH INSURANCE CARRIER IS BANKRUPT/INSOLVENT.
U0127	WE HAVE NOT RECEIVED THE REQUIRED BREAKDOWN OF CHARGES OR HCPCS.
U0128	REQUESTED CORRESPONDING HCPCS CODES FOR ICD9 SURGICAL PROCEDURES NOT RECEIVED.
U0131	"PROVIDERS OF SERVICES FOR DIABETIC TRAINING MUST PROVIDE A COPY OF THEIR CERTIFICATE OF RECOGNITION FROM THE AMERICAN DIABETES ASSOCIATION. YOU MUST SUBMIT A COPY WITH EVERY CLAIM FOR THESE SERVICES."
U0152	AUTHORIZATION NOT ON FILE OR DOES NOT MATCH THE CLAIM SUBMITTED. THESE SERVICES REQUIRE PREPAYMENT APPROVAL. PLEASE SEND MEDICAL RECORDS TO VALUEOPTIONS, A&R, P.O. BOX 551188, JACKSONVILLE, FL 32255-1188 OR CALL 1-800-700-8646.
U0168	SERVICES REQUIRE AN 'MD' REFERRAL.
U0169	SERVICES REQUIRES AN 'MD' REFERRAL AND ONGOING PHYSICIAN SUPERVISION.
U0190	SERVICE IS PART OF A SINGLE GROUP OF SERVICES PERFORMED AT SAME TIME WHICH TRICARE PAID. IF CLAIM WAS FILED ON A PARTICIPATING BASIS, THE BENEFICIARY IS NOT RESPONSIBLE FOR PAYMENT OF THE DISALLOWED AMOUNT.
U0FGN	WE HAVE NOT RECEIVED THE REQUESTED MEDICAL DOCUMENTATION TO VERIFY SERVICES RENDERED. PLEASE RESUBMIT CLAIM WITH THE REQUESTED RECORDS.
U0LOA	LEAVE OF ABSENCE CHARGES ARE NOT PAID ON SHCP/TPRP CLAIMS.
U1021	HOME HEALTH AGENCY (HHA) / PROSPECTIVE PAYMENT SYSTEM (PPS) / REQUEST FOR ANTICIPATED PAYMENT (RAP) CANCELLATION WITHOUT REMARKS IN FIELD 84 ON UB04.
U1122	HOME HEALTH AGENCY (HHA) / PROSPECTIVE PAYMENT SYSTEM (PPS) / REQUEST FOR ANTICIPATED PAYMENT (RAP) CLAIM ADJUSTMENT WITH INVALID OR OMITTED CONDITION CODE.
U1123	HOME HEALTH AGENCY (HHA) / PROSPECTIVE PAYMENT SYSTEM (PPS) / REQUEST FOR ANTICIPATED PAYMENT (RAP) CLAIM FOR DENIAL NOTICE WITH INVALID CONDITION CODE.
U1126	HOME HEALTH AGENCY (HHA) / PROSPECTIVE PAYMENT SYSTEM (PPS) / REQUEST FOR ANTICIPATED PAYMENT (RAP) OR FINAL CLAIM SUBMITTED WITHOUT APPROPRIATE VALUE CODE.
U1219	HOME HEALTH AGENCY (HHA) / PROSPECTIVE PAYMENT SYSTEM (PPS) / REQUEST FOR ANTICIPATED PAYMENT (RAP) CANCELLATION WITHOUT CONDITION CODES.
U1AMD	MODIFIER INDICATING SERVICE PROVIDER & LEVEL REQUIRED.
U1DME	THIS MEDICAL EQUIPMENT IS NOT COVERED UNDER THE TRICARE DURABLE MEDICAL EQUIPMENT PROVISIONS.

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U1H13	HOME HEALTH AGENCY (HHA) PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) OR FINAL CLAIM SUBMITTED WITH INVALID TREATMENT AUTHORIZATION CODE.
U1PEN	THIS ITEM IS NOT COVERED UNDER THE TRICARE NUTRITIONAL THERAPY PROVISIONS.
U1RSA	TRICARE DOES NOT COVER THIS SERVICE BECAUSE THE PROVIDER DOES NOT HAVE A RESOURCE SHARING AGREEMENT (RSA) WITH THE TRICARE SOUTH CONTRACT.
U2OHI	PLEASE SEND US AN EXPLANATION OF BENEFITS FROM EACH OF YOUR POLICIES. EITHER THE CLAIM OR OUR RECORDS SHOW OTHER HEALTH INSURANCE (OHI) COVERAGE FROM TWO OR MORE POLICIES.
U4201	PLEASE REVIEW THE REQUEST FOR ANTICIPATED PAYMENT (RAP) TO BE SURE THE DATA WAS ENTERED CORRECTLY.
U4202	THIS HOME HEALTH AGENCY (HHA) / PROSPECTIVE PAYMENT SYSTEM (PPS) CLAIM REQUIRES A REQUEST FOR ANTICIPATED PAYMENT (RAP), AND THERE IS NO RAP ON FILE.
U4209	THE FROM DATE AND DATE OF SERVICE ON THE 023 LINE OF THE INITIAL REQUEST FOR ANTICIPATED PAYMENT (RAP) DO NOT MATCH.
U4211	REQUEST FOR ANTICIPATED PAYMENT (RAP) OR NO RAP LOW UTILIZATION PAYMENT ADJUSTMENT (LUPA) CLAIM HAS ALREADY PROCESSED WITH THE SAME EPISODE BEGIN DATE AS THE COVERED FROM DATE.
U4212	REQUEST FOR ANTICIPATED PAYMENT (RAP) OR NO RAP LOW UTILIZATION PAYMENT ADJUSTMENT (LUPA) CLAIM HAS ADJUDICATED AND EPISODE OF CARE IS FOUND WITH THE SAME BEGIN DATE AND NO TRANSFER INDICATOR IS SUBMITTED.
U4213	HOME HEALTH AGENCY (HHA) CLAIM CANCELLATION WITH NO EPISODE OF CARE ON FILE.
U4284	MAXIMUM DAYS, UNITS OR TIME(DUTS) WERE EXCEEDED.
U43DS	THIS SKILLED NURSING FACILITY (SNF) / PROSPECTIVE PAYMENT SERVICE (PPS) PRIMARY CLAIM REQUIRES A CONDITION CODE OF "58" AND A "70" OCCURRENCE SPAN CODE TO SHOW THAT A 3-DAY INPATIENT STAY PRECEDED THE SNF INPATIENT STAY.
U4AD2	THE ADMISSION DATE ON THE SUBSEQUENT REQUEST FOR ANTICIPATED PAYMENT (RAP) DOES NOT EQUAL THE ADMISSION DATE ON THE FIRST RAP.
U4ANP	THIS CHARGE IS DENIED BECAUSE A NON-PHYSICIAN NOT COVERED BY TRICARE PERFORMED THE ANESTHESIA SERVICE.
U4DUT	INVALID MODIFIER AND PROCEDURE CODE COMBINATION. PLEASE FILE A CORRECTED CLAIM THAT SHOWS A MODIFICATION IN THE LINE SUBMISSION.
U4H11	HOME HEALTH AGENCY (HHA) / PERSPECTIVE PAYMENT SYSTEM (PPS) 023 REVENUE CODE WITH OVERLAPPING DATES.
U4H13	HOME HEALTH AGENCY (HHA) / PROSPECTIVE PAYMENT SYSTEM (PPS) / REQUEST FOR ANTICIPATED PAYMENT (RAP) OR FINAL CLAIM SUBMITTED WITH INVALID TREATMENT AUTHORIZATION CODE.
U4H14	HOME HEALTH AGENCY (HHA) / PROSPECTIVE PAYMENT SYSTEM (PPS) / REQUEST FOR ANTICIPATED PAYMENT (RAP) OR FINAL CLAIM WITHOUT ATTENDING PHYSICIAN.
U4H15	THE HOME HEALTH AGENCY (HHA) / PROSPECTIVE PAYMENT SYSTEM (PPS) / REQUEST FOR ANTICIPATED PAYMENT (RAP) CONTAINS DUPLICATE DIAGNOSIS CODES.

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U4H21	THE HOME HEALTH AGENCY (HHA) / PROSPECTIVE PAYMENT SYSTEM (PPS) / REQUEST FOR ANTICIPATED PAYMENT (RAP) CONTAINS DIFFERENT FROM AND THROUGH DATES.
U4H23	FINAL CLAIM SUBMITTED SHOWING THE PATIENT IS STILL REMAINING; DATE OF SERVICES SHOULD BE FOR A 60 DAY EPISODE OR CLAIM SHOULD INDICATE THE PATIENT WAS DISCHARGED. PLEASE CORRECT DATE OF SERVICE OR PATIENT STATUS AND RESUBMIT.
U4H24	HOME HEALTH AGENCY (HHA) / PERSPECTIVE PAYMENT SYSTEM (PPS) / INITIAL REQUEST FOR ANTICIPATED PAYMENT (RAP) COVERED FROM AND COVERED TO DATES SHOULD BE EQUAL TO THE ADMISSION DATE.
U4H25	SOURCE OF ADMISSION VALUES B AND C ARE ONLY ALLOWED FOR HOME HEALTH AGENCY (HHA) CLAIMS.
U4H26	HOME HEALTH AGENCY (HHA) / PROSPECTIVE PAYMENT SYSTEM (PPS) / REQUEST FOR ANTICIPATED PAYMENT (RAP) CLAIM SHOULD SHOW PATIENT IS STILL REMAINING. PLEASE CORRECT PATIENT STATUS AND RESUBMIT.
U4H27	HOME HEALTH AGENCY (HHA) / PROSPECTIVE PAYMENT SYSTEM (PPS) FINAL CLAIM WITH INVALID PATIENT STATUS.
U4H30	REVENUE CODE 636 SUBMITTED ON HOME HEALTH AGENCY (HHA) / PROSPECTIVE PAYMENT SYSTEM (PPS) CLAIM WITH INVALID HCPCS CODE.
U4HH9	HOME HEALTH AGENCY (HHA) / PERSPECTIVE PAYMENT SYSTEM (PPS) START DATE OF SERVICE INVALID ON '023' REVENUE CODE LINE.
U4HHA	HOME HEALTH AGENCY (HHA) / PERSPECTIVE PAYMENT SYSTEM (PPS) CLAIM SUBMITTED WITH MORE THAT SIX '023' LINES.
U4IAD	TRICARE REQUIRES THE PHYSICAL ADDRESS BE IN BLOCK 1 AND THE BILLING ADDRESS IN BLOCK 2 OF THE UB0-04 INSTITUTIONAL CLAIM FORM.
U4MNS	MODIFIERS AA, AD, QK AND QY SIGNIFY A PHYSICIAN PERFORMED THE ANESTHESIA SERVICE, BUT THE CLAIM SHOWS THE RENDERING PROVIDER IS NOT A PHYSICIAN. PLEASE RE-SEND THE CLAIM CORRECTING THE DISCREPANCY BETWEEN THE MODIFIER AND THE RENDERING PROVIDER.
U4MPS	MODIFIERS QX AND QZ SIGNIFY THAT A NON-PHYSICIAN PERFORMED THE ANESTHESIA SERVICE; HOWEVER, THE CLAIM SHOWS THE RENDERING PROVIDER IS A PHYSICIAN. PLEASE RE-SEND THE CLAIM CORRECTING THE DISCREPANCY BETWEEN THE ANESTHESIA MODIFIER AND THE PROVIDER WHO RENDERED THE SERVICE.
U4NLP	YOUR REQUEST FOR ANTICIPATED PAYMENT (RAP) CLAIM HAS EITHER NOT BEEN DENIED, RETURNED, NOT RECEIVED OR A REFUND IS BEING REQUESTED FOR A PAYMENT THAT WAS SENT. PLEASE CORRECT ANY ISSUES WITH RAP BEFORE SUBMITTING FINAL CLAIM.
U4NPI	NO RENDERING NPI SUBMITTED ON ELECTRONIC CLAIM; RENDERING NPI NOT FOUND ON PIMS.
U4NTO	NATO FAMILY MEMBERS ARE NOT ELIGIBLE FOR INPATIENT BENEFITS.
U4PAD	TRICARE REQUIRES THE PHYSICAL ADDRESS IN BLOCK 32 AND THE BILLING ADDRESS IN BLOCK 33 OF THE CMS-1500 PROFESSIONAL CLAIM FORM.

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U4SZC	NEED VALID SERVICE STATE AND ZIP CODE.
U5014	NON-COVERED PROCEDURE CODE WITH EITHER THIS TYPE OF SERVICE, DIAGNOSIS CODE, PROVIDER SPECIALTY OR PROVIDER TYPE.
U5I49	SERVICES ARE NOT ALLOWED WHEN RENDERED ON THE SAME DAY AS AN INPATIENT-ONLY PROCEDURE.
U5IN8	SERVICE SUBMITTED IS AN INPATIENT-ONLY PROCEDURE
U6102	SERVICE (S) FILED AFTER TIME LIMIT. ALL CLAIMS MUST BE RECEIVED WITHIN ONE YEAR AFTER THE SERVICE WAS PERFORMED.
U6606	CHARGE DENIED. THIS SERVICE MUST BE SUBMITTED BY THE PROVIDER OF CARE AS AN INPATIENT STAY.
U6B01	PROCEDURE/DIAGNOSIS CODE BILLED DOES NOT MATCH PROCEDURE/DIAGNOSIS ON CERTIFICATE OF MEDICAL NECESSITY (CMN) AND/OR AUTHORIZATION.
U6BU0	NO AUTHORIZATION ON FILE. CONTACT THE HEALTH CARE FINDER AT YOUR LOCAL SERVICE CENTER FOR ASSISTANCE.
U6BU1	MEDICAL DENIAL: TRICARE DID NOT COVER THE CHARGES BECAUSE THE SERVICE OR SUPPLIES ARE NOT MEDICALLY NECESSARY.
U6BU3	WE HAVE NOT RECEIVED ENOUGH INFORMATION TO PROCESS THIS SERVICE OR SUPPLY.
U6BU5	NON-COVERED SERVICE. DOCUMENTATION OF SERVICES RENDERED DOES NOT MEET TRICARE CRITERIA.
U6CLA	CLAIMCHECK: INCIDENTAL PROCEDURE. YOU MAY REQUEST RECONSIDERATION.
U6CLB	CLAIMCHECK: MEDICAL VISIT INCLUDED IN ALLOWANCE FOR SURGICAL/MEDICAL TREATMENT. YOU MAY REQUEST RECONSIDERATION.
U6CLC	CLAIMCHECK: REBUNDLED WITH ANOTHER PROCEDURE. YOU MAY REQUEST RECONSIDERATION.
U6CLD	CLAIMCHECK: MUTUALLY EXCLUSIVE PROCEDURE. YOU MAY REQUEST RECONSIDERATION.
U6CLE	CLAIMCHECK: PRE-OP CARE INCLUDED IN SURGICAL ALLOWANCE.
U6CLF	CLAIMCHECK: POST-OP CARE INCLUDED IN SURGICAL ALLOWANCE.
U6CLG	CLAIMCHECK: ASSISTANT SURGEON NOT MEDICALLY NECESSARY FOR PROCEDURE CODE. YOU MAY REQUEST RECONSIDERATION.
U6CLH	CLAIMCHECK: DUPLICATE OR BILATERAL SERVICE BILLED AGAIN. YOU MAY REQUEST RECONSIDERATION.
U6CLI	CLAIMCHECK: DENIED FOR REBUNDLED DUPLICATE. YOU MAY REQUEST RECONSIDERATION.
U6CLJ	CLAIMCHECK: ALTERNATE REPLACEMENT CODE FOR AGE/PROCEDURE CONFLICT DENIED.
U6CLL	CLAIMCHECK: PROCEDURE EXCEEDS MAXIMUM LIFETIME BENEFIT. YOU MAY REQUEST RECONSIDERATION.
U6CLM	CLAIMCHECK: PROCEDURE EXCEEDS MAXIMUM DAILY BENEFIT. YOU MAY REQUEST RECONSIDERATION.
U6CLP	CLAIMCHECK: CHARGE INCLUDED IN A PAID SERVICE. YOU MAY REQUEST RECONSIDERATION.
U6CNP	CONTRACTED NEGOTIATED RATE EXCEEDED.
U6CRX	CLAIMREVIEW: DIAGNOSIS AND PROCEDURE CODE COMBINATION NON-SPECIFIC OR UNRELATED. YOU MAY REQUEST RECONSIDERATION.
U6ECA	THE MAXIMUM MONTHLY BENEFIT (\$2500.00) HAS BEEN EXCEEDED FOR THE ECHO AND/OR AUTISM DEMONSTRATION PROJECT.

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U6ECH	THE PATIENT IS NOT ELIGIBLE FOR THE EXTENDED CARE HEALTH OPTION (ECHO) ON DEERS. DEERS PHONE NUMBER - 1-800-538-9552.
U6EHH	THE PATIENT IS NOT ELIGIBLE FOR THE EXTENDED CARE HEALTH OPTION (ECHO) - HOME HEALTH ON DEERS. DEERS PHONE NUMBER - 1-800-538-9552.
U6OBV	OUTPATIENT OBSERVATION STAY SERVICES ARE NOT MEDICALLY NECESSARY.
U6PG4	THIS CHARGE INCLUDED IN A PAID SERVICE.
U6PGW	THIS LAB TEST CANNOT BE PERFORMED IN THE HOME OR BY A PROVIDER WHO IS CLASSIFIED AS PHARMACY, DME OR PEN.
U6PT4	A SURGICAL REVENUE CODE REQUIRES A VALID SURGICAL CPT4/HCPCS CODE.
U6SP1	THE MILITARY MEDICAL SUPPORT OFFICE (MMSO) HAS DENIED THE SERVICE BECAUSE IT IS NOT A TRICARE COVERED BENEFIT. ONLY THE ACTIVE DUTY MILITARY MEMBER MAY CONTACT THE MILITARY MEDICAL SUPPORT OFFICE TO APPEAL THESE DENIALS AT 888-647-6676.
U6SP2	THE MILITARY MEDICAL SUPPORT OFFICE (MMSO) HAS DENIED THE SERVICE BECAUSE THE PROVIDER WAS NOT AUTHORIZED TO PERFORM THIS SERVICE. ONLY THE ACTIVE DUTY MILITARY MEMBER MAY CONTACT THE MILITARY MEDICAL SUPPORT OFFICE TO APPEAL THESE DENIALS AT 888-647-6676.
U6SP3	THE MILITARY MEDICAL SUPPORT OFFICE (MMSO) HAS DENIED THE SERVICE AS NOT MEDICALLY NECESSARY. ONLY THE ACTIVE DUTY MILITARY MEMBER MAY CONTACT THE MILITARY MEDICAL SUPPORT OFFICE TO APPEAL THESE DENIALS AT 888-647-6676.
U6SP4	THE MILITARY MEDICAL SUPPORT OFFICE (MMSO) HAS DENIED THE SERVICE BECAUSE IT WAS NOT PRE-AUTHORIZED. ONLY THE ACTIVE DUTY MILITARY MEMBER MAY CONTACT THE MILITARY MEDICAL SUPPORT OFFICE TO APPEAL THESE DENIALS AT 888-647-6676.
U7001	THESE SERVICES DO NOT MEET THE TRICARE/ CHAMPVA ADJUNCTIVE DENTAL CRITERIA.
U7030	NO SEPARATE PAYMENT IS ALLOWED FOR INCIDENTAL PROCEDURES.
U7200	OBSOLETE PROCEDURE CODE(S) SUBMITTED - SERVICE(S) DENIED; PROVIDER MUST PROVIDE CORRECT PROCEDURES CODE(S).
U7500	INTERIM BILLING SUBMITTED OUT OF ORDER.
U7501	THESE SERVICES MUST BE BILLED SEPARATELY.
U7504	DRG 469 OR 470 WITH ADMISSION DATE ON OR BEFORE SEPTEMBER 30, 2008 OR DRG 998 OR999 WITH ADMISSION DATE ON OR AFTER OCTOBER 1,2008. INCOMPLETE/INACCURATE CLAIMS CANNOT BE PAID UNDER TRICARE DRG-BASED PAYMENT SYSTEM.
U7511	THIS CHARGE INCLUDED IN A PAID SERVICE COVERED IN A PER DIEM RATE OR CONTRACTED RATE.
U7512	THIS CHARGE INCLUDED IN A PAID SERVICE COVERED IN AN AMBULATORY SURGERY GROUP RATE.
U7521	INTERIM DIAGNOSIS RELATED GROUPING (DRG) BILLING SUBMITTED OUT OF ORDER.
U7ELG	ACCORDING TO DEFENSE ELIGIBILITY ENROLLMENT REPORTING SYSTEM (DEERS), THIS PATIENT IS NOT ELIGIBLE FOR TRICARE COVERAGE ON THESE DATES OF SERVICE. DEERS PHONE NUMBER - 1-800-538-9552.

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U7H30	INVALID CORE-BASED STATISTICAL AREA (CBSA) OR METROPOLITAN STATISTICAL AREA (MSA). SERVICES ON OR AFTER 1/1/06 REQUIRE A VALID CBSA CODE.
U7H70	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) CONTAINS AN INVALID HIPPS CODE.
U7NDC	INJECTABLE DRUG SUBMITTED WITHOUT A VALID NATIONAL DRUG CODE (NDC) NUMBER.
U8001	CANNOT PROCESS NEGOTIATED RATE AMOUNT OF LESS THAN A PENNY.
U8022	SKILLED NURSING FACILITY (SNF) CLAIM WITH PRIMARY OTHER HEALTH INSURANCE PAYMENT CANNOT PROCESS AS PERSPECTIVE PAYMENT SYSTEM (PPS).
U8084	PREVENTIVE CARE SERVICE EXCEEDS THE FREQUENCY AUTHORIZED UNDER THE MEDEXCEL PLAN.
U8304	CLAIM REJECTED. NONAVAILABILITY STATEMENT AUTHORIZATION NOT ON DEERS. DEERS PHONE NUMBER - 1-800-538-9552.
U8336	NON-COVERED SERVICES/PROFESSIONAL INPATIENT SERVICES ASSOCIATED WITH A MENTAL HEALTH PER DIEM STAY.
U8581	POSSIBLE NON-COVERED SERVICE/PROCEDURE. TRICARE PREVENTATIVE CARE CLAIM WITH AGE OUT OF RANGE AND /OR LIMITATIONS EXCEEDED.
U8A38	THIS CLAIM WAS DENIED DUE TO RECEIPT OF TYPE OF BILL 138 (VOID OR CANCEL PRIOR CLAIM).
U8ADM	ADMINISTRATION FEE DENIED BECAUSE IT IS IN EXCESS OF THE NUMBER OF IMMUNIZATIONS OR THE IMMUNIZATION CHARGE WAS DENIED.
U8APS	CLAIMS HISTORY SHOWS A CLAIM PREVIOUSLY PAID TO THE SAME RENDERING PROVIDER AS EITHER THE PRIMARY OR ASSISTANT SURGEON.
U8AQU	INVOICE FOR ACQUISITION COST REQUIRED. PLEASE RESUBMIT THE CLAIM WITH THE INVOICE FOR ACQUISITION COST.
U8AUT	SERVICES NOT ACCREDITED OR CERTIFIED FOR ECHO AUTISM DEMO.
U8B37	THE CLAIM DENIED DUE TO RECEIPT OF TYPE OF BILL 137 (REPLACEMENT CLAIM).
U8B38	THE ORIGINAL CLAIM WAS NOT SUBMITTED OR NO PAYMENT WAS MADE.
U8BH4	YOU HAVE REACHED THE BENEFIT LIMIT FOR THIS SERVICE. PLEASE CALL VALUEOPTIONS AT 1-800-700-8646 OR SEND OUTPATIENT TREATMENT REPORT TO VALUEOPTIONS, P.O BOX 551188, JACKSONVILLE, FL 32255-1188, ATTN: OTR.
U8BHC	REVIEW OF CLINICAL DOCUMENTATION DOES NOT SUPPORT THE CLAIM SUBMITTED. PLEASE REVIEW DOCUMENTATION AND SUBMIT A CORRECTED CLAIM.
U8BHI	MEDICAL DENIAL: DOCUMENTATION RECEIVED DOES NOT SUPPORT SERVICES. PLEASE RE-SUBMIT THIS CLAIM WITH ADDITIONAL DOCUMENTATION OR CORRECT BILLING ON CLAIM AND RESUBMIT.
U8BHL	PLEASE RESUBMIT THIS CLAIM WITH CLINICAL DOCUMENTATION THAT SUPPORTS THE SERVICE(S) PROVIDED.
U8BHM	MEDICAL DENIAL: MEDICAL NECESSITY HAS NOT BEEN SUPPORTED FOR THE SERVICE(S) SUBMITTED.
U8BHN	MEDICAL DENIAL: SERVICE IS NOT A TRICARE COVERED BENEFIT.

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U8BHW	THE BENEFIT LIMIT HAS BEEN REACHED FOR THE REQUESTED SERVICE. A BENEFIT WAIVER REQUEST HAS NOT BEEN SUBMITTED.
U8CAP	THE AMOUNT TRICARE ALLOWS FOR DURABLE MEDICAL EQUIPMENT (DME) RENTAL HAS BEEN MET. COVERAGE FOR RENTING THE EQUIPMENT CANNOT EXCEED THE AMOUNT IT WOULD COST TO PURCHASE THE DME.
U8CBE	REVIEW OF CLINICAL DOCUMENTATION DOES NOT SUPPORT THE CLAIM SUBMITTED. PLEASE REVIEW DOCUMENTATION AND SUBMIT A CORRECTED CLAIM.
U8DM1	CERTIFICATION OF MEDICAL NECESSITY NOT RECEIVED. RESUBMIT WITH CERTIFICATION OF MED. NECESSITY.
U8DUP	DUPLICATE AMBULATORY SURGERY CLAIM PREVIOUSLY SUBMITTED.
U8FTD	MEDICAL DENIAL: THE SERVICE RENDERED DOES NOT MEET BENEFIT COVERAGE PER TRICARE POLICY.
U8HH1	THE HOME HEALTH AGENCY (HHA) / PROSPECTIVE PAYMENT SYSTEM (PPS) / REQUEST FOR ANTICIPATED PAYMENT (RAP) CONTAINS LINES THAT ARE INCLUDED IN THE PAID SERVICE.
U8HHA	THE HOME HEALTH AGENCY (HHA) MUST SUBMIT THE CLAIM ON A UB04 CLAIM FORM WITH THE APPROPRIATE REVENUE CODE AND HCPCS CODE.
U8HHC	THE HOME HEALTH AGENCY (HHA) DATES OF SERVICE ARE DURING AN INPATIENT STAY.
U8HHI	THE HOME HEALTH AGENCY (HHA) / PROSPECTIVE PAYMENT SYSTEM (PPS) / REQUEST FOR ANTICIPATED PAYMENT (RAP) CONTAINS SERVICES INCLUDED IN THE HHA/PPS PAYMENT.
U8ISD	DOCUMENTATION RECEIVED DOES NOT SUPPORT SERVICES BILLED. PLEASE RE-SUBMIT THIS CLAIM WITH ADDITIONAL DOCUMENTATION OR CORRECT BILLING ON CLAIM AND RESUBMIT.
U8LIN	CHARGES/LINES DENIED WERE NOT INCLUDED ON THE REPLACEMENT DENY WITH U8LIN.
U8LOI	PLEASE RESUBMIT THIS CLAIM WITH CLINICAL DOCUMENTATION THAT SUPPORTS THE SERVICE(S) PROVIDED.
U8MD1	MODIFIERS AA AND QZ SIGNIFY THAT A SINGLE PROVIDER PERFORMED THE ANESTHESIA SERVICE. THIS CHARGE IS DENIED BECAUSE THE ANESTHESIA SESSION WAS PREVIOUSLY CLAIMED WITH MODIFIER AD, QK, QX OR QY FOR SHARED SERVICES. PLEASE SEND A CORRECTED CLAIM TO US.
U8MD2	MODIFIERS AD, QK, QX OR QY DEFINE THE ANESTHESIA MEDICAL DIRECTION AND SIGNIFY A SHARED SERVICE BETWEEN PROVIDERS. THIS CHARGE IS DENIED BECAUSE THE ANESTHESIA SESSION WAS PREVIOUSLY CLAIMED WITH THE MODIFIER AA OR QZ FOR SERVICES BY ONE PROVIDER. PLEASE SEND A CORRECTED CLAIM TO US.
U8MD3	MODIFIER AA SIGNIFIES THAT A SINGLE PROVIDER PERFORMED THE ANESTHESIA SERVICE. THIS CHARGE IS DENIED BECAUSE THE ANESTHESIA SESSION PREVIOUSLY CLAIMED WITH THE MODIFIER QZ WAS ALSO PERFORMED BY ONE PROVIDER. PLEASE SEND A CORRECTED CLAIM TO US.
U8MD4	MODIFIER QZ SIGNIFIES THAT A SINGLE PROVIDER PERFORMED THE ANESTHESIA SERVICE. THIS CHARGE IS DENIED BECAUSE THE ANESTHESIA SESSION PREVIOUSLY CLAIMED WITH THE MODIFIER AA WAS ALSO PERFORMED BY ONE PROVIDER. PLEASE SEND A CORRECTED CLAIM TO US.

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U8MDC	REVENUE CODES 360-369 OR 722 SUBMITTED WITHOUT SUPPORTING ICD-9 SURGICAL PROCEDURE. M TO US.
U8MND	MEDICAL DENIAL: SERVICES RENDERED OR SUPPLIES PROVIDED ARE NOT MEDICALLY NECESSARY BASED ON A REVIEW BY OUR MEDICAL STAFF.
U8MTF	DENIED PER PRIME CONTRACTOR - SERVICES NOT AUTHORIZED BY MTF.
U8NB2	NON-AVAILABILITY STATEMENT AUTHORIZATION NO LONGER VALID WITHOUT MOTHER'S INSTITUTIONAL CLAIM INDICATING DISCHARGE DATE.
U8NER	DOCUMENTATION/DIAGNOSIS SUBMITTED DOES NOT MEET EMERGENCY CRITERIA.
U8NON	THE REQUEST FOR ANTICIPATED PAYMENT (RAP) MUST BE ON FILE BEFORE TRICARE CAN CONSIDER PAYMENT.
U8OBS	OUTPATIENT OBSERVATION STAY SERVICES ARE NOT MEDICALLY NECESSARY.
U8PBP	NON-COVERED SERVICE WITH THIS DIAGNOSIS CODE.
U8PUD	PLACE OF SERVICE IS NOT COMPATIBLE WITH TYPE OF SERVICE. CORRECT AND RESUBMIT
U8QIP	NON-COVERED SERVICE: TRICARE BENEFITS ARE NOT ALLOWED FOR SERVICES THAT ARE CONSIDERED QUESTIONABLE, INVESTIGATIONAL, OR EXPERIMENTAL.
U8RSK	ANESTHESIA RISK FACTOR CHARGES RECEIVED WITH NO PRIMARY ANESTHESIA CLAIM ON FILE.
U8RT4	CHARGE COVERED BY RESIDENTIAL TREATMENT CENTER PAYMENT.
U8SNF	THIS CHARGE IS INCLUDED IN A PAID SERVICE AND COVERS SERVICES AND SUPPLIES DURING A SKILLED NURSING FACILITY (SNF) INPATIENT STAY. IT IS ALSO INCLUDED IN THE SNF/PROSPECTIVE PAYMENT SYSTEM (PPS) PAYMENT RATE.
U8SRG	TRICARE DID NOT COVER THIS SURGICAL PROCEDURE BECAUSE IT WAS PREVIOUSLY CLAIMED BY ANOTHER PHYSICIAN. PLEASE SUBMIT A CORRECTED CLAIM WITH THE APPROPRIATE MODIFIER FOR THE ASSISTANT OR CO-SURGEON.
U8STV	SERVICES DENIED WITH U8STV WERE PERFORMED DURING THE SAME TIME PERIOD. DOCUMENTATION WILL NEED TO BE SUBMITTED INDICATING DIFFERENT TIME FRAMES.
UADME	ACTIVE DUTY DME CLAIM WITH NO AUTHORIZATION ON FILE.
UAMBU	AMBULANCE CLAIMS REQUIRE VALID MODIFIERS INDICATING AMBULANCE ORIGIN AND DESTINATION.
UANST	AN ANESTHESIA CLAIM REQUIRES A START AND STOP TIME OR THE TOTAL NUMBER OF MINUTES THE ANESTHESIA WAS ADMINISTERED.
UAUTH	AUTHORIZED SERVICE LIMITS EXCEEDED.
UBNPI	PROVIDERS SUBMITTING ELECTRONIC CLAIM MUST SUBMIT A BILLING PROVIDER NPI NUMBER.
UC001	MAXIMUM BENEFITS HAVE BEEN ALLOWED.
UC002	SERVICES RENDERED OR SUPPLIES PROVIDED ARE NOT MEDICALLY NECESSARY.
UC005	SERVICE INCLUDED IN SURGICAL ALLOWANCE.
UC009	SERVICE COVERED BY WORKER'S COMPENSATION.
UC012	NON-COVERED SERVICES. BENEFITS CAN NOT BE ALLOWED FOR SERVICES NOT RENDERED AND/OR DOCUMENTED.

This document is subject to change.

Last updated: 07/06/09

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UCAB1	REQUESTED INFORMATION NOT RECEIVED: MEDICAL DOCUMENTATION OF ENDANGERMENT.
UCHX6	MEDICARE ADJUSTED RESULTING FROM REVIEW FINDING.
UCX16	DUPLICATE CLAIM/SERVICE.
UCX18	THIS CHARGE WAS DENIED BY YOUR PROCESSOR AS A DUPLICATE
UDIAA	ADMITTING OR PRINCIPAL DIAGNOSIS CODE(S) IS INVALID OR MISSING. RESUBMIT CLAIM WITH A VALID DIAGNOSIS CODE(S) WITH A 4TH OR 5TH DIGIT, IF REQUIRED.
UDIAG	DIAGNOSIS CODE(S) IS MISSING OR INVALID. RESUBMIT THE CLAIM WITH A VALID DIAGNOSIS CODE(S) WITH A 4TH OR 5TH DIGIT, IF REQUIRED.
UDTFL	THIS IS A DUPLICATE OF SERVICES CLAIMED.
UDUPL	THE PRIMARY HEALTH INSURANCE DENIED THE CHARGE AS DUPLICATES OF A PREVIOUSLY PROCESSED CLAIM. PLEASE SEND US AN EXPLANATION OF BENEFITS FOR THE ORIGINAL CHARGES.
UE660	DRUG SUBMITTED WITHOUT NDC#, QUANTITY, DAYS, SUPPLY OR UNIT/PACKAGE
UE801	PROCEDURE AND SEX CONFLICT.
UEMC1	POSSIBLE DUPLICATE OR CORRECTED CLAIM. IF CORRECTED CLAIM OF A PREVIOUSLY SUBMITTED CLAIM, PLEASE RESUBMIT WITH THE CORRECT BILL TYPE. LATE CHARGES MUST BE SUBMITTED WITH ORIGINAL CHARGES AND CORRECT BILL TYPE. RESUBMIT THE CORRECTED CLAIM TO THE CORRESPONDENCE ADDRESS.
UESRD	MEDICARE ELIGIBLE END STAGE RENAL CLAIM. UPDATE ON DEERS AND FILE WITH TRICARE DUAL- ELIGIBILITY FISCAL INTERMEDIARY CONTRACT (TDEFIC).
UHCFA	INCORRECT CLAIM FORM. PLEASE RESUBMIT CLAIM USING THE CMS-1500 FORM.
UHPCP	THE REVENUE AND HCPCS CODES DO NOT MATCH. PLEASE RESUBMIT THE CLAIM WITH THE CORRECT REVENUE CODE FOR THE HCPCS.
UHDER	THE PATIENTS REIMBURSEMENT INFORMATION ON YOUR PRIMARY HEALTH INSURANCE EXPLANATION OF BENEFITS (EOB) IS ILLEGIBLE. PLEASE SEND US AN EOB WITH CLEAR, LEGIBLE INFORMATION.
UICD9	THIS CLAIM IS FROM A NETWORK PROVIDER WITH AN ICD-9 CONTRACT TERMS WITH NO ICD-9 SURGICAL CODE SUBMITTED. PLEASE RESUBMIT WITH AN ICD-9 SURGICAL CODE.
UMDNP	MODIFIER SA SIGNIFIES A NURSE PRACTITIONER RENDERED THIS SERVICE, BUT THE CLAIM SHOWS THE RENDERING PROVIDER IS NOT A NURSE PRACTITIONER. PLEASE RESUBMIT THIS CLAIM CORRECTING THE DISCREPANCY BETWEEN THE MODIFIER AND THE RENDERING PROVIDER.
UMMAX	THE \$36,000.00 YEARLY ECHO BENEFIT HAS BEEN MET FOR THIS SERVICE. ANY AMOUNT OVER THIS BENEFIT IS THE PATIENT'S RESPONSIBILITY.
UMODG	MODIFIER GE, GY, OR GZ SIGNIFIES NON-COVERED SERVICE(S) OR SUPPLIES.
UMPRV	SERVICE PREVIOUSLY SUBMITTED BY THE RENDERING PROVIDER. STATE AGENCY CLAIM DENIED.
UMR30	THIS CHARGE IS INCLUDED IN A PAID SERVICE.
UMTDX	DIAGNOSIS CODE SUBMITTED DOES NOT MEET THE MEDICAL NECESSITY FOR MATERNITY ULTRASOUND.
UMTEN	HIPPA CLAIM. AN ALTERNATE SSN HAS BEEN SUBMITTED FOR THIS MEMBER. RESUBMIT CLAIM WITH THE APPROPRIATE SPONSOR SSN.

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UNADM	NON-COVERED SERVICES: SPONSOR NO LONGER HAS ACTIVE DUTY STATUS.
UNCBP	WE HAVE NOT RECEIVED DOCUMENTATION TO VERIFY CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) ELIGIBILITY FOR PATIENT GREATER THAN 60 DAYS OLD. PLEASE RE-FILE THE CLAIM(S) WITH CHCBP ELIGIBILITY DOCUMENTATION.
UNCLS	PLEASE SUBMIT THIS CLAIM USING A STANDARD CPT4 OR HCPCS CODE OR WITH A CLEAR EXPLANATION OF THE SERVICE AND WHY A MORE SPECIFIC CPT4/HCPCS CODE CANNOT BE USED. IF A CPT4/HCPCS CODE IS AVAILABLE BUT AN UNCLASSIFIED CODE IS USED, TRICARE CANNOT PAY FOR THIS SERVICE.
UNDME	PLEASE SUBMIT SPECIFIC VERBIAGE OR A VALID HCPCS CODE FOR THIS DURABLE MEDICAL EQUIPMENT.
UNEOB	PLEASE SEND AN EXPLANATION OF BENEFITS. THE CLAIM SHOWS OTHER HEALTH INSURANCE (OHI) THAT IS PRIMARY TO TRICARE. ELECTRONIC MEDIA CLAIMS SHOULD CONTAIN OHI INFORMATION IN BLOCKS 9, 10D, 11D, AND 19 OF THE CMS 1500 CLAIM FORM AND BLOCKS 39 AND 54 OF THE UB-04 CLAIM FORM.
UNNUT	THIS NUTRIENT OR SUPPLY IS NOT A COVERED BENEFIT UNDER THE TRICARE PARENTERAL AND ENTERAL THERAPY POLICY.
UNREL	MISSING OR INVALID INFORMATION IN BLOCK 52 OF THE UB-04 CLAIM FORM.
UNSIG	PLEASE SUBMIT ALL NETWORK CLAIMS WITH A VALID PROVIDER SIGNATURE.
UO123	REQUESTED INFORMATION NOT RECEIVED -- POWER OF ATTORNEY.
UOPS1	HOME HEALTH AGENCY/PERSPECTIVE PAYMENT SYSTEM (HHHA/PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) ADMISSION DATE NOT EQUAL TO THE ADMISSION DATE ON THE INITIAL RAP.
UOPS2	HOME HEALTH AGENCY/PERSPECTIVE PAYMENT SYSTEM (HHA/PPS) FINAL CLAIM DATES NOT EUAL TO REQUEST FOR ANTICIPATED PAYMENT (RAP).
UP1CT	PHASE I CLINICAL TRIAL DOES NOT MEET BENEFIT CRITERIA.
UPART	THIS FACILITY IS NOT AUTHORIZED TO PERFORM THIS SERVICE. PLEASE CONTACT NATIONAL QUALITY MANAGEMENT CONTRACT (NQMC) FOR CERTIFICATION. ADDRESS: 1600 E. NORTHERN AVE, SUITE 100, PHOENIX, AZ 85020; PHONE: 602-308-7166; EMAIL: NQMC@MAXIMUS.COM
UR001	THE PROVIDER WHO PERFORMED THE SERVICE WAS NOT AFFILIATED WITH THE HOSPITAL WHERE SERVICES WERE RENDERED. NON-APPEALABLE.
UR002	SERVICES RENDERED OR SUPPLIES PROVIDED ARE NOT MEDICALLY NECESSARY.
UR003	AUTHORIZED SERVICE LIMITS EXCEEDED.
UR004	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE; RENDERING PROVIDER IN MEDICAL RECORDS IS NOT AUTHORIZED.
UR008	REQUESTED INFORMATION NOT RECEIVED FOR UTILIZATION REVIEW.
UR011	SERVICE INCLUDED IN SURGICAL ALLOWANCE.
UR012	NON-COVERED SERVICE(S). BENEFITS CANNOT BE ALLOWED FOR SERVICES NOT RENDERED AND/OR DOCUMENTED.
UR013	SERVICES RENDERED OR SUPPLIES PROVIDED ARE NOT MEDICALLY NECESSARY FOR EMERGENCY ROOM LEVEL OF CARE.
UR014	REQUESTED INFORMATION NOT RECEIVED FROM BENEFICIARY.

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UR030	THIS CHARGE INCLUDED IN A PAID SERVICE.
UR032	NON-COVERED SERVICE. BENEFITS NOT PROVIDED FOR MORE THAN ONE PROVIDER TO TREAT THE SAME CONDITION.
UR038	NON-COVERED SERVICES OR SUPPLIES. DOCUMENTATION OF SERVICES RENDERED DOES NOT MEET TRICARE CRITERIA AND/OR IS NOT LEGIBLE.
UR039	SERVICES RENDERED OR SUPPLIES PROVIDED ARE NOT MEDICALLY NECESSARY, PER PEER REVIEW DECISION.
UR040	MEDICAL NEED WAS NOT DOCUMENTED BASED ON A REVIEW BY OUR MEDICAL REVIEW STAFF.
UR043	NON-COVERED SERVICE(S) OR SUPPLIES. NON APPEALABLE
UR046	WE HAVE NOT RECEIVED ENOUGH INFORMATION TO PROCESS THIS SERVICE OR SUPPLY.
UR056	NON-COVERED SERVICE(S). ONLY ONE LEVEL OF CARE CAN BE ALLOWED PER DAY.
UR102	NON-COVERED SERVICES. SELECTED PROVIDER NOT UTILIZED. BENEFICIARY RESPONSIBLE FOR BILL.
UR103	NON-COVERED SERVICES. SELECTED PROVIDER NOT UTILIZED. BENE RESPONSIBLE FOR BILL.
UR105	NON-COVERED SERVICE. SERVICES PROVIDED/ PRESCRIBED BY MEMBER OF IMMEDIATE FAMILY.
UR106	SERVICES RENDERED OR SUPPLIES PROVIDED ARE NOT MEDICALLY NECESSARY. RESUBMIT CLAIM WITH CURRENT RECERTIFICATION OF MEDICAL NECESSITY SIGNED AND DATED.
UR111	SERVICES RENDERED OR SUPPLIES PROVIDED ARE NOT COVERED BECAUSE RECORDS SUBMITTED DO NOT MEET MEDICAL DOCUMENTATION REQUIREMENTS. PROVIDER SIGNATURE NOT ON MEDICAL RECORDS AND/OR IS NOT LEGIBLE.
UR19X	NON-COVERED SERVICES. PROVIDER CONTRACTED FOR SUB-ACUTE LEVEL OF CARE, MUST BE BILL WITH APPROPRIATE REVENUE CODE IN THE RANGE 190-199.
UR414	OTHER HEALTH INSURANCE INFORMATION NOT PROVIDED.
UR605	CHARGE DENIED: THIS SERVICE MUST BE SUBMITTED BY THE PROVIDER OF CARE.
UR6B0	NO AUTHORIZATION ON FILE. CONTACT THE HEALTH CARE FINDER AT YOUR LOCAL SERVICE CENTER FOR ASSISTANCE.
UR909	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
URB01	PROCEDURE/DIAGNOSIS CODE BILLED DOES NOT MATCH PROCEDURE CODE AUTHORIZED.
URCTP	PLEASE SEND US AN EXPLANATION OF BENEFITS. OUR RECORDS SHOW THE PATIENT HAS OTHER HEALTH INSURANCE (OHI) PRIMARY TO TRICARE. ELECTRONIC MEDIA CLAIMS SHOULD CONTAIN OHI INFORMATION IN BLOCKS 9, 10D, 11D, AND 19 OF THE CMS 1500 CLAIM FORM AND BLOCKS 39 AND 54 OF THE UB-04 CLAIM FORM.
UREND	A RENDERING PROVIDER MUST BE SUBMITTED ON THE CLAIM.
URPID	ALTERED CLAIM-RESUBMIT CORRECTED CLAIM/NON- APPEALABLE.
US001	SPONSOR NOT ON DEERS: SPONSOR PLEASE CONTACT DEERS AT 1-800-538-9552 TO UPDATE INFORMATION.
US003	DEPENDENT PATIENT NOT ON DEERS: SPONSOR, PLEASE CONTACT DEERS AT 1-800-538-9552.

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US006	PATIENT NOT ELIGIBLE ON DEERS OR DATA BASE INCORRECT: SPONSOR PLEASE CONTACT DEERS AT 1-800-538-9552.
US700	ID CARD OR ELIGIBILITY EXPIRED ON DEERS. DEERS PHONE NUMBER - 1-800-538-9552
USCG3	DENIED PER SERVICE POINT OF CONTACT (SPOC): NON-CERTIFIED PROVIDER
USCG4	DENIED PER SERVICE POINT OF CONTACT (SPOC): NON-TRICARE BENEFIT
USCG5	DENIED PER SERVICE POINT OF CONTACT (SPOC): NOT MEDICALLY NECESSARY
USCG6	DENIED PER SERVICE POINT OF CONTACT (SPOC): NO PRE-AUTHORIZATION FOR SUPPLEMENTAL HEALTH CARE PROGRAM (SHCP) SERVICE.
USEOB	WE NEED MORE OTHER HEALTH INSURANCE INFORMATION. PLEASE SEND US AN EXPLANATION OF BENEFITS THAT MATCHES THE PATIENT'S NAME, DATE OF SERVICE, BILLED CHARGES, PROVIDER OF SERVICE, PROCEDURES RENDERED, AND SHOW AMOUNTS THE PRIMARY CARRIER PAID ON EACH PROCEDURE AND ANY DENIAL REASONS.
USFGN	PATIENT ADDRESS CONFLICTS WITH DEERS ENROLLMENT. CONTACT DEERS AT 1-800-538-9552.
USNDM	OUR RECORDS SHOW THE MOTHER'S DELIVERY AS MULTIPLE BIRTHS. TO ACCURATELY IDENTIFY EACH INFANT, PLEASE RESUBMIT THE CLAIM WITH THE INFANT'S FULL NAME.
USPC3	DENIED PER SERVICE POINT OF CONTACT (SPOC): NON-CERTIFIED PROVIDER.
USPC4	DENIED PER SERVICE POINT OF CONTACT (SPOC): NON-TRICARE BENEFIT.
USPC5	DENIED PER SERVICE POINT OF CONTACT (SPOC): NOT MEDICALLY NECESSARY.
USPC6	DENIED PER SERVICE POINT OF CONTACT (SPOC): NO PRE-AUTHORIZATION FOR SHCP SERVICE.
USPN3	DENIED PER SERVICE POINT OF CONTACT (SPOC): NON-CERTIFIED PROVIDER.
USPN4	DENIED PER SERVICE POINT OF CONTACT (SPOC): NON-TRICARE BENEFIT
USPN5	DENIED PER SERVICE POINT OF CONTACT (SPOC): NOT MEDICALLY NECESSARY
USPN6	DENIED PER SERVICE POINT OF CONTACT (SPOC): NO PRE-AUTHORIZATION FOR SHCP SERVICE.
USPOC	AUTHORIZATION DENIED BY THE SERVICE POINT OF CONTACT (SPOC).
UTAXD	MEDICAID STATE AGENCY CLAIM SUBMITTED WITHOUT THE GROUP TAX ID NUMBER WHERE THE SERVICES WERE RENDERED.
UTIME	THE PRIMARY HEALTH INSURANCE DENIED THE CHARGES BECAUSE THE SERVICES WERE NOT FILED WITHIN A CERTAIN TIME FRAME. PLEASE OBTAIN A STATEMENT FROM THE PRIMARY HEALTH INSURANCE AS TO HOW MUCH THEY WOULD HAVE PAID HAD THE SERVICES MET THE TIMELY FILING REQUIREMENT AND SEND IT TO US.
UTPL2	REQUESTED THIRD PARTY LIABILITY PAYMENT INFORMATION (DD FORM 2527) NOT RECEIVED.
UTPL3	REQUESTED INFORMATION NOT RECEIVED - INCOMPLETE DD FORM 2527 RECEIVED.
UWOLB	BEFORE RECEIVING CARE, THE PATIENT WAS INFORMED THAT TRICARE WOULD NOT PROVIDE COST-SHARING; OR THAT SIMILAR OR COMPARABLE CARE THE PATIENT RECEIVED ON A PRIOR OCCASION WAS EXCLUDED. THEREFORE, THE PATIENT IS RESPONSIBLE FOR THIS CHARGE.