

**Remit Status Codes - R Codes**

<b>Status Code</b>	<b>Status Description</b>
RACFS	NO VERBIAGE
RBENE	BENEFIT PROCEDURE CODE REQUEST BYPASS DEFERRAL
RCEOB	CLAIM RECEIVED WITH PATIENT'S OTHER HEALTH INSURANCE INFORMATION, BUT SERVICES WERE DENIED. PLEASE COORDINATE WITH THE PRIMARY CARRIER BEFORE RE-TRANSMITTING TO TRICARE.
RCEO2	CLAIM RECEIVED WITH PATIENT'S OTHER HEALTH INSURANCE INFORMATION, BUT SERVICES WERE DENIED. PLEASE COORDINATE WITH THE PRIMARY CARRIER BEFORE RE-TRANSMITTING TO TRICARE.
RCRED	STATUS CODE TO TRIGGER CREDIT ADJUSTMENTS TO READ SYSTEM OVERRIDE TABLE. SHOULD NEVER POST ON CLAIMS OR GENERATE EOB MESSAGE. FOR GOVT FINANCE.
RC009	SERVICE COVERED BY WORKER'S COMPENSATION. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
RDRUG	PLEASE BILL TAKE-HOME DRUGS FOR \$40 OR MORE SEPARATELY.
RDTFL	DATES OF SERVICE ON CLAIM IS PRIOR TO THE START OF THE TRICARE FOR LIFE PROGRAM. SERVICE ARE NOT COVERED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
RDUAL	OUR FILES SHOW THE PATIENT HAS MEDICARE SUPPLE- MENTAL COVERAGE. THE OTHER SUPPLEMENTAL INSUR- ANCE MUST PAY BEFORE TRICARE.
REAGD	OVER AGE DEPENDENT DEFERRAL SYSTEM OVERRIDE.
REBUN	RIDICULOUS EDIT FOR REBUNDLING.
REDOD	DOCUMENTS {NAS} DEFERRAL SYSTEM OVERRIDE.
REDRD	DEERS DEFERRAL OVERRIDE FOR RIDICULOUS EDITS
REDUD	DUPLICATE DEFERRAL OVERRIDE FOR RIDICULOUS EDITS.
REDUP	DUPLICATE DEFERRAL SYSTEM OVERRIDE
REELD	ELIGIBILITY DEFERRAL SYSTEM OVERRIDE
REOB1	THE PATIENT HAS OTHER HEALTH INSURANCE. PLEASE RE-TRANSMIT YOUR CLAIM WITH OTHER CARRIER PAYMENT AMOUNT. SEND ANY OHI CHANGES IN WRITING. YOU CAN FIND OHI UPDATE FORMS ON MYTRICARE.COM.
REOB6	CLAIM RECEIVED WITH PATIENT'S OTHER HEALTH INSURANCE (OHI) INFORMATION, BUT INDICATES PAYMENT WAS PREVIOUSLY MADE. PLEASE RE-TRANSMIT WITH THE ORIGINAL OHI THAT DETAILS THE PAYMENT MADE ON THIS CLAIM.
REOB8	CLAIM RECEIVED WITH PATIENT'S OTHER HEALTH INSURANCE INFORMATION, BUT SERVICES WERE DENIED. PLEASE COORDINATE WITH THE PRIMARY CARRIER BEFORE RE-TRANSMITTING TO TRICARE.
REOUD	OVERUTILIZATION DEFERRAL SYSTEM OVERRIDE.
REPRD	PRICING 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.
RETU2	RIDICULOUS EDIT OVERRIDE CODE.
REURD	PREAUTH/MED REVIEW DEFERRAL OVERRIDES FOR RIDICULOUS EDITS.
REUTD	UTILIZATION REVIEW DEFERRAL OVERRIDE FOR RIDICULOUS EDITS.
RE001	THE ADMIT DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
RE002	THE PRIMARY DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.

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RE003	THE SECOND DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
RE004	THE THIRD DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
RE005	THE FOURTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
RE006	THE FIFTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
RE007	THE SIXTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
RE008	THE SEVENTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
RE009	THE EIGHTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
RE010	THE NINTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
RE011	THE TENTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
RE012	THE ELEVENTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
RE013	THE TWELFTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
RE014	THE THIRTEENTH DIAGNOSIS CODE IS INVALID OR REQUIRES A 4TH OR 5TH DIGIT.
RE101	MEDICAL VISIT NOT PAYABLE ON THE SAME DAY AS A MORE SIGNIFICANT PROCEDURE.
RE170	INHERENT BILATERAL PROCEDURE NOT PAYABLE FOR MULTIPLE UNITS ON THE SAME DAY.
RE180	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.
RE190	MUTUALLY EXCLUSIVE PROCEDURE PER NATIONAL CORRECT CODING INITIATIVE GUIDELINES.
RE200	THE PROCEDURE IS IDENTIFIED AS PART OF ANOTHER PROCEDURE CODED ON THE SAME DAY, BASED ON NATIONAL CORRECT CODING INITIATIVE GUIDELINES.
RE201	THE ADMIT DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
RE202	THE PRIMARY DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
RE203	THE SECOND DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
RE204	THE THIRD DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
RE205	THE FOURTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
RE206	THE FIFTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
RE207	THE SIXTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
RE208	THE SEVENTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
RE209	THE EIGHTH DIAGNOSIS CODE IS OUTSIDE THE ACCETABLE RANGE BASED ON THE PATIENT'S AGE.
RE210	THE NINTH DIAGNOSIS CODE IS OUTSIDE THE ACCETABLE RANGE BASED ON THE PATIENT'S AGE.
RE211	THE TENTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
RE212	THE ELEVENTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
RE213	THE TWELFTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
RE214	THE THIRTEENTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.

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RE215	THE FOURTEENTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
RE216	THE FIFTEENTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
RE217	THE SIXTEENTH DIAGNOSIS CODE IS OUTSIDE THE ACCEPTABLE RANGE BASED ON THE PATIENT'S AGE.
RE250	PATIENT AGE IS GREATER THAN 124 YEARS.
RE260	GENDER OTHER THAN MALE OR FEMALE.
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 NUMBER OF PARTIAL HOSPITALIZATION SERVICES SUBMITTED TO QUALIFY FOR A DAY OF PARTIAL HOSPITALIZATION.
RE301	THE PATIENT GENDER AND ADMIT DIAGNOSIS DO NOT AGREE.
RE302	THE PATIENT GENDER AND PRIMARY DIAGNOSIS DO NOT AGREE.
RE303	THE PATIENT GENDER AND SECOND DIAGNOSIS DO NOT AGREE.
RE304	THE PATIENT GENDER AND THIRD DIAGNOSIS DO NOT AGREE.
RE305	THE PATIENT GENDER AND FOURTH DIAGNOSIS DO NOT AGREE.
RE306	THE PATIENT GENDER AND FIFTH DIAGNOSIS DO NOT AGREE.
RE307	THE PATIENT GENDER AND SIXTH DIAGNOSIS DO NOT AGREE.
RE308	THE PATIENT GENDER AND SEVENTH DIAGNOSIS DO NOT AGREE.
RE309	THE PATIENT GENDER AND EIGHTH DIAGNOSIS DO NOT AGREE.
RE310	THE PATIENT GENDER AND NINTH DIAGNOSIS DO NOT AGREE.
RE311	THE PATIENT GENDER AND TENTH DIAGNOSIS DO NOT AGREE.
RE312	THE PATIENT GENDER AND ELEVENTH DIAGNOSIS DO NOT AGREE.
RE313	THE PATIENT GENDER AND TWELFTH DIAGNOSIS DO NOT AGREE.
RE314	THE PATIENT GENDER AND THIRTEENTH DIAGNOSIS DO NOT AGREE.
RE350	MENTAL HEALTH EDUCATION AND TRAINING CODE G0177 NOT ALLOWED OUTSIDE PARTIAL HOSPITALIZATION PROGRAM.
RE370	TERMINATED BILATERAL PROCEDURE BILLED WITH A 50 MODIFIER OR TERMINATED PROCEDURE BILLED WITH MORE THAN ONE UNIT.
RE380	CODING INCONSISTENCY BETWEEN IMPLANTED DEVICE/ ADMINISTERED SUBSTANCE AND ITS ASSOCIATED PROCEDURE.
RE390	MUTUALLY EXCLUSIVE PROCEDURE PER NATIONAL CORRECT CODING INITIATIVE GUIDELINES.
RE400	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.
RE410	INVALID REVENUE CODE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
RE420	MULTIPLE MEDICAL VISITS ON SAME DAY WITH SAME REVENUE CODE.
RE440	OBSERVATION REVENUE CODE ON LINE ITEM WITH NON-OBSERVATION HCPCS CODE.
RE450	SEPARATE INPATIENT PROCEDURE NOT ALLOWED WITH A STATUS INDICATOR T PROCEDURE.
RE460	PARTIAL HOSPITALIZATION CONDITION CODE 41 NOT APPROVED FOR TYPE OF BILL 14X.
RE470	SERVICE IS NOT SEPARATELY PAYABLE WHEN ALL OTHER LINES DENIED.
RE480	REVENUE CODES WITH BLANK HCPCS RESULTING IN ALL SERVICES ON THE SAME DAY TO BE DENIED SINCE HCPCS IS REQUIRED FOR THIS REVENUE CODE.

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RE490	SERVICE ON SAME DAY AS INPATIENT ONLY PROCEDURE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
RE501	E-DIAGNOSIS CODE CAN NOT BE USED AS PRINCIPAL DIAGNOSIS.
RE530	CODES G0378 AND G0379 ONLY ALLOWED WITH TYPE OF BILL 13X.
RE540	MULTIPLE CODES FOR THE SAME SERVICE.
RE580	OBSERVATION CODE G0379 WAS SUBMITTED WITHOUT G0378 FOR THE SAME DATE OF SERVICE.
RE601	INVALID PROCEDURE CODE FOR DATES OF SERVICE SUBMITTED.
RE620	ALTERNATE CODE FOR SAME SERVICE MAY BE SUBMITTED.
RE630	OCCUPATIONAL THERAPY HCPCS G0129 NOT ALLOWED OUTSIDE PARTIAL HOSPITALIZATION PROGRAM.
RE640	ACTIVITY THERAPY HCPCS G0176 NOT ALLOWED OUTSIDE PARTIAL HOSPITALIZATION PROGRAM.
RE650	REVENUE CODE NOT RECOGNIZED BY TRICARE.
RE660	ACTIVITY THERAPY CODE G0176 NOT ALLOWED OUTSIDE PARTIAL HOSPITALIZATION PROGRAM.
RE670	SERVICE PROVIDED PRIOR TO FDA APPROVAL OR THE MORBIDITY AND MORTALITY WEEKLY REPORT PUBLICATION DATE FOR VACCINES.
RE680	SERVICE PROVIDED PRIOR TO DATE OF TRICARE COVERAGE DETERMINATION APPROVAL.
RE690	SERVICE PROVIDED OUTSIDE EFFECTIVE COVERAGE DATE.
RE700	CA MODIFIER REQUIRES PATIENT DISCHARGE STATUS OF 20.
RE710	CLAIM REQUIRES DEVICE CODE OR MULTIPLE DEVICE CODES.
RE740	BILATERAL PROCEDURE CANNOT EXCEED MORE THAN ONE UNIT WHEN BILLED WITH A 50 MODIFIER.
RE750	INCORRECT BILLING OF FB MODIFIER.
RE760	TRAUMA RESPONSE CRITICAL CARE CODE WITHOUT THE APPROPRIATE REVENUE CODE AND CPT CODE.
RE770	CLAIM REQUIRES DEVICE TO BE BILLED INCONJUNCTION WITH APPROPRIATE PROCEDURE.
RE780	CLAIM REQUIRES RADIOLABELED PRODUCT TO BE BILLED IN CONJUNCTION WITH APPROPRIATE NUCLEAR MEDICINE PROCEDURE.
RE800	MENTAL HEALTH CODE NOT APPROVED FOR PARTIAL HOSPITALIZATION PROGRAM.
RE801	PROCEDURE AND GENDER CONFLICT. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
RE810	MENTAL HEALTH SERVICE NOT PAYABLE OUTSIDE THE PARTIAL HOSPITALIZATION PROGRAM.
RE820	CODE C9898 IS BILLED WITH CHARGES GREATER THAN \$1.01.
RE900	MULTIPLE MATERNITY OBSERVATIONS WITH SAME DATES OF SERVICE.
RE901	NON-COVERED SERVICE FOR TRICARE.
RE903	SERVICE ON SAME DAY AS AN EDIT DENIAL WHICH CAUSES ALL OTHER SERVICES TO BE DENIED.
RE904	THIS PROCEDURE CODE IS NOT ALLOWED FOR TRICARE REIMBURSEMENT.
RE905	PROCEDURE CODE SUBMITTED PRIOR TO HIPAA EFFECTIVE DATE.
RHA35	NONCOVERED DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.

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RHCPC	NON-COVERED REVENUE CODE WHEN SUBMITTED WITHOUT A VALID CPT4/HPCPS. PLEASE SUBMIT CLAIM WITH A VALID CPT4/HPCPS. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
RHCPR	PROVIDER INACTIVE FOR DATES OF SERVICE.
RKABD	EMPLOYEE NOT AUTHORIZED TO KEY CLAIMS FOR THIS CLASS OF CHAMPUS ELIGIBLES, ROUTE TO PRIORITY.
RLYN1	EXAMPLE TEMPLATE.....STOP AT THE >
RN400	CHARGES EXCEEDED MONTHLY MAXIMUM. HANDICAP BENEFITS ARE LIMITED.
RPABA	THIS PROVIDER IS ONLY ELIGIBLE TO RENDER SERVICES UNDER THE ECHO PROGRAM.
RPCHR	YOUR TRICARE BENEFIT DOES NOT COVER CHIROPRACTIC SERVICES.
RPDBE	THE PROVIDER IS NOT TRICARE CERTIFIED/AUTHORIZED FOR THIS TYPE OF SERVICE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
RPLTD	THIS PROVIDER IS ELIGIBLE TO PERFORM SERVICES ONLY UNDER THE TPRP OR SHCP PROGRAMS. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
RPNEB	THIS IS A MILITARY PROVIDER PERFORMING SERVICES AT A MILITARY FACILITY.
RPROD	CHIROPRACTOR REJECT ON OPTION TO OVERRIDE NO CHAMPUS LOB.
RPSR1	THE PROVIDER NOT TRICARE-AUTHORIZED FOR THIS SERVICE.
RP019	THIS PROVIDER IS NOT TRICARE-AUTHORIZED. WE HAVE NOT RECEIVED THE PROVIDER CERTIFICATION INFORMATION WE REQUESTED.
RP111	THE PROVIDER OF SERVICES IS NOT AUTHORIZED TO PARTICIPATE IN THE TRICARE PROGRAM.
RP112	THIS PROVIDER IS NOT TRICARE-AUTHORIZED FOR THIS SERVICE AS AN INTERN OR RESIDENT OF A HOSPITAL.
RP113	THE PROVIDER OF SERVICES IS NOT AUTHORIZED TO PARTICIPATE IN THE TRICARE PROGRAM. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
RP114	THE PROVIDER WHO PERFORMED THE SERVICE WAS NOT TRICARE-CERTIFIED AT THE TIME OF SERVICE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
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-AUTHORIZED FOR THIS SERVICE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
RP118	THIS PROVIDER IS NOT TRICARE-AUTHORIZED FOR THIS SERVICE. WE HAVE NOT RECEIVED THE PROVIDER CERTIFICATION INFORMATION WE REQUESTED.
RP119	RENDERING PROVIDER NOT TRICARE AUTHORIZED. RECERTIFICATION APPLICATION NOT RECEIVED.
RP120	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE. OUTDATED ADDRESS ON PROVIDER DATABASE.
RP121	THE PROVIDER WHO PERFORMED THE SERVICE IS NOT TRICARE-AUTHORIZED FOR THIS SERVICE. THE PROVIDER'S ADDRESS IN OUR FILES IS OUTDATED.
RP122	THE PROVIDER IS NOT TRICARE-AUTHORIZED FOR THIS SERVICE.
RP123	THE PROVIDER WHO PERFORMED THE SERVICE IS NOT TRICARE-AUTHORIZED FOR THIS SERVICE.

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RP128	THE PROVIDER IS NOT TRICARE-AUTHORIZED. AS EITHER AN ACTIVE DUTY MEMBER OF THE UNIFORMED SERVICES OR A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT, THE PROVIDER IS PROHIBITED FROM BILLING TRICARE OR TRICARE BENEFICIARIES.
RP130	THE DOCTOR PERFORMING THE SERVICES IS NOT COVERED UNDER TRICARE.
RR023	NONCOVERED SERVICE OR DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
RSEQ1	CLAIM FILED IS INTERIM BILL. INTERIM OR FINAL CLAIM HAS PREVIOUSLY BEEN SUBMITTED.
RSNAS	CLAIM REJECTED: SPECIALIZED TREATMENT SERVICE NONAVAILABILITY STATEMENT AUTHORIZATION NOT ON DEERS - CONTACT THE SPECIALIZED TREATMENT SERVICE FACILITY.
RSTAT	CLAIM REJECTING FOR STATISTICAL ADJUSTMENT DUE TO ADJUSTMENT REASON CODES "26" OR "28". NO NEW REJECTS SHOULD POST IF NOT ON ORIGINAL CLAIM. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
RSTE3	PRESUMPTIVE PAYMENT ADJUSTMENT. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
RSTE4	HOSPITAL MUST FILE CLAIM. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
RST24	DENIED. INDEMNIFICATION REQUIREMENTS NOT MET.
RST25	CLAIM ADJUSTED FOR TRANSPORT TO NEAREST FACILITY.
RS001	SPONSOR NOT ON DEERS. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR MORE INFORMATION.
RS002	PATIENT INFORMATION ON CLAIM SUCH AS ID NUMBER, NAME OR DATE OF BIRTH DOES NOT MATCH INFORMATION ON DEERS. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR MORE ELIGIBILITY INFORMATION.
RS600	PATIENT NOT ELIGIBLE ON DEERS.
RS601	PATIENT NOT ELIGIBLE ON DEERS.
RS604	PATIENT NOT ELIGIBLE ON DEERS.
RS700	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
RS701	ID CARD OR ELIGIBILITY EXPIRED ON DEERS. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR ELIGIBILITY INFORMATION.
RS703	ID CARD OR ELIGIBILITY EXPIRED ON DEERS. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR ELIGIBILITY INFORMATION.
RS704	PATIENT NOT ELIGIBLE ON DEFENSE ENROLLMENT AND ELIGIBILITY REPORTING SYSTEM (DEERS).
RS705	ID CARD OR ELIGIBILITY EXPIRED ON DEERS. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR ELIGIBILITY INFORMATION.
RS712	ID CARD OR ELIGIBILITY EXPIRED ON DEERS. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR ELIGIBILITY INFORMATION.
RS717	ID CARD OR ELIGIBILITY EXPIRED ON DEERS. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR ELIGIBILITY INFORMATION.
RS718	ID CARD OR ELIGIBILITY EXPIRED ON DEERS. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR ELIGIBILITY INFORMATION.
RS724	ID CARD OR ELIGIBILITY EXPIRED ON DEERS.
RS802	PER DEERS, NONAVAILABILITY STATEMENT NOT RECEIVED.
RTPL1	REQUESTED THIRD PARTY INFORMATION NOT RECEIVED.

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RTPL2	REQUESTED THIRD PARTY LIABILITY PAYMENT INFORMATION, DD FORM (2527) NOT RECEIVED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
RTPL3	INCOMPLETE DD FORM 2527 RECEIVED.
RTPL7	NO VERBIAGE
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.
RX999	THIS SERVICE DOES NOT MEET TRICARE CRITERIA.
R0115	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 RE- CONSIDERATION OF SECONDARY LIABILITY.
R1A30	OBSOLETE PROCEDURE CODE(S) SUBMITTED-SERVICE(S) DENIED; PROVIDER MUST PROVIDE CORRECT FIVE DIGIT ANESTHESIA PROCEDURE CODE(S) (00100-01999).
R1B03	DATE OF SERVICE ON CLAIM 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 FEHBP. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR MORE ELIGIBILITY INFORMATION.
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.
R1TFP	PATIENT HAS NO PAYMENT RESPONSIBILITY ON THIS TRICARE FOR LIFE (TFL) CLAIM RECEIVED FROM MEDICARE.
R1TRR	CLAIM RECEIVED FOR NEWBORN/NEW CHILD OF A TRICARE RETIRED RESERVE SPONSOR. THE CHILD WAS NOT ENROLLED ON DEERS WITHIN 60 DAYS OF BIRTH OR ADOPTION. THE MEMBER MUST CONTACT THE NATIONAL GUARD OR RESERVE PERSONNEL OFFICE TO HAVE DEERS UPDATED.
R1TRS	TRICARE RESERVE SELECT MEMBERS WITH MEMBER-ONLY COVERAGE ARE REQUIRED TO ENROLL NEWBORNS WITHIN SIXTY DAYS FROM THE DATE OF BIRTH OF THE NEW- BORN. THIS CLAIM WAS DENIED FOR FAILURE TO ENROLL.
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 RECEIVED FOR NEWBORN/NEW CHILD OF A TRS SPONSOR WITH MEMBER-ONLY COVERAGE. FAMILY COVERAGE WAS NOT OBTAINED WITHIN 60 DAYS FROM THE DATE OF BIRTH OR ADOPTION. THE MEMBER MUST CONTACT HIS/HER NATIONAL GUARD OR RESERVE PERSONNEL OFFICE SO THAT DEERS CAN BE UPDATED.
R1TR4	CLAIM SUBMITTED FOR NEWBORN/NEW CHILD OF A TRICARE RESERVE SELECT SPONSOR. THE CHILD WAS NOT ENROLLED ON DEERS WITHIN 60 DAYS FROM THE DATE OF BIRTH OR ADOPTION. THE MEMBER MUST CONTACT HIS/HER NATIONAL GUARD OR RESERVE PERSONNEL OFFICE SO THAT DEERS CAN BE UPDATED.

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R1USF	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 DETEREMINE THE APPROPRIATE CLAIMS PROCESSOR.
R1VEN	INCIDENTAL PROCEDURE WHEN BILLED WITH DIAGNOSTIC TEST(S) THAT INVOLVE THE USE OF BLOOD SPECIMENS PROCEDURE CODE RANGE 84999 THRU 85999.
R1000	MEDICARE/TRICARE DUAL ELIGIBILITY HAS NOT BEEN ESTABLISHED ON DEERS. CONTACT DEERS SUPPORT OFFICE.
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.
R1137	CANCELLATION OR REPLACEMENT CLAIM RECEIVED WITH- OUT ORIGINAL CLAIM NUMBER SUBMITTED ON CLAIM.
R1147	ELIGIBILITY FOR MEDICARE PHARMACY BENEFIT NOT ESTABLISHED.CONTACT DEERS SUPPORT OFFICE (DSO) FOR ASSISTANCE.
R1148	OBSOLETE PROCEDURE CODE(S) SUBMITTED- SERVICE(S) DENIED; PROVIDER MUST PROVIDE CORRECT FIVE-DIGIT ANESTHESIA PROCDURE CODE(S) (00100-01999).
R1425	DENIED. INVALID MODIFIER FOR DATE OF SERVICE.
R4ASC	BILL TYPE IS AN 831 AND THE PROVIDER IS AN OPPTS PROVIDER.
R4ASM	SERVICES SUBMITTED WITH AN AS MODIFIER AND AN MD SPECIALITY ARE NOT COMPATIBLE.
R4CAH	CRITICAL ACCESS HOSPITAL CLAIM WITH A DATE OF SERVICE ON OR AFTER DECEMBER 1, 2009. SUBMITTED WITH TYPE OF BILL OTHER THAN 11X, 12X, 14X, 18X OR 85X.
R4CAN	WE CANNOT CANCEL A REQUEST FOR ANTICIPATED PAYMENT (RAP) THAT WAS ORIGINALLY DENIED.
R4DAT	LINE ITEM DATES OF SERVICE CANNOT SPAN ON OUTPATIENT CLAIMS.
R4DES	INTEGRATED DISABILITY EVALUATION SYSTEM (IDES) CLAIMS WITH DOS PRIOR TO 1/1/2011. PLEASE SUBMIT YOUR CLAIM TO TMA FOR PROCESSING.
R4DUT	DUTS/UNITS DO NOT MATCH MULTI SITE MODIFIERS BILLED ON CLAIM. PLEASE RESUBMIT CLAIM WITH CORRECT NUMBER OF DUTS/UNITS THAT CORRESPOND WITH MULTI SITE MODIFIERS.
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 AN INAPPROPRIATE REVENUE CODE.
R4HH3	THIS HHA/PPS CLAIM HAS BEEN IDENTIFIED AS A "NO PAY" BILL.
R4HH8	IF THE FOLLOWING REVENUE CODES DO NOT CONTAIN THE SPECIFIC HCPCS CODE, THE LINE WILL DENY: 42X REQUIRES G0151 43X REQUIRES G0152 44X REQUIRES G0153 55X REQUIRES G0154 56X REQUIRES G0155 57X REQUIRES G0156
R4H21	REJECT CLAIMS WHEN BILL TYPE IS 325 OR 335 (LATE CHARGES)
R4H22	THIS HOME HEALTH AGENCY/PROSPECTIVE PAYMENT SYSTEM (HHA/PPS) CLAIM CONTAINS AN INVALID BILL TYPE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R4INC	PLACE OF SERVICE IS NOT COMPATIBLE WITH THIS SUBMITTED CPT4 OR HCPCS CODE.

**Remit Status Codes - R Codes**

R4LUN	BILLING PROVIDER NPI NUMBER SUBMITTED ON THE CLAIM FAILED THE NPI LUHN-10 VALIDITY TEST.
R4MG1	SERVICE IS NON-COVERED WHEN BILLED WITH MODIFIERS GE, GY, AND GZ.
R4MSA	CLAIM LINE WITH 'SA' MODIFIER AND PROVIDER IS NOT A NURSE PRACTITIONER. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R4NPI	CLAIM SUBMITTED WITH A VALID TYPE 12 BILLING PROVIDER BUT WITHOUT A BILLING PROVIDER NPI NUMBER, AND THE PROVIDER IS NOT MARKED AS ATYPICAL.
R4NTO	INPATIENT SERVICES ARE NOT COVERED UNDER TRICARE FOR NATO SPONSORS AND FAMILY MEMBERS.
R4OBS	OBSERVATION EXCEEDS 48 HOUR LIMIT, RESUBMIT AS INPATIENT.
R4UB4	BIRTHING CENTER CLAIMS MUST BE SUBMITTED ON A UB04 CLAIM FORM.
R4URG	NO VERBIAGE AVAILABLE
R4026	J0630 PLACE OF SERVICE 4 -PATIENT IS UNDER HHA EOC SERVICE MUST BE BILLED BY HHA
R4060	THIS IS A SKILLED NURSING FACILITY (SNF)/ PRO- SPECTIVE PAYMENT SYSTEM (PPS) TRICARE PRIMARY CLAIM. THE NON-NETWORK PROVIDER DID NOT RETURN THE PARTICIPATION AGREEMENT. PLEASE CONTACT US AT OUR WEB SITE WWW.MYTRICARE.COM, OR CALL CUS- TOMER SERVICE AT 1-877-874-2273 FOR THIS FORM.
R4070	THIS IS A SKILLED NURSING FACILITY (SNF)/ PRO- SPECTIVE PAYMENT SYSTEM (PPS) TRICARE PRIMARY CLAIM. THE NETWORK PROVIDER DID NOT RETURN THE PARTICIPATION AGREEMENT. PLEASE CONTACT US AT OUR WEB SITE WWW.MYTRICARE.COM, OR CALL CUS- TOMER SERVICE AT 1-877-874-2273 FOR THIS FORM.
R4115	PATIENT NOT ELIGIBLE FOR BENEFITS.
R4117	PATIENT NOT ELIGIBLE FOR BENEFITS UNDER THE PROGRAM FOR THE HANDICAPPED.
R4118	THIS PROVIDER IS NOT TRICARE-AUTHORIZED FOR THIS SERVICE. WE HAVE NOT RECEIVED THE PROVIDER CERTIFICATION INFORMATION WE REQUESTED.
R4119	RENDERING PROVIDER NOT TRICARE AUTHORIZED. RECERTIFICATION APPLICATION NOT RECEIVED.
R4120	THIS SERVICE IS PART OF A SINGLE GROUP OF SERVICES PERFORMED AT THE SAME TIME WHICH CHAMPUS HAS PAID. IF THE CLAIM WAS FILED ON A PARTICIPATING BASIS, THE BENEFICIARY IS NOT RESPONSIBLE FOR PAYMENT FO 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 THIRD DIGIT FREQUENCY OF '5' FOR LATE CHARGES IS NOT ALLOWED UNDER TRICARE.
R4149	THIS CLAIM IS FOR A MEDICARE, NOT TRICARE, ELIGIBLE BENEFICIARY AND SERVICES WERE RENDERED BY A NON-NETWORK PHARMACY.
R415H	SERVICE IS NON-COVERED: AMBULATORY SURGICAL CLAIMS MUST BE SUBMITTED ON A UB04 CLAIM FORM.
R43DS	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.

**Remit Status Codes - R Codes**

R4602	CLAIM DENIED BECAUSE THIS PROVIDER SPECIALTY MUST ACCEPT ASSIGNMENT ON ALL CLAIMS SUBMITTED TO TRICARE. PROVIDER SHOULD REFILE THIS CLAIM AS ASSIGNED.
R4605	CHARGE DENIED. THIS SERVICE MUST BE SUBMITTED BY THE PROVIDER OF CARE.
R4762	ONLY ONE OCCURRENCE OF OBSERVATION REVENUE CODE 0762 REIMBURSED PER CLAIM.
R5AIS	HOME BASED SERVICES ARE NOT REIMBURSABLE WHEN RENDERED IN A CLINICAL SETTING. IF THE SERVICES WERE PERFORMED IN AN AMBULATORY INFUSION SUITE, AN APPROPRIATE MODIFIER IS REQUIRED.
R5AVA	OFF-LABEL USE OF AVASTIN IS NOT COVERED FOR THIS DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R5B02	PATIENT NOT ELIGIBLE AS STUDENT DEPENDENT.
R5B03	PATIENT NOT ELIGIBLE AT TIME OF SERVICE.
R5CHR	CHIROPRACTIC SERVICES ARE NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R5CPC	THE REVENUE AND HCPCS CODES DO NOT MATCH. PLEASE RESUBMIT THE CLAIM WITH A VALID HCPCS VALUE FOR THIS REVENUE CODE.
R5DNT	THIS PROCEDURE/SERVICE IS CONSIDERED ROUTINE, PREVENTIVE, RESTORATIVE, PROSTHODONTIC, OR PERIODONTIC DENTAL CARE AND DOES NOT QUALIFY AS ADJUNCTIVE DENTAL.
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 PROCEDURE IS NOT FDA APPROVED AND IS NOT COVERED BY TRICARE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R5H1N	NON-COVERED VACCINE BECAUSE IT IS GOVERNMENT SUPPLIED.
R5IN8	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.
R5I49	SERVICES ON SAME DAY AS AN INPATIENT ONLY PROCEDURE ARE NOT ALLOWED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R5LTD	THIS PROVIDER IS ELIGIBLE TO RENDER SERVICES ONLY UNDER THE TPRP AND SHCP PROGRAMS.
R5LUX	THIS DURABLE MEDICAL EQUIPMENT (DME) IS CONSIDERED A LUXURY ITEM AND IS NOT COVERED BY TRICARE.
R5MAT	THE MATERNITY PROCEDURES SUBMITTED SHOULD BE BILLED WITH THE APPROPRIATE PROFESSIONAL REVENUE CODES. THIS APPLIES TO NON-OPPS FACILITY CLAIMS.
R5MHH	TRICARE DOES NOT RECOGNIZE THIS CODE. PLEASE RESUBMIT CLAIM USING AN APPROPRIATE CPT/ HCPCS CODE.
R5NAD	NON-COVERED SERVICE, INSUFFICIENT DIAGNOSIS CODE SUBMITTED.
R5NCS	THIS SERVICE IS CONSIDERED TO BE UNPROVEN; THEREFORE IT IS NOT COVERED UNDER TRICARE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R5NED	THIS IS A MILITARY PROVIDER RENDERING SERVICES AT AN MILITARY FACILITY.

### Remit Status Codes - R Codes

R5NGP	THIS SERVICE OR SUPPLY IS ONE THAT THE GOVERNMENT DOES NOT ALLOW FOR TRICARE PAYMENT. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R5NG1	THIS IS A NON-PAYABLE SERVICE. THE PROCEDURE IS INCLUDED IN A PRIOR PAID SERVICE.
R5NG2	TRICARE DOES NOT COVER THIS EXPERIMENTAL SERVICE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R5NG3	THIS CODE IS NOT RECOGNIZED BY TRICARE. IT MAY BE A PAYABLE SERVICE WHEN BILLED WITH AN APPROPRIATE PROCEDURE CODE.
R5PET	THIS POSITRON EMISSION TOMOGRAPHY (PET) PROCEDURE IS NOT COVERED FOR THE DIAGNOSIS SUBMITTED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R5QIP	THIS SERVICE IS CONSIDERED QUESTIONABLE OR INVESTIGATIONAL AND IS NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R5SAN	PROVIDER NOT TRICARE AUTHORIZED.
R5SMK	SERVICES AND SUPPLIES RELATED TO STOP SMOKING REGIMENS ARE NOT COVERED.
R5SR1	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
R5STE	PROVIDER IS NOT AUTHORIZED TO BILL FOR E&M SERVICES.
R5S21	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
R5UPV	THIS PROCEDURE OR SERVICE IS CONSIDERED UNPROVEN.
R5U01	SERVICE FILED AFTER TIME LIMIT. ALL CLAIMS MUST BE RECEIVED BY DECEMBER 31 OF THE YEAR AFTER THE SERVICE WAS PERFORMED.
R5002	PATIENT IS NOT WITHIN THE AGE RANGE SPECIFIED FOR THIS PROCEDURE.
R5009	NATO FAMILY MEMBERS ARE NOT ELIGIBLE FOR INPATIENT BENEFITS.
R5014	NON-COVERED PROCEDURE CODE WITH EITHER THIS TYPE OF SERVICE, DIAGNOSIS CODE, PROVIDER SPECIALTY OR PROVIDER TYPE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R5019	PROVIDER IS NOT TRICARE AUTHORIZED. REQUESTED PROVIDER CERTIFICATION INFORMATION NOT RECEIVED.
R5020	PROVIDER CERTIFICATION STATUS NOT DOCUMENTED.
R5024	THIS IS A NON-PAYABLE SERVICE. THE PROCEDURE IS INCLUDED IN A PRIOR PAID SERVICE.
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 FOR THIS SERVICE.
R5114	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
R5116	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE. APPLICATION NOT RECEIVED WITHIN 35 DAYS.
R5117	RENDERING PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE. APPLICATION NOT RECEIVED WITHIN 35 DAYS.
R5118	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE. RECERTIFICATION APPLICATION NOT RECEIVED.
R5119	RENDERING PROVIDER NOT TRICARE AUTHORIZED. RECERTIFICATION APPLICATION NOT RECEIVED.

**Remit Status Codes - R Codes**

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.
R5125	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
R5127	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 TRICARE REGULATION FROM BILLING TRICARE OR TRICARE BENEFICIARIES.
R5149	SERVICES ON SAME DAY AS AN INPATIENT ONLY PROCEDURE ARE NOT ALLOWED.
R6AUB	THIS PROVIDER IS NOT ELIGIBLE TO RENDER SERVICES UNDER THE ECHO AUTISM DEMONSTRATION.
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 PROVIDER IS ONLY ELIGIBLE TO RENDER SERVICES UNDER THE ECHO AUSTISM DEMONSTRATION.
R6BU0	NO AUTHORIZATION IS ON FILE OR THE AUTHORIZATION DOES NOT MATCH THE CLAIM SUBMITTED.
R6BU3	AUTHORIZATION NOT ON FILE. THIS SERVICE REQUIRES A REFERRAL.
R6BU5	AUTHORIZATION NOT ON FILE FOR THIS PROCEDURE.
R6BU6	AUTHORIZATION NOT ON FILE FOR THIS PROVIDER.
R6CLA	PROCEDURE CODE INCLUDED WITH AN ALLOWED SERVICE ACCORDING TO TRICARE CLAIMCHECK.
R6CLB	MEDICAL VISIT INCLUDED IN ALLOWANCE FOR SURGICAL OR MEDICAL TREATMENT ACCORDING TO TRICARE CLAIMCHECK.
R6CLC	REBUNDLED PROCEDURE ACCORDING TO TRICARE CLAIMCHECK.
R6CLD	MUTUALLY EXCLUSIVE PROCEDURE ACCORDING TO TRICARE CLAIMCHECK.
R6CLE	PRE-OPERATIVE PROCEDURE ACCORDING TO TRICARE CLAIMCHECK.
R6CLF	POST OPERATIVE PROCEDURE ACCORDING TO TRICARE CLAIMCHECK. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R6CLG	ASSISTANT SURGEON IS NON-COVERED ACCORDING TO CLAIMCHECK. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6CLH	DENIED FOR DUPLICATE BY CLAIMCHECK.
R6CLI	DENIED FOR REBUNDLED DUPLICATE CLAIMCHECK
R6CLJ	DENIED FOR REBUNDLED DUPLICATE BY CLAIMCHECK
R6CLK	DENIED FOR REBUNDLED DUPLICATE BY CLAIMCHECK
R6CLL	DENIED FOR REBUNDLED DUPLICATE BY CLAIMCHECK
R6CLM	PROCEDURE CODE INCLUDED WITH AN ALLOWED SERVICE ACCORDING TO TRICARE CLAIMCHECK. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6CLN	GMIS CLAIMCHECK SOFTWARE HAS DETERMINED THAT THIS PROCEDURE IS INVALID DUE TO ASSOCIATED HISTORY.

**Remit Status Codes - R Codes**

R6CLP	NONCOVERED SERVICES. TRICARE CLAIMCHECK "CHARGE INCLUDED WITH A PAID SERVICE." FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6CL3	ASSISTANT SURGEON IS NON-COVERED ACCORDING TO CLAIMCHECK. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6CRX	DIAGNOSIS CODE AND PROCEDURE CODE COMBINATION NON-SPECIFIC OR UNRELATED.
R6ECH	THIS SERVICE, SUPPLY OR DME IS ONLY COVERED UNDER THE EXTENDED HEALTH CARE OPTION (ECHO) BENEFIT. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6HL1	NON-COVERED AUTHORIZATION OF COST SHARE OF THE HEART-LUNG/LUNG TRANSPLANT HAS BEEN DISALLOWED. FOR INFORMATION ABOUT YOUR RIGHT TO TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6LK1	NO VERBIAGE AVAILABLE
R6LV1	THE TRICARE MEDICAL DIRECTOR HAS DISALLOWED AUTHORIZATION OF COST SHARING FOR THE LIVING- RELATED DONOR LIVER TRANSPLANT (LRDLT). FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6MH1	AUTHORIZATION NOT ON FILE. NO TMCS RECORD FOR THIS MENTAL HEALTH SERVICE.
R6MH2	NO VERBIAGE AVAILABLE
R6NAD	SHCP CLAIM SHOULD BE ROUTED TO MCSC FOR REVIEW; AUTHORIZATION IS EITHER MISSING OR INCOMPLETE.
R6NAT	OUTPATIENT NATO FAMILY MEMBER CLAIM WITH NO MATCHING AUTHORIZATION OR REFERRAL ON FILE FOR THE SERVICE PERFORMED. PLEASE REFERENCE BLOCK A ON THE BACK OF THIS SUMMARY FOR ELIGIBILITY INFORMATION.
R6NDC	WE NEED A NATIONAL DRUG CODE (NDC) NUMBER TO CONSIDER THE SERVICE(S) FOR PAYMENT.
R6NDM	WE NEED A NATIONAL DRUG CODE (NDC) NUMBER TO CONSIDER THE SERVICE(S) FOR PAYMENT.
R6PGA	DENIED PENDING U.S. 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.
R6PGC	TRICARE CURRENTLY DOES NOT CONSIDER "C" HCPCS CODES AS VALID. PLEASE RESUBMIT CLAIM WITH MORE APPROPRIATE CPT-4 OR HCPCS CODE(S).
R6PGE	TRICARE DOES NOT COVER THIS EXPERIMENTAL SERVICE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6PGH	TRICARE DOES NOT RECOGNIZE THIS CODE. RESUBMIT CLAIM USING AN APPROPRIATE CPT/HCPCS CODE.
R6PGX	3-D IMAGING IS INCLUDED IN A PAID SERVICE.
R6PGZ	CHIROPRACTIC SERVICES ARE NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6PG2	THIS CHARGE PAID IN A PRIOR SERVICE.
R6PG3	AMBULANCE SERVICE NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - R Codes**

R6PG7	TRICARE DOES NOT COVER THIS SERVICE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6PHA	AUTHORIZATION NOT ON FILE.
R6PHB	THESE SERVICES REQUIRE PREPAYMENT APPROVAL. PLEASE CONTACT THE HEALTH CARE FINDER AT YOUR LOCAL SERVICE CENTER FOR APPROVAL.
R6PSY	THE SERVICE(S) NOTED ON THIS CLAIM WERE DENIED BECAUSE AUTHORIZATION WAS NOT OBTAINED FROM PSYCHCARE AND PAYMENT WILL NOT BE CONSIDERED AS RETROACTIVE AUTHORIZATIONS ARE NOT MADE. YOU MUST OBTAIN AUTHORIZATION FROM PSYCHCARE (800-242- 6788) BEFORE ANY FUTURE SERVICES ARE RENDERED.
R6REF	SERVICES PERFORMED BY A NON-NETWORK PROVIDER REQUIRE A REFERRAL.
R6SHP	SHCP CLAIM WITH NO AUTHORIZATION FOUND.
R6USF	THIS PATIENT WAS ENROLLED IN USFHP ON THE DATE OF SERVICE AND IS NOT ELIGIBLE FOR TRICARE COVERAGE ON THIS CLAIM.
R6VDE	INTEGRATED DISABILITY EVALUATION SYSTEM (IDES) CLAIM THAT DOES NOT MATCH AUTHORIZATION CRITERIA. (CLAIM SHOULD ROUTE TO MMSO/MCSC WORKLOAD)
R6VEN	INCIDENTAL PROCEDURE WHEN BILLED WITH DIAGNOSTIC TEST(S) THAT INVOLVE THE USE OF BLOOD SPECIMENS PROCEDURE CODE RANGE 84999 THRU 85999.
R6000	MEDICARE/TRICARE DUAL ELIGIBILITY HAS NOT BEEN ESTABLISHED ON DEERS. CONTACT DEERS SUPPORT OFFICE.
R6003	MEDICARE DUAL ELIGIBILITY HAS NOT BEEN ESTABLISHED ON DEERS.
R6005	NONCOVERED SERVICE(S). FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6007	NONCOVERED DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6008	PATIENT NOT ELIGIBLE FOR THIS SERVICE.
R6009	NONCOVERED SERVICE(S) WHEN RENDERED AT THIS PLACE OF SERVICE, OR PROVIDER SPECIALTY IS NOT TRICARE AUTHORIZED FOR THIS SERVICE.
R6010	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
R6011	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
R6013	NONCOVERED SERVICE(S). FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6014	NONCOVERED DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6015	NONCOVERED DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6021	PATIENT NOT ELIGIBLE AT TIME OF SERVICE. SERVICES PERFORMED AFTER TERMINATION DATE.
R6023	NONCOVERED SERVICE(S). FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6024	THIS IS A NON-PAYABLE SERVICE. THE PROCEDURE IS INCLUDED IN A PRIOR PAID SERVICE.
R6025	ASSISTANT SURGERY NOT AUTHORIZED/MEDICAL NEED NOT DOCUMENTED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6026	MEDICAL NEED NOT DOCUMENTED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R6037	PROVIDER NOT TRICARE AUTHORIZED FOR NON AMBULATORY SURGICAL SERVICES.

**Remit Status Codes - R Codes**

R6050	PFTH AUTHORIZATION NOT ON FILE. THESE PFTH SERVICES REQUIRE PREPAYMENT APPROVAL.
R6051	PFTH AUTHORIZED SERVICES HAVE BEEN EXCEEDED.
R6102	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.
R6113	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
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.
R6147	ELIGIBILITY FOR MEDICARE PHARMACY BENEFIT NOT ESTABLISHED.CONTACT DEERS SUPPORT OFFICE (DSO) FOR ASSISTANCE.
R6151	DATES OF SERVICE ARE PRIOR TO THE START 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.
R6313	PROVIDER AUTHORIZED FOR EHC PROGRAM EXCLUDING TRICARE AND CHARLESTON CATCHMENT AREA.
R681M	DENIED. PROVIDER FAILED PROFICIENCY TEST PROGRAM.
R7BIL	INAPPROPRIATE SUBMISSION OF A BILATERAL PROCEDURE WITHOUT THE USE OF THE APPROPRIATE MODIFIER OR PROCEDURE IS INCLUDED IN A PRIOR PAID BILATERAL SERVICE.
R7CLI	THIS SERVICE WAS INCLUDED IN A PAID SERVICE FOR DATES OF SERVICE PRIOR TO APRIL 1, 2005.
R7COS	NONCOVERED DRUG. TRICARE DOES NOT COVER DRUGS USED FOR COSMETIC PURPOSES.
R7DT4	NONCOVERED SERVICE. PROCEDURE NOT LOADED TO PER DIEM FOR THIS PROVIDER
R7ELG	TRICARE PAYMENT WAS REDUCED FOR THE DATES OF SERVICE THAT THE PATIENT WAS NOT ELIGIBLE ON DEERS.
R7FER	NONCOVERED DRUG; REQUIRES DOCUMENTATION. PLEASE SEND US MEDICAL RECORDS TO SUPPORT THIS TREAT- MENT.
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.
R7NDC	A VALID NATIONAL DRUG CODE (NDC) NUMBER, DAILY QUANTITY ("P" FOR PACKAGE OR "U" FOR UNIT) AND/ OR DAYS SUPPLY ARE NEEDED TO CONSIDER THE SERVICE(S) FOR PAYMENT. PLEASE SUBMIT A CORRECTED CLAIM OR CONTACT 1-877-874-2273 FOR ADDITIONAL INFORMATION.
R7NPD	DMEPOS/PEN CLAIM WITH MORE THAN ONE PRICING MODIFIER FOUND. PLEASE RESUBMIT WITH CORRECT MODIFIER(S).
R7NUD	DMEPOS/PEN MODIFIERS MISSING FROM EMC CLAIM. PLEASE RESUBMIT WITH A NEW MODIFIER.
R7OBS	THE NATIONAL DRUG CODE (NDC) NUMBER SUBMITTED IS OBSOLETE. PLEASE RESUBMIT A CORRECTED CLAIM WITH A CURRENT VALID NDC NUMBER.
R7OFF	DEVICE OFFSET EXCEEDS THE TRICARE ALLOWABLE FOR THIS SERVICE.

**Remit Status Codes - R Codes**

R7OOS	NONCOVERED DRUG. TRICARE DOES NOT COVER OVER- THE-COUNTER, OBESITY AND STOP SMOKING DRUGS.
R7OP2	LINE ITEM DENIAL
R7OP3	INCIDENTAL SERVICE IN ABSENCE OF AN AMBULATORY PAYMENT CLASSIFICATION (APC) OR IT IS INCLUDED IN AN AMBULATORY PAYMENT CLASSIFICATION (APC).
R7OP4	NONCOVERED SERVICE
R7POA	INVALID PRESENT ON ADMISSION INDICATOR SUBMITTED. PLEASE CORRECT AND RESUBMIT WITH A VALID PRESENT ON ADMISSION INDICATOR.
R7REJ	HHA/PPS PAYMENT IS NOT ALLOWED SINCE ALL SERVICES PERFORMED WERE DENIED.
R7SEP	PROCEDURE CODE MUST BE BILLED IN CONJUNCTION WITH PRIMARY SURGICAL PROCEDURE.
R7SPC	THESE CHARGE ARE BEING REVIEWED, PLEASE CHECK THIS STATUS AGAIN IN A FEW DAYS.
R7UED	DMEPOS/PEN MODIFIERS MISSING FROM EMC CLAIM. PLEASE RESUBMIT WITH A NEW OR USED MODIFIER.
R700S	NONCOVERED DRUG. TRICARE DOES NOT COVER OVER-THE-COUNTER, OBESITY,AND/OR SMOKING CESSATION DRUGS.
R7000	DENTAL AUTHORIZATION NOT ON FILE.
R7002	THIS CHARGE INCLUDED IN A PRIOR PAID SERVICE. PER CONTRACT, ALLOWABLE CHARGE FOR THE OFFICE VISIT INCLUDES THIS SERVICE.
R7015	INVALID PROCEDURE CODE FOR DATES OF SERVICE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
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.
R7026	THIS AMOUNT PLUS THE AMOUNT ALLOWED ON PREVIOUS CLAIM(S) FOR PART OF THIS SERVICE PERFORMED AT THE TIME, IS THE MAXIMUM ALLOWABLE AMOUNT FOR THIS SERVICE.
R7035	NON-COVERED SERVICE. TERBUTALINE THERAPY. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R7036	NON-COVERED SERVICE. DRUGS ARE EXPERIMENTAL FOR THIS TYPE OF TREATMENT.
R7041	NON-COVERED SERVICE(S) / LEGEND DRUGS.
R7112	NON-COVERED SERVICE FOR THIS PROVIDER.
R7171	INAPPROPRIATE SPECIFICATION OF AN INHERENT BILATERAL PROCEDURE WHEN TERMINATED WITH DUTS/ UNITS GREATER THAN ONE.
R7172	THIS PROCEDURE IS AN INAPPROPRIATE SPECIFICATION OF AN INHERENT BILATERAL PROCEDURE.
R7200	OBSOLETE PROCEDURE CODE(S) SUBMITTED-SERVICE(S) 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 CMS 1500 OR TRICARE FORM DD 2642 WITH CPT-4 CODES.

**Remit Status Codes - R Codes**

R7301	PROVIDER REJECT REASON CODE 07 WITHOUT APPROPRIATE PROVIDER CONTRACT FOR THIS CLAIM.
R7372	TERMINATED BILATERAL PROCEDURE BILLED WITH A 50 MODIFIER OR TERMINATED PROCEDURE BILLED WITH MORE THAN ONE DUT/UNIT.
R7373	TERMINATED NON BILATERAL PROCEDURE WITH DUTS/ 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	INCOMPLETE/INACCURATE CLAIMS CANNOT BE PAID UNDER THE TRICARE DRG-BASED PAYMENT SYSTEM.
R7505	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.
R7510	NONCOVERED SERVICES. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
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. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R7513	THIS SERVICE IS INCLUDED IN AN ALL INCLUSIVE BIRTHING CENTER RATE.
R7521	DRG BILLING OUTSIDE OF DAY PARAMETER. INITIAL BILLING MUST BE MINIMUM OF 60 DAYS.
R7522	ADMISSION CHARGE NOT ALLOWABLE FOR DRG CLAIM.
R7550	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS.
R7551	UNGROUPABLE
R7552	NON DRG PROVIDER.
R7553	TYPE OF CARE EXEMPT FROM DRG METHODOLOGY.
R7554	DRG POLICY NOT APPLICABLE TO THE STATE OF MARYLAND.
R7701	INCOMPLETE/INACCURATE CLAIMS CANNOT BE PAID UNDER TRICARE INPATIENT MENTAL HEALTH PER DIEM PAYMENT SYSTEM.
R7741	BILATERAL PROCEDURE CANNOT EXCEED MORE THAN ONE DUT/UNIT WHEN BILLED WITH A 50 MODIFIER.
R8ADM	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.
R8ADN	THIS PROCEDURE CODE IS NOT THE SAME LEVEL OR WAS NOT SUBMITTED ON THE SAME CLAIM AS THE PRIMARY PROCEDURE CODE.
R8AEM	NON COVERED SERVICE, CONTINUOUS AMBULATORY ESOPHAGEAL MONITORING, PATIENT'S AGE IS LESS THAN 12, DIAGNOSIS IS FOR SLEEP APNEA OR DATE OF SERVICE IS PRIOR TO 10/31/94. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8AMB	NON-EMERGENCY TRANSPORT SERVICES ARE NOT A COVERED TRICARE BENEFIT.

### Remit Status Codes - R Codes

R8AMD	SERVICE IS NON-COVERED: MODIFIERS AA, AD AND QY SIGNIFY A PHYSICIAN PERFORMED THE ANESTHESIA SERVICE, THE CLAIM SHOWS THE RENDERING PROVIDER IS NOT A PHYSICIAN. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8ANE	NON-COVERED SERVICE. POSTOPERATIVE PAIN MANAGEMENT / EPIDURAL NOT COVERED WITH ANESTHESIA. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8ANS	SERVICE IS NON-COVERED: MODIFIERS QX AND QZ SIGNIFY A CRNA PERFORMED THE ANESTHESIA SERVICE, THE CLAIM SHOWS THE RENDERING PROVIDER IS NOT A CRNA. FOR ADDITIONAL INFORMATION ABOUT NON- APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8APN	NON-COVERED SERVICES. CARDIORESPIRATORY MONITOR RENDERED ON PATIENT GREATER THAN 12 MONTHS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8ART	TRICARE DOES NOT COVER IMPLANTABLE ARTIFICIAL HEARTS AND RELATED SERVICES.
R8AVN	NONCOVERED SERVICES, AVERSION THERAPY. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8BDS	BONE DENSITY PROCEDURE PREVIOUSLY PAID WITHIN A 12 MONTH PERIOD. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8BIO	BIOFEEDBACK SERVICES ARE NOT A COVERED BENEFIT FOR THIS DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8BMR	AGE IS OUT OF RANGE OR FREQUENCY LIMITATION HAS BEEN EXCEEDED FOR BREAST SCREENING MRI.
R8BM1	AUTHORIZATION NOT ON FILE; CONTACT YOUR HBA.
R8BOT	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.
R8BRP	NONCOVERED SERVICE WHEN BILLED WITH THIS DIAGNOSIS CODE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8BRS	BREAST RECONSTRUCTION SURGERY IS NOT A COVERED TRICARE BENEFIT WITH THIS DIAGNOSIS. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8BTX	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.
R8BUJ	THE DENIED UNITS EXCEED THE NUMBER OF UNITS THAT WERE APPROVED ON THE AUTHORIZATION.
R8B38	THE CLAIM NUMBER ON THE TYPE OF BILL 138 (VOID OR CANCELLATION CLAIM) IS MISSING OR INVALID.
R8CFS	NONCOVERED SERVICES. TRICARE COST-SHARING IS EXCLUDED FOR CHRONIC FATIGUE SYNDROME WHEN IT IS THE SOLE DIAGNOSIS ON THE CLAIM. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8CLD	THE DIAGNOSIS SUBMITTED ON THIS CLAIM DOES NOT SUPPORT THE PROCEDURE BILLED.

**Remit Status Codes - R Codes**

R8COL	NON-COVERED SERVICES. COLLAGEN IMPLANT. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8CON	NON-COVERED SERVICES. PRIOR CONSULTATION FOR CURRENT COURSE OF ILLNESS ALREADY SUBMITTED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8COS	THIS SERVICE IS CONSIDERED TO BE COSMETIC AND IS NOT COVERED PER TRICARE POLICY. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8CPT	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.
R8CRD	LINE ITEM VOIDED DUE TO CREDIT ADJUSTMENT
R8DNT	NON-COVERED DENTAL SERVICES. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8DPM	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8DPS	PROCEDURE CODES 81002 AND 81003 ARE INCIDENTAL TO E&M CODES FOR DATES OF SERVICE PRIOR TO 10/01/08.
R8DRG	DATES OF SERVICE FOR THIS CLAIM ARE WITHIN THE DATES OF COVERAGE OF EXISTING INPATIENT DRG CLAIM. SERVICE NOT ALLOWED SEPARATELY FROM INPATIENT DRG STAY. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIAL, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8DSD	NON-COVERED SERVICES. DIAGNOSTIC SLEEP STUDIES/OBSTRUCTIVE SLEEP APNEA. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8DSM	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.
R8DS2	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.
R8DUP	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8DU0	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8DU1	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8DU3	THIS CLAIM DUPLICATES PREVIOUSLY CLAIMED SERVICES.
R8DU4	THIS CLAIM DUPLICATES PREVIOUSLY CLAIMED SERVICES.
R8D42	DUPLICATE OF SERVICES PREVIOUSLY CLAIMED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8D43	DUPLICATE OF SERVICES PREVIOUSLY CLAIMED.
R8D44	DUPLICATE OF SERVICES PREVIOUSLY CLAIMED.

**Remit Status Codes - R Codes**

R8EAR	PATIENT IS LESS THAN 18 MONTHS OR OVER 18 YEARS OF AGE AND PROCEDURE IS 69930 OR 92510 FOR COCHLEAR. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8ECG	NON-COVERED SERVICES. ECG PROCEDURE PERFORMED WITHIN 30 DAYS OF ANOTHER ECG PROCEDURE BY SAME PROVIDER. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8ENR	NON-COVERED SERVICES. LIMITATIONS EXCEEDED FOR CARPEL TUNNEL SURGERY. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8ESB	ELECTRICAL BONE STIMULATION IS NOT COVERED FOR THIS DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8EXD	SERVICE EXCEEDS FREQUENCY LIMITATIONS FOR THIS BENEFIT/NON-COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8EYE	THIS PROCEDURE RELATED TO THE EYE AND OCULAR ADNEXA IS NOT COVERED FOR THIS DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8FAC	NON-COVERED SERVICES. DRUGS ADMINISTERED WITH FACET BLOCK. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8FET	NON-COVERED SERVICE; BENEFITS FOR FLATFOOT ARE LIMITED TO CORRECTIVE FOOT SURGERY FOR NONCONGENITAL CONDITIONS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8GYN	THIS GYNECOLOGICAL PROCEDURE IS NOT A COVERED TRICARE BENEFIT FOR THIS DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8HAN	NON-COVERED SERVICES. HANDLING CHARGE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8HAS	NONCOVERED SERVICES. HEARING AIDS AND HEARING AID SERVICES ARE NOT COVERED FOR BENEFICIARIES OTHER THAN ACTIVE DUTY FAMILY MEMBERS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8HBO	HYPERBARIC OXYGEN THERAPY IS NOT A COVERED BENEFIT FOR THIS DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8HHC	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.
R8HHI	THIS SERVICE WAS INCLUDED IN THE HOME HEALTH AGENCY (HHA) PROSPECTIVE PAYMENT SYSTEM (PPS) PAYMENT. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8HH1	WILL POST ON A FINAL CLAIM ON LINES THAT ARE INCLUDED IN THE PPS PAYMENT.

**Remit Status Codes - R Codes**

R8IAD	THESE IMMUNIZATIONS ARE COVERED ONLY FOR ACTIVE DUTY FAMILY MEMBERS TRAVELING OUTSIDE OF THE UNITED STATES FOR DUTY ASSIGNMENT. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8IMM	THE IMMUNIZATION BILLED IS NOT WITHIN THE CDC RECOMMENDATION FOR SCHEDULING AND/OR AGE LIMITATIONS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8INT	NON-COVERED SERVICE. INTRAOPERATIVE NEUROPHYSIOLOGY TESTING. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8LIP	NON-COVERED DIAGNOSIS; LIPOSUCTION PROCEDURES. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8LPS	NON COVERED SERVICE FOR LAPAROSCOPIC PROCEDURE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8MAN	NON COVERED DIAGNOSIS FOR MALE GENITAL PROCEDURE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8MAT	ROUTINE MATERNITY DIAGNOSIS BILLED WITH A NON-ROUTINE LAB PROCEDURE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
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. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8MGT	NON-COVERED SERVICE. POSTOPERATIVE PAIN MANAGEMENT COVERED ON SAME DAY AS SURGERY. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8MHH	TRICARE DOES NOT RECOGNIZE THIS CODE. RESUBMIT CLAIM USING AN APPROPRIATE CPT/HCPCS CODE.
R8MOD	MODIFIER(S) AA, QZ, QS, AD, QK, QX OR QY PAID AT 100 PERCENT OF THE ALLOWABLE AMOUNT ON A PREVIOUS CLAIM. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8MQK	SERVICE IS NON-COVERED: MODIFIER QK SIGNIFIES A PHYSICIAN OR NON-SUPERVISED CRNA PERFORMED THE ANESTHESIA SERVICE. THE CLAIM SHOWS THE RENDERING PROVIDER IS A DIFFERENT SPECIALTY. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON BACK OF SUMMARY.
R8MSL	SERVICE IS NON-COVERED: IMMUNIZATION/VACCINE PROCEDURES BILLED WITH A "SL" MODIFIER. SL MODIFIER INDICATES THAT VACCINE IS STATE SUPPLIED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8MSO	CLAIM WAS NOT REVIEWED BY MILITARY MEDICAL SUPPORT OFFICE (MMSO). PLEASE FORWARD APPEAL TO: OFFICER IN CHARGE C/O MMSO PO BOX 886999 GREAT LAKES, IL 60088-6999

**Remit Status Codes - R Codes**

R8NAD	NON-COVERED SERVICE, INSUFFICIENT DIAGNOSIS CODE SUBMITTED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8NOT	PROVIDER NOT TRICARE AUTHORIZED FOR THESE SERVICES. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8NRS	PROVIDER NOT TRICARE AUTHORIZED FOR THIS SERVICE.
R8OBE	THIS PROCEDURE IS NOT COVERED FOR PATIENTS UNDER 18 YEARS OLD. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8OPT	THIS SERVICE IS TYPICALLY NOT APPROPRIATE FOR AN OPTOMETRIST TO BILL. PLEASE SUBMIT DOCUMENTATION TO SUPPORT THE LEVEL OF SERVICE BY FAX TO 1-888-224-3232.
R8PCD	THIS SERVICE IS ONLY COVERED WHEN BILLED WITH AN APPROPRIATE SURGICAL PROCEDURE ON THE SAME DATE OF SERVICE.
R8PET	THIS PET PROCEDURE IS CONSIDERED INVESTIGATIONAL WITH THE DIAGNOSIS SUBMITTED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8PHA	THESE SERVICES REQUIRE PREPAYMENT APPROVAL.
R8PH2	OUTPATIENT PSYCHOTHERAPY NOT COVERED WHEN A PATIENT IS IN A PARTIAL HOSPITALIZATION PROGRAM. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8PH3	PROCEDURE ALREADY PAID FOR DATES OF SERVICE.
R8PH4	MORE THAN 5 SESSIONS WITHIN ONE WEEK.
R8PH5	NON-COVERED SERVICE. OUTPATIENT SERVICES RELATED TO NON-COVERED PHP.
R8PLD	NONCOVERED SERVICE FOR THIS AGE RANGE, SERVICES RENDERED DO NOT MEET TRICARE POLICY CRITERIA FOR THIS PROCEDURE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8PMR	PEDIATRIC MICROSURGERY REPAIR UNDER 4 MONTHS OF AGE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8PPM	NON-COVERED SERVICE. TWO OCCURRENCES OF PAIN MANAGEMENT ON SAME DAY. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8PST	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.
R8PTK	NONCOVERED SERVICE FOR THIS AGE RANGE. SERVICES RENDERED DO NOT MEET TRICARE POLICY CRITERIA FOR THIS PROCEDURE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8PUV	NON COVERED DIAGNOSIS FOR PUVA THERAPY. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8PYT	NON-COVERED SERVICE. PSYCHOLOGICAL TESTING. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - R Codes**

R8QIP	THIS SERVICE IS CONSIDERED QUESTIONABLE OR INVESTIGATIONAL AND IS NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8RSK	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.
R8RTC	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.
R8RT5	RTC PROVIDER CONTRACT HAS BEEN TERMINATED. PATIENT NOT ELIGIBLE TO BE ADMITTED TO RTC FACILITY. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8RT6	CHARGE COVERED BY RESIDENTIAL TREATMENT CENTER PAYMENT.
R8SCM	SUBCUTANEOUS MASTECTOMY IS NOT A TRICARE COVERED BENEFIT FOR THIS DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8SER	THIS PROCEDURE IS NOT A COVERED SERVICE WHEN DONE IN CONJUNCTION WITH ORTHOPEDIC SURGERY. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8SKN	WILL POST ON BILL TYPES 23X AND 13X WHEN THE BENEFICIARY IS AN SNF RESIDENT AND THE 23X BILL TYPE IS NOT A FLU SHOT. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8SMA	A THIRD QUIT ATTEMPT FOR THE SMOKING CESSATION PROGRAM REQUIRES AN AUTHORIZATION. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8SME	A FOURTH SMOKING CESSATION QUIT ATTEMPT IS NOT ALLOWED IN THE SMOKING CESSATION PROGRAM. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8SMK	MORE THAN 4 INDIVIDUAL COUNSELING SESSIONS ARE NOT ALLOWED IN A SMOKING CESSATION QUIT ATTEMPT. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8SNF	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.
R8SNI	THIS IS AN INVALID REVENUE CODE FOR THIS SKILLED NURSING FACILITY (SNF)/ PROSPECTIVE PAYMENT SYSTEM (PPS) INPATIENT CLAIM.
R8SNP	THIS CHARGE IS INCLUDED IN A PAID SERVICE AND IS COVERED IN THE SKILLED NURSING FACILITY (SNF)/ PROSPECTIVE PAYMENT SYSTEM (PPS) PAYMENT RATE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8SPE	THIS SPECT PROCEDURE IS CONSIDERED INVESTIGATIONAL WITH THE DIAGNOSIS SUBMITTED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8STX	THESE SERVICES ARE NOT A COVERED BENEFIT FOR STANDARD OR EXTRA BENEFICIARIES. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8TCT	NON-COVERED SERVICE. TRANSCATHETER THERAPY. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE BLOCK D ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - R Codes**

R8THA	NONCOVERED SERVICES. THERAPEUTIC ABSENCES ON OR AFTER JULY 1, 1995 ARE NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8UBT	NONCOVERED SERVICE FOR THIS DIAGNOSIS/AGE RANGE. SERVICES RENDERED DO NOT MEET THE TRICARE POLICY CRITERIA FOR THIS PROCEDURE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE BLOCK D ON THE BACK OF THIS SUMMARY.
R8UDX	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.
R8US1	NON COVERED DIAGNOSIS FOR ULTRASOUND. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8US2	REQUIRES A DIAGNOSIS THAT SUPPORTS THE MEDICAL REASON FOR PERFORMING THE FETAL ULTRASOUND DURING A NORMAL PREGNANCY. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8U0A	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
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.
R8U01	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8VDE	ANCILLARY SERVICE NOT PAYABLE WHEN CPT CODE 99456 IS DENIED.
R8001	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8004	DUPLICATE OF SERVICE PREVIOUSLY CLAIMED.
R8010	NO SEPARATE PAYMENT IS ALLOWED FOR INCIDENTAL PROCEDURES.
R8014	NON-COVERED PROCEDURE CODE WITH THIS TYPE OF SERVICE OR DIAGNOSIS CODE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8084	THIS SERVICE IS NOT COVERED AS A TRICARE PREVENTATIVE SERVICE.
R8113	CANNOT PROCESS RTC EDUCATION PROCEDURES IF CURRENT LINE IS NOT FROM A RTC PROVIDER.
R8118	NO PREAUTHORIZATION FOR RTC RETROACTIVE EDUCATION COSTS.
R8138	CANCELLATION CLAIM DENIED WHEN ORIGINAL CLAIM ALSO DENIED.

**Remit Status Codes - R Codes**

R8285	NONCOVERED SERVICE(S). ONLY ONE LEVEL OF PSYCHIATRIC CARE ALLOWED PER DAY. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8301	ALL MONTHLY PAYMENTS FOR THIS ITEM HAVE BEEN MADE. TOTAL RENTAL FEE WAS MORE THAN ALLOWABLE AMOUNT.
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 A KIDNEY-PANCREAS TRANSPLANT IS EXCLUDED AS CHAMPUS BENEFIT.
R8312	NON-COVERED SERVICES. DIAGNOSTIC STUDIES.
R8313	NONCOVERED SERVICE(S). FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8314	CHIROPRACTIC SERVICES NOT COVERED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8315	NONCOVERED SERVICE WHEN BILLED ALONE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8316	GREATER THAN 36 SESSIONS OF CARDIAC REHAB IN A CALENDAR YEAR FOR CHRONIC STABLE ANGINA. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
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. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8320	SERVICE INCLUDED IN SURGICAL ALLOWANCE.
R8323	SERVICE INCLUDED IN SURGICAL ALLOWANCE.
R8324	ANESTHETIC BY ATTENDING PHYSICIAN IN SURGICAL ALLOWANCE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8325	THIS CHARGE INCLUDED IN A PAID SERVICE. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
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. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8332	NONCOVERED SERVICE(S). CHEMOTHERAPY MANAGEMENT CANNOT BE PAID WHEN RENDERED ON THE SAME DAY AS OTHER PSYCHIATRIC PROCEDURES.
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. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.

**Remit Status Codes - R Codes**

R8340	THIS PROVIDER IS 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	CHARGE IS MORE THAN ALLOWABLE AMOUNT.
R8360	NON-COVERED DIAGNOSIS CODE.
R8361	REFERRAL NOT ON FILE. PCM REFERRAL REQUIRED
R8365	NON COVERED SERVICE / PATIENT'S AGE EXCEEDS LIMIT. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8366	NONCOVERED DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8396	NONCOVERED DIAGNOSIS FOR AN ECHOGRAPHY.
R8397	NONCOVERED DIAGNOSIS FOR THIS SERVICE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8398	ROUTINE IMMUNIZATIONS NOT COVERED AFTER FIRST DOSE.
R8399	NON-COVERED SERVICE(S) IF PATIENTS AGE EXCEEDS TWO YEARS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8400	LITHOTRIPSY PROCEDURE NOT COVERED PRIOR EFFECTIVE DATE.
R8410	SERVICES PARTIALLY PAID BY OTHER INSURANCE CARRIER.
R8415	SERVICES PAID IN FULL BY OTHER INSURANCE.
R8500	NONCOVERED DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8502	NONCOVERED SERVICE(S) IF OFFICE VISIT AND CERUMEN REMOVAL RENDERED 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. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.
R8513	LASER SURGERY NOT VALID FOR THIS DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8524	MEDICAL NEED NOT DOCUMENTED. TRICARE BENEFIT LIMITED TO ONE SCREENING PAP TEST PER YEAR. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8525	MEDICAL NEED NOT DOCUMENTED -- LIMITATIONS FOR MAMMOGRAM EXCEEDED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8580	CLINICAL PREVENTIVE SERVICES - AGE OUT OF RANGE OR SEQUENCE. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8581	TRICARE PREVENTATIVE CARE CLAIM - AGE IS OUT OF RANGE OR FREQUENCY LIMITATIONS HAVE BEEN EXCEEDED. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R8670	THIS CHARGE INCLUDED IN A PAID SERVICE.
R8672	NON-COVERED SERVICE FOR THIS CONDITION.

### Remit Status Codes - R Codes

R8674	NON-COVERED SERVICE FOR THIS CONDITION. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
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.
R8900	NONCOVERED DIAGNOSIS. FOR INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS DENIAL, PLEASE SEE BLOCK D ON THE BACK OF THIS SUMMARY.
R9999	REJECTED CLAIM CONVERTED FROM FI HISTORY FILES. FOR ADDITIONAL INFORMATION ABOUT NON-APPEALABLE DENIALS, PLEASE SEE BLOCK E ON THE BACK OF THIS SUMMARY.