



## Common Explanation of Benefits (EOB) Denial Codes

<b>EOB code</b>	<b>MESSAGE</b>	<b>REVIEW DOCUMENTATION NEEDED</b>	<b>WHERE TO SEND</b>
003	If you disagree with the amount paid, please send correspondence to fee reviews.	Letter explaining the reason you feel the payment is not correct. It is helpful to include the explanation of benefits (EOB) and remittance advice with your request.	WPS, P.O. Box 77029, Madison, WI 53707-7029
018	Provider not TRICARE Authorized for this service.	Letter explaining why you disagree with this denial and supporting documents.	WPS, P.O. Box 77029, Madison, WI 53707-7029
020	This charge included in a paid service.	Letter and documentation that support the procedure as separate and distinct from other procedures or services rendered or performed.	TriWest Healthcare Alliance, P.O. Box 42090, Phoenix, AZ 85080
028	Requested information not received.	Letter with requested information attached. If you don't know/have the requested information, please call 1-888-874-9378 for more information.	WPS, P.O. Box 77029, Madison, WI 53707-7029
032	Non-covered services	If the service is an exclusion of the TRICARE program, the claim is not appealable. However, if you have received authorization, or if you feel the service was medically necessary, please write a letter and include any prior authorization letters you may have received and/or any additional documentation to support the service.	TriWest Healthcare Alliance, P.O. Box 43770, Phoenix, AZ 85080
067	Services rendered or supplies provided are not medically necessary.	Letter and medical documentation to support the medical or psychological need for the service rendered.	TriWest Healthcare Alliance, P.O. Box 86159, Phoenix, AZ 85080
083	Services rendered or supplies provided are not covered because records submitted do not meet medical documentation requirements.	Letter and medical documentation to support the medical or psychological need for the service rendered.	WPS, P.O. Box 77029, Madison, WI 53707-7029
143	The service billed requires prior authorization. Since we have no record of this being obtained, this claim is denied.	Letter and medical documentation to support the medical or psychological need for the service rendered.	TriWest Healthcare Alliance, P.O. Box 86159, Phoenix, AZ 85080
192-199	ClaimCheck Denials	Documentation that supports the procedure code is separate and distinct from other services billed. This can include any argument that supports additional reimbursement for the claim.	TriWest Healthcare Alliance, P.O. Box 42090, Phoenix, AZ 85080
260	Service Point of Contact (SPOC) has reviewed these services and has denied authorization of the care.	Service denied by the SPOC must be appealed to the appropriate branch of service for the sponsor.	See remittance advice for the correct address for appeal.