

**Remit Status Codes - P Codes**

<b>Status Code</b>	<b>Status Description</b>
PADPD	PAYMENT ON THIS CLAIM EXCEEDS THE NORMALLY APPROVED TRICARE MAXIMUM ALLOWABLE CHARGE. THIS EXCEPTION WAS GRANTED BASED ON DOCUMENTATION THAT PROVED THE BENE WAS REQUIRED TO PAY AN AMOUNT IN EXCESS OF 115% OF THE TMAC TO THE PROVIDER OF SERVICE.
PADSM	ACTIVE DUTY SERVICE MEMBER CLAIM HAS BEEN PROCESSED.
PAYCL	PAYMENT ON CANCER DEMO CLAIMS.
PAYCP	PAYMENT ON TRICARE CANCER CLINICAL TRIAL BENEFIT.
PPNSC	THE U.S. PUBLIC HEALTH SERVICE HAS REVIEWED AND APPROVED SERVICES ON THIS CLAIM. FOR FURTHER CLAIM STATUS INFO, CALL TOLL FREE 877-874-2273.
PPPOV	PER YOUR REQUEST, PAYMENT HAS BEEN SENT TO YOUR PROVIDER OF CARE.
PPROV	PAYMENT SENT TO PROVIDER PER YOUR REQUEST.
PSCAJ	SPECIAL CHECK FOR ADJ TO RESOLVED CLAIM.
PSC10	SPECIAL CHECK FOR CLAIM NEW TO SYSTEM.
PSC20	SPECIAL CHECK FOR CLAIM SUSPENDED IN SYSTEM.
PSPOC	CLAIM HAS BEEN PROCESSED UNDER THE SUPPLEMENTAL HEALTH CARE PROGRAM/TRICARE PRIME REMOTE PROGRAM.
PS0DF	BY A PSYCHIATRIC HOSPITAL.
PS018	BY AN OPHTHALMOLOGIST.
PTFLE	IMPORTANT NOTICE: YOUR ID CARD HAS EXPIRED. CALL 1-800-361-2620 TO DETERMINE YOUR ELIGIBILITY. YOU MUST IMMEDIATELY UPDATE YOUR ELIGIBILITY BY CALLING THIS NUMBER OR VISITING A NEARBY MILITARY BASE. IF YOU DO NOT CALL, YOU WILL NOT BE ABLE TO USE YOUR MILITARY HEALTH BENEFIT.
PWR99	TEXAS/WESTERN CONVERTED HISTORY FILE FROM WPS.
P0SP1	CLAIM PAID BY SPECIAL CHECK.
P4001	SERVICE HAS BEEN PROCESSED.
P4002	CLAIM HAS BEEN PROCESSED.
P7NEC	A 10% PENALTY HAS BEEN APPLIED AS THE PROVIDER DID NOT OBTAIN AN AUTHORIZATION PRIOR TO RENDERING THE SERVICES.
P7OBS	OUTPATIENT OBSERVATION ONLY REIMBURSED UP TO 48 HOURS.
P7OP0	SERVICE PAID OPPTS APC ALLOWABLE.
P7OP1	SERVICE PAID OPPTS WITH OUTLIER AMOUNT.
P7OP3	SERVICE PACKAGED -
P7OP4	NONCOVERED SERVICE.
P7OP5	BILLED CHARGES LESS THAN CMAC FEE SCHEDULE.
P7OP6	SERVICE PAID CMAC FEE SCHEDULE.
P7OP7	BILLED CHARGES LESS THAN DME SCHEDULE.
P7OP8	SERVICE PAID DME FEE SCHEDULE.
P7OP9	BILLED CHARGES LESS THAN INJECTABLE FEE SCHEDULE.
P7OUT	THIS TOTAL INCLUDES AN OUTLIER AMOUNT OF
P7PHP	SERVICE PAID PARTIAL HOSPITALIZATION PROGRAM (PHP).
P7P10	SERVICE PAID INJECTABLE FEE SCHEDULE.
P7P11	BILLED CHARGES ARE LESS THAN THE PEN FEE SCHEDULE.
P7P12	SERVICE PAID PEN FEE SCHEDULE
P7P13	BILLED CHARGES LESS THAN STATEWIDE PREVAILING FEE SCHEDULE.
P7P14	SERVICE PAID STATEWIDE PREVAILING FEE SCHEDULE.
P7P15	SERVICE PAID BILLED CHARGE.
P7P16	PROFESSIONAL SERVICES

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P7P17	BILLED CHARGES LESS THAN BIRTHING CENTER RATE.
P7P18	SERVICE PAID BIRTHING CENTER RATE.
P7P19	LINE ITEM MANUALLY PRICED.
P7P20	SERVICE PAID OPPTS APC ALLOWABLE WITH A TEMPORARY TRANSITIONAL PAYMENT ADJUSTMENT (TTPA).
P7P21	SERVICE PAID OPPTS APC ALLOWABLE WITH AN OUTLIER AND TEMPORARY TRANSITIONAL PAYMENT ADJUSTMENT (TTPA).
P7RAP	THE HOME HEALTH AGENCY (HHA) PROSPECTIVE PAYMENT (PPS) REQUEST FOR ANTICIPATED PAYMENT (RAP) HAS PROCESSED. IF WE DO NOT RECEIVE THE FINAL CLAIM WITHIN 60 DAYS AFTER THE PAID DATE OF THE RAP OR 120 DAYS AFTER THE START DAY OF THE EPISODE, AN OFFSET OR RECOUPMENT WILL BE INITIATED.
P7SCH	PAYMENT IS REDUCED DUE TO THE PRICING COMPARISON BETWEEN THE SCHOOL PHYSICAL EVALUATION/MANAGEMENT AND THE COMPREHENSIVE PREVENTIVE MEDICINE SERVICE.
P7SCN	SECONDARY SURGICAL PROCEDURE PRICED AT 50% OF TMAC DUE TO A PRIMARY SURGICAL PROCEDURE PREVIOUSLY PAID.
P7001	BILLED CHARGES ARE MORE THAN THE TRICARE ALLOWED AMOUNT.
P7003	MEDICAL NEED FOR A PRIVATE ROOM WAS NOT DOCUMENTED. THEREFORE, THE CLAIM WAS PAID AT A SEMI-PRIVATE ROOM RATE.
P7005	CONSULTATION PAID AS LIMITED OFFICE VISIT AS THE REFERRING PHYSICIAN NOT IDENTIFIED ON THE CLAIM.
P7006	SERVICES PAID UNDER THE AMBULATORY SURGERY PROSPECTIVE PAYMENT RATES.
P7007	CLAIM PROCESSED BASED ON THE TRICARE MAXIMUM ALLOWABLE CHARGE (TMAC).
P7010	CLAIM PROCESSED AT THE INTERMEDIATE OFFICE VISIT LEVEL.
P7019	CHARGE IS MORE THAN ALLOWABLE AMOUNT, PAYMENT FOR BLOOD CHARGES ARE LIMITED TO A FIXED AMOUNT.
P7020	CHARGE IS MORE THAN ALLOWABLE AMOUNT, SECOND PROCEDURE PERFORMED ON A FINGER OR TOE IS PRICED AT 50% OF THE ALLOWED AMOUNT.
P7021	CHARGE IS MORE THAN ALLOWABLE AMOUNT, THREE OR MORE PROCEDURES PERFORMED ON FINGERS OR TOES ARE PRICED AT 25% OF THE ALLOWABLE CHARGE.
P7022	CHARGE IS MORE THAN ALLOWABLE AMOUNT, SECONDARY SURGICAL PROCEDURES PERFORMED AT THE SAME TIME ARE PRICED AT 50% OF THE USUAL ALLOWABLE CHARGE.
P7023	CHARGE IS MORE THAN ALLOWABLE AMOUNT. PAYMENT BASED ON GUIDELINES ESTABLISHED FOR MULTIPLE SURGERY.
P7024	PAYMENT REDUCED AS EYE REFRACTION NOT COVERED.
P7025	PAYMENT REDUCED AS EYE REFRACTION NOT COVERED WITH FOLLOW UP VISITS.
P7026	THE AMOUNT ALLOWED IS BASED ON A PERCENTAGE OF THE TOTAL SURGICAL FEE DUE TO MULTIPLE PROVIDER PARTICIPATION IN THE SURGICAL GLOBAL PERIOD.
P7027	CHARGES ARE MORE THAN ALLOWED AMOUNT. ALLOWED AMOUNT BASED ON ONE UNIT PER CPT4 GUIDELINES.
P7028	PAYMENT HAS BEEN DETERMINED BASED ON THE MODIFIER SUBMITTED ON THE CLAIM.

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P7501	PAYMENT INCLUDES AN ADDITIONAL ALLOWANCE FOR BLOOD CLOTTING FACTOR.
P7701	CHARGES EXCEED DAILY MAXIMUM.
P8MCS	CLAIM APPROVED FOR PAYMENT BY THE PRIME CONTRACTOR.
P8MTF	SPECIFIC LINE ITEMS ON THIS CLAIM HAVE BEEN PROCESSED AS A RESULT OF REVIEW BY THE MILITARY TREATMENT FACILITY (MTF).
P8001	SERVICE HAS BEEN PROCESSED.
P8002	CLAIM HAS BEEN PROCESSED.
P8008	ACTIVE DUTY SERVICE MEMEBER CLAIM HAS BEEN PROCESSED.
P8115	SERVICE PROCESSED AFTER A UTILIZATION REVIEW WAS PERFORMED.
P8550	CHARGE IS MORE THAN ALLOWABLE AMOUNT, PAYMENT HAS BEEN REDUCED TO THE CHARGE FOR AUTOMATED LAB PROCEDURES.
P9CLA	NEW REBUNDLED LINE ADDED OR LINE CHARGE REDUCED BY CLAIMCHECK.
P9CLB	NEW ALTERNATE REPLACEMENT CODE/LINE ADDED BY CLAIM CHECK DUE TO AGE/PROCEDURE CONFLICT.
P9CLC	NEW ALTERNATE REPLACEMENT CODE/LINE ADDED BY CLAIM CHECK DUE TO SEX/PROCEDURE CONFLICT.
P9CLD	NEW REBUNDLED LINE ADDED BY TRICARE CLAIM CHECK, CLAIM HAS BEEN REIMBURSED AS SECONDARY PAY OR UNDER POS OPTION.
P9CLE	NEW REBUNDLED LINE ADDED BY TRICARE CLAIM CHECK, CLAIM HAS BEEN REIMBURSED UNDER THE POINT OF SERVICE OPTION.
P9CLF	NEW ALTERNATIVE REPLACEMENT CODE/LINE ADDED BY TRICARE CLAIM CHECK DUE TO AGE/PROCEDURE CONFLICT. CLAIM HAS BEEN REIMBURSED AS SECONDARY PAYOR UNDER THE POS OPTION.
P9CLG	NEW ALTERNATIVE REPLACEMENT CODE/LINE ADDED BY TRICARE CLAIM CHECK DUE TO AGE/PROCEDURE CONFLICT. CLAIM HAS BEEN REIMBURSED AS SECONDARY PAYOR UNDER THE POS OPTION.
P9CLH	NEW ALTERNATIVE REPLACEMENT CODE/LINE ADDED BY TRICARE CLAIM CHECK DUE TO SEX/PROCEDURE CONFLICT. CLAIM HAS BEEN REIMBURSED AS SECONDARY PAYOR UNDER THE POS OPTION.
P9CLI	THE PROCEDURE CODE ON THIS LINE REPLACED THE ORIGINAL CODE SUBMITTED DURING ADJUDICATION. THE GMIS TRICARE CLAIMCHECK SOFTWARE RECOMMENDED THE ALTERNATE CODE TO RESOLVE A SEX/PROCEDURE CODE CONFLICT. CLAIM HAS BEEN REIMBURSED UNDER THE POINT OF SERVICE OPTION.
P9DES	DUAL ELIGIBLE SUPPLEMENTAL CLAIM.
P9POS	THIS CLAIM PROCESSED UNDER THE POINT OF SERVICE (POS) OPTION, BECAUSE A REFERRAL WAS NOT ON FILE.
P9RES	SALARIED RESOURCE SHARING CLAIM.
P90PS	TRICARE, AS THE SECONDARY PAYOR, HAS PROCESSED THE CLAIM UNDER THE POINT OF SERVICE OPTION.
P9001	BILLED CHARGES ARE MORE THAN THE ALLOWABLE AMOUNT.
P9002	THE OTHER HEALTH INSURANCE PAYMENT HAS BEEN CONSIDERED IN THE PROCESSING OF THIS CLAIM.
P9003	MAXIMUM BENEFITS PAID FOR THIS SERVICE IN THIS BENEFIT PERIOD.
P9004	MAXIMUM LIFETIME BENEFITS PAID FOR THIS TYPE SERVICE.
P9005	CATASTROPHIC CAP REACHED, COST SHARES AND DEDUCTIBLES NO LONGER APPLY.
P9006	CATASTROPHIC CAP MET WITH THIS CLAIM, COST-SHARE/DEDUCTIBLE REDUCED ACCORDINGLY.
P9007	PAYMENT COORDINATED WITH MEDICAID AGENCY.

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P9009	AMOUNT TAKEN TO SATISFY A PREVIOUS OVERPAYMENT.
P9010	LINE ITEM GENERATED TO REDUCE PAYMENT OF PREVIOUS OVERPAYMENT.
P9011	THIS AMOUNT PLUS THE AMOUNT ALLOWED ON PREVIOUS CLAIM'S FOR A PART OF THIS SERVICE PERFORMED AT THE SAME TIME IS THE MAXIMUM ALLOWABLE AMOUNT FOR THIS SERVICE. IF THIS CLAIM WAS FILED ON A PARTICIPATING BASIS, THE BENEFICIARY IS NOT *****SEE ADDITIONAL VERBIAGE F9*****
P9012	ENROLLMENT PERIOD CATASTROPHIC CAP REACHED. COST SHARES AND COPAYS NO LONGER APPLY.
P9013	ENROLLMENT PERIOD CATASTROPHIC CAP MET WITH THIS CLAIM, COST SHARE/COPAY REDUCED ACCORDINGLY.
P9014	THIS AMOUNT PLUS THE AMOUNT ALLOWED ON PREVIOUS CLAIM(S) FOR A PART OF THIS SERVICE PERFORMED AT THE SAME TIME IS THE MAXIMUM ALLOWABLE AMT FOR THIS SERVICE. IF THIS CLAIM WAS FILED ON A PARTICIPATING BASIS, THE BENEFICIARY IS NOT RESPONSIBLE FOR THE DISALLOWED AMOUNT.
P9015	THIS AMOUNT PLUS THE AMOUNT ALLOWED ON PREVIOUS CLAIM'S FOR A PART OF THIS SERVICE PERFORMED AT THE SAME TIME IS THE MAXIMUM ALLOWABLE AMT FOR THIS SERVICE. IF THIS CLAIM WAS FILED ON A PARTICIPATING BASIS, THE BENEFICIARY IS NOT RESPONSIBLE FOR THE DISALLOWED AMOUNT.