

TRICARE South Remittance Status Code Reference

R0128	REQUESTED CORRESPONDING HCPCS CODES FOR ICD9 SURGICAL PROCEDURES NOT RECEIVED.
R1000	MEDICARE DUAL ELIGIBILITY NOT ESTABLISHED ON DEERS.
R1003	MEDICARE DUAL ELIGIBILITY HAS NOT BEEN ESTABLISHED ON DEERS.
R1004	NOT A COVERED BENEFIT UNDER TRICARE SENIOR PHARMACY PROGRAM. TRICARE FOR LIFE COVERAGE DOES NOT BEGIN UNTIL 10/01/01 DATES OF SERVICE.
R1147	ELIGIBILITY FOR MEDICARE PHARMACY BENEFIT NOT ESTABLISHED. CONTACT DEERS SUPPORT OFFICE (DSO) FOR ASSISTANCE.
R1148	NON-COVERED SERVICES. THIS CLAIM IS FOR A BENEFICIARY ENROLLED IN THE PHARMACY REDESIGN PILOT PROGRAM AND THE PLACE OF SERVICE WAS NOT A PHARMACY.
R1151	DATES OF SERVICE ARE PRIOR TO THE START DATE OF THE PHARMACY REDESIGN PILOT PROGRAM.
R13DS	SNF PPS PRIMARY CLAIM DOES NOT HAVE A CONDITION CODE OF '58' AND A '70' WAS NOT REPORTED IN THE OCCURANCE SPAN CODE TO INDICATE A 3-DAY INPATIENT STAY PRECEDED THE SNF INPATIENT STAY.
R1425	DENIED. INVALID MODIFIER FOR DATE OF SERVICE.
R1A30	THIS SERVICE WAS DENIED BECAUSE THE PROCEDURE CODE SUBMITTED IS OBSOLETE. THE PROVIDER MUST BILL WITH THE 5 DIGIT ANESTHESIA CODE (00100- 01999) AND THE APPROPRIATE MODIFIER (AA, AD, QK, QS, QX, QY, QZ).
R1B03	THIS DATE OF SERVICE IS AFTER THE PATIENT'S DATE OF DEATH.
R1CLS	OUTPATIENT CLAIM HAS A REVENUE CODE OF 96X, 97X, OR 98X WITH BLANK HCPCS CODE IN FIELD 44. RESUBMIT WITH APPROPRIATE HCPCS CODE.
R1FEH	PATIENT NOT ELIGIBLE FOR TRICARE, ENROLLED IN THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAMS.
R1NDM	WE NEED A NATIONAL DRUG CODE (NDC) NUMBER TO CONSIDER THE SERVICE(S) FOR PAYMENT.
R1TFI	PATIENT HAS NO PAYMENT RESPONSIBILITY ON THIS TRICARE FOR LIFE(TFL) CLAIM RECEIVED FROM MEDICARE. THIS IS A INSTITUTIONAL CLAIM RECEIVED FROM MEDICARE CARRIER FILE.(CROSSOVER).
R1TFP	PATIENT HAS NO PAYMENT RESPONSIBILITY ON THIS TRICARE FOR LIFE(TFL) CLAIM RECEIVED FROM MEDICARE. THIS IS A PROFESSIONAL CLAIM RECEIVED FROM MEDICARE CARRIER FILE.(CROSSOVER).
R1TR2	TRICARE RESERVE SELECT MEMBERS WITH MEMBER/ FAMILY COVERAGE ARE REQUIRED TO ENROLL NEWBORNS WITHIN ONE YEAR FROM THE DATE OF BIRTH OF THE NEWBORN. THIS CLAIM WAS DENIED FOR FAILURE TO ENROLL.
R1TR3	CLAIM DENIED FOR NEWBORN OR ADOPTED CHILD OF A TRS MEMBER WHERE THE CHILD IS OLDER THAN 60 DAYS AND NOT REGISTERED ON DEERS OR ENROLLED IN THE TRICARE RESERVE SELECT PROGRAM.
R1TR4	CLAIM DENIED FOR NEWBORN OR ADOPTED CHILD OF A TRICARE RESERVE SELECT MEMBER WHERE THE CHILD IS OLDER THAN 60 DAYS AND NOT REGISTERED ON DEERS OR ENROLLED IN THE TRS PROGRAM.
R1TRS	TRICARE RESERVE SELECT MEMBERS WITH MEMBER-ONLY COVERAGE ARE REQUIRED TO ENROLL NEWBORNS WITHIN SIXTY DAYS FROM THE DATE OF BIRTH OF THE NEWBORN. THIS CLAIM WAS DENIED FOR FAILURE TO ENROLL.

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R1USF	THIS BENEFICIARY WAS ENROLLED IN USFHP AT THE TIME THE SERVICE(S) WERE RENDERED AND IS NOT TRICARE ELIGIBLE.
R4026	A HCFA 1500 PROFESSIONAL CLAIM CANNOT BE BILLED WITH A PLACE OF SERVICE OF '4'AND HCPCS J0630.
R4060	THIS IS AN OUT-OF-SYSTEM NON-NETWORK PROVIDER WHO IS NOT MEDICARE-CERTIFIED OR HAS NOT SIGNED A PARTICIPATION AGREEMENT. PLEASE CALL PGBA AT 1-800-403-3950 FOR AN SNF PPS PARTICIPATION AGREEMENT OR VISIT US AT WWW.MYTRICARE.COM.
R4070	THIS NETWORK PROVIDER HAS NOT SIGNED A SKILLED NURSING FACILITY (SNF) PARTICIPATION AGREEMENT. PLEASE CONTACT YOUR LOCAL HUMANA MILITARY PROVIDER RELATIONS REPRESENTATIVE TO OBTAIN AN SKILLED NURSING FACILITY (SNF) PARTICIPATION AGREEMENT.
R4114	PATIENT NOT ELIGIBLE FOR BENEFITS UNDER THE PROGRAM FOR PERSONS WITH DISABILITIES.
R4115	PATIENT NOT ELIGIBLE FOR BENEFITS.
R4116	PATIENT NOT ELIGIBLE FOR BENEFITS.
R4117	PATIENT NOT ELIGIBLE FOR BENEFITS UNDER THE PROGRAM FOR PERSONS WITH DISABILITIES.
R4120	THIS SERVICE IS PART OF A SINGLE GROUP OF SERVICES PERFORMED AT THE SAME TIME WHICH TRICARE HAS PAID. IF THIS CLAIM WAS FILED ON A PARTICIPATING BASIS, THE BENEFICIARY IS NOT RESPONSIBLE FOR PAYMENT OF THE DISALLOWED AMOUNT.
R4121	THIS SERVICE IS PART OF A SINGLE GROUP OF SERVICES PERFORMED AT THE SAME TIME WHICH HAVE BEEN PAID.
R4135	BILL TYPE '135' (LATE CHARGES) ARE NOT ALLOWED PER TRICARE.
R4149	NON-COVERED SERVICES. THIS CLAIM IS FOR A MEDICARE, NOT A TRICARE ELIGIBLE BENEFICIARY AND THESE SERVICES WERE NOT RENDERED BY A NETWORK PHARMACY.
R415H	ASC CLAIMS MUST BE SUBMITTED USING UB92/UB04 CLAIM FORM.
R43DS	SNF PPS PRIMARY CLAIM DOES NOT HAVE A CONDITION CODE OF '58', AND A '70' WAS NOT REPORTED IN THE OCCURRENCE SPAN CODE TO INDICATE A 3-DAY INPATIENT STAY PRECEDED THE SNF INPATIENT STAY.
R4602	CLAIM DENIED; THIS SERVICE MUST BE SUBMITTED BY THE PROVIDER OF CARE.
R4605	CHARGE DENIED; BENEFICIARY NOT ALLOWED TO SUBMIT CLAIMS FOR SERVICES OR SUPPLIES OBTAINED FROM A NETWORK PROVIDER. PROVIDER MUST SUBMIT.
R4ASC	BILL TYPE IS 831 AND THE PROVIDER IS NOT A FREE STANDING ASC FACILITY.
R4BEN	CLAIMS MUST BE FILED BY THE VA MEDICAL CENTER.
R4CAN	THIS REQUEST TO CANCEL A FINAL CLAIM OR REQUEST FOR ANTICIPATED PAYMENT (RAP) IS DENIED BECAUSE THE ORIGINAL CLAIM OR RAP WAS DENIED/REJECTED.
R4DAT	EACH LINE MUST HAVE ITS OWN DATE OF SERVICE. DATE OF SERVICE CANNOT SPAN.
R4DUT	CLAIMCHECK: UNITS BILLED DO NOT MATCH NUMBER OF SITE SPECIFIC MODIFIERS INDICATED. PLEASE FILE A CORRECTED CLAIM TO ADJUST EITHER MODIFIERS OR UNITS. YOU MAY REQUEST RECONSIDERATION.
R4H21	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) CONTAINS AN INAPPROPRIATE BILL TYPE.
R4H22	HHA PPS CLAIM HAS BEEN SUBMITTED WITH INVALID BILL TYPE.

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R4HH1	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) DOES NOT CONTAIN A METROPOLITAN STATISTICAL AREA (MSA) VALUE.
R4HH2	THE HOME HEALTH AGENCY (HHA)/ PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) CONTAINS INAPPROPRIATE REVENUE CODE
R4HH3	THIS HHA/PPS CLAIM HAS BEEN IDENTIFIED AS A 'NO PAY' BILL.
R4HH8	INVALID HCPCS REPORTED FOR 42X, 43X, 44X, 55X, 56X OR 57X REVENUE CODE.
R4INC	PLACE OF SERVICE IS NOT COMPATIBLE WITH THE SUBMITTED CPT4 OR HCPCS CODE.
R4LUN	BILLING PROVIDER NPI INVALID. RESUBMIT CORRECT NPI.
R4NPI	PROVIDERS SUBMITTING ELECTRONIC CLAIMS MUST SUBMIT A BILLING PROVIDER NPI NUMBER.
R4OBL	DOS ON OBSERVATION LINES ARE CONSECUTIVE DAYS AND THE TOTAL OF DUTS ARE GREATER THAN 48 HOURS.
R4OBM	OBSERVATION CLAIM WITH MULTIPLE OBSERVATION LINE THAT EXCEEDS THE 48 HOUR LIMIT. RESUBMIT AS INPATIENT.
R4OBS	OBSERVATION CLAIM EXCEEDS THE 48 HOUR LIMIT RESUBMIT AS INPATIENT.
R4OUT	VETERANS AFFAIRS MEDICAL CENTERS (VAMC) MUST HAVE A NETWORK AGREEMENT WITH THE SOUTH REGION CONTRACTOR.
R4RX1	NETWORK PHARMACY CLAIMS MUST BE SUBMITTED THROUGH ARGUS
R4UB4	BIRTHING CENTER CLAIMS MUST BE SUBMITTED USING UB92/UB04 CLAIM FORM.
R4WAV	TRICARE REQUIRES THAT THE PROVIDER FILE THIS CLAIM ELECTRONICALLY.
R5002	PATIENT IS NOT WITHIN THE AGE RANGE SPECIFIED FOR THIS PROCEDURE.
R5003	PATIENT NOT ELIGIBLE AT TIME OF SERVICE.
R5004	PATIENT NOT ELIGIBLE AT TIME OF SERVICE.
R5005	PATIENT NOT ELIGIBLE FOR TRICARE/CHAMPVA BENEFITS.
R5006	PATIENT NOT ELIGIBLE FOR TRICARE/CHAMPVA BENEFITS.
R5007	PATIENT NOT ELIGIBLE FOR TRICARE/CHAMPVA BENEFITS.
R5008	PATIENT NOT ELIGIBLE FOR TRICARE/CHAMPVA BENEFITS.
R5009	PATIENT NOT ELIGIBLE. NATO FAMILY MEMBERS ARE NOT ELIGIBLE FOR BENEFITS.
R5014	NON-COVERED PROCEDURE CODE WITH EITHER THIS TYPE OF SERVICE, DIAGNOSIS CODE, PROVIDER SPECIALTY OR PROVIDER TYPE.
R5111	PROVIDER OF SERVICES NOT AUTHORIZED TO PARTICIPATE IN THE TRICARE PROGRAM.
R5112	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE AS AN INTERN OR RESIDENT OF A HOSPITAL.
R5113	PROVIDER NOT TRICARE AUTHORIZED AT THE TIME OF SERVICE.
R5114	RENDERING PROVIDER NOT TRICARE AUTHORIZED AT THE TIME OF SERVICE.
R5115	PROVIDER SPECIALTY IS NOT COVERED BY TRICARE.
R5116	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
R5117	RENDERING PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
R5118	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE. RECERTIFICATION APPLICATION NOT RECEIVED.

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R5119	RENDERING PROVIDER NOT TRICARE AUTHORIZED. RECERTIFICATION APPLICATION NOT RECEIVED.
R5120	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE. OUTDATED ADDRESS ON PROVIDER DATABASE.
R5121	RENDERING PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE. OUTDATED ADDRESS ON PROVIDER DATABASE.
R5122	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
R5123	RENDERING PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
R5128	UNAUTHORIZED PROVIDER. PROVIDER IS EITHER AN ACTIVE DUTY MEMBER OF THE UNIFORMED SERVICES OR A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT AND IS PROHIBITED BY THE REGULATION FROM BILLING TRICARE OR TRICARE BENEFICIARIES.
R5130	THE DOCTOR OR OTHER MEDICAL PROFESSIONAL WHO PERFORMED THIS SERVICE IS NOT COVERED UNDER TRICARE.
R5ASC	PROCEDURES OF MINIMAL COMPLEXITY NOT REIMBURSABLE IN AN ASC SETTING.
R5AST	ASSISTANT SURGEON NOT MEDICALLY NECESSARY FOR PROCEDURE CODE. REQUEST RECONSIDERATION.
R5B02	PATIENT NOT ELIGIBLE AS STUDENT DEPENDENT.
R5B03	PATIENT NOT ELIGIBLE AT TIME OF SERVICE.
R5CHR	CHIROPRACTIC SERVICES ARE NOT COVERED
R5HCC	TRICARE DOES NOT CONSIDER "C" HCPCS CODES VALID FOR PROFESSIONAL SERVICES. PLEASE RESUBMIT CLAIM WITH A MORE APPROPRIATE CPT-4 OR HCPCS CODE(S).
R5HCP	THIS SERVICE OR SUPPLY IS ONE THAT THE GOVERNMENT DOES NOT ALLOW FOR TRICARE PAYMENT.
R5I49	SERVICES ON SAME DAY AS INPATIENT-ONLY PROCEDURE ARE NOT ALLOWED.
R5IN8	SERVICE SUBMITTED IS AN INPATIENT ONLY PROCEDURE
R5LTD	THIS PROVIDER IS ELIGIBLE TO RENDER SERVICES ONLY UNDER THE TPRP OR SHCP PROGRAMS
R5NAD	INSUFFICIENT DIAGNOSIS CODE SUBMITTED. THIS IS NON-APPEALABLE.
R5NED	THIS IS A MILITARY PROVIDER RENDERING SERVICES AT AN MILITARY FACILITY.
R5NG1	THIS IS A NON-PAYABLE SERVICE. THE PROCEDURE IS INCLUDED IN THE PAID SERVICE.
R5NG2	TRICARE DOES NOT COVER THIS EXPERIMENTAL SERVICE.
R5NG3	THIS IS A NON-PAYABLE SERVICE. THIS IS AN INVALID CODE FOR TRICARE SERVICES.
R5NGP	TRICARE DOES NOT COVER THIS SERVICE.
R5RES	SERVICES PROVIDED BY A PROVIDER WITH RESOURCE SHARING AGREEMENT ARE NOT COVERED UNDER THE TRICARE FOR LIFE PROGRAM
R5SR1	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
R5U01	SERVICE FILED AFTER TIME LIMIT. ALL CLAIMS MUST BE RECEIVED BY DECEMBER 31 OF THE YEAR AFTER THE SERVICE WAS PERFORMED.
R6000	MEDICARE DUAL ELIGIBILITY HAS NOT BEEN ESTABLISHED ON DEERS.
R6001	PATIENT NOT ELIGIBLE. PATIENTS AGE EXCEEDS AGE LIMIT FOR STUDENT DEPENDENT.
R6002	PATIENT NOT ELIGIBLE. PATIENTS AGE EXCEEDS AGE LIMIT FOR STUDENT DEPENDENT.
R6003	MEDICARE DUAL ELIGIBILITY HAS NOT BEEN ESTABLISHED ON DEERS.

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R6004	NOT A COVERED BENEFIT UNDER TRICARE SENIOR PHARMACY PROGRAM. TRICARE FOR LIFE COVERAGE DOES NOT BEGIN UNTIL 10/01/01 DATES OF SERVICE.
R6005	NONCOVERED SERVICE(S).
R6007	NONCOVERED DIAGNOSIS.
R6008	PATIENT NOT ELIGIBLE FOR THIS SERVICE UNDER THE TRICARE/CHAMPVA PROGRAM.
R6009	NONCOVERED SERVICE(S) WHEN RENDERED AT THIS PLACE OF SERVICE.
R6010	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
R6011	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
R6013	NONCOVERED SERVICE(S).
R6014	NONCOVERED DIAGNOSIS.
R6015	NONCOVERED DIAGNOSIS.
R6016	PATIENT NOT ELIGIBLE AT TIME OF SERVICE.
R6017	PATIENT NOT ELIGIBLE AT TIME OF SERVICE. SERVICES PERFORMED PRIOR TO EFFECTIVE DATE.
R6018	PATIENT NOT ELIGIBLE AT TIME OF SERVICE. SERVICES PERFORMED AFTER TERMINATION DATE.
R6019	NONCOVERED SERVICE(S).
R6020	PATIENT NOT ELIGIBLE AT TIME OF SERVICE. SERVICES PERFORMED PRIOR TO EFFECTIVE DATE.
R6021	PATIENT NOT ELIGIBLE AT TIME OF SERVICE. SERVICES PERFORMED AFTER TERMINATION DATE.
R6023	NONCOVERED SERVICE(S).
R6024	NONCOVERED SERVICE (S). PROCEDURE COVERED IN PRIOR PAID SERVICE.
R6025	ASSISTANT SURGERY NOT AUTHORIZED/MEDICAL NEED NOT DOCUMENTED.
R6026	MEDICAL NEED NOT DOCUMENTED.
R6027	NONCOVERED SERVICE(S).
R6028	TRICARE PRIME CLAIM WITH 60/70 ELIGIBILITY CODE AND NOT A PAYABLE REASON FOR CHANGE CODE.
R6030	PATIENT NOT ELIGIBLE AT TIME OF SERVICE. DEERS RESPONSE INDICATES CHCBP (DEERS ELIGIBILITY '60' OR '70' AND ALTERNATE CARE FLAG 'S')BUT THE DATES OF SERVICE (OR ADMISSION DATE FOR INSTITUTIONAL CLAIMS) FOR THE CLAIM ARE PRIOR TO 10/01/94.
R6037	PROVIDER NOT TRICARE AUTHORIZED FOR NON AMBULATORY SURGICAL SERVICES.
R6050	AUTHORIZATION NOT ON FILE. THESE PFPWD SERVICES REQUIRE PREPAYMENT APPROVAL.
R6051	AUTHORIZED SERVICE LIMITS EXCEEDED.
R6060	THIS IS AN OUT-OF-SYSTEM NON-NETWORK PROVIDER WHO IS NOT MEDICARE-CERTIFIED OR HAS NOT SIGNED A PARTICIPATION AGREEMENT. PLEASE CALL PGBA AT 1-800-403-3950 FOR AN SNF PPS PARTICIPATION AGREEMENT OR VISIT US AT WWW.MYTRICARE.COM.
R6070	THIS NETWORK PROVIDER HAS NOT SIGNED A SKILLED NURSING FACILITY (SNF) PARTICIPATION AGREEMENT. PLEASE CONTACT YOUR LOCAL HUMANA MILITARY PROVIDER RELATIONS REPRESENTATIVE TO OBTAIN AN SKILLED NURSING FACILITY (SNF) PARTICIPATION AGREEMENT.
R6100	SERVICE FILED AFTER TIME LIMIT. ALL CLAIMS MUST BE RECEIVED BY DECEMBER 31 OF THE YEAR AFTER THE SERVICE WAS PROVIDED.

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R6101	PATIENT NOT ELIGIBLE FOR BENEFITS UNDER PROGRAM FOR PERSONS WITH DISABILITIES.
R6102	SERVICE(S) FILED AFTER TIME LIMIT. ALL CLAIMS MUST BE RECEIVED WITHIN ONE YEAR AFTER THE SERVICE WAS PERFORMED.
R6126	PATIENT NOT ELIGIBLE AT TIME OF SERVICE. DATES OF SERVICE ARE NOT WITHIN PATIENT'S ID CARD EFFECTIVE DATES.
R6127	AMBULATORY SERVICES WERE NOT APPROVED FOR THIS CLAIM. PLEASE CONTACT CUSTOMER SERVICE.
R6128	NONCOVERED SERVICE(S). TYPE SERVICE - PROCEDURE CODE INCOMPATIBLE.
R6129	NONCOVERED SERVICE(S). CPT4 MODIFIER - PROCEDURE CODE INCOMPATIBLE.
R6130	BIRTHING CENTER SERVICES NOT APPROVED FOR THIS CLAIM.
R6131	CLAIM DENIED AS WE ARE NO LONGER RESPONSIBLE FOR PROCESSING CHAMPVA CLAIMS. PLEASE RESUBMIT CLAIM TO CHAMPVA CENTER. PO BOX 65024 DENVER, CO 80206-5023. REFER ANY OUTSTANDING QUESTIONS TO THE CHAMPVA CENTER 1-800-733-8387.
R6146	THIS CLAIM IS FOR MEDICARE, NOT A TRICARE ELIGIBLE BENEFICIARY. NO APPEAL RIGHTS ARE AVAILABLE. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS.
R6147	ELIGIBILITY FOR MEDICARE PHARMACY BENEFIT NOT ESTABLISHED. CONTACT DEERS SUPPORT OFFICE (DSO) FOR ASSISTANCE.
R6148	NON-COVERED SERVICES. THIS CLAIM IS FOR A BENEFICIARY ENROLLED IN THE PHARMACY REDESIGN PILOT PROGRAM AND THE PLACE OF SERVICE WAS NOT A PHARMACY.
R6149	NON-COVERED SERVICES. THIS CLAIM IS FOR A MEDICARE, NOT A TRICARE ELIGIBLE BENEFICIARY AND THESE SERVICES WERE NOT RENDERED BY A NETWORK PHARMACY.
R6151	DATES OF SERVICE ARE PRIOR TO THE START DATE OF THE PHARMACY REDESIGN PILOT PROGRAM.
R6208	FORMER SPOUSE DOES NOT MEET CRITERIA FOR PRE-EXISTING CONDITION.
R6251	PAYMENT FOR THIS SERVICE NOT INCLUDED IN DRG PAYMENT AMOUNT.
R6260	PAYMENT DOES NOT INCLUDE PROFESSIONAL SERVICE CHARGES; BILL SEPARATELY ON THE HCFA 1500 OR TRICARE FORM DD 2520 WITH CPT-4 CODES.
R6602	CLAIM DENIED; THIS SERVICE MUST BE SUBMITTED BY THE PROVIDER OF CARE.
R6605	"CHARGE DENIED; BENEFICIARY NOT ALLOWED TO SUBMIT CLAIMS FOR SERVICES OR SUPPLIES OBTAINED FROM A NETWORK PROVIDER. PROVIDER MUST SUBMIT."
R681M	DENIED. PROVIDER FAILED PROFICIENCY TEST PROGRAM.
R6A30	OBSOLETE PROCEDURE CODE(S) SUBMITTED-SERVICE(S) DENIED; PROVIDER MUST PROVIDE CORRECT FIVE DIGIT ANESTHESIA PROCEDURE CODE(S) (00100-01999).
R6BM1	BMT AUTHORIZATION NOT ON FILE CONTACT YOUR HBA
R6BTT	THIS IS A NON-AUTISM CLAIM WITH A PROVIDER SPECIALTY OF BEHAVIORAL TUTOR. THE AUTISM DEMO PROJECT CANNOT PAY NON-AUTISM CLAIMS WITH A PROVIDER SPECIALTY OF BT.
R6BU0	NO AUTHORIZATION ON FILE. CONTACT THE HEALTH CARE FINDER AT YOUR LOCAL SERVICE CENTER FOR ASSISTANCE.

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R6BU1	NO AUTHORIZATION ON FILE. TRICARE SENIOR PRIME MENTAL HEALTH CLAIM WITH A NON-NETWORK PROVIDER REQUIRES AN AUTHORIZATION.
R6BU2	AUTHORIZATION IS IN AN HAS A STATUS OF 'P' FOR PENDING OR A STATUS OF 'A' WITH A SPACE IN THE APPROVE/DENY/DEFER STATUS CODE FIELD.
R6BU3	NO AUTHORIZATION ON FILE. THIS SERVICE REQUIRES A REFERRAL. CONTACT THE HEALTH CARE FINDER AT YOUR LOCAL SERVICE CENTER FOR ASSISTANCE.
R6BU5	PROCEDURE CODE ON CLAIMS DOES NOT MATCH THE SERVICES AUTHORIZED. CONTACT YOUR HEALTH CARE FINDER AT YOUR LOCAL SERVICE CENTER.
R6BU6	PROVIDER NUMBER ON CLAIM DOES NOT MATCH PROVIDER NUMBER AUTHORIZED. CONTACT YOUR HEALTH CARE FINDER AT YOUR LOCAL SERVICE CENTER.
R6CLA	CLAIMCHECK: INCIDENTAL PROCEDURE. YOU MAY REQUEST RECONSIDERATION.
R6CLB	CLAIMCHECK: MEDICAL VISIT INCLUDED IN ALLOWANCE FOR SURGICAL/MEDICAL TREATMENT. YOU MAY REQUEST RECONSIDERATION.
R6CLC	CLAIMCHECK: REBUNDLED WITH ANOTHER PROCEDURE. YOU MAY REQUEST RECONSIDERATION.
R6CLD	CLAIMCHECK: MUTUALLY EXCLUSIVE PROCEDURE. YOU MAY REQUEST RECONSIDERATION.
R6CLE	CLAIMCHECK: PRE-OP CARE INCLUDED IN SURGICAL ALLOWANCE. YOU MAY REQUEST RECONSIDERATION.
R6CLF	CLAIMCHECK: POST-OP CARE INCLUDED IN SURGICAL ALLOWANCE. YOU MAY REQUEST RECONSIDERATION.
R6CLG	CLAIMCHECK: ASSISTANT SURGEON NOT MEDICALLY NECESSARY FOR PROCEDURE CODE. YOU MAY REQUEST RECONSIDERATION.
R6CLH	CLAIMCHECK: DUPLICATE OR BILATERAL SERVICE BILLED AGAIN. YOU MAY REQUEST CONSIDERATION.
R6CLI	DENIED FOR REBUNDLED DUPLICATE BY CLAIMCHECK.
R6CLJ	ALTERNATE REPLACEMENT CODE FOR AGE /PROCEDURE CONFLICT DENIED BY CLAIMCHECK.
R6CLK	DENIED FOR REBUNDLED DUPLICATE
R6CLL	PROCEDURE CODE CAN ONLY BE PERFORMED __ TIMES IN A LIFETIME ACCORDING TO CLAIMCHECK.
R6CLM	PROCEDURE CODE CAN ONLY BE PERFORMED __ TIMES IN A SINGLE DAY ACCORDING TO CLAIMCHECK.
R6CLN	CLAIMCHECK: PROCEDURE CAN ONLY BE PERFORMED A SPECIFIC NUMBER OF TIMES IN A SINGLE DAY. YOU MAY REQUEST RECONSIDERATION.
R6CLP	NONCOVERED SERVICES. TRICARE CLAIMCHECK "CHARGE INCLUDED WITH A PAID SERVICE".
R6CLQ	CLAIMCHECK: ASSISTANT AT SURGERY NOT MEDICALLY NECESSARY FOR PROCEDURE CODE. YOU MAY REQUEST RECONSIDERATION.
R6CLR	CCI INCIDENTAL PROCEDURE. YOU MAY REQUEST RECONSIDERATION.
R6CLS	CCI MUTUALLY EXCLUSIVE PROCEDURE. YOU MAY REQUEST RECONSIDERATION.
R6CLT	CLAIMCHECK IDENTIFIED AN AGE/PROCEDURE CODE CONFLICT. YOU MAY CORRECT AND RESUBMIT OR REQUEST RECONSIDERATION.
R6CLU	CLAIMCHECK IDENTIFIED A GENDER/PROCEDURE CODE CONFLICT. YOU MAY CORRECT AND RESUBMIT OR REQUEST RECONSIDERATION.
R6CPT	A SURGICAL REVENUE CODE REQUIRES A VALID SURGICAL CPT-4/HCPCS CODE.

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R6CRX	CLAIMREVIEW: DIAGNOSIS AND PROCEDURE CODE COMBINATION NON-SPECIFIC OR UNRELATED. YOU MAY REQUEST RECONSIDERATION.
R6FEH	PATIENT NOT ELIGIBLE FOR TRICARE, ENROLLED IN THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAMS.
R6HH1	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) DOES NOT CONTAIN A SIGNED PROVIDER PARTICIPATION AGREEMENT.
R6HH2	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (RAP) DOES NOT CONTAIN A SIGNED PROVIDER PARTICIPATION AGREEMENT.
R6HL1	NON-COVERED AUTHORIZATION OF COST SHARE OF THE HEART-LUNG/LUNG TRANSPLANT HAS BEEN DISALLOWED.
R6HMJ	AUTHORIZATION NOT ON FILE FOR THIS BEHAVIORAL HEALTH SERVICE. RESEARCH AND APPROVE OR DENY U6BU7.
R6LK1	NON-COVERED SERVICE, AUTHORIZATION OF COST SHARE OF THIS LIVER-KIDNEY TRANSPLANT HAS BEEN DISALLOWED.
R6LV1	THE CHAMPUS MEDICAL DIRECTOR HAS DISALLOWED AUTHORIZATION OF COST SHARING FOR THE LIVING-RELATED DONOR LIVER TRANSPLANT (LRDLT).
R6MH1	AUTHORIZATION NOT ON FILE. THESE SERVICES REQUIRE PREPAYMENT APPROVAL. PLEASE SEND MEDICAL RECORDS TO VALUEOPTIONS, A&R, PO BOX 551188, JACKSONVILLE, FL 32255-1188. IF THE CLAIM IS FOR SPEECH THERAPY, PLEASE CALL HMHS @ 1-800-444-5445.
R6MH2	TRICARE REQUIRES AUTHORIZATION FOR THIS SERVICE. PLEASE CALL VALUEOPTIONS AT 1-800-700-8646 OR SEND AN OUTPATIENT TREATMENT REPORT TO VALUEOPTIONS, P.O. BOX 551188, JACKSONVILLE, FL 32255-1188 ATTN: OTR. IF THE CLAIM IS FOR SPEECH THERAPY, PLEASE CALL HMHS @ 1-800-444-5445.
R6MH3	AUTHORIZATION NOT ON FILE. THESE SERVICES REQUIRE PREPAYMENT APPROVAL. PLEASE SEND MEDICAL RECORDS TO VALUE OPTIONS, A&R, PO BOX 551188, JACKSONVILLE, FL 32255-1188. IF THE CLAIM IS FOR SPEECH THERAPY, PLEASE CALL HMHS @ 1-800-444-5445.
R6NEC	THIS SERVICE, SUPPLY OR EQUIPMENT IS NOT A COVERED BENEFIT UNDER BASIC TRICARE, IT IS ONLY COVERED UNDER THE EXTENDED HEALTH CARE OPTION (ECHO) BENEFIT.
R6NER	DIAGNOSIS SUBMITTED DOES NOT MEET EMERGENCY CRITERIA.
R6NOC	EMERGENCY ROOM CLAIM REQUIRES INDICATION OF PRESENTING SYMPTONS IN FORM LOCATOR 76 (UB92) OR FORM LOCATOR 69 (UB04). PLEASE RESUBMIT CLAIM WITH THIS INFORMATION FOR CONSIDERATION OF PAYMENT.
R6NPD	THE FOLLOWING CLAIM DOES NOT INCLUDE ALL INFORMATION NECESSARY TO PROCESS. PLEASE RESUBMIT WITH A DX CODE DESCRIBING THE PRESENTING SYMPTOMS.
R6PDE	AUTHORIZATION NOT ON FILE. THESE ER DEPARTMENT SERVICES REQUIRE PREPAYMENT APPROVAL. PLEASE SEND MEDICAL RECORDS TO VALUEOPTIONS, A&R, P.O. BOX 551188, JACKSONVILLE, FL 32255-1188
R6PG1	PAYMENT DOES NOT INCLUDE PROFESSIONAL SERVICE CHARGES; BILL SEPARATELY ON THE HCFA 1500 OR TRICARE FORM DD 2520 WITH CPT-4 CODES.

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R6PG2	THIS CHARGE INCLUDED IN A PAID SERVICE.
R6PG3	NON COVERED SERVICES(S).
R6PG4	REVENUE CODES 0931 AND 0932 NEED TO BE LOADED ON PROCEDURE MASTER TO DENY WITH R6PG4. TEMPORARY DENIAL FOR REVENUE CODE PER ADP 46 CHANGE.
R6PG5	NON-COVERED DME OR SUPPLY
R6PG6	NONCOVERED SERVICES
R6PG7	TRICARE DOES NOT COVER THIS SERVICE.
R6PGB	AUTHORIZATION NOT ON FILE. THESE SERVICES REQUIRE PREPAYMENT APPROVAL. PLEASE CALL 1-800-700-8646.
R6PGE	NON-COVERED SERVICE.
R6PGR	REJECT CODE FOR USE ON PROCEDURE MASTER ONLY. NUMBER 1.
R6PGZ	CHIROPRACTIC SERVICES ARE NOT COVERED.
R6PH1	OUTPATIENT PSYCHOTHERAPY NOT COVERED WHEN A PATIENT IS IN A PARTIAL HOSPITALIZATION PROGRAM.
R6PH2	PROCEDURE FOR LESS THAN THREE HOURS NON-COVERED SERVICE.
R6PHA	INSTITUTITINAL CLAIM - NO AUTHORIZATION ON TMCS.
R6PHB	THESE SERVICES REQUIRE PREPAYMENT APPROVAL. PLEASE CONTACT THE HEALTH CARE FINDER AT YOUR LOCAL SERVICE CENTER FOR APPROVAL.
R6PM1	REJECT CODE FOR USE ON PROCEDURE MASTER ONLY. NUMBER 4.
R6PM2	REJECT CODE FOR USE ON PROCEDURE MASTER ONLY. NUMBER 5.
R6PM3	REJECT CODE FOR USE ON PROCEDURE MASTER ONLY. NUMBER 6.
R6PM4	REJECT CODE FOR USE ON PROCEDURE MASTER ONLY. NUMBER 7.
R6PM5	REJECT CODE FOR USE ON PROCEDURE MASTER ONLY. NUMBER 8.
R6PM6	REJECT CODE FOR USE ON PROCEDURE MASTER ONLY. NUMBER 9.
R6PM7	REJECT CODE FOR USE ON PROCEDURE MASTER ONLY. NUMBER 10.
R6PMA	REJECT CODE FOR USE ON PROCEDURE MASTER ONLY. NUMBER 3.
R6PMR	REJECT CODE FOR USE ON PROCEDURE MASTER ONLY. NUMBER 2.
R6PR1	CHARGE DENIED. THE SERVICE RENDERED EXCEEDED EXPECTED DAILY FREQUENCY LIMITATIONS.
R6PR2	CHARGE DENIED. THE SERVICE RENDERED EXCEEDED EXPECTED MONTHLY FREQUENCY LIMITATIONS.
R6PR3	CHARGE DENIED. THE SERVICE RENDERED EXCEEDED EXPECTED QUARTERLY FREQUENCY LIMITATIONS.
R6PR4	CHARGE DENIED. THE SERVICE RENDERED EXCEEDED EXPECTED YEARLY FREQUENCY LIMITATIONS.
R6PR5	CHARGE DENIED. THE SERVICE RENDERED EXCEEDED EXPECTED TOTAL NUMBER OF OFFICE VISITS.
R6PR6	CHARGE DENIED. THE SERVICE RENDERED EXCEEDED EXPECTED TOTAL NUMBER OF OCCURRENCES REGARDLESS OF DIAGNOSIS.
R6PR7	CHARGE DENIED. THE SERVICE RENDERED EXCEEDED EXPECTED TOTAL NUMBER OF OCCURRENCES.
R6RX1	NETWORK PHARMACY CLAIMS MUT BE SUBMITTED THROUGH ARGUS

TRICARE South Remittance Status Code Reference

R6USF	THIS BENEFICIARY WAS ENROLLED IN USFHP AT THE TIME THE SERVICE(S) WERE RENDERED AND IS NOT TRICARE ELIGIBLE.
R6VEN	INCIDENTAL PROCEDURE WHEN BILLED WITH BLOOD SPECIMENS PROCEDURE CODE RANGE 84999 THRU 85999.
R7000	DENTAL AUTHORIZATION NOT ON FILE. CONTACT TRICARE DENTAL FI.
R7001	NONCOVERED SERVICE(S).
R7002	THIS CHARGE INCLUDED IN A PRIOR PAID SERVICE. PER CONTRACT, ALLOWABLE CHARGE FOR THE OFFICE VISIT INCLUDES THIS SERVICE.
R7010	NO SEPARATE PAYMENT IS ALLOWED FOR INCIDENTAL PROCEDURES.
R7015	INVALID PROCEDURE CODE FOR DATES OF SERVICE.
R7020	NONCOVERED SERVICE(S). PAYMENT IS MADE ONLY FOR MAJOR PROCEDURE IF TWO OR MORE PROCEDURES ARE PERFORMED AT THE SAME TIME.
R7025	AMOUNT + THE AMOUNT ALLOWED ON PREVIOUS CLAIMS FOR PART OF THIS SERVICE PERFORMED AT SAME TIME IS MAX ALLOWED AMOUNT FOR THIS SERVICE. IF CLAIM FILED ON PARTICIPATING BASIS, BENE IS NOT RESPONSIBLE FOR DISALLOWED AMOUNT.
R7035	NON-COVERED SERVICE. TERBUTALINE THERAPY.
R7036	NON-COVERED SERVICE. DRUGS ARE EXPERIMENTAL FOR THIS TYPE OF TREATMENT.
R7040	HUMANA CLAIM WITH NON-COVERED DIAGNOSIS.
R7041	NON-COVERED SERVICE(S) / LEGEND DRUGS.
R7046	NON-COVERED DIAGNOSIS FOR VITAMINS.
R7112	NON-COVERED SERVICE FOR THIS PROVIDER.
R7171	INHERENT BILATERAL PROCEDURE BILLED WITH 52 OR 73 MODIFIER AND UNITS GREATER THAN ONE.
R7172	INHERENT BILATERAL PROCEDURE WITH UNITS GREATER THAN ONE.
R7200	OBSOLETE PROCEDURE CODE(S) SUBMITTED - SERVICE DENIED; PROVIDER MUST PROVIDE CORRECT PROCEDURE CODE(S) AND RESUBMIT ON NEW CLAIM FORM.
R7260	PAYMENT DOES NOT INCLUDE PROFESSIONAL SERVICE CHARGES; BILL SEPARATELY ON THE HCFA 1500 OR TRICARE FORM DD 2520 WITH CPT-4 CODES.
R7372	TERMINATED BILATERAL PROCEDURE BILLED WITH A 50 MODIFIER OR TERMINATED PROCEDURE BILLED WITH MORE THAN ONE UNIT.
R7373	NON-BILATERAL PROCEDURE BILLED WITH 52 OR 73 MODIFIER AND UNITS GREATER THAN ONE.
R7501	THESE SERVICES MUST BE BILLED SEPARATELY.
R7502	DRG-BASED PAYMENTS CANNOT BE MADE FOR INTERIM BILLS.
R7503	THIS CHARGE INCLUDED IN A PRIOR PAID SERVICE. PER CONTRACT, BOARDER BABY CHARGES ARE INCLUDED IN THE ALLOWABLE CHARGE FOR THE MOTHER'S CLAIM.
R7504	DRG 469 OR 470 WITH ADMISSION DATE ON OR BEFORE SEPTEMBER 30, 2008 OR DRG 998 OR 999 WITH ADMISSION DATE ON OR AFTER OCTOBER 1, 2008. INCOMPLETE/INACCURATE CLAIMS CANNOT BE PAID UNDER TRICARE DRG-BASED PAYMENT SYSTEM.

TRICARE South Remittance Status Code Reference

R7510	NONCOVERED SERVICES
R7511	THIS CHARGE INCLUDED IN A PAID SERVICE/ SERVICE COVERED IN A PER DIEM RATE.
R7512	THIS CHARGE INCLUDED IN A PAID SERVICE / COVERED IN AN AMBULATORY SURGERY GROUP RATE.
R7513	THIS SERVICE IS INCLUDED IN THE BIRTHING CENTER ALL INCLUSIVE RATE.
R7520	INTERIM DRG BILLING OUTSIDE OF DOLLAR PARAMETER. BILLED CHARGES MUST BE BETWEEN BE BETWEEN \$90,000.00 AND \$99,999.99.
R7521	INTERIM DRG BILLING OUTSIDE IF DAY PARAMETER.
R7522	ADMISSION CHARGE NOT ALLOWABLE FOR DRG CLAIM.
R7550	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS.
R7551	UNGROUPABLE
R7553	TYPE OF CARE EXEMPT FROM DRG METHODOLOGY.
R7554	DRG POLICY NOT APPLICABLE TO THE STATE OF MARYLAND.
R7701	INCOMPLETE/INACURRATE CLAIMS CANNOT BE PAID UNDER TRICARE INPATIENT MENTAL HEALTH PER DIEM PAYMENT SYSTEM.
R7741	CONDITIONAL OR BILATERAL PROCEDURE BILLED WITH 50 MODIFIER AND UNITS GREATER THAN ONE.
R7CLI	THIS SERVICE IS INCLUDED IN A PAID SERVICE FOR DATES OF SERVICE PRIOR TO 04/01/05.
R7DT4	NONCOVERED SERVICE. PROCEDURE NOT LOADED TO PER DIEM FOR THIS PROVIDER.
R7LUP	THIS ASSESSMENT IS NOT SEPARATELY REIMBURSED ON A NO-REQUEST FOR ANTICIPATED PAYMENT (RAP) LOW UTILIZATION PAYMENT ADJUSTMENT (LUPA) OR A LUPA. PROSPECTIVE PAYMENT SERVICE (PPS) PAYMENT IS INCLUDED IN THE SERVICES RENDERED.
R7MOD	SERVICES BILLED WITH OBSOLETE 'AC' MODIFIER. RESUBMIT WITH THE APPROPRIATE MODIFIER AND INDICATE 'CORRECTED CLAIM' TO THE CORRESPONDENCE ADDRESS.
R7NDC	INJECTABLE DRUG SUBMITTED WITHOUT A VALID NATIONAL DRUG CODE (NDC) NUMBER.
R7OCD	OVER THE COUNTER DRUG AVAILABLE IN HEALTH FOOD STORES.
R7OFF	DEVICE OFFSET EXCEEDS THE TRICARE ALLOWABLE FOR THIS SERVICE.
R7OOS	NONCOVERED DRUG. TRICARE DOES NOT COVER OVER-THE-COUNTER, OBESITY, AND/OR SMOKING CESSATION DRUGS.
R7OP3	SERVICE PACKAGED INTO THE AMBULATORY PAYMENT CLASSIFICATION (APC) RATE.
R7REJ	HHA PPS PAYMENT IS NOT ALLOWED SINCE ALL SERVICES PERFORMED WERE DENIED.
R7TAK	TAKE HOME DRUGS LESS THAN \$40.00 ARE INCLUDED IN THE FACILITY RATE.
R8001	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8004	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8010	NO SEPARATE PAYMENT IS ALLOWED FOR INCIDENTAL PROCEDURES.
R8084	CLAIM DENIED. PREVENTIVE CARE DIAGNOSTIC SERVICES NOT ALLOWED FOR A PATIENT OF THIS AGE. REFER ANY QUESTIONS TO THE MEDEXCEL MEMBER SERVICES OFFICE.
R8113	CANNOT PROCESS RTC EDUCATION PROCEDURES IF CURRENT LINE IS NOT FROM A RTC PROVIDER.
R8118	NO PREAUTHORIZATION FOR RTC RETROACTIVE EDUCATION COSTS.

This document is subject to change.

Last updated: 07/06/09

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R8138	UNABLE TO PROCESS CANCELLATION CLAIM BECAUSE ORIGINAL CLAIM WAS UNPAID.
R8152	THIS CLAIM IS FOR A MEDICARE, NOT TRICARE BENEFICIARY. PHARMACY REDESIGN PILOT PROGRAM CLAIMS MUST BE SUBMITTED BY THE NETWORK PHARMACY UNLESS THE BENEFICIARY HAS OTHER HEALTH INSURANCE.
R8285	NONCOVERED SERVICE(S). ONLY ONE LEVEL OF PSYCHIATRIC CARE ALLOWED PER DAY.
R8286	PSYCHIATRIC LIMITS EXCEEDED.
R8287	OUTPATIENT PSYCHIATRIC LIMITS EXCEEDED FOR THIS DIAGNOSIS.
R8301	ALL MONTHLY PAYMENTS FOR THIS ITEM HAVE BEEN MADE. TOTAL RENTAL FEE WAS MORE THAN ALLOWABLE AMOUNT.
R8302	AUTHORIZATION NOT ON FILE - CONTACT YOUR HBA.
R8303	PREAUTHORIZATION FOR THIS SERVICE WAS REQUIRED. CONTACT THE TRICARE SERVICE CENTER AT 677-6000.
R8304	CLAIM REJECTED. NONAVAILABILITY STATEMENT AUTHORIZATION NOT ON DEERS.
R8305	NONAVAILABILITY STATEMENT AUTHORIZATION NO LONGER VALID - CONTACT THE MILITARY TREATMENT FACILITY.
R8307	GENERAL OFFICE VISIT CODES ARE NOT USED FOR BILLING EYE EXAMS SERVICES. PLEASE RESUBMIT WITH APPROPRIATE CODE.
R8310	NON-COVERED SERVICE PANCREAS OR KIDNEY PANCREAS TRANSPLANT IS EXCLUDED AS TRICARE BENEFITS.
R8312	NON-COVERED SERVICES. DIAGNOSTIC STUDIES.
R8313	NONCOVERED SERVICE(S).
R8314	CHIROPRACTIC SERVICES NOT COVERED.
R8315	LENSES, NONCOVERED SERVICE
R8316	GREATER THAN 36 SESSIONS OF CARDIAC REHAB IN A CALENDAR YEAR FOR CHRONIC STABLE ANGINA.
R8317	CARDIAC REHAB CLAIM WITH NO CARDIAC EVENT ON HISTORY OR THE DEFERRED FILE WITHIN THE PAST 12 MONTHS.
R8318	GREATER THAN 36 SESSIONS OF CARDIAC REHAB FOR THIS CARDIAC EVENT.
R8320	SERVICE INCLUDED IN SURGICAL ALLOWANCE.
R8323	SERVICE INCLUDED IN SURGICAL ALLOWANCE.
R8324	ANESTHETIC BY ATTENDING PHYSICIAN IN SURGICAL ALLOWANCE.
R8325	THIS CHARGE INCLUDED IN A PAID SERVICE.
R8326	SERVICES INCLUDED IN SURGICAL ALLOWANCE/ FOLLOW-UP VISIT SAME DOS/DX.
R8327	TESTING INCLUDED IN A PRIOR PAID SERVICE
R8328	SERVICES INCLUDED IN SURGICAL ALLOWANCE. POST OPERATIVE CARE INCLUDED IN GLOBAL SURGICAL ALLOWANCE.
R8332	NONCOVERED SERVICE(S). CHEMOTHERAPY MANAGEMENT CANNOT BE PAID WHEN RENDERED ON THE SAME DAY AS OTHER PSYCHIATRIC PROCEDURES.

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R8335	THIS CHARGE INCLUDED IN A PAID SERVICE/CHARGE COVERED BY MENTAL HEALTH PER DIEM PAYMENT.
R8336	NONCOVERED SERVICES/PROFESSIONAL INPATIENT SERVICES ASSOCIATED WITH A MENTAL HEALTH PER DIEM STAY.
R8340	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
R8345	NONCOVERED SERVICE(S). STAND BY PRECAUTIONARY OXYGEN.
R8346	CHARGE IS MORE THAN ALLOWABLE AMOUNT.
R8347	CHARGE IS MORE THAN ALLOWABLE AMOUNT.
R8350	AUTHORIZED SERVICE LIMITS EXCEEDED.
R8360	NON COVERED DIAGNOSIS.
R8361	REFERRAL NOT ON FILE. PCM REFERRAL REQUIRED
R8364	AUTHORIZATION NOT ON FILE, CONTACT YOUR HBA.
R8365	NON COVERED SERVICE / PATIENT'S AGE EXCEEDS LIMIT.
R8366	NONCOVERED DIAGNOSIS.
R8388	REQUESTED OTHER CARRIER INFORMATION NOT RECEIVED.
R8396	NONCOVERED DIAGNOSIS FOR AN ECHOGRAPHY.
R8397	NONCOVERED DIAGNOSIS FOR THIS SERVICE.
R8398	ROUTINE IMMUNIZATIONS NOT COVERED AFTER FIRST DOSE.
R8399	NON-COVERED SERVICE(S) IF PATIENTS AGE EXCEEDS TWO YEARS
R8400	LITHOTRIPSY PROCEDURE NOT COVERED PRIOR EFFECTIVE DATE.
R8410	SERVICES PARTIALLY PAID BY OTHER INSURANCE CARRIER.
R8415	SERVICES PAID IN FULL BY OTHER INSURANCE.
R8420	CLAIM MUST BE FILED BY THE ASHEVILLE NORTH CAROLINA VA MEDICAL CENTER.
R8500	NONCOVERED DIAGNOSIS.
R8502	NONCOVERED SERVICE(S) IF OFFICE VISIT AND CERUMEN REMOVAL ON SAME DAY.
R8503	A SEPARATE CHARGE FOR OFFICE VISITS MAY NOT BE ALLOWED WITH OSTEOPATHIC MANIPULATIVE THERAPY.
R8504	SERVICE INCLUDED IN SURGICAL ALLOWANCE. NO ADDITIONAL ALLOWANCE FOR OFFICE VISIT SAME DAY, SAME DIAGNOSIS AS SURGERY.
R8510	A MONTHLY SUPPLY OF OXYGEN HAS BEEN PAID IN THE LAST THIRTY DAYS.
R8513	LASER SURGERY NOT VALID FOR THIS DIAGNOSIS.
R8514	CLAIM DENIED; ONAS ISSUED OUTSIDE CONUS WITH SERVICE RECEIVED INSIDE CONUS.
R8515	OUTPATIENT NONAVAILABILITY STATEMENT NOT ON DEERS; CONTACT THE MILITARY TREATMENT FACILITY FOR ASSISTANCE.
R8524	MEDICAL NEED NOT DOCUMENTED -- TRICARE BENEFIT LIMITED TO ONE SCREENING PAP TEST PER YEAR.
R8525	MEDICAL NEED NOT DOCUMENTED -- LIMITATIONS FOR MAMMOGRAM EXCEEDED.
R8580	CLINICAL PREVENTIVE SERVICES - AGE OUT OF RANGE OR SEQUENCE.

TRICARE South Remittance Status Code Reference

R8581	NON-COVERED SERVICES. TRICARE PREVENTIVE CARE CLAIM WITH AGE OUT OF RANGE AND/OR LIMITATIONS EXCEEDED.
R8670	THIS CHARGE INCLUDED IN A PAID SERVICE.
R8672	NON-COVERED SERVICE FOR THIS CONDITION.
R8674	NON-COVERED SERVICE FOR THIS CONDITION.
R8800	NO PAYMENT ON CLAIM CAN BE MADE DUE TO A FUNDING SHORTAGE. WHEN FUNDS BECOME AVAILABLE, THIS CLAIM WILL AUTOMATICALLY REPROCESS AND A CHECK ISSUED. DO NOT RESUBMIT THIS CLAIM. -- ---
R8801	AUTHORIZATION NOT ON FILE, CONTACT YOUR HBA.
R8802	MORE THAN ALLOWABLE AMOUNT.
R8803	PATIENT ELIGIBLE FOR MEDICARE.
R8850	AUTHORIZATION NOT ON FILE. SUBMIT OUTPATIENT PSYCH TREATMENT REPORT TO HMHS
R8851	AUTHORIZED SERVICE LIMITS EXCEEDED FOR OUTPATIENT ALCOHOL TREATMENT.
R8852	AUTHORIZATION NOT ON FILE. CONTACT THE HEALTH CARE FINDER AT YOUR LOCAL SERVICE CENTER FOR ASSISTANCE.
R8853	AUTHORIZATION NOT ON FILE. CONTACT THEE HEALTH CARE FINDER AT YOUR LOCAL SERVICE CENTER FOR ASSISTANCE.
R8900	NONCOVERED DIAGNOSIS.
R899M	NON-COVERED SERVICE. REJECT IF MORE THAN ONE 01996 PROCEDURE IS BILLED FOR THE SAME DAY.
R8ADM	TRICARE DOES NOT ALLOW THE ADMINISTRATION FEE BECAUSE THERE IS NO IMMUNIZATION CHARGE FOR THE SAME DATE OF SERVICE BY THE SAME PROVIDER OR THE IMMUNIZATION CHARGE WAS DENIED.
R8ADV	ADENO VIRUS VACCINE DOES NOT MEET CRITERIA ESTABLISHED IN CDC GUIDELINES.
R8AEM	NON COVERED SERVICE, CONTINUOUS AMBULATORY ESPOHAGEAL MONITORING, PATIENT'S AGE IS LESS THAN 12, DIAGNOSIS IS FOR SLEEP APNEA OR DATE OF SERVICE IS PRIOR TO 10/31/94.
R8ANE	NONCOVERED SERVICE. POSTOPERATIVE PAIN MANAGEMENT/EPIDURAL NOT COVERED WITH ANESTHESIA.
R8AOP	'ADD-ON' PROCEDURE MUST BE SUBMITTED WITH THE APPROPRIATE PRIMARY MAMMOGRAPHY (SCREENING/DIAGNOSTIC) PROCEDURE AND MUST BE SUBMITTED ON THE SAME CLAIM.
R8APN	NON-COVERED SERVICES. CARDIORESPIRATORY MONITOR RENDERED ON PATIENT GREATER THAN 12 MONTHS.
R8ART	TRICARE DOES NOT COVER ARTIFICIAL HEART TRANSPLANTS.
R8AUT	NO AUTHORIZATION ON FILE FOR SERVICES RENDERED.
R8AVN	NONCOVERED SERVICES. ALL AVERSION THERAPY EXCEPT ANTIABUSE IS NOT COVERED.
R8BDS	NON-COVERED, DIAGNOSIS/FREQUENCY DO NOT MEET CRITERIA.
R8BH1	THE WEEKLY LIMITATION OF 2 VISITS OR THE VISIT INTERVAL APPROVED ON THE AUTHORIZATION HAS BEEN EXCEEDED. 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.

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R8BH2	TRICARE REQUIRES AUTHORIZATION FOR THIS SERVICE. PLEASE CALL VALUEOPTIONS AT 1-800-700-8646 OR SEND AN OUTPATIENT TREATMENT REPORT TO VALUEOPTIONS, P.O. BOX 551188, JACKSONVILLE, FL 32255-1188, ATTN: OTR
R8BH3	THE AUTHORIZATION FOR THIS SERVICE IS NO LONGER VALID. PLEASE CALL VALUEOPTIONS AT 1-800-700-8646 OR SEND AN OUTPATIENT TREATMENT REPORT TO VALUEOPTIONS, P.O. BOX 55118, JACKSONVILLE, FL 32255-1188, ATTN: OTR
R8BH4	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
R8BI1	NON COVERED SERVICE (S).
R8BIO	NONCOVERED SERVICES / LIMITATIONS EXCEEDED.
R8BM1	AUTHORIZATION NOT ON FILE; CONTACT YOUR HBA.
R8BUA	COVERAGE OF ROTAVIRUS WITHDRAWN BY CDC RECOMMENDATION.
R8C01	NONCOVERED SERVICE(S). BENEFITS NOT PROVIDED FOR MORE THAN ONE PROVIDER TO TREAT THE SAME CONDITION.
R8C02	NONCOVERED SERVICE(S). BENEFITS NOT PROVIDED FOR MORE THAN ONE PROVIDER TO TREAT THE SAME CONDITION.
R8CAM	CLAIM DENIED. AUTHORIZATION FOR ADMISSION NOT OBTAINED BY YOUR ADMITTING PROVIDER. REFER ANY QUESTIONS TO THE MEDEXCEL MEMBER SERVICES OFFICE.
R8CAP	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.
R8CFS	NONCOVERED SERVICES. TRICARE COST-SHARING IS EXCLUDED FOR CHRONIC FATIGUE SYNDROME WHEN IT IS THE SOLE DIAGNOSIS ON THE CLAIM.
R8COL	NON-COVERED SERVICES. COLLAGEN IMPLANT.
R8CON	NON-COVERED SERVICES. PRIOR CONSULTATION FOR CURRENT COURSE OF ILLNESS ALREADY SUBMITTED.
R8CPT	THIS IS A NON-PAYABLE SERVICE. ACCORDING TO THE CPT MANUAL, THIS CPT CODE IS NOT PAYABLE IN CONJUNCTION WITH OTHER CPT CODES BILLED ON THE SAME DATE OF SERVICE.
R8D01	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D02	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D03	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D04	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D05	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D06	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D07	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D08	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D09	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.

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R8D10	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D11	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D12	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D13	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D14	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D15	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D16	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D17	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D18	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D19	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D20	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D21	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D22	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D23	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D24	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D25	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D26	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D27	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D28	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D29	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D30	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D31	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D32	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D33	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D34	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D35	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D36	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D37	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D38	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D39	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D40	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D41	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8D42	DUPLICATE OF SERVICES PREVIOUSLY CLAIMED.
R8D43	DUPLICATE OF SERVICES PREVIOUSLY CLAIMED.
R8D44	DUPLICATE OF SERVICES PREVIOUSLY CLAIMED.
R8DM9	THIS IS A NON-COVERED HEARING/SPEECH DEVICE OR SERVICE.
R8DNT	NONCOVERED SERVICES. ROUTINE DENTAL EXAM.

TRICARE South Remittance Status Code Reference

R8DPM	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8DPS	CLAIMCHECK INCIDENTAL PROCEDURE FOR DATES OF SERVICE PRIOR TO OCTOBER 1, 2008.
R8DSD	NON-COVERED SERVICES. "DIAGNOSTIC SLEEP STUDIES/OBSTRUCTIVE SLEEP APNEA".
R8DSS	NON-COVERED BENEFIT, UNASSISTED SLEEP STUDY
R8DU0	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8DU1	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8DU2	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED. CORRECTED CLAIM SHOULD BE FILED.
R8DU3	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8DU4	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8DUP	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8DUT	THIS IS A NON-PAYABLE SERVICE. OUR RECORDS SHOW THAT THE DUTS EXCEED THE ALLOWED AMOUNT FOR THE CODE BILLED.
R8EAR	NON-COVERED SERVICES. AGE OUT OF RANGE FOR COCHLEAR IMPLANTATION.
R8ECG	NONCOVERED SERVICES. ECG PROCEDURE PERFORMED WITHIN 30 DAYS OF ANOTHER ECG PROCEDURE BY SAME PROVIDER.
R8ENR	NON-COVERED SERVICES. LIMITATIONS EXCEEDED FOR CARPEL TUNNEL SURGERY.
R8FAC	NON-COVERED SERVICES. DRUGS ADMINISTERED WITH FACET BLOCK.
R8FET	NON-COVERED SERVICE; BENEFITS FOR FLATFOOT ARE LIMITED TO CORRECTIVE FOOT SURGERY FOR NONCONGENITAL CONDITIONS.
R8GLB	TRICARE HAS ALREADY PAID BOTH THE PROFESSIONAL AND TECHNICAL COMPONENTS OF THIS CLAIM, AND THERE ARE NO ADDITIONAL BENEFITS.
R8GNT	MEDICAL NEED NOT DOCUMENTED TO SUPPORT GENETIC TESTING.
R8HAN	NON-COVERED SERVICES. HANDLING CHARGE.
R8HEP	EXCEEDS FREQUENCY OR ESTABLISHED AGE PARAMETERS FOR HEPATITIS A VACCINE.
R8HHI	THIS SERVICE IS INCLUDED IN THE HOME HEALTH AGENCY (HHA) PROSPECTIVE PAYMENT SYSTEM (PPS) PAYMENT.
R8HMA	WITHOUT PRE-AUTHORIZATION, THIS SESSION EXCEEDS THE LIMITS FOR SUBSTANCE ABUSE TREATMENT.
R8HMB	TREATMENT FOR SUBSTANCE ABUSE REQUIRES PRE-AUTHORIZATION.
R8HMC	THIS SESSION EXCEEDS THE LIMIT OF 2 SESSIONS PER WEEK WITHOUT AUTHORIZATION.
R8HMD	THIS SESSION EXCEEDS THE APPROVED NUMBER OF SESSIONS.
R8HME	THIS SESSION EXCEEDS THE AUTHORIZED INTERVAL FOR TREATMENT.
R8HMF	THIS SESSION EXCEEDS THE AUTHORIZED LIMIT FOR THIS PROCEDURE AND PROVIDER.
R8HMH	WE DO NOT HAVE A PRE-AUTHORIZATION ON FILE FOR THIS SESSION.
R8HMJ	WE DO NOT HAVE AN AUTHORIZATION ON FILE FOR THESE INPATIENT PROFESSIONAL SERVICES.
R8HYP	NON-COVERED DIAGNOSIS FOR SERVICE RENDERED.
R8ICR	THIS IS A NON-COVERED SERVICE. THE PROCEDURE CODE IS INVALID FOR THE DATES OF SERVICE.
R8IMM	TRICARE DOES NOT COVER THE VACCINE MENINGOCOCCAL IF THE PATIENT IS UNDER 2 YEARS OF AGE.

TRICARE South Remittance Status Code Reference

R8INT	NON-COVERED SERVICE. INTRAOPERATIVE NEUROPHYSIOLOGY TESTING.
R8IPS	OBSERVATION SERVICES EXCEEDING 48 HOURS ARE NOT COVERED PER CHAMPUS POLICY. TO HAVE THESE SERVICES CONSIDERED AS INPATIENT, SUBMIT MEDICAL RECORDS TO VALUEOPTIONS, PO BOX 551138, JACKSONVILLE, FL. 32255-1138.
R8LD1	NON COVERED SERVICE (S).
R8LIP	NON-COVERED DIAGNOSIS; LIPOSUCTION PROCEDURES.
R8LPS	NON-COVERED SERVICE FOR LAPAROSCOPIC PROCEDURE
R8MAN	NON-COVERED DIAGNOSIS FOR MALE GENITAL PROCEDURE
R8MAT	NON-COVERED SERVICE. NON-ROUTINE LAB PROCEDURE NOT PAYABLE FOR ROUTINE MATERNITY CARE.
R8MBR	TRICARE COVERS 2 INITIAL AND 2 REPLACEMENT BRAS IN A CALENDAR YEAR, AND YOU HAVE USED YOUR BENEFITS FOR THIS YEAR. YOU MAY REQUEST A RECONSIDERATION AND SEND US DOCUMENTATION TO SUBSTANTIATE THE NEED FOR ADDITIONAL BRAS.
R8MED	NON-COVERED SERVICES. DRUGS AND MEDICINE.
R8MGT	NONCOVERED SERVICE. POSTOPERATIVE PAIN MANAGEMENT NOT COVERED ON SAME DAY AS SURGERY.
R8MH1	AUTHORIZATION NOT ON FILE. THESE SERVICES REQUIRE PREPAYMENT APPROVAL. PLEASE CALL 1-800-700-8646.
R8MH3	AUTHORIZATION REQUIRED. CONTACT VALUEOPTIONS AT 1-800-700-8646 OR SEND OUTPATIENT TREATMENT REPORT TO VALUEOPTIONS, P.O. BOX 551188, JACKSONVILLE, FL 32255-1188, ATTN: OTR.
R8MRP	THE NUMBER OF UNITS BILLED EXCEEDS THE NUMBER OF UNITS AUTHORIZED.
R8MSO	CLAIM WAS NOT AUTHORIZATION BY MILITARY MEDICAL SUPPORT OFFICE.
R8NAD	INSUFFICIENT DIAGNOSIS CODE SUBMITTED. THIS IS NON-APPEALABLE.
R8NER	DIAGNOSIS SUBMITTED DOES NOT MEET EMERGENCY CRITERIA.
R8NOC	EMERGENCY ROOM CLAIM REQUIRES INDICATION OF PRESENTING SYMPTONS IN FORM LOCATOR 76 (UB92) OR FORM LOCATOR 69 (UB04). PLEASE RESUBMIT CLAIM WITH THIS INFORMATION FOR CONSIDERATION OF PAYMENT.
R8NOT	"PROVIDER NOT TRICARE AUTHORIZED FOR THESE SERVICES."
R8NRS	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
R8NUT	NUTRITIONAL THERAPY NOT MEDICALLY NECESSARY.
R8PBP	NON-COVERED SERVICE WITH THIS DIAGNOSIS CODE.
R8PCP	NON-COVERED SERVICES. PREVENTIVE CARE PROCEDURE WITH DATE OF SERVICE PRIOR TO 10/06/97.
R8PED	TRICARE DOES NOT COVER THESE SERVICES WHEN THEY ARE PERFORMED BY A PODIATRIST.
R8PET	NONCOVERED DIAGNOSIS FOR THIS PROCEDURE.
R8PH1	NON PHP CLAIM HAS PHP CLAIM ON HISTORY.
R8PH2	OUTPATIENT PSYCHOTHERAPY NOT COVERED WHEN A PATIENT IS IN A PARTIAL HOSPITALIZATION PROGRAM.
R8PH3	PROCEDURE ALREADY PAID FOR DOS.
R8PH4	MORE THAN 5 SESSIONS WITHIN ONE WEEK.

TRICARE South Remittance Status Code Reference

R8PH5	NON-COVERED SERVICE. OUTPATIENT SERVICES RELATED TO NON-COVERED PHP.
R8PHA	THESE SERVICES REQUIRE PREPAYMENT APPROVAL. CALL 1-800-CHAMPMH FOR ASSISTANCE.
R8PKU	THIS SERVICE IS LIMITED TO 2 PER YEAR, WHICH THE PATIENT HAS ALREADY RECEIVED.
R8PLD	NONCOVERED SERVICE. SERVICES RENDERED DO NOT MEET THE TRICARE POLICY CRITERIA FOR THIS PROCEDURE.
R8PMR	NON-COVERED SERVICES. PEDIATRIC MICROSURGERY REPAIR FOR OBSTETRIC BRACHIAL PLEXUS PALSY FOR PATIENT LESS THAN FOUR MONTHS.
R8PPM	NON-COVERED SERVICE. TWO PROCEDURES OF PAIN MANAGEMENT ON SAME DAY.
R8PRI	MEDICAL DENIAL: TRICARE DID NOT COVER THE CHARGES BECAUSE THE SERVICE OR SUPPLIES ARE NOT MEDICALLY NECESSARY.
R8PRV	NONCOVERED SERVICES.AGE/SEX OUT OF SEQUENCE OR LIMITATIONS EXCEEDED FOR PREVENTIVE CARE PROCEDURE.
R8PTK	NONCOVERED SERVICE. SERVICES RENDERED DO NOT MEET THE TRICARE POLICY CRITERIA FOR THIS PROCEDURE.
R8PUV	NON COVERED DIAGNOSIS FOR PUVA THERAPY
R8PWB	PET IMAGING (WHOLE BODY, MELANOMA FOR NON-COVERED INDICATIONS) IS A NON-COVERED PROCEDURE
R8PWD	TRICARE DOES NOT COVER THIS SERVICE UNLESS IT IS AUTHORIZED UNDER THE PROGRAM FOR PERSONS WITH DISABILITIES.
R8PYT	NON-COVERED SERVICE. PSYCHOLOGICAL TESTING.
R8QIP	THIS SERVICE IS NON-COVERED. TRICARE DOES NOT ALLOW BENEFITS FOR SERVICES THAT ARE CONSIDERED UNPROVEN.
R8RAR	TRICARE DOES NOT COVER THIS SERVICE BECAUSE THE PATIENT'S AGE EXCEEDS THE LIMITATION FOR COVERAGE.
R8RHB	SERVICE EXCEEDS 36 VISITS OR SERVICES WERE NOT RENDERED IN A HOSPITAL SETTING.
R8RIP	RADIONUCLIDE IMAGING PROCEDURES - 78070, 78299 AND 78704 - REQUIRE SPECIAL WRITTEN JUSTIFICATION.
R8RSK	ANESTHESIA RISK FACTOR CHARGES RECEIVED WITH NO PRIMARY ANESTHESIA CLAIM ON FILE.
R8RT5	RTC PROVIDER CONTRACT HAS BEEN TERMINATED. PATIENT NOT ELIGIBLE TO BE ADMITTED TO RTC FACILITY.
R8RT6	CHARGE COVERED BY RESIDENTIAL TREATMENT CENTER PAYMENT.
R8SBY	STANDBY CHARGES ARE NOT COVERED.
R8SC1	NON COVERED SERVICE (S).
R8SD1	NON COVERED SERVICE (S).
R8SHS	ORTHOPEDIC PRODUCTS NOT COVERED WITH DIAGNOSIS SUBMITTED.
R8SKN	BENEFICIARY IS A SNF RESIDENT AND THE 23X BILL TYPE IS NOT A FLU SHOT.
R8SNF	PATIENT IS A SNF RESIDENT. SERVICE INCLUDED IN SNF PPS PAYMENT.
R8SNI	INVALID REVENUE FOR SNF/PPS INPATIENT CLAIM.

TRICARE South Remittance Status Code Reference

R8SNP	SERVICE INCLUDED IN SNF/PPS PAYMENT.
R8SP1	NO MORE THAN 100 DAYS ALLOWED AS INPATIENT IN A SKILLED NURSING FACILITY WITHIN THE SAME BENEFIT PERIOD FOR TRICARE SENIOR PRIME.
R8SPE	NON COVERED DIAGNOSIS FOR THIS PROCEDURE.
R8TCT	NON-COVERED SERVICE. TRANSCATHETER THERAPY.
R8THA	NONCOVERED SERVICES. THERAPEUTIC ABSENCES ON OR AFTER JULY 1, 1995 ARE NOT COVERED.
R8U01	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8U0A	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8U0B	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8U0C	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8U0D	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8U0E	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8U0F	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8U0G	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8U0J	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8U0K	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8U0L	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8U0M	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8U0N	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8U0O	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8U0P	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8U0Q	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8UBT	NONCOVERED SERVICE. SERVICES RENDERED DO NOT MEET THE TRICARE POLICY CRITERIA FOR THIS PROCEDURE.
R8US1	BENEFIT LIMIT EXCEEDED FOR ROUTINE MATERNITY ULTRASOUNDS.
R8V6H	MAXIMUM BENEFIT OF SIX VIAGRA TABLETS PER MONTH HAS BEEN REACHED.
RADRS	SHCP OR TPRP RESOURCE SHARING CLAIM WITH DATES OF SERVICE PRIOR TO THE 10/01/99 CONTRACT START DATE. CONTACT YOUR MTF.
RBENE	BENEFIT PROCEDURE CODE REQUEST BYPASS DEFERRAL
RCRED	STATUS CODE TO TRIGGER CREDIT ADJUSTMENTS TO READ SYSTEM OVERRIDE TABLE. SHOULD NEVER POST ON CLAIMS OR GENERATE EOB MESSAGE. FOR GOVT FINANCE.
RDOHI	DEERS INDICATES PRIMARY HEALTH INSURANCE COVERAGE. PLEASE FILE THE CLAIM WITH THE OTHER HEALTH INSURANCE CARRIER FIRST.
RDRUG	PLEASE BILL TAKE-HOME DRUGS FOR \$40 OR MORE SEPARATELY.
RDUAL	BIS FILE HAS A MEDICARE SUPPLEMENTAL COVERAGE ON FILE. THE OTHER SUPPLEMENTAL PAYER SHOULD PAY PRIOR TO TRICARE.
RE001	INVALID ADMIT DIAGNOSIS CODE.

TRICARE South Remittance Status Code Reference

RE002	INVALID PRIMARY DIAGNOSIS CODE 01.
RE003	INVALID DIAGNOSIS CODE 02.
RE004	INVALID DIAGNOSIS CODE 03.
RE005	INVALID DIAGNOSIS CODE 04.
RE006	INVALID DIAGNOSIS CODE 05.
RE007	INVALID DIAGNOSIS CODE 06.
RE008	INVALID DIAGNOSIS CODE 07.
RE009	INVALID DIAGNOSIS CODE 08.
RE010	INVALID DIAGNOSIS CODE 09.
RE011	INVALID DIAGNOSIS CODE 10.
RE012	INVALID DIAGNOSIS CODE 11.
RE013	INVALID DIAGNOSIS CODE 12.
RE014	INVALID DIAGNOSIS CODE 13.
RE101	MEDICAL VISIT ON SAME DAY AS A PROCEDURE WITH SI OF 'T' OR 'S' WITHOUT MODIFIER 25.
RE150	SERVICE DUT'S ARE OUT OF RANGE FOR PROCEDURE.
RE170	INAPPROPRIATE SPECIFICATION OF INHERENT BILATERAL PROCEDURES.
RE180	INPATIENT PROCEDURE.
RE190	MUTUALLY EXCLUSIVE PROCEDURE THAT IS NOT ALLOWED BY NATIONAL CORRECT CODING INITIATIVE EVEN IF APPROPRIATE MODIFIER IS PRESENT.
RE200	CODE 2 OF A CODE PAIR THAT IS NOT ALLOWED BY NATIONAL CORRECT CODING INITIATIVE EVEN IF APPROPRIATE MODIFIER IS PRESENT.
RE201	ADMIT DIAGNOSIS CODE AND AGE CONFLICT.
RE202	PRIMARY DIAGNOSIS CODE AND AGE CONFLICT.
RE203	DIAGNOSIS CODE 02 AND AGE CONFLICT.
RE204	DIAGNOSIS CODE 03 AND AGE CONFLICT.
RE205	DIAGNOSIS CODE 04 AND AGE CONFLICT.
RE206	DIAGNOSIS CODE 05 AND AGE CONFLICT.
RE207	DIAGNOSIS CODE 06 AND AGE CONFLICT.
RE208	DIAGNOSIS CODE 07 AND AGE CONFLICT.
RE209	DIAGNOSIS CODE 08 AND AGE CONFLICT.
RE210	DIAGNOSIS CODE 09 AND AGE CONFLICT.
RE211	DIAGNOSIS CODE 10 AND AGE CONFLICT.
RE212	DIAGNOSIS CODE 11 AND AGE CONFLICT.
RE213	DIAGNOSIS CODE 12 AND AGE CONFLICT.
RE214	DIAGNOSIS CODE 13 AND AGE CONFLICT.
RE250	INVALID AGE.
RE260	INVALID SEX.

TRICARE South Remittance Status Code Reference

RE270	ONLY INCIDENTAL SERVICES REPORTED.
RE280	CODE NOT RECOGNIZED BY TRICARE; ALTERNATE CODE FOR SAME SERVICE MAY BE AVAILABLE.
RE290	PARTIAL HOSPITALIZATION SERVICE FOR NON-MENTAL HEALTH DIAGNOSIS.
RE300	INSUFFICIENT SERVICES ON DAY OF PARTIAL HOSPITALIZATION.
RE301	ADMIT DIAGNOSIS CODE AND SEX CONFLICT.
RE302	PRIMARY DIAGNOSIS CODE AND SEX CONFLICT.
RE303	DIAGNOSIS CODE 02 AND SEX CONFLICT.
RE304	DIAGNOSIS CODE 03 AND SEX CONFLICT.
RE305	DIAGNOSIS CODE 04 AND SEX CONFLICT.
RE306	DIAGNOSIS CODE 05 AND SEX CONFLICT.
RE307	DIAGNOSIS CODE 06 AND SEX CONFLICT.
RE308	DIAGNOSIS CODE 07 AND SEX CONFLICT.
RE309	DIAGNOSIS CODE 08 AND SEX CONFLICT.
RE310	DIAGNOSIS CODE 09 AND SEX CONFLICT.
RE311	DIAGNOSIS CODE 10 AND SEX CONFLICT.
RE312	DIAGNOSIS CODE 11 AND SEX CONFLICT.
RE313	DIAGNOSIS CODE 12 AND SEX CONFLICT.
RE314	DIAGNOSIS CODE 13 AND SEX CONFLICT.
RE350	MENTAL HEALTH EDUCATION AND TRAINING CODE G0177 NOT ALLOWED OUTSIDE PARTIAL HOSPITALIZATION PROGRAM
RE370	TERMINATED BILATERAL PROCEDURE OR TERMINATED PROCEDURE WITH UNITS GREATER THAN ONE.
RE380	INCONSISTENCY BETWEEN IMPLANTED DEVICE OR ADMINISTERED SUBSTANCE AND IMPLANTATION OR ASSOCIATE PROCEDURE.
RE390	MUTUALLY EXCLUSIVE PROCEDURE THAT WOULD BE ALLOWED BY NATIONAL CORRECT CODING INITIATIVE IF APPROPRIATE MODIFIER WERE PRESENT.
RE400	CODE 2 OF A CODE PAIR THAT SHOULD BE ALLOWED BY NATIONAL CORRECT CODING INITIATIVE IF APPROPRIATE MODIFIER WERE PRESENT.
RE420	MULTIPLE MEDICAL VISITS ON SAME DAY WITH SAME REVENUE CODE WITHOUT CONDITION CODE G0 OR MODIFIER 27
RE440	OBSERVATION REVENUE CODE ON LINE ITEM WITH NON-OBSERVATION HCPCS CODE.
RE450	INPATIENT SEPARATE PROCEDURES NOT PAID.
RE470	SERVICE IS NOT SEPARATELY PAYABLE.
RE480	REVENUE CENTER REQUIRES HCPCS.
RE490	SERVICE ON SAME DAY AS INPATIENT PROCEDURE.
RE501	E-DIAGNOSIS CODE CAN NOT BE USED AS PRINCIPAL DIAGNOSIS.
RE540	MULTIPLE CODES FOR THE SAME SERVICE.
RE580	OBSERVATION CODE G0379 MUST BE BILLED WITH OBSERVATION CODE G0378.

TRICARE South Remittance Status Code Reference

RE601	INVALID PROCEDURE CODE FOR DATES OF SERVICE SUBMITTED.
RE620	ALTERNATE CODE FOR SAME SERVICE SHOULD BE SUBMITTED.
RE630	OCCUPATIONAL THERAPY CODE G0129 NOT ALLOWED OUTSIDE PARTIAL HOSPITALIZATION PROGRAM
RE640	ACTIVITY THERAPY CODE G0176 NOT ALLOWED OUTSIDE PARTIAL HOSPITALIZATION PROGRAM
RE650	REVENUE CODE NOT RECOGNIZED BY TRICARE.
RE670	SERVICE PROVIDED PRIOR TO FDA APPROVAL OR THE MMWR PUBLICATION DATE FOR VACCINES.
RE680	SERVICE PROVIDED PRIOR TO DATE OF NATIONAL COVERAGE DETERMINATION (NCD) APPROVAL.
RE690	SERVICE PROVIDED OUTSIDE APPROVAL PERIOD.
RE710	CLAIM LACKS REQUIRED DEVICE CODE.
RE740	UNITS GREATER THAN ONE FOR BILATERAL PROCEDURE BILLED WITH MODIFIER 50.
RE750	INCORRECT BILLING OF MODIFIER FB AND FC.
RE760	TRAUMA RESPONSE CRITICAL CARE CODE WITHOUT REVENUE CODE 068X AND CPT CODE 99291.
RE770	CLAIM LACKS REQUIRED PROCEDURE CODE FOR DEVICE. THIS REJECT RESULTS IN A CLAIM DENIAL.
RE780	CLAIM LACKS REQUIRED RADIOLABELED PRODUCT.
RE800	MENTAL HEALTH CODE NOT APPROVED FOR PARTIAL HOSPITALIZATION PROGRAM
RE810	MENTAL HEALTH SERVICES NOT PAYABLE OUTSIDE THE PARTIAL HOSPITALIZATION PROGRAM.
RE820	CHARGES EXCEEDS TOKEN CHARGE \$1.01
RE900	MULTIPLE MATERNITY OBSERVATIONS WITHOUT CONDITION CODE GO OR MODIFIER 27.
RE901	NON-COVERED SERVICE FOR TRICARE.
RE903	SERVICES FOR THE SAME DATE OF SERVICE AS ANOTHER LINE ITEM THAT IS DENIED, ALL SERVICES ON THE SAME DAY WILL BE DENIED.
RE904	TRICARE DOES NOT REIMBURSE THE CPT/HCPCS CODE SUBMITTED.
REAGD	OVERAGE DEPENDENT DEFERRAL OVERRIDE FOR RIDICULOUS EDITS.
REDOD	DOCUMENTS {NAS} DEFERRAL OVERRIDE FOR RIDICULOUS EDITS.
REDUD	DUPLICATE DEFERRAL OVERRIDE
REDUP	DUPLICATE DEFERRAL SYSTEM OVERRIDE
REOID	OTHER INSURANCE DEFERRAL OVERRIDE FOR RIDICULOUS EDITS.
REOUD	OVERUTILIZATION DEFERRAL OVERRIDE FOR RIDICULOUS EDITS.
REPVD	PROVIDER FILE DEFERRAL OVERRIDE FOR RIDICULOUS EDITS.
RESQD	SEQUENCING DEFERRAL OVERRIDE FOR RIDICULOUS EDITS.
RETMD	TIMELY FILING DEFERRAL OVERRIDE FOR RIDICULOUS EDITS.
RETPD	THIRD PARTY LIABILITY DEFERRAL OVERRIDE FOR RIDICULOUS EDITS.
REURD	PREAUTH/MED REVIEW DEFERRAL OVERRIDES FOR RIDICULOUS EDITS.
REUTD	UTILIZATION REVIEW DEFERRAL OVERRIDE FOR RIDICULOUS EDITS.
RHA01	NONAVAILABILITY STATEMENT NOT RECEIVED.
RHA02	AUTHORIZATION NOT ON FILE; CONTACT YOUR HBA
RHA03	REQUESTED INFORMATION NOT RECEIVED

This document is subject to change.

Last updated: 07/06/09

TRICARE South Remittance Status Code Reference

RHA04	REQUESTED OTHER INSURANCE INFORMATION NOT RECEIVED.
RHA05	APPROVAL FOR SUCH THERAPY NOT RECEIVED
RHA06	TREATMENT SUMMARY NOT RECEIVED
RHA07	CLAIM REQUIRES DRUG NAME, STRENGTH AND QUANTITY.
RHA09	SURGICAL ASSISTANCE NOT AUTHORIZED
RHA10	THIS AMBULANCE SERVICE NOT COVERED.
RHA11	SERVICE REQUIRES PHYSICIAN REFERRAL
RHA12	MEDICAL NEED NOT SHOWN - COURT ORDERED CARE
RHA13	MEDICAL NEED NOT DOCUMENTED
RHA14	PATIENT NOT ELIGIBLE AT TIME OF SERVICE
RHA15	PATIENT ELIGIBLE FOR MEDICARE
RHA16	PATIENT NOT ELIGIBLE
RHA17	DEPENDENT STATUS INFORMATION NOT RECEIVED
RHA18	PATIENT ELIGIBLE FOR TRICARE CHOICE
RHA19	SERVICES PAID IN FULL BY OTHER INSURANCE
RHA20	THIS CHARGE INCLUDED IN A PAID SERVICE
RHA21	INCLUDED IN MATERNITY ALLOWANCE
RHA22	MORE THAN ALLOWABLE AMOUNT
RHA23	SERVICE INCLUDED IN SURGICAL ALLOWANCE
RHA24	ANESTHETIC BY ATTENDING PHYSICIAN IN SURGICAL ALLOWANCE.
RHA25	PSYCHIATRIC LIMITS EXCEEDED
RHA26	PHYSICAL THERAPY LIMIT EXCEEDED
RHA27	SPEECH THERAPY LIMIT EXCEEDED
RHA28	MAXIMUM ALLOWED FOR AMBULANCE SERVICE PAID
RHA29	AUTHORIZED SERVICE LIMITS EXCEEDED
RHA30	CHARGES EXCEED MONTHLY MAXIMUM
RHA31	SERVICE FILED AFTER TIME LIMIT
RHA32	SERVICES COVERED BY WORKERS COMPENSATION
RHA33	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED
RHA34	NONPRESCRIPTION DRUG
RHA35	NONCOVERED DIAGNOSIS
RHA36	OBESITY NOT A COVERED DIAGNOSIS
RHA37	NONCOVERED SERVICE
RHA38	ROUTINE PHYSICAL NOT COVERED
RHA39	ROUTINE IMMUNIZATION NOT COVERED
RHA40	ROUTINE FOOT CARE NOT COVERED
RHA41	ORTHOPEDIC SHOES NOT COVERED

TRICARE South Remittance Status Code Reference

RHA42	ROUTINE TEST/LAB/X-RAY NOT COVERED
RHA43	ROUTINE PAP SMEAR NOT COVERED
RHA44	NON-COVERED ROUTINE EYE EXAMINATION
RHA45	EYE GLASSES/LENSES NOT COVERED
RHA46	EYE REFRACTION NOT COVERED
RHA47	ORTHOTICS NOT COVERED
RHA48	CHIROPRACTIC SERVICES NOT COVERED
RHA49	PERSONAL COMFORT ITEM NOT COVERED
RHA50	DOMICILIARY/CUSTODIAL CARE NOT COVERED
RHA51	SPONSOR NOT ON DEERS
RHA52	PATIENT NOT ON DEERS
RHA53	DEPENDENT PATIENT NOT ON DEERS
RHA54	ID CARD EXPIRED ON DEERS
RHA55	REQUESTED 3RD PARTY INFO. NOT RECEIVED
RHA56	CHARGE COVERED BY RESIDENTIAL TREATMENT CENTER PAYMENT.
RHA57	CHARGE REDUCED FOR THERAPEUTIC ABSENCE EXCEEDING 3 DAYS.
RHA58	UNAUTHORIZED THERAPEUTIC ABSENCE
RHA59	REQUESTED 3RD PARTY LIABILITY INFO (TRICARE FORM 691) NOT RECEIVED.
RHA60	HOME HEALTH CARE AUTHORIZATION NOT ON FILE
RHA61	PERSONAL INJURY INSURANCE PAYMENT INFORMATION REQUIRED.
RHA62	INSUFFICIENT INFORMATION RECEIVED
RHA63	CHARGES INCLUDED IN AMBULANCE BASE RATE
RHA64	PAYMENT DETERMINED UNDER DRG BASE PAYMENT RATE.
RHA65	THESE SERVICES MUST BE BILLED SEPARATELY
RHA66	DRG BASED PAYMENTS CANNOT BE MADE FOR INTERIM BILLS.
RHA68	INCOMPLETE/INACCURATE CLAIM CANNOT BE PAID UNDER TRICARE DRG.
RHA71	CHAMPVA BENEFICIARIES ARE NOT ELIGIBLE FOR PARTNERSHIP PROGRAM.
RHA72	FACILITY WHERE SERVICES RENDERED NOT MILITARY FACILITY.
RHA74	NECESSITY OF MRI NOT DOCUMENTED, PAID AS CAT SCAN.
RHA75	CHARGE REDUCED TO ESTABLISHED VISIT
RHA76	CLAIM HAS BEEN SPLIT FOR PROCESSING
RHA77	NO SEPARATE PAYMENT IS ALLOWED FOR INCIDENTAL PROCEDURES.
RHA78	NO CERTIFICATION ON FILE
RHA79	SERVICES OR SUPPLIES ARE NOT AUTHORIZED UNDER PFPWD.
RHA80	INTERIM DRG BILLING SUBMITTED OUT OF ORDER
RHA81	INTERIM DRG BILL OUTSIDE OF DOLLAR PARAMETER
RHA82	REQUIREMENT FOR MEDICAL EMERGENCY NOT MET

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RHA90	OUTPATIENT SERVICES MUST BE BILLED SEPARATELY
RHCFA	INCORRECT CLAIM FORM. PLEASE RESUBMIT CLAIM USING THE CMS-1500 FORM.
RHCPC	THE REVENUE AND HCPCS CODES DO NOT MATCH. PLEASE RESUBMIT THE CLAIM WITH THE CORRECT REVENUE CODE FOR THE HCPCS.
RKABD	EMPLOYEE NOT AUTHORIZED TO KEY CLAIMS FOR THIS CLASS OF TRICARE ELIGIBLES, ROUTE TO PRIORITY.
RN324	NONCOVERED DRUG. TRICARE DOES NOT COVER OVER-THE-COUNTER, OBESITY AND STOP SMOKING DRUGS.
RNTF2	PATIENT IS INELIGIBLE FOR TRICARE FOR LIFE PROGRAM. CONTACT DEERS TOLL FREE AT 1-800- 538-9552 TO VERIFY ELIGIBILITY.
RNTF3	NOT ELIGIBLE- MILITARY ID CARD EXPIRED, CALL YOUR NEAREST MILITARY FACILITY OR 1-877-DOD- LIFE FOR INFORMATION ON OBTAINING A NEW ID CARD.
RP014	NON-COVERED PROCEDURE CODE WITH THIS TYPE OF SERVICE OR DIAGNOSIS CODE.
RP019	THIS PROVIDER IS NOT TRICARE-CERTIFIED. WE HAVE NOT RECEIVED THE PROVIDER CERTIFICATION INFORMATION THAT WE REQUESTED.
RP111	THE PROVIDER OF SERVICES IS NOT CERTIFIED TO PARTICIPATE IN THE TRICARE PROGRAM.
RP112	THIS PROVIDER IS NOT TRICARE-CERTIFIED FOR THIS SERVICE AS AN INTERN OR RESIDENT OF A HOSPITAL
RP113	THIS PROVIDER WAS NOT TRICARE-CERTIFIED AT THE TIME OF SERVICE
RP114	THE PROVIDER WHO PERFORMED THE SERVICE WAS NOT TRICARE-CERTIFIED AT THE TIME OF SERVICE.
RP115	PROVIDER SPECIALTY IS NOT COVERED BY TRICARE.
RP116	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE. APPLICATION NOT RECEIVED WITHIN 35 DAYS.
RP117	THE PROVIDER WHO PERFORMED THE SERVICE IS NOT TRICARE-CERTIFIED FOR THIS SERVICE.
RP118	THE PROVIDER IS NOT TRICARE-CERTIFIED FOR THIS SERVICE. WE HAVE NOT RECEIVED A RECERTIFICATION PACKAGE.
RP119	THE PROVIDER WHO PERFORMED THE SERVICES IS NOT TRICARE-CERTIFIED. WE HAVE NOT RECEIVED THE PROVIDER'S RECERTIFICATION APPLICATION.
RP120	THE PROVIDER IS NOT TRICARE-CERTIFIED FOR THIS SERVICE. THE PROVIDER'S ADDRESS IS OUTDATED IN OUR FILES.
RP121	THE PROVIDER WHO PERFORMED THE SERVICE IS NOT TRICARE-CERTIFIED FOR THIS SERVICE. THE PROVIDER'S ADDRESS IS OUTDATED IN OUR FILES.
RP122	THE PROVIDER IS NOT TRICARE-CERTIFIED FOR THIS SERVICE
RP123	THE PROVIDER WHO PERFORMED THE SERVICE IS NOT TRICARE-CERTIFIED FOR THIS SERVICE.
RP128	THIS PROVIDER IS NOT TRICARE-CERTIFIED. PROVIDERS WHO ARE ACTIVE DUTY MEMBERS OF THE UNIFORMED SERVICES OR A CIVILIAN EMPLOYEES OF THE U.S. GOVERNMENT ARE PROHIBITED FROM BILLING TRICARE OR TRICARE BENEFICIARIES.
RP130	THE DOCTOR OR OTHER MEDICAL PROFESSIONAL WHO PERFORMED THIS SERVICE IS NOT COVERED UNDER TRICARE.
RPABA	THIS PROVIDER IS ONLY AUTHORIZED TO RENDER SERVICES UNDER THE ECHO PROGRAM.

TRICARE South Remittance Status Code Reference

RPCHR	TRICARE DOES NOT COVER CHIROPRACTIC SERVICES.
RPLTD	THIS PROVIDER IS ELIGIBLE TO PERFORM SERVICES ONLY UNDER THE TPRP OR SHCP PROGRAMS.
RPNED	THIS IS A MILITARY PROVIDER PERFORMING SERVICES AT AN MILITARY FACILITY.
RPSR1	THE PROVIDER IS NOT TRICARE-CERTIFIED FOR THIS SERVICE.
RR023	NONCOVERED SERVICE(S)
RS001	CLAIM WAS SUBMITTED WITH AN INCORRECT SPONSOR'S SOCIAL SECURITY NUMBER (SSN). PLEASE HAVE THE SUBMITTER CORRECT THE SPONSOR'S SSN AND RESUBMIT THE CLAIM.
RS002	PATIENT NOT ELIGIBLE ON DEERS
RS003	DEPENDENT PATIENT NOT ON DEERS.
RS004	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
RS100	PATIENT INELIGIBLE FOR CHAMPVA. CONTACT CHAMPVA, ATTN: CCRC, 4500 CHERRY CREEK DRIVE SOUTH, PO BOX 65024, DENVER, CO 80206-5023.
RS600	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
RS601	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
RS602	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
RS603	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
RS604	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
RS623	ID CARD OR ELIGIBILITY EXPIRED ON DEERS, TRICARE CHOICE.
RS700	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
RS701	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
RS703	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
RS704	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
RS705	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
RS712	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
RS717	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
RS718	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
RS723	ID CARD OR ELIGIBILITY EXPIRED ON DEERS, TRICARE CHOICE.
RS724	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
RS801	PER DEERS, NONAVAILABILITY STATEMENT NOT RECEIVED.
RS802	PER DEERS, NONAVAILABILITY STATEMENT NOT RECEIVED.
RSEQ1	CLAIM FILED IS INTERIM BILL. INTERIM OR FINAL CLAIM HAS PREVIOUSLY BEEN SUBMITTED.
RSNAS	CLAIM DENIED; SPECIALIZED TREATMENT SERVICE NONAVAILABILITY STATEMENT AUTHORIZATION NOT ON DEERS-CONTACT THE SPECIALIZED TREATMENT SERVICE FACILITY.
RST23	NOT FDA APPROVED.
RST24	DENIED. INDEMNIFICATION REQUIREMENTS NOT MET.
RST25	CLAIM ADJUSTED FOR TRANSPORT TO NEAREST FACILITY.

TRICARE South Remittance Status Code Reference

RSTAT	CLAIM REJECTING FOR STATISTICAL ADJUSTMENT DUE TO ADJUSTMENT REASON CODES "26" OR "28". NO NEW REJECTS SHOULD POST IF NOT ON ORIGINAL CLAIM.
RSTE3	PRESUMPTIVE PAYMENT ADJUSTMENT.
RSTE4	HOSPITAL MUST FILE CLAIM.
RSTP1	PROCEDURE CODE INCONSISTENT WITH PATIENT GENDER.
RSTP2	PROCEDURE CODE INCONSISTENT WITH PROVIDER TYPE.
RTMCD	AUTHORIZATION/ REFERRAL OVERRIDE FOR RIDICULOUS EDITS.
RTPL1	REQUESTED THIRD PARTY INFORMATION NOT RECEIVED.
RTPL2	REQUESTED THIRD PARTY LIABILITY PAYMENT INFORMATION, (DD FORM 2527) NOT RECEIVED.
RTPL3	INCOMPLETE DD FORM 2527 RECEIVED.
RTPL7	PERSONAL INJURY INSURANCE PAYMENT INFORMATION REQUIRED BEFORE PROCESSING.
RU418	OUR RECORDS SHOW THE BENEFICIARY HAS A MEDICARE SUPPLEMENTAL INSURANCE; THEREFORE, WE HAVE NOT MADE A PAYMENT. WE CAN RECONSIDER THE CLAIM WHEN WE RECEIVE THE OTHER HEALTH INSURANCE EOB.
RUB92	INVALID CLAIM FORM RECEIVED. ALL CLAIMS FOR SERVICES FILED AFTER DEC 31, 2007 MUST BE FILED ON A UB04 CLAIM FORM.
RW001	SERVICE BEFORE ENTITLEMENT.
RW002	SERVICE AFTER ENTITLEMENT.
RW003	IF YOU ARE NOT SATISFIED WITH OUR DETERMINATION, YOU HAVE THE RIGHT TO REQUEST A REVIEW WITHIN 90 DAYS OF THE DATE OF THIS NOTICE. SEE ITEM FIVE ON REVERSE OF PAGE 1.
RW004	NONPRESCRIPTION DRUG. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW005	ROUTINE IMMUNIZATION NOT COVERED. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW006	ROUTINE PHYSICAL NOT COVERED. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW007	NO SEPARATE PAYMENT IS ALLOWED FOR INCIDENTAL PROCEDURES.
RW008	ROUTINE X-RAY NOT COVERED. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW009	NON-COVERED ROUTINE EYE EXAMINATION. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW010	ROUTINE LAB NOT COVERED. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW011	APPROVAL FOR THERAPY NOT RECEIVED.
RW012	EYE REFRACTION NOT COVERED. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW013	EYE GLASSES/LENSES NOT COVERED. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW014	ROUTINE FOOT CARE NOT COVERED. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW015	ORTHOPEDIC SHOES NOT COVERED. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW016	FOOT SUPPORTS/ORTHOTICS NOT COVERED. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW017	SERVICE INCLUDED IN SURGICAL ALLOWANCE.
RW018	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
RW019	PERSONAL COMFORT ITEM NOT COVERED. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW020	THIS CHARGE INCLUDED IN A PAID SERVICE.

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RW021	INCLUDED IN MATERNITY ALLOWANCE.
RW022	PSYCHIATRIC LIMITS EXCEEDED.
RW023	PHYSICAL THERAPY LIMITS EXCEEDED. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW024	THE CLAIM OR DD2527 INDICATES THE PATIENT WAS INJURED AT WORK. WORKER'S COMPENSATION INFORMATION REQUIRED.
RW025	SPEECH THERAPY LIMIT EXCEEDED. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW026	REQUIREMENTS FOR MEDICAL EMERGENCY NOT MET. NONAVAILABILITY STATEMENT REQUIRED. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW027	AUTHORIZED SERVICE LIMITS EXCEEDED. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW028	REQUESTED INFORMATION NOT RECEIVED. SEE ITEM TWO ON REVERSE OF PAGE 1 FOR TIME LIMIT TO SEND IN REQUESTED INFORMATION.
RW029	CHARGES EXCEED MONTHLY MAXIMUM.
RW030	SERVICE FILED AFTER TIME LIMIT. SEE ITEM TWO ON REVERSE OF PAGE 1.
RW031	DOMICILIARY/CUSTODIAL CARE NOT COVERED. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW032	NONCOVERED SERVICES. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW033	DUPLICATE OF SERVICES PREVIOUSLY CLAIM.
RW034	NO CHARGE FOR THIS SERVICE.
RW035	NONCOVERED CONCURRENT CARE. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW036	CHARGES EXCEED DAILY MAXIMUM.
RW037	THIS AMBULANCE SERVICE NOT COVERED. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW038	CHARGES INCLUDED IN AMBULANCE GASE RATE.
RW039	PATIENT INELIGIBLE FOR CHAMPVA. CONTACT CHAMPVA CENTER: 4500 CHERRY CREEK DRIVE SOUTH; BOX 64; DENVER, CO 80222. FUTURE CLAIMS WILL BE DENIED IF YOU ARE NOT ENROLLED IN DEERS.
RW040	SERVICES PAID IN FULL BY OTHER INSURANCE.
RW041	NECESSITY FOR MRI NOT DOCUMENTED; PAID AS CAT SCAN. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW042	CHARGE REDUCED TO ESTABLISHED VISIT.
RW043	SERVICES INCLUDED IN MENTAL HEALTH PER DIEM PAYMENT.
RW044	DUPLICATE OF SERVICES PREVIOUSLY CLAIM.
RW045	APPLIED TO DEDUCTIBLE. SEE ITEM SIX ON REVERSE OF PAGE 1.
RW046	NONAVAILABILITY STATEMENT NOT RECEIVED. SEE ITEM TWO ON REVERSE OF PAGE 1 FOR TIME LIMIT TO SEND REQUESTED INFORMATION.
RW047	MORE THAT ALLOWABLE AMOUNT.
RW048	CHARGE EXCEEDS DAILY RATE.
RW049	AUTHORIZATION NOT ON FILE; CONTACT YOUR HBA.
RW050	INSUFFICIENT DIAGNOSIS. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW051	PATIENT ELIGIBLE FOR MEDICARE.
RW052	ROUTINE PAP SMEAR NOT COVERED. SEE ITEM FOUR ON REVERSE OF PAGE 1.

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RW053	SURGICAL ASSISTANT NOT AUTHORIZED. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW054	ANESTHESIA BY ATTENDING PHYSICIAN IN SURGICAL ALLOWANCE.
RW055	IMPORTANT: YOUR MILITARY ID CARD HAS EXPIRED. PLEASE CALL 1-800-361-2620 TO DETERMINE YOUR ELIGIBILITY BY CALLING THIS NUMBER OR VISITING A NEARBY MILITARY BASE. IF YOU DO NOT CALL, YOU WILL NOT BE ABLE TO USE YOUR MILITARY HEALTH BENEFITS.
RW056	CHIROPRACTORS ARE NOT A TRICARE PAYABLE PROVIDER. THEREFORE, SERVICES PROVIDED BY A CHIROPRACTOR ARE DENIED.
RW057	NON-COVERED CAT SCAN. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW058	REQUESTED OTHER INSURANCE INFORMATION NOT RECEIVED. SEE ITEM TWO ON REVERSE OF PAGE 1 FOR TIME LIMIT TO SEND REQUESTED INFORMATION.
RW059	OBESITY NOT A COVERED DIAGNOSIS. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW060	DEPENDENT STATUS INFORMATION NOT RECEIVED.
RW061	MEDICAL NEED NOT SHOWN. COURT ORDERED CARE. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW062	NONCOVERED DIAGNOSIS. SEE ITEM FOUR ON REVERSE OF PAGE 1 FOR TIME LIMIT TO SEND IN REQUESTED INFORMATION.
RW063	ADDITIONAL ALLOWANCE MADE FOR EDUCATIONAL OR DISTANT FAMILY THERAPY.
RW064	SERVICE REQUIRES PHYSICIAN REFERRAL. SEE ITEM TWO ON REVERSE OF PAGE 1 FOR TIME LIMIT TO SEND REQUESTED INFORMATION.
RW065	TREATMENT SUMMARY NOT RECEIVED. SEE ITEM TWO ON REVERSE OF PAGE 1 FOR LIMIT TO SEND IN REQUESTED INFORMATION.
RW066	SERVICES OR SUPPLIES ARE NOT AUTHORIZED UNDER THE PROGRAM FOR PERSONS WITH DISABILITIES. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW067	SERVICES RENDERED OR SUPPLIES PROVIDED ARE NOT MEDICALLY NECESSARY. SEE ITEM FOUR ON REVERSE OF PAGE 1.
RW068	REHAB LIMIT REACHED. SUBMIT DETOX SERVICES SEPARATELY. SEE ITEM TWO ON REVERSE OF PAGE 1 FOR TIME LIMIT TO SEND IN REQUESTED INFORMATION.
RW069	NOT AN AUTHORIZED RESOURCE SHARING/PARTNERSHIP PROVIDER.
RW070	PATIENT NOT ELIGIBLE.
RW071	CHAMPVA BENEFICIARIES ARE NOT ELIGIBLE FOR PARTNERSHIP PROGRAM.
RW072	CLAIM REQUIRES DURG NAME, STRENGTH, AND QUANTITY. SEE ITEM TWO ON REVERSE OF PAGE 1 FOR TIME LIMIT TO SEND IN REQUESTED INFORMATION.
RW074	SPONSOR NOT ON DEERS. SEE ITEM SEVEN ON REVERSE OF PAGE 1.
RW075	PATIENT NOT ELIGIBLE ON DEERS. SEE ITEM SEVEN ON REVERSE OF PAGE 1.
RW076	SPONSOR NOT ON DEERS. THIS IS NOT A DENIAL. SEE ITEM SEVEN ON REVERSE OF PAGE 1.
RW077	DEPENDENT PATIENT NOT ON DEERS. SEE ITEM SEVEN ON REVERSE OF PAGE 1.
RW078	DEPENDENT PATIENT NOT ON DEERS. THIS IS NOT A DENIAL. SEE ITEM SEVEN ON REVERSE OF PAGE 1.
RW079	ID CARD OR ELIGIBILITY EXPIRED ON DEERS. SEE ITEM EIGHT ON REVERSE OF PAGE 1.

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RW080	ID CARD OR ELIGIBILITY EXPIRED ON DEERS. THIS IS NOT A DENIAL. SEE ITEM EIGHT ON REVERSE OF PAGE 1.
RW081	REQUESTED THIRD PARTY LIABILITY INFORMATION (CHAMPUS DD FORM 2527) NOT RECEIVED. SEE ITEM TWO ON REVERSE OF PAGE 1 FOR TIME LIMIT TO SEND IN REQUESTED INFORMATION.
RW082	THE CLAIM OR DD FORM 2527 INDICATES THE PATIENT WAS INJURED IN AN AUTO ACCIDENT AND HAS AUTO INSURANCE COVERAGE. PAYMENT INFORMATION REQUIRED.
RW083	SERVICES RENDERED OR SUPPLIES PROVIDED ARE NOT COVERED BECAUSE RECORDS SUBMITTED DO NOT MEET MEDICAL DOCUMENTATION REQUIREMENTS.
RW084	AUTHORIZATION NOT ON FILE, REQUIRES APA APPROVAL. SEE ITEM TWO ON REVERSE OF PAGE 1 FOR TIME LIMIT TO SEND REQUESTED INFORMATION.
RW085	CHARGE COVERED BY RESIDENTIAL TREATMENT CENTER PAYMENT.
RW086	CHARGE REDUCED FOR THERAPEUTIC ABSENCE EXCEEDING 3 DAYS.
RW087	UNAUTHORIZED THERAPEUTIC ABSENCE.
RW088	HOME HEALTH CARE AUTHORIZATION NOT ON FILE. SEE ITEM TWO ON REVERSE OF PAGE 1 FOR TIME LIMIT TO SEND IN REQUESTED INFORMATION.
RW089	HOSPITAL BASED PROFESSIONAL SERVICES AND/OR ANY OUTPATIENT CHARGES AND/OR ANY ORGAN ACQUISTION CHARGES MUST BE BILLED SEPARATELY. SEE ITEM TWO ON REVERSE OF PAGE 1.
RW090	OUTLIER PAYMENTS PARTIALLY DENIED, DUE TO LOSS OF BENEFICIARY ELIGIBILITY.
RW091	DRG-BASED PAYMENTS CANNOT BE MADE FOR INTERIM BILLS; HOSPITAL MUST SUBMIT CLAIM FOR COMPLETE STAY. SEE ITEM TWO ON REVERSE OF PAGE 1.
RW092	DRG 469 OR 470 CANNOT BE PAID UNDER TRICARE DGR BADED PAYMENT SYSTEM.
RW093	CLAIM DENIED. YOUR CLAIM WAS PROCESSED UNDER THE FORT SILL CATCHMENT AREA MANAGEMENT PROJECT. ENROLLMENT NOT INDICATED. CONTACT YOUR CHAMPO AT FORT SILL.
RW094	CLAIM DENIED. YOU ARE ENROLLED IN THE FORT SILL MANAGEMENT PROJECT AND MUST SUBMIT YOUR CLAIMS THROUGH YOUR HEALTH CARE FINDER AT FORT SILL.
RW095	OUTLIER PAYMENTS DENIED, DUE TO EXCEEDING THE 60 DAY LIMIT.
RW096	FACILITY WHERE SERVICES RENDERED NOT MILITARY FACILITY.
RW097	PAYMENT AMOUNT DETERMINED UNDER INPATIENT RTC PER DIEM PAYMENT SYSTEM AND IS PAYMENT IN FULL.
RW098	CHARGES EXCEED DAIOLY MAXIMUM.
RW099	PAYMENT AMOUNT DETERMINED UNDER INPATIENT MENTAL HEALTH PER DIEM PAYMENT SYSTEM AND IS PAYMENT IN FULL.
RW100	PAYMENT REDUCED TO NEGOTIATED RATES.
RW101	PARTNERSHIP CLAIM DENIED; AGREEMENT HAS EXPIRED.
RW102	INPATIENT MENTAL HEALTH SERVICES REQUIRE AN AUTHORIZATION FROM THE LOCAL PLAN. TO OBTAIN AN AUTHORIZATION FOR THESE SERVICES, PLEASE CONTACT YOUR LOCAL PLAN. UPON RECEIPT OF AN AUTHORIZATION, RESUBMIT THE CLAIM TO OUR OFFICE FOR PROCESSING.
RW103	CLAIM HAS BEEN SPLIT FOR PROCESSING.

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RW104	INTERIM DRG BILLING SUBMITTED OUT OF ORDER.
RW105	INTERIM DRG BILLING OUTSIDE OF DOLLAR PARAMETER.
RW107	INPATIENT NONAVAILABILITY STATEMENT AUTORIZATION NOT ON DEERS. CONTACT THE MTF.
RW108	NONAVAILABILITY STATEMENT AUTORIZATIONNO LONGER VALID. CONTACT THE MTF.
RW109	THIS SERVICE ALLOWED AT 50% WHEN PERFORMED IN CONJUNCTION WITH ANESTHESIA.
RW110	OUTPATIENT NONAVAILABILITY STATEMENT NOT ON DEERS. CONTACT THE MTF FOR ASSISTANCE.
RW111	PSYCHIATRIC LIMITS EXCEEDED.
RW112	SERVICES NOT COVERED UNDER COOPERATIVE CARE PROGRAM.
RW113	PAYMENT DOES NOT INCLUDE PROFESSIONAL SERVICE CHARGES. BILL SEPARATELY ON THE HCFA 1500 OR CHAMPUS FORM DD2642.
RW114	REQUESTED INFORMATION NOT RECEIVED. SEE ITEM TWO ON REVERSE OF PAGE 1 FOR TIME LIMIT TO SEND IN REQUESTED INFORMATION.
RW115	PREAUTHORIZATION FOR THIS TRANSPLANT REQUIRED BY OCHAMPUS. CONTACT FOUNDATION HEALTH CHAMPUS CASE MANAGEMENT DEPARTMENT AT (800)543-2943 OR (800)543-7118.
RW116	PREAUTHORIZATION FOR THIS TRANSPLANT DENIED BY OCHAMPUS. CONTACT FOUNDATION HEALTH CHAMPUS CASE MANAGEMENT DEPARTMENT AT (800)543-2943 OR (800)543-7119.
RW117	OBSOLETE PROCEDURE CODE(S) SUBMITTED - SERVICE(S) DENIED. PROVIDER MUST PROVIDE CORRECT PROCEDURE CODE(S).
RW118	THIS SERVICE IS PART OF A SINGLE GROUP OF SERVICES PERFORMED AT THE SAME TIME WHICH CHAMPUS HAS PAID. IF THIS CLAIM WAS FILED ON A PARTICIPATING BASIS, THE BENEFICIARY IS NOT RESPONSIBLE FOR PAYMENT OF THE DISALLOWED AMOUNT.
RW119	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
RW120	DOES NOT MEET CRITERIA FOR PRE-EXISTING CONDITION.
RW121	PAYMENT DENIED FOR SERVICE(S) NOT INCLUDED IN PARTNERSHIP AGREEMENT. BENEFICIARY NOT LIABLE - PROVIDER SHOULD CONTACT MTF.
RW122	PROVIDERS WILL NOT COLLECT ADDITIONAL COSE SHARES FOR INCREASES IN RTC RATGES, AS A RESULT OF REBASING.
RW123	AUTHORIZATION FOR MENTAL HEALTH SERVICES MUST BE OBTAINED PRIOR TO THE SEVENTH OUTPATIENT PSYCHOTHERAPY SESSION; THEREFORE, YOUR CLAIM IS DENIED.
RW124	THIS SERVICE IS INCLUDED INT HE DRG-BASED PAYMENT; THEREFOR, NO ADDITIONAL PAYMENT IS WARRANTED.
RW125	INCOMPLETE DD FORM 2527 RECIEVED.
RW126	LEVEL OF CARE BILLED NOT SUBSTANTIATED.
RW127	SERVICES DENIED DUE TO HMO COVERAGE.

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RW128	THIS CLAIM WAS PROCESSED USING LAST YEAR'S PAYMENT RATES. IT WILL BE ADJUSTED AS SOON AS THE NEW RATES ARE AVAILABLE. THIS MAY AFFECT THE AMOUNT OF YOUR COST-SHARE.
RW129	PLEASE SUBMIT PATIENTS MSA IN FORM LOCATOR 39 OR 40 TO PRICE HOSPICE HOME CARE.
RW130	INVALID SUBMISSION FOR THIS CONTRACTED PROVIDER. SERVICE DENIED.
RW131	PROVIDER NOT CONTRACTED FOR THE SERVICES RENDERED; THEREFORE, YOUR CLAIM IS DENIED.
RW132	CHARGE DENIED; THIS SERVICE MUST BE SUBMITTED BY THE PROVIDER OF CARE.
RW133	NO NONAVAILABILITY STATEMENT FOR THE PROCEDURE OR SERVICE PERFORMED.
RW134	THESE SERVICES REQUIRE PRE-PAYMENT APPROVAL PLEASE CALL (800)XXX-XXXX FOR ASSISTANCE.
RW135	PROVIDER IS NOT TRICARE AUTHORIZED. REQUESTED PROVIDER CERTIFICATION INFORMATION NOT RECEIVED.
RW136	SERVICES DENIED BECAUSE WE CANNOT DETERMINE PRIMARY INSURANCE PAYMENT. PLEASE PROVIDE EXPIRATION DATE OR COMPLETE PAYMENT INFORMATION. SEE ITEM 2 ON REVERSE.
RW137	CONSULTATION PAID AS LIMITED OFFICE VISIT. REFERRING PHYSICIAN NOT IDENTIFIED.
RW138	DENTAL CONDITION NOT A BENEFIT. TRICARE COVERAGE LIMITED TO AUTHORIZED DENTAL CARE REQUIRED DUE TO A MEDICAL CONDITION.
RW139	DENTAL AUTHORIZATION NOT ON FILE. CONTACT TRICARE DENTAL FI.
RW140	CLAIMS SHOULD BE SUBMITTED TO THE CHAMPVA CENTER FOR PROCESSING..
RW141	MEDICAL NECESSITY FOR STANDBY PEDIATRIC PHYSICIAN NOT DOCUMENTED.
RW142	CHARGE REIMBURSED AT THE INTERMEDIATE OFFICE VISIT LEVEL.
RW143	THE SERVICE BILLED REQUIRES PRIOR AUTHORIZATION. SINCE WE HAVE NO RECORD OF THIS BEING OBTAINED, THIS CLAIM IS DENIED.
RW144	PROPOSED FOR VOLUNTARY AUTHORIZATION. AUTHORIZED SERVICE LIMIT EXCEEDED. BENEFICIARY IS RESPONSIBLE FOR PAYMENT OF SERVICES BEYOND THOSE AUTHORIZED.
RW145	PLEASE SUBMIT COPY OF WORKSHEET, EOB OR LETTER FROM OHI, SHOWING ACTION TAKEN.
RW146	NON-UTILIZATION OF HMO PROVIDER FROM YOUR OTHER CARRIER IS NOT COVERED.
RW147	COPAYMENT UNDER ANOTHER HMO PROVIDER ARE NOT A TRICARE BENEFIT.
RW148	THE CLAIM OR DD FORM 2527 INDICATES THE PATIENT WAS INJURED IN AN ACCIDENT AND HAD ACCIDENTAL INJURY INSURANCE COVERAGE. PAYMENT INFORMATION REQUIRED.
RW149	PAYMENT REDUCE DUE TO OTHER INSURANCE PAYMENT.
RW150	OTHER INSURANCE PAYMENT APPLICE TO DEDUCTIBLE.
RW151	THIS PATIENT'S PRIMARY CARE MANAGER DID NOT AUTHORIZE SERVICES. THE PATIENT IS RESPONSIBLE FOR PAYMENT.
RW152	AFTER PROFESSIONAL REVIEW OF THE DOCUMENTATION SUBMITTED, IT HAS BEEN DETERMINED THAT THE DOCUMENTATION DOES NOT SUPPORT THE PROCEDURE BILLED.
RW153	AFTER PROFESSIONAL REVIEW OF THE DOCUMENTATON SUBMITTED, IT HAS BEEN DETERMINED THAT THIS SERVICE/PROCEDURE IS NOT A COVERED BENEFIT.

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RW154	PROFESSIONAL REVIEW HAS DETERMINED THAT ER SERVICES WERE INAPPROPRIATE FOR ILLNESS/INJURY. ER SERVICES ARE A BENEFIT ONLY FOR LIFE- THREATENING CONDITIONS.
RW161	THERE WAS NO ACCOMPANYING DOCUMENTATION WITH THE CLAIM TO JUSTIFY PAYMENT OF CHARGES ON FEES EXCEEDING THE TRICARE ALLOWED AMOUNT FOR THE PROCEDURES.
RW162	THE INFORMATION SUBMITTED WITH THIS CLAIM DOES NOT SUPPORT AN ADDITIONAL ALLOWANCE.
RW165	CLAIM DENIED; SPECIALIZED TREATMENT SERVICE NONAVAILABILITY STATEMENT AUTHORIZATION NOT ON DEERS - CONTACT THE SPECIALIZED TREATMENT SERVICE FACILITY
RW167	AUTHORIZATION OF COST SHARING FOR THE LIVING- RELATED DONOR LIVER TRANSPLANT (LDRDLT) HAS BEEN DISALLOWED.
RW173	DOCUMENTATION DOES NOT SUPPORT THE FREQUENCY OF VISITS BILLED.
RW174	PAYMENT LEVEL REDUCED AS DETERMINED BY PROFESSIONAL REVIEW.
RW175	PAYMENT REDUCED DUE TO A LACK OF MEDICAL JUSTIFICATION FOR THE LEVEL OF SERVICES BILLED.
RW176	THIS SERVICE IS THE PATIENT'S RESPONSIBILITY.
RW177	REPORTED INFORMATION DOES NOT ESTABLISH THE MEDICAL NECESSITY OF THE TREATMENT PROGRAM AS STATED ON THE CLAIM.
RW178	PROVIDER OF SERVICE DOES NOT MEET THE DESCRIP- TION FOR A QUALIFIEDPROVIDER UNDER THE TRICARE PROGRAM.
RW179	THESE SERVICES REQUIRE PREPAYMENT APPROVAL. PLEASE CALL 1-800-CHAMPMH FOR ASSISTANCE.
RW180	PAYMENT AMOUNT DETERMINED UNDER INPATIENT MENTAL HEALTH PER DIEM PAYMENT SYSTEM AND IS PAYMENT IN FULL.
RW181	PROVIDER IS NOT TRICARE AUTHORIZED. PLEASE CALL 1-800-CHAMPMH FOR ASSISTANCE.
RW182	DEPENDENT IS NO LONGER ELIGIBLE, CONTACT YOUR NEAREST MILITARY PERSONNEL OFFICE OR YOUR ADMINISTERING SECRETARY.
RW183	CLAIMS MUST BE FILED BY THE VA MDDICAL CENTER.
RW184	PARTNERSHIP CLAIM NOT CORRECTLY SUBMITTED.
RW185	SERVICES PAID UNDER THE AMBULATORY SURGERY PROSPECTIVE PAYMENT RATES.
RW186	HOSPICE REIMBURSEMENT REDUCED TO ROUTINE HOME CARE RATE FOR INPATIENT RESPITE CARE EXCEEDING FIVE DAYS.
RW187	PAYMENT HAS BEEN DETERMINED UNDER THE NATIONAL ALL INCLUSIVE RATE FOR HOSPICE CARE REIMBURSEMENT.
RW188	HOSPICE REIMBURSEMENT HAS BEEN REDUCED BASED ON POLICY REQUIREMENTS.
RW189	THIS CLAIM IS FOR A MEDICARE, NOT A TRICARE ELIGIBLE BENEFICIARY. NO APPEAL RIGHTS ARE AVAILABLE. PLEASE CONTRACT US IF YOU HAVE ANY QUESTIONS.
RW190	ELIGIBILITY FOR MEDICARE PHARMACY BENEFIT NOT ESTABLISHED. CONTACT DEERS SUPPORT OFFICE (DSO) FOR ASSISTANCE.
RW191	OBSERVATION OVER 48 HOURS NEEDS TO BE SUBMITTED AS INPATIENT.

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RW192	TRICARE CLAIMCHECK HAS DETERMINED THAT NOS SEPARATE PAYMENT IS ALLOWED FOR THIS INCIDENTAL PROCEDURE
RW193	TRICARE CLAIMCHECK HAS DETERMINED THAT THIS SERVICE IS INCLUDED IN THE SURGICAL ALLOWANCE.
RW194	TRICARE CLAIMCHECK HAS DETERMINED THAT THIS CHARGE IS INCLUDED IN A PAID SERVICE.
RW195	TRICARE CLAIMCHECK HAS DETERMINED THAT A SURGICAL ASSISTANT IS NOT AUTHORIZED FOR THIS PROCEDURE.
RW196	TRICARE CLAIMCHECK HAS DETERMINED THAT THIS SERVICE IS PART OF A SINGLE GROUP OF SERVICES PERFORMED AT THE SAME TIME WHICH TRICARE PREV- OUSLY PAID. IF THIS CLAIM WAS FILED ON A PART- CIPATING BASIS, THE BENEFICIARY IS NOT RESPON- IBLE FOR PAYMENT OF THE DISALLOWED AMOUNT.
RW197	BILLED PROCEDURE CODE(S) REBUNDLES INTO UNBILLED PROCEDURE CODE(S).
RW198	BILLED PROCEDURE CODE(S) REPLACED WITH MORE APPROPRIATE UNBILLED PROCEDURE CODE(S).
RW199	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 DISALLOWED AMT
RW200	THE STATE LICENSE NUMBER OF THE ATTENDING PROVIDER IS NOT INDICATEDON YOUR CLAIM. PLEASE RESUBMITT WITH THIS INFORMATION.
RW201	CARE MUST BE RENDERED, ORDERED, OR PRESCRIBED BY A PHYSICIAN (MD OR DO).
RW202	PROVIDER OF SERVICE IS NOT A PARTICIPATING PRIME PROVIDER.
RW203	PROVIDER NOT AUTHORIZED. RESIDENTIAL TREATMENT CENTERS MUST HAVE OCHAMPUS APPROVAL TO BE AUTHORIZED.
RW204	PROCEDURE CODE DOES NOT MATCH PLACE OF SERVICE YOUR CLAIM WILL BE BE RECONSIDERED UPON TIMELY RECEIPT OF THE CORRECTED INFORMATION.
RW205	PROCEDURE CODE IS INVALID FOR AGE OR SEX OF MEMBER. YOUR CLAIM WILL BE RECONSIDERED UPON TIMELY RECEIPT OF THE CORRECTED INFORMATION.
RW206	DIAGNOSIS IS INVALID FOR AGE OR SEX OF THE MEMBER. YOUR CLAIM WILL BE RECONSIDERED UPON TIMELY RECEIPT OF THE CORRECTED INFORMATION.
RW207	SERVICES BILLED REQUIRE A CONSULTATION REPORT PLEASE SUBMIT REPORTT WITH A COPY OF THE ORIGINAL CLAIM.
RW208	SERVICE BILLED REQUIRES AN EMERGENCY ROOM REPORT. PLEASE SUBMIT REPORT WITH A COPY OF THE ORIGINAL CLAIM.
RW209	SERVICES BILLED REQUIRE AN OPERATIVE REPORT. PLEASE SUBMIT REPORT WITH A COPY OF THE ORIGINAL CLAIM.
RW210	SERVICES BILLED REQUIRE A MEDICAL RECORD REPORT. PLEASE SUBMIT WITH A COPY OF THE ORIGINAL CLAIM.
RW211	THE HEALTH CARE PROCEDURE CODING SYSTEM (HCPCS) J CODES MUST BE USED WHEN BILLING INJECTIONS.

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RW212	UNABLE TO MATCH DESCRIPTION TO ICD-9 CODE. PLEASE RESUBMIT WITH CORRECTED INFORMATION.
RW213	PLEASE SUBMIT A COPY OF THE CHART NOTES.
RW214	PLEASE SUBMIT A COPY OF THE PATHOLOGY REPORT.
RW215	PLEASE SUBMIT A COPY OF THE INVOICE.
RW216	PLEASE SUBMIT A COPY OF THE TRACINGS.
RW217	PLEASE SUBMIT A COPY OF THE TEST RESULTS
RW218	PROCEDURE CODE IS MISSING OR INVALID. YOUR CLAIM WILL BE RECONSIDERED UPON TIMELY RECEIPT OF INFORMATION.
RW219	DIAGNOSIS CODE IS MISSING OR INVALID. YOUR CLAIM WILL BE RECONSIDERED UPON TIMELY RECEIPT OF INFORMATION.
RW220	THE NEWBORN NURSERY CHARGES ARE INCLUDED IN THE CONTRACTED PER DIEM RATE FOR THE INPATIENT MATERNITY STAY OF THE MOTHER.
RW221	THIS PANEL LAB CODE REQUIRES ITEMIZATION OF TEST PERFORMED. PLEASE CHECK BILLING AND RESUBMIT AN ORIGINAL CLAIM.
RW222	THIS IS AN INCORRECT PROCEDURE CODE AND/ OR MODIFIER CODE FOR THIS SERVICE. YOUR CLAIM WILL BE RECONSIDERED UPON TIMELY RECEIPT OF INFORMATION.
RW223	THE ROOM & BOARD CHARGE BILLED IS INCOMPATIBLE WITH THE PSYCHIATRIC DIAGNOSIS INDICATED ON THE CLAIM. PLEASE REVIEW AND RESUBMIT WITHIN 30 DAYS.
RW224	MEDICAL NEED FOR C-SECTION NOT DOCUMENTED REIMBURSEMENT HAS BEEN MADE AT THE VAGINAL DELIVERY LEVEL. THE BENEFICIARY IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE C-SECTION AND VAGINAL DELIVERY ALLOWANCE.
RW225	TRICARE HAS MANDATED PAYMENT LEVEL REDUC TION BECAUSE REQUIRED PREAUTHORIZATION WAS NOT OBTAINED.
RW226	PAYMENT TO THE PROVIDER HAS BEEN REDUCED BY 100% DUE TO THE PROVIDER'S FAILURE TO OBTAIN THE REQUIRED PRIOR AUTHORIZATION. ANY COST SHARE, COPAY OR DEDUCTIBLE RECEIVED FROM THE BENEFICIARY MUST BE IMMEDIATELY REFUNDED TO THE BENEFICIARY.
RW227	TRICARE HAS MANDATED PAYMENT LEVEL REDUCUTION BECAUSE REQUIRED PREAUTHORIZATION WAS NOT OBTAINED.
RW228	SCHOOL PHYSICALS PAID AT THE ALLOWABLE AMOUNT FOR A COMPREHENSIVE OFFICE VISIT.
RW229	MEDICARE SUPPLEMENTAL PAYMENT INFORMATION NOT PROVIDED. SEE THE AMOUNT TRICARE WOULD HAVE PAID IN THE ABOVE MESSAGE.
RW230	MEDICARE HAS DENIED YOUR CLAIM (INSERT MSN WORDING) PLEASE SUBMIT THE INFORMATION OR CLARIFICATION THAT MEDICARE HAS REQUESTED TO YOUR MEDICARE CARRIER. ONCE MEDICARE HAS PROCESSED CLAIM, PLEASE SUBMIT A COPY OF YOUR NEW MEOB SO WE CAN REPROCESS YOUR CLAIM
RW231	MEDICARE HAS APPLIED THE FOLLOWING PROVIDER CUT-BACK, DISCOUNT, OR OTHER PAYMENT REDUCTION TO YOUR CLAIM (INSERT MSN WORDING) NEITHER THE BENEFICIARY NOR TRICARE FOR LIFE IS OBLIGATED TO PAY THIS AMOUNT

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RW236	OUR RECORDS INDICATE THAT YOU HAVE TWO OR MORE HEALTH INSURANCES THAT ARE PRIMARY TO TRICARE. YOUR CLAIM WAS DENIED BECAUSE WE DID NOT RECEIVE EXPLANATIONS OF BENEFITS (EOBS) FROM ALL OF YOUR INSURANCES FOR THE CHARGES SUBMITTED TO TRICARE.
RW237	SERVICES DENIED BECAUSE THE LIFETIME FREQUENCY LIMIT HAS BEEN EXCEEDED. SEE ITEM FIVE ON REVERSE.
RW238	RESERVED FOR CHAM 7720 FREQ MAX
RW239	RESERVED FOR CHAM 7720 FREQ MAX
RW240	SERVICES PERFORMED ARE BY A PHYSICIAN CONTRACTED AS A RESOURCE SHARING PROVIDER. SERVICES PROVIDED UNDER THE RESOURCE SHARING PROGRAM ARE PAID BY THE MILITARY TREATMENT FACILITY FOR TRICARE FOR LIFE AND DUAL ELIGIBLE BENEFICIARIES
RW250	THIS AMOUNT, PLUS THE AMOUNT ALLOWED ON PREVIOUS CLAIM(S) FOR A PART CARE. 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 DISALLOWED AMT
RW260	SPOC HAS REVIEWED THESE SERVICES AND HAS DENIED AUTHORIZATION OF THE CARE.
RW277	SERVICES BILLED HAVE EXCEEDED THE LIMITS OF MEDICAL POLICY.
RW278	THIS CLAIM FOR OBSERVATION OVER 48 HOURS WAS PROCESSED AS INPATIENT
RW279	TRICARE SENIOR CARE WITHINE SERVICE AREA REQUIRES AUTHORIZATION.
RW280	TRICARE SENIOR CARE OUTSIDE SERVICE AREA REQUIRES AUTHORIZATION.
RW281	SNF MAXIMUM 100 DAYS PER EPISODE REACHED
RW282	THE PATIENT MUST PURCHASE PART B OF MEDICARE TO BE ELIGIBLE FOR THE TRICARE FOR LIFE PHARMACY BENEFIT. YOUR CLAIM WAS DENIED BECAUSE THE PATIENT HAS NOT PURCHASED PART B OF MEDICARE.
RW283	MEDICAL/HOSPITAL SERVICES AND SUPPLIES ARE NOT PAYABLE UNDER THE TRICARE FOR LIFE PHARMACY BENEFIT. MEDICAL/HOSPITAL SERVICES AND SUPPLIES WILL BE COVERED UNDER THE TRICARE FOR LIFE MEDICAL BENEFIT BEGINNING WITH SERVICES PROVIDED ON OCTOBER 1ST, 2001.
RW285	SERVICES ARE INCLUDED IN THE SKILLED NURVE SING PROSPECTIVE PAYMENT SYSTEM PAYMENT. THEY ARE NOT SEPARATELY REIMBURSABLE TO THE INDIVIDUAL PROVIDER.
RW286	SERVICES ARE EXCLUDED FROM THE PROSPECTIVE PAYMENT SYSTEM PAYMENT, SEPARATELY REIMBURSABLE. IF BILLED BY THE SKILLED NURSING FACILITY IT WILL BE DENIED. THE SERVICE MAY BE BILLED BY AN INDIVIDUAL PROVIDER ROVIDER.
RW287	SKILLED NURSING FACILITY AUTHORIZATION R EQUIREMENTS NOT MET. THE BENEFICIARY HAS NOT MET THE SKILLED NURSING FACILITY PROSPECTIVE PAYMENT SYSTEM REQUIREMENTS OF HAVING A QUALIFYING STAY.
RW290	REIMBURSED AT BASIC LIFE SUPPORT FEE.
RW291	AS A FORMER SPOUSE, YOU ARE NOT ELIGIBLE FOR TRICARE BECAUSE YOU ARE COVERED BY AN EMPLOYER-SPONSORED HEALTH PLAN. IF TH IS IS INCORRECT, PLEASE CONTACT CUSTOMER SERVICE.
RW320	THIS CHARGE INCLUDED IN A PAID SERVICE