

TRICARE South Remittance Status Codes Reference

P0SP1	CLAIM PAID BY SPECIAL CHECK.
P4001	LINE ITEM ADJUDICATED ONLINE WITHOUT ERRORS.
P4002	HEADER ADJUDICATED ONLINE WITHOUT ERRORS.
P6015	AMOUNT PLUS AMOUNT ALLOWED ON PREVIOUS CLAIM(S) FOR PART OF SERVICE PERFORMED AT SAME TIME IS MAXIMUM ALLOWABLE AMOUNT FOR SERVICE. IF CLAIM WAS FILED ON PARTICIPATING BASIS BENEFICIARY IS NOT RESPONSIBLE FOR PAYMENT OF DISALLOWED AMT. CLAIM REIMBURSED UNDER POINT OF SERVICE OPTION.
P7001	CHARGES ARE MORE THAN ALLOWABLE AMOUNT.
P7002	THE MAXIMUM ALLOWANCE HAS BEEN PROVIDED BY MEDICARE.
P7003	SEMI-PRIVATE ROOM BENEFITS WERE PAID, AS MEDICAL NEED NOT DOCUMENTED FOR PRIVATE ROOM.
P7004	THE BENEFICIARY IS ENROLLED IN THE CHARLESTON CATCHMENT ARE MANAGEMENT SYSTEM PROJECT. THIS CLAIM WAS PROCESSED UNDER CAM RULES.
P7005	CONSULTATION PAID AS LIMITED OFFICE VISIT. REFERRING PHYSICIAN NOT IDENTIFIED.
P7006	SERVICES PAID UNDER THE AMBULATORY SURGERY PROSPECTIVE PAYMENT RATES.
P7007	THE AMOUNT ALLOWED WAS THE LESSER OF BILLED CHARGES, CONTRACTED RATE, STATE PREVAILING, OR THE TRICARE MAXIMUM ALLOWABLE CHARGE.
P7010	CHARGE REIMBURSED AT THE INTERMEDIATE OFFICE VISIT LEVEL.
P7019	CHARGE IS MORE THAN ALLOWABLE AMOUNT. PAYMENT FOR BLOOD CHARGES ARE LIMITED TO A FIXED AMOUNT.
P7020	CHARGE IS MORE THAN ALLOWABLE AMOUNT. SECOND PROCEDURE PERFORMED ON A FINGER OR TOE IS PRICED AT 50% OF THE ALLOWED AMOUNT.
P7021	CHARGE IS MORE THAN ALLOWABLE AMOUNT. THREE OR MORE PROCEDURES PERFORMED ON FINGERS OR TOES ARE PRICED AT 25% OF THE ALLOWABLE CHARGE.
P7022	CHARGE IS MORE THAN ALLOWABLE AMOUNT. SECONDARY SURGICAL PROCEDURES PERFORMED AT THE SAME TIME ARE PRICED AT 50% OF THE USUAL ALLOWABLE CHARGE.
P7023	CHARGE IS MORE THAN ALLOWABLE AMOUNT. PAYMENT BASED ON GUIDELINES ESTABLISHED FOR MULTIPLE SURGERY.
P7024	PAYMENT REDUCED AS EYE REFRACTION NOT COVERED.
P7025	PAYMENT REDUCED AS EYE REFRACTION NOT COVERED WITH FOLLOW UP VISITS.
P7026	THE AMOUNT ALLOWED IS BASED ON A PERCENTAGE OF THE TOTAL SURGICAL FEE DUE TO MULTIPLE PROVIDER PARTICIPATION IN THE SURGICAL GLOBAL PERIOD.
P7027	CHARGES ARE MORE THAN ALLOWABLE AMOUNT. ALLOWED AMOUNT BASED ON ONE UNIT PER CPT4 GUIDELINES.
P7028	MEDICALLY DIRECTED SERVICES REPORTED THROUGH MODIFIER. PAYMENT MODIFIED.
P7029	PROVIDER REPORTED REDUCED SERVICES, PAYMENT MODIFIED. MODIFIER 52 USED.
P7501	PAYMENT INCLUDES AN ADDITIONAL ALLOWANCE FOR BLOOD CLOTTING FACTOR.
P7701	CHARGES EXCEED DAILY MAXIMUM.
P7NDC	INJECTABLE DRUG LINE RESOLVED WITH NO ERRORS.
P7O50	BILLED CHARGES LESS THAN CMAC.

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P7OP0	SERVICE WAS PAID THE OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) AMBULATORY PAYMENT CLASSIFICATION (APC) ALLOWABLE.
P7OP1	SERVICE WAS PAID THE OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) WITH OUTLIER AMOUNT.
P7OP5	SERVICE PAID BILLED CHARGE AS IT WAS LESS THAN THE CHAMPUS MAXIMUM ALLOWABLE CHARGE (CMAC) FEE SCHEDULE AMOUNT.
P7OP6	SERVICE PAID CHAMPUS MAXIMUM ALLOWABLE CHARGE (CMAC) FEE SCHEDULE AMOUNT.
P7OP7	SERVICE PAID BILLED CHARGE AS IT WAS LESS THAN THE DURABLE MEDICAL EQUIPMENT (DME) FEE SCHEDULE AMOUNT.
P7OP8	SERVICE PAID THE DURABLE MEDICAL EQUIPMENT (DME) FEE SCHEDULE AMOUNT.
P7OP9	SERVICE PAID BILLED CHARGE AS IT WAS LESS THAN THE INJECTABLE FEE SCHEDULE AMOUNT.
P7P10	SERVICE PAID THE INJECTABLE FEE SCHEDULE AMOUNT.
P7P11	SERVICE PAID BILLED CHARGE AS IT WAS LESS THAN THE PARENTERAL/ENTERAL NUTRITION (PEN) FEE SCHEDULE AMOUNT.
P7P12	SERVICE PAID THE PARENTERAL/ENTERAL NUTRITION (PEN) FEE SCHEDULE AMOUNT.
P7P13	SERVICE PAID BILLED CHARGE AS IT WAS LESS THAN THE STATEWIDE PREVAILING FEE SCHEDULE AMOUNT.
P7P14	SERVICE PAID THE STATEWIDE PREVAILING FEE SCHEDULE AMOUNT.
P7P15	SERVICE PAID BILLED CHARGE.
P7P17	SERVICE PAID BILLED CHARGE AS IT WAS LESS THAN THE BIRTHING CENTER RATE.
P7P18	SERVICE PAID AT THE BIRTHING CENTER RATE.
P7P19	SERVICE WAS MANUALLY PRICED.
P7PHP	LINE PROCESS WITH PHP PER DIEM
P7RAP	WE HAVE RECEIVED A RAP FROM YOUR HOME HEALTH AGENCY. PAYMENT UNDER THE HHA PPS REQUIRES RECEIPT OF THE FINAL CLAIM FOR AN EOC WITHIN 120 DAYS OF THE START OF CARE OR 60 DAYS AFTER THIS PAYMENT (WHICHEVER IS GREATER) TO AVOID OFFSETS TO FUTURE CLAIMS FILED BY THE HHA.
P7SCH	PRICE WAS REDUCED TO USE PRICING UNDER COMPREHENSIVE PREVENTIVE MEDICINE SERVICE.
P7SCN	SECONDARY SURGICAL PROCEDURE PRICED AT 50% OF TMAC DUE TO PRIMARY SURGICAL PROCEDURE PAID PREVIOUSLY.
P8001	LINE ITEM RESOLVED WITH NO ERRORS DETECTED BY CMMS.
P8002	HEADER RESOLVED WITH NO ERRORS DETECTED BY CMMS.
P8003	HEADER RESOLVED WITH NO ERRORS DETECTED BY CRIS.
P8004	THIS CLAIM IS FOR MEDICARE, NOT A TRICARE ELIGIBLE BENEFICIARY. NO APPEAL RIGHTS ARE AVAILABLE. PLEASE CONTACT US IF YOU HAVE ANY QUESITONS.
P8008	ADSM CLAIM RESOLVED WITH NO ERRORS DETECTED BY CRIS
P8115	LINE RESOLVED AFTER UR CHECK PERFORMED.
P8550	CHARGE IS MORE THAN ALLOWABLE AMOUNT. PAYMENT HAS BEEN REDUCED TO THE CHARGE FOR AUTOMATED LAB PROCEDURES.
P8MCS	CLAIM APPROVED FOR PAYMENT BY THE PRIME CONTRACTOR.

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P8MTF	SPECIFIC LINE ITEMS ON THIS CLAIM HAVE BEEN PROCESSED AS A RESULT OF REVIEW BY THE MILITARY TREATMENT FACILITY (MTF).
P8US1	THE MATERNITY ULTRASOUND WAS PRICED AT THE TECHNICAL COMPONENT RATE.
P9001	THE CHARGE IS MORE THAN THE ALLOWABLE AMOUNT.
P9002	PAYMENT REDUCED DUE TO OTHER HEALTH INSURANCE PAYMENT.
P9003	MAXIMUM BENEFITS PAID FOR THIS SERVICE IN THIS BENEFIT PERIOD.
P9004	MAXIMUM LIFETIME BENEFITS PAID FOR THIS TYPE SERVICE
P9005	CATASTROPHIC CAP REACHED, COST SHARES AND DEDUCTIBLES NO LONGER APPLY.
P9006	CATASTROPHIC CAP MET WITH THIS CLAIM. COST-SHARE/DEDUCTIBLE REDUCED ACCORDINGLY.
P9007	PAYMENT COORDINATED WITH MEDICAID AGENCY.
P9011	THIS AMOUNT PLUS THE AMOUNT ALLOWED ON PREVIOUS CLAIM(S) FOR A PART OF THIS SERVICE PERFORMED AT THE SAME TIME IS THE MAXIMUM ALLOWABLE AMOUNT FOR THIS SERVICE. IF THIS CLAIM WAS FILED ON A PARTICIPATING BASIS, THE BENEFICIARY IS NOT RESPONSIBLE FOR PAYMENT OF THE DISALLOWED AMOUNT.
P9012	FISCAL YEAR OR ENROLLMENT PERIOD CATASTROPHIC CAP REACHED. COST SHARES AND COPAYS NO LONGER APPLY.
P9013	"ENROLLMENT PERIOD CATASTROPHIC CAP MET WITH THIS CLAIM, COST SHARE/COPAY REDUCED ACCORDINGLY."
P9014	THIS AMOUNT PLUS THE AMOUNT ALLOWED ON PREVIOUS CLAIM(S) FOR A PART OF THIS SERVICE PERFORMED AT THE SAME TIME IS A MAXIMUM ALLOWABLE AMOUNT FOR THIS SERVICE. IF THIS CLAIM WAS FILED ON A PARTICIPATING BASIS, THE BENEFICIARY IS NOT RESPONSIBLE FOR PAYMENT OF THE DISALLOWED AMOUNT. CLAIM HAS BEEN AS SECONDARY REIMBURSEMENT UNDER THE POINT OF SERVICE OPTION.
P9015	THIS AMOUNT PLUS THE AMOUNT ALLOWED ON PREVIOUS CLAIM (S) FOR A PART OF THIS SERVICE PERFORMED AT THE SAME TIME IS THE MAXIMUM ALLOWABLE AMOUNT FOR THIS SERVICE. IF THIS CLAIM WAS FILED ON A PARTICIPATING BASIS, THE BENEFICIARY IS NOT RESPONSIBLE FOR PAYMENT OF THE DISALLOWED AMOUNT. CLAIM HAS BEEN REIMBURSED UNDER THE POINT OF SERVICE OPTION.
P90PS	CLAIM HAS BEEN PAID AS SECONDARY REIMBURSEMENT UNDER THE POINT OF SERVICE OPTION.
P9BIL	FOR THIS SERVICE, THE AMOUNT ALLOWED IS ALREADY 115% OF THE TRICARE MAXIMUM ALLOWABLE CHARGE.
P9CFO	CLAIMREVIEW: CHARGE REDUCED TO ESTABLISHED VISIT BASED ON PREVIOUSLY PAID NEW PATIENT OFFICE VISIT. CLAIM HAS BEEN REIMBURSED UNDER THE POINT OF SERVICE OPTION.
P9CLA	CLAIMCHECK: ORIGINAL PROCEDURE CODE REPLACED WITH AN ALTERNATE CODE.
P9CLB	CLAIMCHECK: PROCEDURE CODE WAS REPLACED DUE TO AN AGE/PROCEDURE CODE CONFLICT.
P9CLC	CLAIMCHECK: PROCEDURE CODE WAS REPLACED DUE TO A SEX/PROCEDURE CODE CONFLICT.
P9CLD	CLAIMCHECK: PROCEDURE CODE WAS ADDED DURING ADJUDICATION. CLAIM HAS BEEN REIMBURSED AS SECONDARY REIMBURSEMENT UNDER THE POINT OF SERVICE OPTION.
P9CLE	CLAIMCHECK: PROCEDURE CODE WAS ADDED DURING ADJUDICATION. CLAIM HAS BEEN REIMBURSED UNDER THE POINT OF SERVICE OPTION.
P9CLF	CLAIMCHECK: PROCEDURE CODE WAS ADDED DURING ADJUDICATION. CLAIM HAS BEEN REIMBURSED UNDER THE POINT OF SERVICE OPTION.

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P9CLG	CLAIMCHECK: PROCEDURE CODE WAS REPLACED DUE TO AN AGE/PROCEDURE CODE CONFLICT. CLAIM HAS BEEN REIMBURSED UNDER THE POINT OF SERVICE OPTION.
P9CLH	CLAIMCHECK: PROCEDURE CODE WAS REPLACED DUE TO A SEX/PROCEDURE CODE CONFLICT. CLAIM LINE HAS BEEN REIMBURSED AS SECONDARY REIMBURSEMENT UNDER THE POINT OF SERVICE OPTION.
P9CLI	CLAIMCHECK: PROCEDURE CODE WAS REPLACED DUE TO A SEX/PROCEDURE CODE CONFLICT. CLAIM LINE HAS BEEN REIMBURSED UNDER THE POINT OF SERVICE OPTION.
P9CRF	CLAIMREVIEW: CHARGE REDUCED TO ESTABLISHED VISIT BASED ON PREVIOUSLY PAID NEW PATIENT OFFICE VISIT.
P9CRT	CLAIMREVIEW: LEVEL OF CARE BILLED NOT SUBSTANTIATED. YOU MAY REQUEST RECONSIDERATION.
P9CTO	CLAIMREVIEW: LEVEL OF CARE BILLED NOT SUBSTANTIATED. YOU MAY REQUEST RECONSIDERATION. CLAIM LINE ALSO PAID POINT OF SERVICE.
P9DES	DUAL ELIGIBLE SUPPLEMENTAL CLAIM.
P9EXP	FOR THIS SERVICE, THE PROVIDER WAS EXEMPTED AT THE TIME, FROM BALANCE BILLING, THEREFORE THE AMOUNT ALLOWED REPRESENTS THE AMOUNT BILLED.
P9FCM	TRAINING (S5110) CATSTROPHIC CAP HAS BEEN MET FOR THIS FAMILY NOT TO EXCEED \$4500.00 DURING A FISCAL YEAR. PAYMENT HAS BEEN REDUCED.
P9PCM	AUTISM PROJECT: INDIVIDUAL BENEFICIARIES TRAINING CAP HAS BEEN MET PAYMENT FOR S5110 CANNOT EXCEED \$1500.00 PER INDIVIDUAL.
P9POS	CLAIM PAID UNDER POINT OF SERVICE OPTION.
P9RES	SALARIED RESOURCE SHARING CLAIM.
P9SRP	THIS IS A CLAIM FOR TRICARE SENIOR PRIME. DEDUCTIBLE OR CATASTROPHIC CAP ACCUMULATIONS ARE "NOT" APPLICABLE TO THIS PROGRAM.
PADPD	PAYMENT ON THIS CLAIM EXCEEDS THE NORMALLY APPROVED TRICARE MAXIMUM ALLOWABLE CHARGE. THIS EXCEPTION WAS GRANTED BASED ON DOCUMENTATION THAT PROVED THE BENEFICIARY WAS REQUIRED TO PAY AN AMOUNT IN EXCESS OF 115% OF THE TRICARE MAXIMUM ALLOWABLE CHARGE TO THE PROVIDER OF SERVICE.
PADSM	ADSM CLAIM RESOLVED WITH NO ERRORS DETECTED BY CRIS.
PAYCL	PAYMENT ON CANCER DEMO CLAIMS.
PAYCP	PAYMENT TO CANCER CLINICAL.
PCR99	CONVERTED CLAIM - PAID.
PCXS1	THIS CLAIM WAS PROCESSED BY TRICARE FOR LIFE, HOWEVER, DEERS DOES NOT REFLECT YOUR PROPER ELIGIBILITY STATUS. PLEASE CONTACT DEERS TO UPDATE YOUR RECORDS.
PCXS2	THIS CLAIM WAS PROCESSED BY TRICARE FOR LIFE, HOWEVER, DEERS DOES NOT REFLECT YOUR PROPER ELIGIBILITY STATUS. PLEASE CONTACT DEERS TO UPDATE YOUR RECORDS.
PFH99	WPS CONVERTED CLAIM LINE ITEM.
PLOSA	BY AN INDEPENDENT LABORATORY
PPNSC	SPECIFIC LINE ITEMS ON THIS CLAIM HAVE BEEN PROCESSED AS A RESULT OF REVIEW BY THE NOAA/USPHS SPOC.
PS016	BY AN OBSTETRICIAN OR GYNECOLOGIST
PS017	BY AN EYE, EAR, NOSE, THROAT SPECIALIST

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PS018	BY AN OPHTHALMOLOGIST
PS020	BY AN ORTHOPEDIC SURGEON
PS021	BY A PATHOLOGIST
PS054	/ PROVIDED BY A MEDICAL SUPPLY COMPANY
PS055	BY A CERTIFIED ORTHOTIST
PS056	BY A CERTIFIED PROSTHETIST
PS0A8	BY A MARRIAGE/FAMILY COUNSELOR
PSPOC	SPECIFIC LINE ITEMS ON THIS CLAIM HAVE BEEN PROCESSED AS A RESULT OF REVIEW BY THE MILITARY MEDICAL SUPPORT OFFICE (MMSO).
PTFPP	TRICARE FOR LIFE PRIMARY PAY SERVICE.