

**Remit Status Codes - U Codes**

<b>Status Code</b>	<b>Status Description</b>
UANMS	ANESTHESIA SERVICES MUST BE BILLED WITH THE APPROPRIATE ANESTHESIA PROCEDURE CODE AND MODIFIER CODES.
UAUTH	AUTHORIZED SERVICE LIMITS EXCEEDED.
UBERR	NOTIFICATION RECEIVED FROM PROVIDER. THIS LINE ITEM WAS BILLED IN ERROR BY THE PROVIDER OF CARE.
UBNPI	PROVIDERS WHO SUBMIT ELECTRONIC CLAIMS MUST INCLUDE A BILLING PROVIDER NPI NUMBER.
UB111	BILL TYPE 111 IS ALREADY ON FILE FOR THESE DATES OF SERVICE. POSSIBLE DUPLICATE CHARGES SUBMITTED. REPLACEMENT CLAIMS SHOULD BE SUBMITTED WITH BILL TYPE 117. VOIDED CLAIMS SHOULD BE SUBMITTED WITH BILL TYPE 118.
UB131	BILL TYPE 131 IS ALREADY ON FILE FOR THESE DATES OF SERVICE. POSSIBLE DUPLICATE CHARGES SUBMITTED. REPLACEMENT CLAIMS SHOULD BE SUBMITTED WITH BILL TYPE 137 WITH THE CLAIM NUMBER TO BE CORRECTED IN BLOCK 64. VOIDED CLAIMS SHOULD BE SUBMITTED WITH BILL TYPE 138.
UB141	BILL TYPE 141 IS ALREADY ON FILE FOR THESE DATES OF SERVICE. POSSIBLE DUPLICATE CHARGES SUBMITTED. REPLACEMENT CLAIMS SHOULD BE SUBMITTED WITH BILL TYPE 147 WITH THE CLAIM NUMBER TO BE CORRECTED IN BLOCK 64. VOIDED CLAIMS SHOULD BE SUBMITTED WITH BILL TYPE 148.
UB831	BILL TYPE 831 IS ALREADY ON FILE FOR THESE DATES OF SERVICE. POSSIBLE DUPLICATE CHARGES SUBMITTED. REPLACEMENT CLAIMS SHOULD BE SUBMITTED WITH BILL TYPE 837 WITH THE CLAIM NUMBER TO BE CORRECTED IN BLOCK 64. VOIDED CLAIMS SHOULD BE SUBMITTED WITH BILL TYPE 838.
UB851	BILL TYPE 851 IS ALREADY ON FILE FOR THESE DATES OF SERVICE. POSSIBLE DUPLICATE CHARGES SUBMITTED. REPLACEMENT CLAIMS SHOULD BE SUBMITTED WITH BILL TYPE 857 WITH THE CLAIM NUMBER TO BE CORRECTED IN BLOCK 64. VOIDED CLAIMS SHOULD BE SUBMITTED WITH BILL TYPE 858.
UCEOB	THE EXPLANATION OF BENEFITS (EOB) SENT WITH THE CLAIM DID NOT INCLUDE THE OTHER CARRIER'S DENIAL REASON AND/OR WAS UNCLEAR ABOUT WHAT INFORMATION THE PRIMARY CARRIER NEEDED. PLEASE RESUBMIT THIS CLAIM WITH THE EOB AND CLEAR EXPLANATION(S) OF THE DENIAL REASON CODES.
UCEO2	EXPLANATION OF BENEFITS (EOB) SENT WITH THE CLAIM DID NOT INCLUDE THE OTHER CARRIER'S NON- PAY REASONS, OR WAS UNCLEAR ABOUT WHY ALLOWED AMOUNT WAS APPLIED TO THE MEMBER'S LIABILITY. PLEASE RESUBMIT THIS CLAIM WITH EOB AND CLEAR EXPLANATION(S) OF NON-PAY REASON CODES.
UC001	MAXIMUM BENEFITS HAVE BEEN ALLOWED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UC002	SERVICES RENDERED OR SUPPLIES PROVIDED ARE NOT MEDICALLY NECESSARY.
UC003	AUTHORIZED SERVICE LIMITS EXCEEDED.
UC004	RECERTIFICATION HAS NOT BEEN RECEIVED FOR LONG TERM CARE.
UC005	SERVICE INCLUDED IN SURGICAL ALLOWANCE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UC006	NONAVAILABILITY STATEMENT NOT RECEIVED/OR NOT VALID FOR SERVICES RENDERED.

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UC007	NONAVAILABILITY STATEMENT AUTHORIZATION NOT ON DEERS - CONTACT THE MILITARY TREATMENT FACILITY.
UC008	REQUESTED INFORMATION NOT RECEIVED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UC009	SERVICE COVERED BY WORKER'S COMPENSATION. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UC010	RENDERING PROVIDER NOT AN AUTHORIZED PARTNERSHIP PROVIDER.
UC011	SERVICE INCLUDED IN SURGICAL ALLOWANCE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UC012	PROCEDURE CODE SUBMITTED IS NOT SUPPORTED BY AVAILABLE MEDICAL DOCUMENTATION. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UC013	MEDICAL NEED NOT DOCUMENTED FOR EMERGENCY ROOM LEVEL OF CARE.
UC014	REQUESTED INFORMATION NOT RECEIVED FROM BENEFICIARY
UC015	THE INDIVIDUAL CASE MANAGEMENT PROGRAM FOR PERSONS WITH EXTRAORDINARY CONDITIONS (ICMP-PEC), OR CUSTODIAL CARE TRANSITION PROGRAM (CTTP) SERVICE LIMITS HAVE BEEN EXCEEDED. PLEASE CONTACT YOUR CASE MANAGER AT HEALTH NET.
UC016	SERVICES INCLUDED IN SURGICAL ALLOWANCE/ FOLLOW-UP VISIT SAME DOS/DX
UC020	LEVEL OF CARE BILLED NOT SUBSTANTIATED, NOT APPEALABLE PER THE AGREEMENT. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UC030	UNAUTHORIZED THERAPEUTIC ABSENCE. NO PREAUTHORIZATION RECEIVED FOR LOA DAYS.
UC050	NONCOVERED SERVICE(S). PRIVATE DUTY NURSING IS NOT COVERED WHEN HOSPITAL HAS AN INTENSIVE CARE UNIT.
UC051	MEDICAL NEED NOT DOCUMENTED FOR PRIVATE DUTY NURSING.
UC052	NONCOVERED SERVICE. PRIVATE ROOM NON-COVERED.
UC090	PAYMENT AMOUNT DETERMINED UNDER INPATIENT MENTAL HEALTH PER DIEM PAYMENT SYSTEM AND IS PAYMENT IN FULL.
UC091	OUTLIER PAYMENTS DENIED DUE TO EXCEEDING THE 60 DAY LIMIT.
UC092	THIS SERVICE ALLOWED AT 50% WHEN PERFORMED IN CONJUNCTION WITH ANESTHESIA.
UC093	PAYMENT DETERMINED UNDER DISCOUNT RATE NEGOTIATED WITH THE GOVERNMENT AND IS PAYMENT IN FULL.
UC094	PROVIDERS WILL NOT COLLECT ADDITIONAL COST- SHARES FOR INCREASES IN RTC RATES, AS A RESULT OF REBASING.
UC095	DIAGNOSIS/PROCEDURE REQUIRES PREADMISSION REVIEW. CONTACT YOUR STATE PRO FOR PRE- PAYMENT REVIEW.
UC096	CARE PREVIOUSLY DENIED BY PRO AS A RESULT OF PREADMISSION/PREPAYMENT REVIEW.
UDMIS	MANUAL DENIAL FOR ADJ 59 FOR NON COVERED LINES
UDRG1	REQUESTED INFORMATION NOT RECEIVED. VALID DRG DATA MISSING FROM THE PROVIDER FILE.
UDRUG	PLEASE BILL TAKE-HOME DRUGS FOR \$40 OR MORE SEPARATELY.

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UDUTS	YOU HAVE EXCEEDED THE MAXIMUM ALLOWED DUTS/MUES FOR THIS SERVICE. DOCUMENTATION TO SUPPORT THE ADDITIONAL DUTS CAN BE SUBMITTED TO THE FOLLOWING FAX 1-888-224-3232. IF YOU ARE BILLING FOR A 30 DAY SUPPLY, PLEASE BILL WITH A DATE SPAN INDICATING DATES OF SERVICE.
UECHP	DEERS RECORDS INDICATE BENEFICIARY IS NO LONGER ELIGIBLE FOR ECHO BENEFITS. PLEASE CONTACT THE DEERS SUPPORT OFFICE AT 1-800-538-9552. ANY REMAINING PRO-RATED AMOUNT IS THE BENEFICIARY'S RESPONSIBILITY.
UEOBA	YOUR EDI CLAIM WAS RECEIVED WITH OTHER HEALTH INSURANCE INFORMATION (OHI). HOWEVER, THE ALLOWED OHI AMOUNT IN BLOCK 39 WAS LESS THAN THE OHI PAID AMOUNT. PLEASE RE-SUBMIT YOUR CLAIM WITH THIS INFORMATION.
UEOBB	YOUR EDI CLAIM WAS RECEIVED WITH OTHER HEALTH INSURANCE INFORMATION (OHI). HOWEVER, THE OHI ALLOWED AMOUNT IN BLOCK 19 WAS LESS THAN THE OHI PAID AMOUNT. PLEASE RE-TRANSMIT YOUR CLAIM WITH THIS INFORMATION.
UEOBC	YOUR EDI CLAIM SHOWS OTHER HEALTH INSURANCE (OHI) INFORMATION. HOWEVER, THE OHI PAID AMOUNT (IN BLOCK 54) IS GREATER THAN THE BILLED CHARGE AMOUNT (IN BLOCK 47). PLEASE RE-TRANSMIT YOUR CLAIM WITH THE CORRECT INFORMATION.
UEOBD	YOUR EDI CLAIM SHOWS OTHER HEALTH INSURANCE (OHI) INFORMATION. HOWEVER, THE OHI PAID AMOUNT (IN BLOCK 9) IS GREATER THAN THE BILLED CHARGE AMOUNT (IN BLOCK 28). PLEASE RE-TRANSMIT YOUR CLAIM WITH THE CORRECT INFORMATION.
UEOB1	THE PATIENT HAS OTHER HEALTH INSURANCE. PLEASE RE-TRANSMIT YOUR CLAIM WITH OTHER CARRIER PAY- MENT AMOUNT. SEND US ANY OHI CHANGES IN WRITING. FIND OHI UPDATE FORMS ON MYTRICARE.COM. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON BACK OF SUMMARY.
UEOB2	OUR RECORDS SHOW PATIENT IS ELIGIBLE FOR MEDICARE. PLEASE RESUBMIT THE CLAIM WITH AN EXPLANATION OF BENEFITS FROM MEDICARE (MEOB). SEND US ANY CHANGES IN OTHER HEALTH INSURANCE (OHI) IN WRITING. FIND OHI UPDATE FORMS ON MYTRICARE.COM.
UEOB3	THE EXPLANATION OF BENEFITS (EOB) AND/OR THE INCOMPLETE EOB SENT WITH THE CLAIM DOES NOT MATCH A PARTICULAR DATE OR SERVICE, PROCEDURE AND/OR BILLED CHARGE, OR IN-PT INSTITUTIONAL CLAIMS WHEN EOB IS LESS THAN THE BILLED CHARGES.
UEOB4	OUR RECORDS SHOW PATIENT HAS MORE THAN ONE PRIMARY INSURANCE. PLEASE RESUBMIT THE CLAIM WITH ALL APPLICABLE EXPLANATIONS OF BENEFITS (EOBS). SEND US CHANGES IN OTHER HEALTH INSURANCE IN WRITING. FIND FORMS AND MORE INFO AT MYTRICARE.COM.
UEOB5	THE EXPLANATION OF BENEFITS (EOB) SUBMITTED WITH THE CLAIM IS ILLEGIBLE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UEOB6	YOUR PAPER CLAIM WAS RECEIVED WITH AN EXPLA- NATION OF BENEFITS (EOB) FROM THE PATIENT'S OTHER HEALTH INSURANCE. HOWEVER, THE EOB SUBMIT- TED INDICATES PAYMENT WAS PREVIOUSLY MADE. PLEASE RESUBMIT WITH THE ORIGINAL EOB THAT DETAILS THE PAYMENT MADE ON THIS CLAIM.
UEOB7	OUR RECORDS INDICATED THAT THE PATIENT HAS A CAPITATED HEALTH INSURANCE. PLEASE RESUBMIT YOUR CLAIM WITH THE PATIENT'S RESPONSIBILITY AMOUNT. FOR ADDITIONAL INFORMATION ABOUT NON- APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.

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UEOB8	PAPER CLAIM RECEIVED WITH EXPLANATION OF BENEFITS (EOB) FROM PATIENT'S OTHER HEALTH INSURANCE. HOWEVER, EOB SUBMITTED INDICATES SERVICES WERE DENIED BECAUSE REQUESTED INFORMATION WAS NOT RECEIVED.
UEOB9	OTHER HEALTH INSURANCE INFORMATION SENT WITH THE CLAIM DID NOT INCLUDE THE MEMBER'S LIABILITY OR THE OTHER CARRIER'S ALLOWED AMOUNT. PLEASE RESUBMIT CLAIM WITH THE PATIENT LIABILITY OR THE OTHER CARRIER'S ALLOWED AMOUNT FOR THE CLAIM.
UE001	THE ADMIT DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
UE002	THE PRIMARY DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
UE003	THE SECOND DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
UE004	THE THIRD DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
UE005	THE FOURTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
UE006	THE FIFTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
UE007	THE SIXTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
UE008	THE SEVENTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
UE009	THE EIGHTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
UE010	THE NINTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
UE011	THE TENTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
UE012	THE ELEVENTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
UE013	THE TWELFTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
UE014	THE THIRTEENTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
UE101	MEDICAL VISIT NOT PAYABLE ON THE SAME DAY AS A MORE SIGNIFICANT PROCEDURE.
UE170	INHERENT BILATERAL PROCEDURE NOT PAYABLE FOR MULTIPLE UNITS ON THE SAME DAY.
UE180	PROCEDURE ONLY PAYABLE FOR AN INPATIENT HOSPITAL SETTING. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
UE190	MUTUALLY EXCLUSIVE PROCEDURE PER NATIONAL CORRECT CODING INITIATIVE GUIDELINES.
UE200	THE PROCEDURE IS IDENTIFIED AS PART OF ANOTHER PROCEDURE CODED ON THE SAME DAY, BASED ON NATIONAL CORRECT CODING INITIATIVE GUIDELINES.
UE201	THE ADMIT DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
UE202	THE PRIMARY DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
UE203	THE SECOND DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
UE204	THE THIRD DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
UE205	THE FOURTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
UE206	THE FIFTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
UE207	THE SIXTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
UE208	THE SEVENTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
UE209	THE EIGHTH DIAGNOSIS CODE IS OUTSIDE THE ACCETABLE RANGE BASED ON THE PATIENT'S AGE.

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UE210	THE NINTH DIAGNOSIS CODE IS OUTSIDE THE ACCECTABLE RANGE BASED ON THE PATIENT'S AGE.
UE211	THE TENTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
UE212	THE ELEVENTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
UE213	THE TWELFTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
UE214	THE THIRTEENTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
UE215	THE FOURTEENTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
UE216	THE FIFTEENTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
UE217	THE SIXTEENTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
UE250	PATIENT AGE IS GREATER THAN 124 YEARS.
UE260	GENDER OTHER THAN MALE OR FEMALE.
UE270	ONLY INCIDENTAL SERVICES REPORTED.
UE280	CODE NOT RECOGNIZED BY TRICARE; ALTERNATE CODE FOR SAME SERVICE MAY BE AVAILABLE.
UE290	PARTIAL HOSPITALIZATION SERVICE FOR NON- MENTAL HEALTH DIAGNOSIS.
UE300	INSUFFICIENT NUMBER OF PARTIAL HOSPITALIZATION SERVICES SUBMITTED TO QUALIFY FOR A DAY OF PARTIAL HOSPITALIZATION.
UE301	THE PATIENT GENDER AND ADMIT DIAGNOSIS DO NOT AGREE.
UE302	THE PATIENT GENDER AND PRIMARY DIAGNOSIS DO NOT AGREE.
UE303	THE PATIENT GENDER AND SECOND DIAGNOSIS DO NOT AGREE.
UE304	THE PATIENT GENDER AND THIRD DIAGNOSIS DO NOT AGREE.
UE305	THE PATIENT GENDER AND FOURTH DIAGNOSIS DO NOT AGREE.
UE306	THE PATIENT GENDER AND FIFTH DIAGNOSIS DO NOT AGREE.
UE307	THE PATIENT GENDER AND SIXTH DIAGNOSIS DO NOT AGREE.
UE308	THE PATIENT GENDER AND SEVENTH DIAGNOSIS DO NOT AGREE.
UE309	THE PATIENT GENDER AND EIGHTH DIAGNOSIS DO NOT AGREE.
UE310	THE PATIENT GENDER AND NINTH DIAGNOSIS DO NOT AGREE.
UE311	THE PATIENT GENDER AND TENTH DIAGNOSIS DO NOT AGREE.
UE312	THE PATIENT GENDER AND ELEVENTH DIAGNOSIS DO NOT AGREE.
UE313	THE PATIENT GENDER AND TWELFTH DIAGNOSIS DO NOT AGREE.
UE314	THE PATIENT GENDER AND THIRTEENTH DIAGNOSIS DO NOT AGREE.
UE350	MENTAL HEALTH EDUCATION AND TRAINING CODE G0177 NOT ALLOWED OUTSIDE PARTIAL HOSPITALIZATION PROGRAM.
UE36K	THE \$36,000 FISCAL YEAR ECHO CAP HAS BEEN EXCEEDED.
UE370	TERMINATED BILATERAL PROCEDURE BILLED WITH A 50 MODIFIER OR TERMINATED PROCEDURE BILLED WITH MORE THAN ONE UNIT.
UE380	CODING INCONSISTENCY BETWEEN IMPLANTED DEVICE/ ADMINISTERED SUBSTANCE AND ITS ASSOCIATED PROCEDURE.
UE390	MUTUALLY EXCLUSIVE PROCEDURE PER NATIONAL CORRECT CODING INITIATIVE GUIDELINES.
UE400	THE PROCEDURE IS IDENTIFIED AS PART OF ANOTHER PROCEDURE CODED ON THE SAME DAY, WHERE THE MODIFIER WAS NOT CODED OR NOT A NATIONAL CORRECT CODING INITIATIVE MODIFIER.
UE420	MULTIPLE MEDICAL VISITS ON SAME DAY WITH SAME REVENUE CODE.

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UE440	OBSERVATION REVENUE CODE ON LINE ITEM WITH NON-OBSERVATION HCPCS CODE.
UE450	SEPARATE INPATIENT PROCEDURE NOT ALLOWED WITH A STATUS INDICATOR T PROCEDURE.
UE460	PARTIAL HOSPITALIZATION CONDITION CODE 41 NOT APPROVED FOR BILL TYPE 14X.
UE470	SERVICE IS NOT SEPARATELY PAYABLE WHEN ALL OTHER LINES DENIED.
UE480	REVENUE CODES WITH BLANK HCPCS RESULTING IN ALL SERVICES ON THE SAME DAY TO BE DENIED SINCE HCPCS IS REQUIRED FOR THIS REVENUE CODE.
UE490	OCE EDIT 049 IS GENERATED WHEN A LINE ITEM OCCURS ON THE SAME DATE AS A C STATUS INDICATOR. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
UE501	E-DIAGNOSIS CODE CAN NOT BE USED AS PRINCIPAL DIAGNOSIS.
UE530	CODES G0378 AND G0379 ONLY ALLOWED WITH TYPE OF BILL 13X.
UE540	MULTIPLE CODES FOR THE SAME SERVICE.
UE580	OBSERVATION CODE G0379 WAS SUBMITTED WITHOUT G0378 FOR THE SAME DATE OF SERVICE.
UE601	INVALID PROCEDURE CODE FOR DATES OF SERVICE SUBMITTED.
UE620	ALTERNATE CODE FOR SAME SERVICE MAY BE SUBMITTED.
UE630	OCCUPATIONAL THERAPY HCPCS G0129 NOT ALLOWED OUTSIDE PARTIAL HOSPITALIZATION PROGRAM.
UE640	ACTIVITY THERAPY HCPCS G0176 NOT ALLOWED OUTSIDE PARTIAL HOSPITALIZATION PROGRAM.
UE650	REVENUE CODE NOT RECOGNIZED BY TRICARE.
UE660	HCPCS CODE C9399 OR S0189 REQUIRES AN NDC NUMBER, QUANTITY, DAYS SUPPLY OR UNIT/PACKAGE INDICATOR.
UE670	SERVICE PROVIDED PRIOR TO FDA APPROVAL OR THE MORBIDITY AND MORTALITY WEEKLY REPORT PUBLICATION DATE FOR VACCINES.
UE680	SERVICE PROVIDED PRIOR TO DATE OF NATIONAL COVERAGE DETERMINATION (NCD) APPROVAL.
UE690	SERVICE PROVIDED OUTSIDE EFFECTIVE COVERAGE DATE.
UE710	CLAIM REQUIRES PROCEDURE TO BE BILLED INCONJUNCTION WITH APPROPRIATE DEVICE.
UE740	BILATERAL PROCEDURE CANNOT EXCEED MORE THAN ONE UNIT WHEN BILLED WITH A 50 MODIFIER.
UE750	INCORRECT BILLING OF FB MODIFIER.
UE760	TRAUMA RESPONSE CRITICAL CARE CODE WITHOUT THE APPROPRIATE REVENUE CODE AND CPT CODE.
UE770	CLAIM REQUIRES DEVICE TO BE BILLED IN CONJUNCTION WITH APPROPRIATE PROCEDURE.
UE780	CLAIM REQUIRES RADIOLABELED PRODUCT TO BE BILLED IN CONJUNCTION WITH APPROPRIATE NUCLEAR MEDICINE PROCEDURE.
UE800	MENTAL HEALTH CODE NOT APPROVED FOR PARTIAL HOSPITALIZATION PROGRAM.
UE810	MENTAL HEALTH SERVICE NOT PAYABLE OUTSIDE THE PARTIAL HOSPITALIZATION PROGRAM.
UE820	CODE C9898 IS BILLED WITH CHARGES GREATER THAN \$1.01.
UE900	MULTIPLE MATERNITY OBSERVATIONS WITH SAME DATES OF SERVICE.
UE901	NON-COVERED SERVICE FOR TRICARE.
UE903	SERVICE ON SAME DAY AS A DENIAL THAT CAUSES ALL OTHER SERVICES TO BE DENIED.

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UFADD	NATO SERVICE MEMBERS ARE NOT ELIGIBLE FOR INPATIENT BENEFITS.
UFRND	CHARGE DENIED. PRESCRIPTION DRUGS RECEIVED IN FOREIGN COUNTRY MUST BE FILED WITH THE PHARMACY CONTRACTOR. PLEASE CONTACT EXPRESSSCRIPTS 1-866-363-8779. FOR ADDITIONAL INFORMATION ABOUT NON-AVAILABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UFULL	PROVIDER NOT MAXIMUS CERTIFIED FOR FULL DAY PARTIAL HOSPITALIZATION PROGRAM
UHALF	PROVIDER NOT MAXIMUS CERTIFIED FOR HALF DAY PARTIAL HOSPITALIZATION PROGRAM
UHCPR	PROVIDER INACTIVE FOR DATES OF SERVICE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UH140	SERVICES, SUPPLIES AND EQUIPMENT ASSOCIATED WITH PALLIATIVE CARE OF TERMINAL PATIENT INCLUDED WITHIN HOSPICE ALL-INCLUSIVE RATE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UH141	SERVICES CURATIVE IN NATURE AND WAIVED AS PART OF THE BENEFICIARY'S ELECTION TO RECEIVE CARE UNDER TRICARE HOSPICE BENEFIT. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UH144	HOSPICE REIMBURSEMENT REDUCED TO ROUTINE HOME CARE RATE FOR INPATIENT RESPITE CARE EXCEEDING 5 DAYS. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UMALD	NONCOVERED SERVICE FOR MALES. THIS VACCINE IS NOT ON THE CDC RECOMMENDED SCHEDULE FOR IMMUNIZATIONS FOR MALES. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
UMEDI	THE RENDERING PROVIDER IS NOT TRICARE CERTIFIED (AUTHORIZED) FOR THIS MEDICAID CLAIM. THE PROVIDER CAN FIND CERTIFICATION (AUTHORIZATION) FORMS ON MYTRICARE.COM.
UMODI	USE OF THE QK MODIFIER IS LIMITED TO PHYSICIANS.
UNACT	CLAIM SUBMITTED WITHOUT A VALID CPT4/HCPCS CODE. PLEASE RESUBMIT THE CLAIM WITH A VALID CPT4/HCPCS CODE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UNBGL	DENIAL FOR PREVIOUSLY DENIED LINES ON A STATISTICAL ADJUSTMENT ONLY - NOBLE EAGLE. NO PAYMENT IMPACT.
UNBLD	PLEASE SUBMIT THIS CLAIM WITH A MORE SPECIFIC BLOOD CLOTTING HCPCS CODE. IF A SPECIFIC CODE IS UNAVAILABLE, SUBMIT VERBIAGE OR DOCUMENTATION TO SUPPORT THE CODE BILLED. PLEASE INCLUDE THE CLAIM NUMBER WITH YOUR DOCUMENTATION. PLEASE FAX THIS INFORMATION TO 1-888-224-3232.
UNCLS	PLEASE SUBMIT THIS CLAIM WITH A MORE SPECIFIC CPT4 OR HCPCS CODE. IF A SPECIFIC CODE IS UNAVAILABLE, SUBMIT VERBIAGE OR DOCUMENTATION TO SUPPORT THE CODE BILLED. PLEASE INCLUDE THE CLAIM NUMBER WITH YOUR DOCUMENTATION. THIS INFORMATION CAN BE FAXED TO 1-888-224-3232.
UNCTF	NONCOVERED SERVICE. TRANSPLANT NOT PERFORMED IN A CHAMPUS AUTHORIZED TRANSPLANT FACILITY.
UNHCP	CLAIM SUBMITTED WITHOUT VALID CPT4/HCPCS CODE. PLEASE RESUBMIT THE CLAIM WITH VALID CPT4/ HCPCS CODE.

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UNLEC	PLEASE SUBMIT THIS ECHO CLAIM WITH STANDARD HCPCS OR CPT4 CODE. IF STANDARD HCPCS/CPT4 CODE NOT AVAILABLE, SUBMIT WITH A CLEAR EXPLANATION OF THE ITEM OR SERVICE. IF HCPCS/CPT4 CODE IS AVAILABLE, BUT UNCLASSIFIED CODE IS USED, TRICARE CANNOT PAY FOR THE ITEM OR SERVICE.
UNMPA	NO MEDICAID PAID AMOUNT REFLECTED ON THE CLAIM. PLEASE RESUBMIT WITH MEDICAID PAID AMOUNT.
UNPPS	INAPPROPRIATE BILLING OF A REVENUE CODE FOR A PARTIAL HOSPITAL PROGRAM - NON-OPPS CLAIMS.
UOBVS	OUTPATIENT OBSERVATION STAY SERVICES ARE NOT MEDICALLY NECESSARY AS DETERMINED BY PEER REVIEW. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
UOPPS	INAPPROPRIATE BILLING OF A PARTIAL HOSPITAL PROGRAM - OPPS CLAIM
UOPS1	THE HOME HEALTH AGENCY (HHAP)/PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) DOES NOT CONTAIN THE SAME ADMISSION DATE AS THE INITIAL RAP. FOR ADDITIONAL INFORMATION ON NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON BACK OF SUMMARY.
UOPS2	HHA/PPS FINAL CLAIM DATES NOT EQUAL TO RAP. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UO123	REQUESTED INFORMATION NOT RECEIVED -- POWER OF ATTORNEY.
UPART	PROVIDER NOT CERTIFIED FOR PARTIAL HOSPITAL PROGRAM (PHP) SERVICES.
UPEN1	SUPPORTING ENTERAL NUTRITION THERAPY DOCUMENTATION IS INCOMPLETE OR NOT YET RECEIVED. PLEASE SEND PATIENT'S DIAGNOSIS, FORMULA NAME, ADMINISTRATION METHOD, DAILY CALORIES, DURATION, PHYSICIAN'S SIGNATURE AND CERTIFICATION DATE TO FAX: 1-888-377-4191.
UPEN2	THE REQUESTED FORMULA IS NOT THE BENEFICIARY'S PRIMARY SOURCE OF CALORIC NUTRITION OR DOES NOT REPRESENT THE PRIMARY SOURCE OF A REQUIRED MACRONUTRUTIENT. PER TRICARE POLICY MANUAL CHAPTER 8 SECTION 7.1.
UPEN3	FOR CHILDREN LESS THAN ONE YEAR OF AGE REQUIRING ENTERAL NUTRITION THERAPY, USUAL AND CUSTOMARY FORMULAS READILY AVAILABLE IN A COMMUNITY RETAIL ENVIRONMENT ARE NOT COVERED. PER TRICARE POLICY CHAPTER 8 SECTION 7.1.
UPEN4	THIS ENTERAL FORMULA IS NOT ON THE ENTERAL NUTRITION PRODUCT CLASSIFICATION LIST THEREFORE, IT IS NOT ELIGIBLE FOR TRICARE COST-SHARING. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
UPEN5	SERVICES OR SUPPLIES RELATED TO ENTERAL NUTRITIONAL THERAPY ARE EXCLUDED FROM TRICARE COVERAGE WHEN NO FORMULA IS BEING ADMINISTERED TO THE PATIENT. PER TRICARE POLICY MANUAL CHAPTER 8, SECTION 7.1.
UPT00	INSUFFICIENT INFO RECEIVED FOR REVIEW, DIAG. & RELATED FUNCTIONAL IMPAIRMENT WHICH THERAPY IS PRESCRIBED, SPECIFIC MODALITIES, PROCEDURES PERFORMED, # OF SESSIONS PER WEEK, LENGTH OF EACH SESSION, & DATES OF SERVICE.
UPT01	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, DIAGNOSIS AND RELATED FUNCTIONAL IMPAIRMENT FOR WHICH THERAPY IS PRESCRIBED.
UPT02	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, THE SPECIFIC MODALITIES OR PROCEDURES PERFORMED.

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UPT03	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, THE SPECIFIC NUMBER OF SESSIONS PER WEEK.
UPT04	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, THE LENGTH OF EACH SESSION.
UPT05	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, DATES OF SERVICE.
UPT06	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, PROVIDER NAME AND ADDRESS.
UPT07	REQUESTED INFORMATION NOT RECEIVED, TREATMENT PLAN WHICH INCLUDES LONG AND SHORT-TERM GOALS.
UPT08	REQUESTED INFORMATION NOT RECEIVED, TREATMENT PLAN WHICH INCLUDES TREATMENT OBJECTIVES.
UPT09	REQUESTED INFORMATION NOT RECEIVED, TREATMENT PLAN WHICH INCLUDES DURATION OF CONTINUED TREATMENT.
UPT10	REQUESTED INFORMATION NOT RECEIVED, PHYSICAL THERAPY PROGRESS NOTES DEMONSTRATING EXPECTATIONS FOR CONTINUED THERAPY.
UPT11	REQUESTED INFORMATION NOT RECEIVED, PHYSICAL THERAPY TREATMENT PLAN AND PROGRESS NOTES.
UPT13	NONCOVERED SERVICE. DOCUMENTATION OF SERVICES RENDERED DOES NOT MEET TRICARE CRITERIA FOR OCCUPATIONAL THERAPY.
URECH	INSUFFICIENT DOCUMENTATION RECEIVED TO SUPPORT THE TWO HOURS OF DIRECT SUPERVISION PER TUTOR PER MONTH AS REQUIRED IN TOM CH 18, SEC 9, 5.3.2. FOR ADDITIONAL INFORMATION ABOUT NON- APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UREC1	DOCUMENTATION DOES NOT SUPPORT THE USE OF REAL TIME, AUDIO AND VIDEO INTERACTION AS DEFINED IN TOM CH 18, SEC 9, 5.3.2. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UREC2	FAILURE TO USE THE APPROPRIATE PROCEDURE CODE FOR UPDATING THE BEHAVIORAL PLAN AND/OR DEVELOP- MENT OF THE REQUIRED EIA PROGRESS REPORT AS DEFINED IN TOM CH 18, SEC 9,9.1.4. FOR ADDITIO- NAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UREC3	FAILURE TO USE THE APPROPRIATE PROCEDURE CODE FOR CONDUCTING THE REQUIRED QUARTERLY PROGRESS MEETINGS WITH THE BENEFICIARY'S CAREGIVERS AS DEFINED IN TOM CH 18, SEC 9, 9.1.5. FOR ADDI- TIONAL INFORMATION ABOUT NON- APPEALABLE DENIAL, PLEASE SEE BLOCK E ON THE BACK OF THE SUMMARY.
URIDT	SERVICES PROVIDED TO A PATIENT WHO IS NOT THE ACTUAL TRICARE BENEFICIARY. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
URNCS	SERVICES OR SUPPLIES RELATED TO A NON-COVERED CONDITION OR TREATMENT ARE EXCLUDED FROM TRICARE COVERAGE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
URSUG	BENEFICIARY IDENTIFIED AS A SURROGATE. TRICARE COVERAGE CANNOT BE EXTENDED WITHOUT CONTRACTUALLY AGREED UPON AMOUNTS IN ORDER TO DETERMINE COORDINATION OF BENEFITS.
UR002	MEDICAL NEED NOT DOCUMENTED.
UR003	AUTHORIZED SERVICE LIMITS EXCEEDED.
UR008	REQUESTED INFORMATION NOT RECEIVED.

**Remit Status Codes - U Codes**

UR012	PROCEDURE CODE SUBMITTED IS NOT SUPPORTED BY AVAILABLE MEDICAL DOCUMENTATION. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UR028	TRICARE DOES NOT COVER SERVICES PROVIDED BY A FAMILY MEMBER. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UR029	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, HISTORY/PHYSICAL.
UR030	THIS CHARGE INCLUDED IN A PAID SERVICE.
UR031	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, OPERATIVE REPORT.
UR038	DOCUMENTATION OF SERVICES DOES NOT MEET TRICARE CRITERIA.
UR039	TRICARE BENEFITS CANNOT BE PAID TO SUPPORT OR MAINTAIN AN EXISTING OR POTENTIAL DRUG ABUSE SITUATION. ANY SERVICES OR SUPPLIES RELATED TO DRUG ABUSE ARE ALSO EXCLUDED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
UR040	MEDICAL NEED NOT DOCUMENTED, PER PHYSICIAN REVIEW. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
UR041	THE NON-SURGICAL TREATMENT OF OBESITY IS NOT A COVERED TRICARE BENEFIT. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
UR043	NONCOVERED SERVICES OR SUPPLIES. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
UR046	INSUFFICIENT INFORMATION RECEIVED TO PROCESS THIS SERVICE OR SUPPLY.
UR050	RECORDS RECEIVED ARE ILLEGIBLE. PLEASE SUBMIT ADDITIONAL RECORDS FOR REVIEW.
UR051	NONCOVERED DIAGNOSIS FOR THE SERVICE(S) RENDERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
UR053	NON-COVERED SERVICE, PER PHYSICIAN REVIEW. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
UR061	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
UR079	ROUTINE EYE EXAM NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
UR094	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, RADIOLOGICAL REPORT.
UR103	NONCOVERED SERVICES. SELECTED PROVIDER NOT UTILIZED.
UR106	SERVICES RENDERED OR SUPPLIES PROVIDED ARE NOT MEDICALLY NECESSARY, RESUBMIT CLAIM WITH CURRENT RECERTIFICATION OF MEDICAL NECESSITY SIGNED AND DATED.
UR139	TRICARE BENEFITS CANNOT BE PAID TO SUPPORT OR MAINTAIN AN EXISTING OR POTENTIAL DRUG ABUSE SITUATION. ANY SERVICES OR SUPPLIES RELATED TO DRUG ABUSE ARE ALSO EXCLUDED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
UR202	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
UR414	OTHER HEALTH INSURANCE INFORMATION NOT PROVIDED.
UR515	MEDICAL NEED NOT DOCUMENTED FOR LEVEL OF CARE PROVIDED
UR6B0	NO AUTHORIZATION ON FILE. CONTACT THE HEALTH CARE FINDER AT YOUR LOCAL SERVICE CENTER FOR ASSISTANCE.

**Remit Status Codes - U Codes**

UR605	CLAIM MUST BE SUBMITTED WITH THE PROVIDER WHO RENDERED THE SERVICES(S) AS INDICATED IN THE MEDICAL RECORDS/OPERATIVE REPORT.
UR909	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
USCG3	PAYMENT FOR CARE DENIED BY UNITED STATES COAST GUARD SERVICE POINT OF CONTACT. THESE SERVICES REQUIRE PREAUTHORIZATION. PLEASE CONTACT USCG COMMANDER MLC ATLANTIC, 300 EAST MAIN ST, SUITE 1065, NORFOLK, VA 23510-9110 OR 1-800-9HBA-HBA FOR INFORMATION REGARDING YOUR DENIED CLAIM.
USCG4	PAYMENT FOR CARE DENIED BY UNITED STATES COAST GUARD SERVICE POINT OF CONTACT. THESE SERVICES REQUIRE PREAUTHORIZATION. PLEASE CONTACT USCG COMMANDER MLC ATLANTIC, 300 EAST MAIN ST, SUITE 1065, NORFOLK, VA 23510-9110 OR 1-800-9HBA-HBA FOR INFORMATION REGARDING YOUR DENIED CLAIM.
USCG5	PAYMENT FOR CARE DENIED BY UNITED STATES COAST GUARD SERVICE POINT OF CONTACT. THESE SERVICES REQUIRE PREAUTHORIZATION. PLEASE CONTACT USCG COMMANDER MLC ATLANTIC, 300 EAST MAIN ST, SUITE 1065, NORFOLK, VA 23510-9110 OR 1-800-9HBA-HBA FOR INFORMATION REGARDING YOUR DENIED CLAIM.
USCG6	PAYMENT FOR CARE DENIED BY UNITED STATES COAST GUARD SERVICE POINT OF CONTACT. THESE SERVICES REQUIRE PREAUTHORIZATION. PLEASE CONTACT USCG COMMANDER MLC ATLANTIC, 300 EAST MAIN ST, SUITE 1065, NORFOLK, VA 23510-9110 OR 1-800-9HBA-HBA FOR INFORMATION REGARDING YOUR DENIED CLAIM.
USNAS	CLAIM DENIED: SPECIALIZED TREATMENT SERVICE NONAVAILABILITY STATEMENT AUTHORIZATION NOT ON DEERS CONTACT THE SPECIALIZED TREATMENT SERVICE FACILITY.
USPC1	DENIED PER SPOC-NON COVERED TRICARE BENEFIT
USPC2	DENIED PER SPOC-PROVIDER NOT AUTHORIZED
USPC3	DENIED PER SPOC-NOT MEDICALLY NECESSARY
USPC4	DENIED PER SPOC-NO PRE-AUTHORIZATION FOR SHCP SERVICES.
USPC5	DENIED PER SPOC; NOT MEDICALLY NECESSARY
USPC6	DENIED PER SPOC; NO PRE-AUTHORIZATION FOR SHCP SERVICE OR BENEFICIARY WAS NOT ELIGIBLE ON DATE OF SERVICE.
USPC7	DENIED PER SPOC-BENEFICIARY NOT ELIGIBLE ON DATE OF SERVICE-POSSIBLE LINE OF DUTY (LOD) INJURY BUT NO EVIDENCE OF LOD PAPERWORK ON RECORD.
USPND	THE PAYMENT FOR THIS CARE WAS DENIED BY U.S. PUBLIC HEALTH SERVICE. THESE SERVICES REQUIRE PRE-AUTHORIZATION. FOR QUESTIONS ABOUT THE CLAIM, PLEASE WRITE THE BENEFICIARY MEDICAL PROGRAM, RM 4C - 06, 5600 FISHERS LANE, ROCKVILLE, MD 20857 OR CALL 800/368-2777, OPT. 2.
USPOC	AUTHORIZATION HAS BEEN DENIED BY THE SERVICE POINT OF CONTACT AT THE MILITARY MEDICAL SUPPORT OFFICE (MMSO). TO APPEAL THIS DECISION, PLEASE CONTACT (MMSO) AT 1-888-647-6676.
USUPP	SERVICES OR SUPPLIES RELATED TO DURABLE MEDICAL EQUIPMENT (DME) THAT WAS DENIED FOR NO CERTIFICATE OF MEDICAL NECESSITY (CMN) ARE EXCLUDED FROM TRICARE COVERAGE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
US001	THE SOCIAL SECURITY NUMBER (SSN) IS NOT ON DEERS. PLEASE VERIFY AND RESUBMIT WITH THE CORRECT SPONSOR'S SSN. SEE EXTENDED VERBIAGE <F9> FOR ADDITIONAL INFO.

**Remit Status Codes - U Codes**

US003	THIS DEPENDENT PATIENT IS NOT ON DEERS. PLEASE VERIFY THE SOCIAL SECURITY NUMBER (SSN) AND RESUBMIT THE CLAIM WITH THE CORRECT SPONSOR'S SSN OR CONTACT DEERS TO HAVE THE DEPENDENT ADDED.
US005	GRANDCHILDREN OR PARENTS OF TRICARE SPONSORS ARE NOT ELIGIBLE FOR TRICARE BENEFITS.
US006	THIS PATIENT IS NOT ELIGIBLE ON DEERS OR DEERS IS SHOWING INCORRECT INFORMATION. PLEASE CONTACT DEERS TO UPDATE OR CORRECT THE INFORMATION. PLEASE CHECK THE SSN SUBMITTED TO ENSURE THAT IT WAS FOR THE ACTIVE DUTY OR RETIRED SPONSOR AND RESUBMIT THE CLAIM IF AN ERROR WAS MADE.
US700	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
UTAXD	MEDICAID STATE AGENCY CLAIM SUBMITTED WITHOUT THE GROUP TAX ID NUMBER, NAME AND PHYSICAL ADDRESS WHERE THE SERVICES WERE RENDERED.
UTPL2	REQUESTED THIRD PARTY LIABILITY PAYMENT INFORMATION (DD FORM 2527) NOT RECEIVED.
UTPL3	INCOMPLETE THIRD PARTY LIABILITY PAYMENT INFORMATION FORM RECEIVED.
UVAMC	THIS CLAIM MUST BE SUBMITTED BY A VA MEDICAL CENTER.
UWOLB	BEFORE RECEIVING CARE, THE PATIENT WAS INFORMED THAT TRICARE WOULD NOT PROVIDE COST-SHARING:OR THAT SIMILAR OR COMPARABLE CARE THE PATIENT RECEIVED ON A PRIOR OCCASION WAS EXCLUDED.THERE- FORE, THE PATIENT IS RESPONSIBLE FOR THIS CHARGE.
UWOLP	PROVIDER SHOULD KNOW,THIS CARE WAS EXCLUDED. PATIENT WAS NOT INFORMED THIS CARE WAS EXCLUDED AND IS NOT RESPONSIBLE FOR THIS CHARGE. IF PATIENT ALREADY PAID FOR SERVICES,PATIENT MAY FILE A WRITTEN REQUEST FOR PAYMENT.INCLUDE PROOF OF PAYMENT W/IN 6 MONTHS OF DATE OF NOTICE.
U0FOR	THE FOREIGN PROVIDER'S ADDRESS IS MISSING OR INCOMPLETE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0MUE	THE NUMBER OF UNITS BILLED IS ABOVE THE CURRENT TMA MAXIMUM AND IS NOT SUPPORTED BY SUBMITTED MEDICAL DOCUMENTATION. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0NCS	SERVICES OR SUPPLIES RELATED TO A NON-COVERED CONDITION OR TREATMENT ARE EXCLUDED FROM TRICARE COVERAGE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0SYN	THIS VACCINE FORMULATION IS NO LONGER FDA APPROVED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U00MX	FACILITY WHERE SERVICES WERE RENDERED IS NOT TRICARE CERTIFIED FOR THE TYPE OF CARE PROVIDED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0001	CLAIM REQUIRES DRUG NAME, STRENGTH, QUANTITY AND PHARMACIST SIGNATURE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0002	NOT ABLE TO DETERMINE THE RENDERING PROVIDER. CLAIM MUST INDICATE LEGIBLE RENDERING PROVIDER'S NAME. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - U Codes**

U0005	THE UNITS BILLED FOR THE CODE(S) SUBMITTED EXCEED THE TMA MAXIMUM THAT MAY BE ALLOWED ON A DATE OF SERVICE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0006	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW. ADDITIONAL SKILLED NURSING NOTES REQUIRED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0007	PATIENT NOT ELIGIBLE AT TIME OF SERVICE. SERVICES RENDERED PRIOR TO EFFECTIVE DATE. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR MORE ELIGIBILITY INFORMATION.
U0009	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0010	PATIENT NOT ELIGIBLE AT TIME OF SERVICE. SERVICES RENDERED AFTER EXPIRATION DATE. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR MORE ELIGIBILITY INFORMATION.
U0011	A SEPARATE CLAIM MUST BE FILED FOR EACH FAMILY MEMBER. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0012	THESE CHARGES ARE INCLUDED IN THE AMBULANCE BASE RATE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0013	MEDICAL NEED NOT DOCUMENTED. RESUBMIT CLAIM WITH CURRENT RECERTIFICATION OF MEDICAL NECESSITY. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0014	WE RECEIVED YOUR PAPER CLAIM WITHOUT AN EOB FROM YOUR OTHER HEALTH INSURANCE. PLEASE RESUBMIT WITH THE EOB. SEND US ANY OHI CHANGES IN WRITING. FIND OHI UPDATE FORMS ON MYTRICARE.COM OR CALL 1-877-874-2273.
U0015	THE PROVIDER IS NOT TRICARE-CERTIFIED FOR THIS SERVICE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0016	CHARGE IS MORE THAN ALLOWABLE AMOUNT. BENEFITS NOT ALLOWED OVER THE AMOUNT OF PURCHASE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0017	PROVIDER INACTIVE FOR DATES OF SERVICE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0019	NONCOVERED SERVICE(S). MORE THAN 1 OFFICE VISIT IN A CALENDAR MONTH IN CONJUNCTION WITH PUVA THERAPY. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0020	NONCOVERED SERVICE(S). CHEMOTHERAPY MANAGEMENT CANNOT BE PAID WHEN RENDERED ON THE SAME DAY AS OTHER PSYCHIATRIC PROCEDURES. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0021	NONCOVERED SERVICE(S). NON APPROVED INTRAOCULAR LENSES. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0022	NONCOVERED SERVICE(S). VITAMINS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - U Codes**

U0023	WE CANNOT ACCEPT CASH REGISTER RECEIPTS OR CANCELLED CHECKS WITHOUT SUPPORTING DOCUMENTATION. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0024	COURTESY DISCOUNTS OR ADJUSTMENTS TO BILLS ARE NOT COVERED BY TRICARE/CHAMPVA. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0025	FLU SHOTS ADMINISTERED IN A CIVILIAN PHARMACY OR DRUG STORE ARE NOT COVERED BY TRICARE STANDARD, EXTRA, OR PRIME. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0026	SERVICES PAID IN FULL BY OTHER INSURANCE.
U0027	TOTAL CHARGES ARE MORE THAN ALLOWABLE AMOUNT ALLOWANCE FOR ITEMIZED MATERNITY CARE CANNOT EXCEED ALLOWANCE FOR GLOBAL MATERNITY CARE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0028	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, HISTORY/ PHYSICAL, OPERATIVE REPORT. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0029	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, HISTORY/PHYSICAL. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0030	THIS CHARGE INCLUDED IN A PAID SERVICE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0031	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, OPERATIVE REPORT. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0032	NONCOVERED SERVICE(S). BENEFITS NOT PROVIDED FOR MORE THAN ONE PROVIDER TO TREAT THE SAME CONDITION. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0033	NONCOVERED SERVICE(S). BENEFITS PAID ONLY FOR MAJOR PROCEDURE WHEN MORE THAN ONE SURGICAL PROCEDURE IS PERFORMED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0034	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, ADMISSION AND DISCHARGE SUMMARY. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0035	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, OFFICE RECORDS. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0036	SERVICE FILED AFTER TIME LIMIT. MUST RECEIVE CLAIMS WITHIN ONE YEAR AFTER SERVICE IS PER- FORMED. PLEASE REFERENCE BLOCK B ON THE BACK OF THIS SUMMARY FOR MORE TIMELY FILING INFORMATION.
U0037	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, PATHOLOGY REPORT. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0038	NONCOVERED SERVICE. DOCUMENTATION OF SERVICES RENDERED DOES NOT MEET TRICARE CRITERIA. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - U Codes**

U0039	MEDICAL NEED NOT DOCUMENTED, PER PHYSICIAN REVIEW. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0040	A PHYSICIAN REVIEW OF THESE SERVICES HAS DETERMINED THAT THEY ARE NOT RECOGNIZED AS STANDARD MEDICAL CARE, ARE UNPROVEN OR INVESTIGATIONAL. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0041	OBESITY IS NOT A COVERED DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0042	EYE GLASSES - LENSES NOT COVERED, UNLESS PRESCRIBED AS THE RESULT OF SPECIFIC TYPES OF PROCEDURES. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0043	NONCOVERED SERVICES OR SUPPLIES. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0044	ROUTINE IMMUNIZATIONS NOT COVERED FOR PATIENTS OVER AGE TWO. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0045	MAXIMUM BENEFITS HAVE BEEN PAID TO ANOTHER PHYSICIAN. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0046	WE HAVE NOT RECEIVED ALL THE PREVIOUSLY REQUESTED INFORMATION NEEDED TO PROCESS THE CLAIM FOR THIS SERVICE OR SUPPLY. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0047	TREATMENT SUMMARY NOT RECEIVED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0048	NONCOVERED DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0049	PATIENT IS NOT WITHIN THE AGE RANGE SPECIFIED FOR THIS PROCEDURE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0050	RECORDS RECEIVED ARE ILLEGIBLE. PLEASE SUBMIT ADDITIONAL RECORDS FOR REVIEW. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0051	NONCOVERED DIAGNOSIS FOR THE SERVICE(S) RENDERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE BLOCK D ON THE BACK OF THIS SUMMARY.
U0052	SERVICES DO NOT QUALIFY UNDER COOPERATIVE CARE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0053	NON-COVERED SERVICE, PER PHYSICIAN REVIEW. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0054	PSYCHIATRIC LIMITS EXCEEDED. NO MORE THAN ONE HOUR OF INDIVIDUAL PSYCHOTHERAPY PER DAY. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - U Codes**

U0055	PSYCHIATRIC LIMITS EXCEEDED. NO MORE THAN ONE HOUR OF GROUP THERAPY PER DAY. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0056	NONCOVERED SERVICE(S). ONLY ONE LEVEL OF CARE CAN BE ALLOWED PER DAY. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0057	MEDICAL NEED NOT SHOWN - COURT ORDERED CARE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0058	ANESTHETIC BY ATTENDING PHYSICIAN IN SURGICAL ALLOWANCE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0059	PSYCHIATRIC LIMITS EXCEEDED. BENEFITS LIMITED TO 5 SESSIONS OF PSYCHOTHERAPY IN A 7 DAY PERIOD. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0060	PSYCHIATRIC LIMITS EXCEEDED. BENEFITS LIMITED TO 2 SESSIONS OF OUTPATIENT PSYCHOTHERAPY IN A WEEK. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0061	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0062	REQUESTED INFORMATION NOT RECEIVED, TRICARE TREATMENT REPORT FORM MUST BE COMPLETED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0063	MEDICAL NEED NOT DOCUMENTED FOR CONTINUING CARE BASED ON A REVIEW BY OUR MEDICAL STAFF. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0064	PSYCHIATRIC LIMITS EXCEEDED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0065	NON-AVAILABILITY STATEMENT NOT RECEIVED. THIS DIAGNOSIS DOES NOT MEET THE CRITERIA FOR AN EMERGENCY ADMISSION.
U0067	SURGICAL ASSISTANT NOT AUTHORIZED.
U0068	THIS AMBULANCE SERVICE NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0069	SERVICE REQUIRES TRICARE AUTHORIZED PHYSICIAN REFERRAL. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0070	DEPENDENT STATUS INFORMATION NOT RECEIVED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0071	THIS PATIENT WAS ENROLLED IN USFHP ON THE DATE OF SERVICE AND IS NOT ELIGIBLE FOR TRICARE COVERAGE ON THIS CLAIM. REFER TO THE PATIENT'S USFHP CARD OR VISIT WWW.USFHP.COM TO DETERMINE THE APPROPRIATE CLAIMS PROCESSOR.
U0072	PHYSICAL THERAPY LIMIT EXCEEDED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - U Codes**

U0073	THE FREQUENCY OR DURATION OF PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY SERVICES EXCEED CURRENT PHYSICIAN ORDERS ON FILE. PLEASE FAX TO 888-224-3232. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0074	MAXIMUM ALLOWED FOR AMBULANCE SERVICE PAID. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0075	CHARGES EXCEED MONTHLY MAXIMUM. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0076	ROUTINE FOOT CARE NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0077	ORTHOPEDIC SHOES NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0078	ROUTINE TEST/LAB/X-RAY NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0079	ROUTINE EYE EXAM NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0080	FOOT SUPPORTS/ORTHOTICS NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0081	PERSONAL COMFORT ITEM NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0082	NONPRESCRIPTION DRUGS NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0084	INCLUDED IN MATERNITY ALLOWANCE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0085	PAP SMEAR NON-COVERED/LIMIT PER YEAR EXCEEDED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0086	EYE REFRACTION NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0087	CHIROPRACTIC SERVICES NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0088	DEPENDENT PATIENT NOT ON DEERS. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR MORE ELIGIBILITY INFORMATION.
U0091	NONCOVERED SERVICES. FACILITY WHERE SERVICES RENDERED NOT MILITARY FACILITY. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0092	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, PHYSICAL THERAPY PROGRESS NOTES AND PHYSICIANS TREATMENT PLAN. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0093	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, COMPLETE HOSPITAL RECORDS. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - U Codes**

U0094	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, RADIOLOGICAL REPORT. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0095	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, LETTER OF MEDICAL NECESSITY FROM PHYSICIAN. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0096	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, RENDERING PROVIDER'S CREDENTIALS. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0097	PRE-ADMISSION REVIEW NOT RECEIVED. SUBMIT MEDICAL RECORDS FOR PPO REVIEW. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0098	ADMISSION DENIED-DOES NOT MEET IP CRITERIA. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0099	NOTIFICATION OF ADMISSION NOT RECEIVED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0101	REQUESTED INFORMATION NOT RECEIVED, PATIENT OR SPONSOR INFORMATION. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR MORE ELIGIBILITY INFORMATION.
U0102	REQUESTED INFORMATION NOT RECEIVED, PROVIDER CERTIFICATION. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0103	REQUESTED INFORMATION NOT RECEIVED, ON SERVICES RENDERED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0105	REQUESTED INFORMATION NOT RECEIVED, AND STRENGTH OF DRUGS. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0107	REQUESTED INFORMATION NOT RECEIVED, DATES OF SERVICE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0108	REQUESTED INFORMATION NOT RECEIVED, LEGAL REPRESENTATIVE FORMS. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0109	REQUESTED INFORMATION NOT RECEIVED, DIAGNOSIS. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0111	INSUFFICIENT INFORMATION RECEIVED FOR REVIEW, PROVIDER SIGNATURE ON MEDICAL RECORDS. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0112	MEDICAL NEED NOT DOCUMENTED. INSUFFICIENT MEDICAL DOCUMENTATION OF DIAGNOSIS, PER PEER REVIEW.
U0113	MEDICAL NEED NOT DOCUMENTED. INSUFFICIENT MEDICAL DOCUMENTATION OF TREATMENT PLAN AND/OR DIAGNOSIS, AND/OR SESSION NOTES, PER PEER REVIEW. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - U Codes**

U0115	SERVICES OBTAINED OUTSIDE PRIMARY INSURANCE'S HMO OR PPO NETWORK, OR DID NOT FOLLOW THE RULES AND LIMITATIONS OF THE PRIMARY INSURANCE CARRIER. YOU MAY PROVIDE A STATEMENT FROM THE PRIMARY INSURANCE ON WHAT WOULD HAVE BEEN PAID FOR RECONSIDERATION OF SECONDARY LIABILITY.
U0116	MEDICAL NEED NOT DOCUMENTED. INSUFFICIENT MEDICAL DOCUMENTATION OF TREATMENT PLAN, PER PEER REVIEW. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0117	NONCOVERED SERVICE, LASER SURGERY RENDERED MORE THAN ONCE WITHIN 90 DAYS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0120	REQUESTED INFORMATION NOT RECEIVED. PHYSICIAN'S REFERRAL NOT RECEIVED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0123	REQUESTED INFORMATION NOT RECEIVED - POWER OF ATTORNEY REQUIRED WHEN OTHER HEALTH INSURANCE CARRIER IS BANKRUPT/INSOLVENT. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0124	MED. NEED NOT DOC.-DOCTOR'S ORDERS FOR THIS SERVICE NOT INCLUDED IN MEDICAL RECORDS. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0126	MEDICAL NECESSITY FOR STANDBY PEDIATRIC PHYSICIAN NOT DOCUMENTED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0127	REQUESTED BREAKDOWN OF CHARGES OR HCPCS NOT RECEIVED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0167	SURGICAL ASSISTANT NOT AUTHORIZED, ASSIST. OCCURRED IN A HOSPITAL THAT HAS A RESIDENCY PROGRAM IN A SPECIALTY APPROPRIATE TO THE SURGERY. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0168	SERVICES REQUIRE AN "MD" REFERRAL. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U0169	MENTAL HEALTH AND PASTORAL COUNSELORS REQUIRE A SUPERVISING OR CONSULTING PHYSICIAN (MD/DO). PLEASE RESUBMIT YOUR CLAIM WITH THE NAME OF THE SUPERVISING OR CONSULTING PHYSICIAN IN BLOCK 17.
U0185	DENIED BY PRO AS A RESULT OF PRE-ADMISSION/ PRE-PAYMENT REVIEW. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0190	SERVICE IS PART OF A SINGLE GROUP OF SERVICES PERFORMED AT SAME TIME WHICH TRICARE PAID. IF CLAIM WAS FILED ON PARTICIPATING BASIS, BENE ISN'T RESPONSIBLE FOR PAYMENT OF DISALLOWED AMT.
U0191	AMT. PLUS AMT ALLOWED ON PREVIOUS CLAIMS FOR PART OF SERVICE PERFORMED AT THE SAME TIME IS MAX ALLOWABLE AMT. FOR THIS SERVICE. IF CLAIM FILED ON PARTICIPATING BASIS, BENE ISN'T RESPONSIBLE FOR PAYMENT OF DISALLOWED

**Remit Status Codes - U Codes**

U0192	NONCOVERED SERVICE(S). NOT A BENEFIT IF PATIENT IS NOT PRESENT. BENEFICIARY IS NOT RESPONSIBLE FOR PAYMENT IF CLAIM WAS FILED ON A PARTICIPATING BASIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U0200	REQUESTED INFORMATION NOT RECEIVED, SPONSOR NAME. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR MORE ELIGIBILITY INFORMATION.
U0201	REQUESTED INFORMATION NOT RECEIVED, SPONSOR SSN. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR MORE ELIGIBILITY INFORMATION.
U1AMD	ALL ANESTHESIA SERVICES REQUIRE AN ANESTHESIA MODIFIER INDICATING SERVICE PROVIDER & LEVEL OF SERVICE. PLEASE RESUBMIT CORRECTED CLAIM. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U1DUL	PLEASE CONTACT DEERS TO UPDATE YOUR CURRENT MEDICARE COVERAGE INFORMATION. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR MORE ELIGIBILITY INFORMATION.
U1HCC	UNABLE TO ESTABLISH ELIGIBILITY DUE TO MULTIPLE DEERS ELIGIBILITY RECORDS. BENEFICIARY SHOULD CONTACT DEERS TO CORRECT. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR MORE ELIGIBILITY INFORMATION.
U1H13	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) OR FINAL CLAIM CONTAINS AN INVALID TREATMENT AUTHORIZATION CODE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U1H28	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) CLAIM CONTAINS A TREATMENT AUTHORIZATION CODE WITH AN INVALID DATE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U1H29	INVALID TREATMENT AUTHORIZATION CODE SUBMITTED ON RAP OR FINAL CLAIM. INVALID ASSESSMENT REASON GIVEN. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U1TR3	NEWBORN OR NEW CHILD OF A TRS SPONSOR (WITH MEMBER ONLY COVERAGE) IS NOT REGISTERED ON DEERS OR ENROLLED IN THE TRS PROGRAM.
U1TR4	NEWBORN OR NEW CHILD OF A TRICARE RESERVE SELECT (TRS) SPONSOR (WITH FAMILY COVERAGE) IS NOT REGISTERED ON DEERS OR ENROLLED IN THE TRS PROGRAM.
U1000	PATIENT IS ELIGIBLE FOR MEDICARE DUE TO KIDNEY TRANSPLANT AND/OR END STAGE RENAL DISEASE (ESRD). CLAIM DENIED DUE TO NO INDICATION OF MEDICARE COVERAGE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U1001	MEDICARE/TRICARE DUAL ELIGIBILITY IS NOT ESTABLISHED FOR THIS PATIENT. HAVE THE PATIENT CONTACT DEERS TO UPDATE MEDICARE ELIGIBILITY. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR MORE ELIGIBILITY INFORMATION.
U1020	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) CLAIM DOES NOT CONTAIN THE APPROPRIATE BILL TYPE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - U Codes**

U1025	ON CANCELLED CLAIM THE ICN MUST MATCH THE ORIGINAL FINAL CLAIM ICN.
U1122	HHA/PPS CLAIM ADJUSTMENT WITH INVALID OR OMITTED CONDITION CODE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U1123	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) CLAIM DOES NOT CONTAIN A VALID CONDITION CODE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U1126	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) DOES NOT CONTAIN THE APPROPRIATE VALUE CODE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U2SYN	PER AAP GUIDELINES, VACCINE IS NOT RECOMMENDED FOR CHILDREN OVER THE AGE OF 2 YEARS. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4AD2	ADMISSION DATE ON SUBSEQUENT RAP DOES NOT MATCH ADMISSION DATE ON THE INITIAL RAP. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4AD3	ADMISSION DATE ON FINAL CLAIM SHOULD EQUAL ADMISSION DATE ON RAP IF NOT, RETURN CLAIM TO SUBMITTER. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4DES	INTEGRATED DISABILITY EVALUATION SYSTEM (IDES) CLAIMS WITH DATE OF SERVICE PRIOR TO 1/1/2011. PLEASE SUBMIT YOUR CLAIM TO TMA FOR PROCESSING.
U4HHA	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) CLAIM CONTAINS MORE THAN SIX 023 LINES. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4HH9	HHA/PPS START DATE OF SERVICE INVALID ON '023' REVENUE CODE LINE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4H11	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) CLAIM CONTAINS A REVENUE CODE WITH OVERLAPPING DATES. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4H14	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) OR FINAL CLAIM DOES NOT INDICATE AN ATTENDING PHYSICIAN. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4H15	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) CONTAINS DUPLICATE DIAGNOSIS CODES. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4H21	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) HAS DIFFERENT FROM AND THROUGH DATES. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - U Codes**

U4H23	THE HOME HEALTH AGENCY (HHA) PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) CONTAINS INVALID DATES. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4H24	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) CONTAINS FROM AND TO DATES THAT ARE NOT EQUAL TO THE ADMISSION DATE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4H25	CLAIM WILL BE MANUALLY DENIED WITH U4H25 BECAUSE THE SOURCE OF ADMISSION VALUE IS INCORRECT. B AND C ARE ONLY USED ON HHA CLAIMS.
U4H26	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) DOES NOT CONTAIN A VALID PATIENT STATUS. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4H27	HHA/PPS FINAL CLAIM WITH INVALID PATIENT STATUS. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4H30	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) CLAIM CONTAINS AN INVALID HCPCS CODE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4MER	THIS CLAIM IS IDENTIFIED AS/OR IS RELATED TO A POTENTIAL MEDICAL ERROR BASED ON THE DIAGNOSIS CODE OR MODIFIERS SUBMITTED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U4NLP	FINAL CLAIM RECEIVED AND NO RAP ON FILE FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4NPI	WHEN THIS CLAIM WAS RECEIVED, THE RENDERING NPI WAS NOT LOADED TO OUR SYSTEM; THEREFORE, COULD NOT BE IDENTIFIED. PLEASE RESUBMIT WITH RENDERING NAME AS WELL AS NPI OR CALL 1-877-EDI-CLAIMS TO HAVE YOUR NPI INFORMATION LOADED.
U4OCD	CLAIM SUBMITTED WITH CANCER DRUG AND NO CANCER DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U4OUT	VAMC PROVIDERS MUST HAVE A PARTICIPATING AGREEMENT ON FILE WITH THE MANAGED CARE SUPPORT CONTRACTOR (MCSC). FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4RNP	THE NPI SUBMITTED IS NOT ON THE NATIONAL PLAN AND PROVIDER ENUMERATION SYSTEM WEB SITE. PLEASE SUBMIT WITH A VALID NPI FOR THE RENDERING PROVIDER.
U4SNF	IN ORDER FOR A BENEFICIARY TO BE RECONSIDERED FOR SKILLED NURSING FACILITY BENEFITS (AFTER 30 DAYS OF CONSECUTIVE CUSTODIAL CARE), A NEW QUALIFYING 3 DAY INPATIENT HOSPITAL STAY IS REQUIRED.
U4060	THE NON-NETWORK PROVIDER DID NOT RETURN THE PARTICIPATION AGREEMENT FOR THIS SKILLED NURSING FACILITY/PROSPECTIVE PAYMENT SYSTEM (SNF/PPS) TRICARE PRIMARY CLAIM. PLEASE CONTACT US AT WWW.MYTRICARE.COM, OR CALL CUSTOMER SERVICE AT 1-877-874-2273 TO RECEIVE THIS FORM.

**Remit Status Codes - U Codes**

U4070	THE NETWORK PROVIDER DID NOT RETURN THE PARTICIPATION AGREEMENT FOR THIS SKILLED NURSING FACILITY/PROSPECTIVE PAYMENT SYSTEM (SNF/PPS) TRICARE PRIMARY CLAIM. PLEASE CONTACT US AT WWW.MYTRICARE.COM, OR CALL CUSTOMER SERVICE AT 1-877-874-2273 FOR THIS FORM.
U4201	ALL HOME HEALTH AGENCY (HHA) PROSPECTIVE PAYMENT SERVICE (PPS) CLAIMS UNDER ONE EPISODE OF CARE MUST BE BILLED IN 60 DAY INCREMENTS. THE DATE THE COVERAGE IS "TO" MUST BE 61 DAYS FROM THE ADMIT DATE. THIS CLAIM IS NOT COVERED BECAUSE THE "COVERED TO" DATE DOES NOT EQUAL DAY 61,
U4208	NON-COVERED SERVICE BASED ON DOCUMENTATION SUBMITTED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U4209	DATE OF SERVICE ON 0023 LINE DOES NOT MATCH COVER FROM DATE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4211	RAP DATES OF SERVICE OVERLAP EXISTING EOC. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4212	RAP DATES OF SERVICE OVERLAP EXISTING EOC. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U4213	RAP OR FINAL CLAIM HAS BEEN PREVIOUSLY CANCELLED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U5ABA	THE PROVIDER IS ONLY TRICARE-AUTHORIZED TO RENDER SERVICES TO PFPWD OR ECHO PATIENTS. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U5DET	PER TRICARE POLICY, DIABETES SELF-MANAGEMENT TRAINING IS LIMITED TO 10 HOURS IN THE INITIAL YEAR. DOCUMENTATION TO SUPPORT THE NEED FOR ADDITIONAL TRAINING HOURS CAN BE SUBMITTED VIA FAX TO 1-888-224-3232.
U5DIA	NO CURRENT ADA OR AADE CERTIFICATE ON FILE FOR PROVISION OF DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES. PLEASE FAX TO 888-224-3232.
U5DS2	PER TRICARE POLICY, DIABETES SELF-MANAGEMENT TRAINING IS LIMITED TO 2 HOURS FOLLOW-UP TRAINING IN SUBSEQUENT CALENDAR YEARS AFTER THE FIRST YEAR OF INITIAL DSMT TRAINING. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U5IN8	SERVICE SUBMITTED IS AN INPATIENT ONLY PROCEDURE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U5I49	SERVICES ON SAME DAY AS AN INPATIENT ONLY PROCEDURE ARE NOT ALLOWED.
U5SMA	A THIRD QUIT ATTEMPT FOR SMOKING CESSATION MUST BE AUTHORIZED.
U5SMK	BENEFIT LIMITS HAVE BEEN EXCEEDED FOR THIS SMOKING CESSATION COUNSELING SESSION. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U5UDX	THIS SERVICE OR PROCEDURE IS UNPROVEN FOR THIS DIAGNOSIS CODE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - U Codes**

U6BB9	DOMICILIARY/CUSTODIAL CARE NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U6BMT	DENY BONE MARROW TRANSPLANT, DOES NOT MEET TRICARE CRITERIA. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U6BM1	TRANSPLANT NOT PERFORMED IN A NMDP CERTIFIED CENTER. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U6BM2	THIS SERVICE REQUIRES PRIOR AUTHORIZATION. PLEASE REFERENCE BLOCK F ON THE BACK OF THIS SUMMARY FOR MORE AUTHORIZATIONS/ REFERRALS INFORMATION.
U6BUA	DENY-ADMINISTRATIVE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U6BU0	AUTHORIZATION NOT ON FILE OR AUTHORIZATION DOES NOT MATCH CLAIM SUBMITTED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U6BU1	MEDICAL NEED NOT DOCUMENTED BASED ON A REVIEW BY OUR MEDICAL STAFF. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U6BU2	NON-COVERED SERVICE. DOCUMENTATION OF SERVICES RENDERED DOES NOT MEET TRICARE CRITERIA. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U6BU3	WE HAVE NOT RECEIVED ENOUGH INFORMATION TO PROCESS THIS SERVICE OR SUPPLY FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U6BU5	AUTHORIZATION NOT ON FILE FOR THIS PROCEDURE. PLEASE REFERENCE BLOCK F ON THE BACK OF THIS SUMMARY FOR MORE AUTHORIZATIONS/ REFERRALS INFORMATION.
U6BU6	AUTHORIZATION NOT ON FILE FOR THIS PROVIDER. PLEASE REFERENCE BLOCK F ON THE BACK OF THIS SUMMARY FOR MORE AUTHORIZATIONS/ REFERRALS INFORMATION.
U6B01	AUTHORIZATION NOT ON FILE. PROCEDURE CODE ON CLAIM DOES NOT MATCH PROCEDURE AUTHORIZED. PLEASE REFERENCE BLOCK F ON THE BACK OF THIS SUMMARY FOR MORE AUTHORIZATIONS/ REFERRALS INFORMATION.
U6B83	NONCOVERED SERVICE(S). HOSPITAL STAY PRIMARILY FOR PHYSICAL THERAPY. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U6CLA	PROCEDURE CODE INCLUDED WITH ALLOWED SERVICES ACCORDING TO TRICARE CLAIMCHECK. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U6CLB	ACCORDING TO TRICARE CLAIMCHECK, THIS MEDICAL VISIT SUBMITTED WITH A PRIMARY SURGICAL PRO- CEDURE CANNOT BE REIMBURSED SEPARATELY. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U6CLC	REBUNDLED PROCEDURE ACCORDING TO TRICARE CLAIMCHECK. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U6CLD	MUTUALLY EXCLUSIVE PROCEDURE ACCORDING TO TRICARE CLAIMCHECK. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - U Codes**

U6CLE	PRE-OPERATIVE PROCEDURE ACCORDING TO TRICARE CLAIMCHECK. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U6CLF	POST-OPERATIVE PROCEDURE ACCORDING TO TRICARE CLAIMCHECK. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U6CLG	ASSISTANT SURGEON IS NON-COVERED ACCORDING TO TRICARE CLAIMCHECK. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U6CNP	CONTRACTED NEGOTIATED RATE EXCEEDED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U6ECH	NO AUTHORIZATION IS ON FILE OR THE AUTHORIZATION DOES NOT MATCH THE CLAIM FOR ECHO SERVICES OR ECHO AUSTISM DEMONSTRATION SERVICES. PLEASE REFERENCE BLOCK F ON THE BACK OF THIS SUMMARY FOR MORE AUTHORIZATIONS/ REFERRALS INFORMATION.
U6EHH	NO AUTHORIZATION IS ON FILE OR THE AUTHORIZATION DOES NOT MATCH THE CLAIM FOR ECHO HOME HEALTH SERVICES.
U6EOB	PAPER CLAIM RECEIVED WITH AN EXPLANATION OF BENEFITS (EOB) FROM THE PATIENT'S OTHER HEALTH INSURANCE, BUT THE EOB SUBMITTED STATES PAYMENT WAS MADE PREVIOUSLY. PLEASE RESUBMIT WITH THE ORIGINAL EOB THAT DETAILS THE PAYMENT MADE ON THIS CLAIM.
U6ETP	TRANSPORTATION SERVICES ARE ONLY COVERED FOR INSTITUTIONALIZED ECHO BENEFICIARIES REQUIRING TRANSPORT TO RECEIVE OTHER ALLOWABLE ECHO SERVICES. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U6HHC	THE ECHO HOME HEALTH CAP HAS EXCEEDED. REFER TO TNAV NOTES FOR ECHO AUTHORIZATION. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U6HLT	DENY HEART-LUNG/LUNG TRANSPLANT. DOES NOT MEET TRICARE CRITERIA. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U6HL2	PREAUTHORIZATION FOR THIS TRANSPLANT NOT ON FILE. CONTACT YOUR CONTRACTOR AT THE NUMBER LISTED ON THIS EXPLANATION OF BENEFITS. PLEASE REFERENCE BLOCK F ON THE BACK OF THIS SUMMARY FOR MORE AUTHORIZATIONS/ REFERRALS INFORMATION.
U6LRD	DENY LIVING RELATED LIVER DONOR TRANSPLANT. DOES NOT MEET TRICARE CRITERIA. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U6LV2	PREAUTHORIZATION FOR THIS TRANSPLANT NOT ON FILE CONTACT TMA AT 1-303-361-3907. PLEASE REFERENCE BLOCK F ON THE BACK OF THIS SUMMARY FOR MORE AUTHORIZATIONS/ REFERRALS INFORMATION.
U6MHT	OUTPATIENT MENTAL HEALTH PROCEDURE(S) THAT DO NOT MATCH TO A TERMINAL LEAVE AUTHORIZATION (SPI = E) AND RENDERED AT A VA FACILITY.
U6NON	PRIMARY PROVIDER STATUS NOT ESTABLISHED FOR THIS EPISODE OF CARE.
U6PGA	DENIED PENDING CENTERS FOR DISEASE CONTROL (CDC) RECOMMENDATIONS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U6PGC	TRICARE DOES NOT CONSIDER "C" HCPCS CODES VALID FOR PROFESSIONAL SERVICES. PLEASE RESUBMIT CLAIM WITH A MORE APPROPRIATE CPT-4 OR HCPCS CODE(S).

**Remit Status Codes - U Codes**

U6PT4	THE SURGICAL REVENUE CODE SUBMITTED ON THIS CLAIM REQUIRES A VALID SURGICAL CPT4 OR HCPCS CODE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U6RN1	SERVICES RENDERED OR SUPPLIES PROVIDED ARE NOT MEDICALLY NECESSARY, BASED ON A REVIEW BY OUR MEDICAL REVIEW STAFF. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THIS SUMMARY.
U6RN2	NON-COVERED SERVICE. DOCUMENTATION OF SERVICES RENDERED DOES NOT MEET TRICARE CRITERIA. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U6SP1	MMSO HAS DENIED THE SERVICE BECAUSE IT IS NOT A TRICARE COVERED BENEFIT. ONLY THE ACTIVE DUTY MILITARY MEMBER MAY CONTACT THE MILITARY MEDICAL SUPPORT OFFICE TO APPEAL THESE DENIALS AT 888-647-6676.
U6SP2	MMSO HAS DENIED THE SERVICE BECAUSE THE PROVIDER WAS NOT AUTHORIZED TO PERFORM THIS SERVICE. ONLY THE ACTIVE DUTY MILITARY MEMBER MAY CONTACT THE MILITARY MEDICAL SUPPORT OFFICE TO APPEAL THESE DENIALS AT 888-647-6676.
U6SP3	MMSO HAS DENIED THE SERVICE AS NOT MEDICALLY NECESSARY. ONLY THE ACTIVE DUTY MILITARY MEMBER MAY CONTACT THE MILITARY MEDICAL SUPPORT OFFICE TO APPEAL THESE DENIALS AT 888-647-6676. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON BACK OF SUMMARY.
U6SP4	MMSO HAS DENIED THE SERVICE BECAUSE IT WAS NOT PRE-AUTHORIZED. ONLY THE ACTIVE DUTY MILITARY MEMBER MAY CONTACT THE MILITARY MEDICAL SUPPORT OFFICE TO APPEAL THESE DENIALS AT 888-647-6676.
U6THP	NO CURRENT PHYSICIAN ORDER/PRESCRIPTION ON FILE FOR THE THERAPY SERVICES BEING BILLED. PLEASE FAX TO 888-224-3232. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U61RD	DENY LIVING RELATED LIVER DONOR TRANSPLANT. DOES NOT MEET TRICARE CRITERIA. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U6208	FORMER SPOUSE DOES NOT MEET CRITERIA FOR PRE-EXISTING CONDITION. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U6605	CHARGE DENIED; THIS SERVICE MUST BE SUBMITTED BY THE PROVIDER OF CARE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U6606	CHARGE DENIED. THIS SERVICE MUST BE SUBMITTED BY THE PROVIDER OF CARE AS AN INPATIENT STAY. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U7ELG	TRICARE PAYMENT WAS REDUCED FOR THE DATES OF SERVICE THAT THE PATIENT WAS NOT ELIGIBLE ON DEERS. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR MORE ELIGIBILITY INFORMATION.
U7H30	THE HOME HEALTH AGENCY (HHA) PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) CONTAINS AN INVALID CORE BASED STATISTICAL AREA (CBSA). FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - U Codes**

U7H70	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) CONTAINS AN INVALID HIPPS CODE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U7H80	INVALID REVENUE CODE RETURNED BY PRICER FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U7IAR	THIS CHARGE IS INCLUDED IN THE VA/MOA INTERAGENCY RATE FOR THE INPATIENT STAY.
U7NPD	DMEPOS PROCEDURE MUST BE BILLED WITH A MODIFIER (NU,RR,UE,AU,AV,AW). PLEASE RESUBMIT CORRECTED CLAIM WITH AN APPROPRIATE MODIFIER. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U7NUD	DMEPOS/PEN MODIFIERS MISSING FROM NON-EMC CLAIM. PLEASE RESUBMIT WITH A NEW MODIFIER. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U7OP3	INCIDENTAL SERVICE IN ABSENCE OF AN AMBULATORY PAYMENT CLASSIFICATION (APC) OR IT IS INCLUDED IN AN AMBULATORY PAYMENT CLASSIFICATION (APC).
U7POA	INVALID PRESENT ON ADMISSION INDICATOR SUBMITTED. PLEASE CORRECT AND RESUBMIT WITH A VALID PRESENT ON ADMISSION INDICATOR.
U7UED	DMEPOS/PEN MODIFIERS MISSING FROM NON-EMC CLAIM. PLEASE RESUBMIT WITH A NEW MODIFIER. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U7001	THESE SERVICES DO NOT MEET THE TRICARE/CHAMPVA ADJUNCTIVE DENTAL CRITERIA. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U7002	THIS DENTAL CONDITION IS NOT A COVERED TRICARE BENEFIT. TRICARE COVERAGE IS LIMITED TO AUTH-ORIZED DENTAL CARE REQUIRED DUE TO A MEDICAL CONDITION. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U7003	ROUTINE, PREVENTATIVE, RESTORATIVE, PROSTHODONTIC, OR PERIODONTIC DENTAL PROCEDURES ARE NON-COVERED SERVICES. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U7030	NO SEPARATE PAYMENT IS ALLOWED FOR INCIDENTAL PROCEDURES. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U7100	MTF PROVIDER AGREEMENT NOT ON FILE FOR DATE OF SERVICE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U7200	OBSOLETE PROCEDURE CODE(S) SUBMITTED - SERVICE(S) DENIED; PROVIDER MUST PROVIDE CORRECT PROCEDURE CODE(S). FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U7500	INTERIM DRG BILLING SUBMITTED OUT OF ORDER. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U7501	OUTPATIENT SERVICES ON INPATIENT UB-04. CHARGES MUST BE BILLED SEPARATELY. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - U Codes**

U7503	THIS CHARGE INCLUDED IN A PRIOR PAID SERVICE. PER CONTRACT, BOARDER BABY CHARGES ARE INCLUDED IN THE ALLOWABLE CHARGE FOR THE MOTHER'S CLAIM. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U7504	DRG 469, 470 OR 998-999, INFORMATION IS UNKNOWN. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U7505	PLEASE BILL TAKE-HOME DRUGS FOR \$40 OR MORE SEPARATELY. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U7511	THIS CHARGE INCLUDED IN A PAID SERVICE/ COVERED IN A PER DIEM RATE OR CONTRACTED RATE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U7521	INTERIM BILLING SUBMITTED OUT OF DATE SEQUENCE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U7701	DRG 469 OR 470; DRG INFORMATION IS UNKNOWN. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U8ADM	ADMINISTRATION FEE MUST BE BILLED ON THE SAME DATE OF SERVICE AS THE IMMUNIZATION CHARGE BY THE SAME PROVIDER TO BE CONSIDERED FOR REIMBURSEMENT. IF IMMUNIZATION CHARGE REJECTS, THEN ADMINISTRATION FEE WILL REJECT.
U8ANT	NON COVERED SELF-ADMINISTERED ANTIEMETIC DRUG
U8APS	CLAIMS HISTORY SHOWS A CLAIM PREVIOUSLY PAID TO THE SAME RENDERING PROVIDER AS EITHER THE PRIMARY OR ASSISTANT SURGEON. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U8A38	ORIGINAL CLAIM DENIED WHEN CANCELLATION CLAIM RECEIVED.
U8BM1	AUTHORIZATION NOT ON FILE; CONTACT YOUR HBA. PLEASE REFERENCE BLOCK F ON THE BACK OF THIS SUMMARY FOR MORE AUTHORIZATIONS/ REFERRALS INFORMATION.
U8BM7	TRANSPLANT NOT PERFORMED IN A NMDP CERTIFIED CENTER. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U8BOT	TRICARE DOES NOT COVER BOTOX INJECTIONS FOR THIS DIAGNOSIS AND/OR AGE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U8BTX	THE CPT OR HCPCS CODE SUBMITTED IS NOT PAYABLE WHEN BILLED ALONE AND SHOULD BE BILLED IN CONJUNCTION WITH AN APPROPRIATE CPT OR HCPCS CODE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U8BUA	DENIED PENDING U.S. CENTERS FOR DISEASE CONTROL (CDC) RECOMMENDATIONS.
U8B37	ORIGINAL CLAIM DENIED DUE TO RECEIPT OF REPLACEMENT CLAIM.
U8B38	CANCELLATION CLAIM DENIED WHEN ORIGINAL CLAIM ALSO DENIED.
U8CLD	DIAGNOSIS SUBMITTED DOES NOT SUPPORT THE PROCEDURE CODE BILLED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - U Codes**

U8CLF	COSMETIC SURGERY IS NOT A TRICARE COVERED BENEFIT. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U8CPM	CPM MACHINE BILLING EXCEEDS 21 DAY LIMIT OR THERAPY NOT STARTED WITHIN TWO DAYS OF HOSPITAL DISCHARGE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U8CPT	THIS CPT CODE IS NOT PAYABLE IN CONJUNCTION WITH OTHER CPT CODES BILLED ON THE SAME DATE OF SERVICE BY THE SAME PROVIDER. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U8CRD	LINE ITEM VOIDED DUE TO CREDIT ADJUSTMENT
U8DME	CHARGE DENIED. THIS DURABLE MEDICAL EQUIPMENT IS AVAILABLE FOR LOAN FROM A LOCAL MTF. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U8DM1	DME CERTIFICATION OF MEDICAL NECESSITY (CMN) INCOMPLETE OR NOT YET RECEIVED. PLEASE FAX VALID CMN WITH PERIOD OF NECESSITY, EQUIPMENT NAME, PATIENT'S DIAGNOSIS, PHYSICIAN'S SIGNATURE AND CERTIFICATION DATE TO 1-888-377-4191 OR MAIL TO PO BOX 870140, SURFSIDE BEACH, SC 29587-9740.
U8DM3	THE PURCHASE PRICE FOR THIS DURABLE MEDICAL EQUIPMENT (DME) HAS BEEN MET. THEREFORE, FURTHER RENTAL WILL BE DENIED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U8D42	DUPLICATE SERVICE PREVIOUSLY CLAIMED.
U8D43	DUPLICATE SERVICE PREVIOUSLY CLAIMED.
U8D44	DUPLICATE SERVICE PREVIOUSLY CLAIMED.
U8EVL	NON-COVERED SERVICE. PRETRANSPLANT EVALUATION FOR PATIENT WITHOUT TRANSPLANT AUTHORIZATION.
U8FET	NON-COVERED SERVICE; BENEFITS FOR FLATFOOT ARE LIMITED TO CORRECTIVE FOOT SURGERY FOR NONCONGENITAL CONDITIONS.(POLICY 73, VOLUME I, CHAPTER 3, SECTION 3.20000.1, PAGE 2.0000.1.5).
U8HHC	THIS HOME HEALTH VISIT WAS BILLED DURING AN INPATIENT STAY. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U8HHI	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) CONTAINS SERVICES INCLUDED IN THE HHA/PPS PAYMENT.
U8HH1	THE HOME HEALTH AGENCY (HHA)/PROSPECTIVE PAYMENT SYSTEM (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) CONTAINS LINES THAT ARE INCLUDED IN THE PAID SERVICE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U8HIV	NON-COVERED SERVICE/ROUTINE HIV TESTING.
U8HLA	NON-COVERED SERVICE. (HLA/DNA) WHEN BILLED WITH THIS DIAGNOSIS.
U8IMM	NON-COVERED SERVICE. IMMUNIZATIONS SHOULD BE PROVIDED BEFORE THE PATIENT'S SIXTH BIRTHDAY PER CDC GUIDELINES. SUBMIT DOCUMENTATION IF SERVICES WERE MEDICALLY NECESSARY.
U8MTF	DENIED PER PRIME CONTRACTOR - SERVICES NOT AUTHORIZED BY MILITARY TREATMENT FACILITY. PLEASE REFERENCE BLOCK F ON THE BACK OF THIS SUMMARY FOR MORE AUTHORIZATIONS/ REFERRALS INFORMATION.
U8NON	THIS SERVICE MUST BE BILLED AS PART OF A HOME HEALTH PROSPECTIVE PAYMENT SYSTEM (PPS) PLAN OF CARE.

**Remit Status Codes - U Codes**

U8NPT	MEDICAL NEED FOR NEUROPSYCHOLOGICAL AND/OR PSYCHOLOGICAL TESTING IN EXCESS OF 6 HOURS PER FISCAL YEAR HAS NOT BEEN DOCUMENTED PER PHYSICIAN REVIEW. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U8PRF	DATES OF SERVICE FOR THIS CLAIM ARE WITHIN THE DATES OF COVERAGE OF EXISTING INPATIENT CLAIM. THIS SERVICE IS NOT ALLOWED SEPARATELY FROM THE INPATIENT CLAIM.
U8PST	PER TRICARE POLICY, PSYCHOLOGICAL AND NEURO- PSYCHOLOGICAL TESTING IS LIMITED TO 6 HOURS IN A FISCAL YEAR. DOCUMENTATION TO SUPPORT THE NEED FOR ADDITIONAL TESTING HOURS CAN BE SUBMITTED BY FAX TO 1-888-224-3232.
U8PUD	PLACE OF SERVICE IS NOT COMPATIBLE WITH TYPE OF SERVICE.
U8QIP	NONCOVERED SERVICE. TRICARE BENEFITS NOT ALLOWED FOR SERVICES THAT ARE CONSIDERED QUESTIONABLE, UNPROVEN, INVESTIGATIONAL, OR EXPERIMENTAL. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U8RGD	SNF CLAIM DENIED FOR CONTINUED USE OF DEFAULT RUG CODE. DEFAULT RUG CODES SHOULD ONLY BE USED FOR OFF-SCHEDULE, LATE OR NO ASSESSMENTS. A PATIENT ASSESSMENT IS REQUIRED EVERY 30 DAYS USING AN MDS FORM THAT GENERATES A SPECIFIC RUG CODE FOR PAYMENT OF THE CLAIM.
U8RSK	ANESTHESIA RISK FACTOR CHARGES RECEIVED WITH NO PRIMARY ANESTHESIA CLAIM ON FILE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U8RTC	THE PATIENT IS 21 OR OLDER AND IS NOT ELIGIBLE FOR RESIDENTIAL TREATMENT CENTER SERVICES. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U8RT4	CHARGE COVERED BY RESIDENTIAL TREATMENT CENTER PAYMENT. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U8SNF	THIS CHARGE IS INCLUDED IN A PAID SERVICE AND COVERS SERVICES AND SUPPLIES DURING A SKILLED NURSING FACILITY (SNF) INPATIENT STAY. IT IS ALSO INCLUDED IN THE SNF/PROSPECTIVE PAYMENT SYSTEM (PPS) PAYMENT RATE.
U8SNP	BECAUSE THIS AMBULANCE SERVICE WAS PROVIDED TO A SKILLED NURSING FACILITY (SNF) RESIDENT, IT IS SUBJECT TO CONSOLIDATED BILLING AND IS INCLUDED IN THE PROSPECTIVE PAYMENT SYSTEM (PPS) PAYMENT.
U8SP3	USER REJECT POSTED SYSTEMATICALLY WHEN SPOC DENIES CLAIM. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U8SP4	USER REJECT POSTED SYSTEMATICALLY WHEN SPOC DENIES CLAIM. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U8SP5	USER REJECT POSTED SYSTEMATICALLY WHEN SPOC DENIES CLAIM. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U8SP6	USER REJECT POSTED SYSTEMATICALLY WHEN SPOC DENIES CLAIM. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - U Codes**

U8SP7	USER REJECT POSTED SYSTEMATICALLY WHEN SPOC DENIES CLAIM. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U8SP8	USER REJECT POSTED SYSTEMATICALLY WHEN SPOC DENIES CLAIM. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
U8STV	EIA SUPERVISOR VISITS AND TUTOR VISITS RENDERED DURING THE SAME TIME PERIOD ON THE SAME DATE OF SERVICE ARE NON-COVERED.
U8TBT	NON-COVERED SERVICE. TRICARE BENEFITS NOT ALLOWED FOR TRANSCERVICAL BALLOON TUBOPLASTY. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U8THV	NO MORE THAN ONE THERAPY EVALUATION/ RE-EVALUATION IS ALLOWED IN A 180 DAY PERIOD. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U8UDX	THIS SERVICE OR PROCEDURE IS UNPROVEN FOR THIS DIAGNOSIS CODE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U8US1	A DIAGNOSIS THAT SUPPORTS THE MEDICAL REASON FOR PERFORMING THE FETAL ULTRASOUND DURING A NORMAL PREGNANCY IS REQUIRED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U8115	MEDICAL NEED NOT DOCUMENTED FOR THE NUMBER OF SERVICES RENDERED FOR THIS CONDITION. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
U8138	CANCELLATION CLAIM DENIED WHEN ORIGINAL CLAIM NOT ON FILE.
U9SNF	THIS SKILLED NURSING FACILITY (SNF)/PROSPECTIVE PAYMENT SYSTEM (PPS) CLAIM WAS SUBMITTED WITHOUT A QUALIFYING HOSPITAL STAY OF 3 CONSECUTIVE DAYS OR MORE, NOT INCLUDING THE HOSPITAL DISCHARGE DAY THAT PRECEDED THE SNF ADMISSION.
U9999	ROUTINE PHYSICAL NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.