

## UNISYS CLAIM DENIAL CHECKLIST

HIPAA ADJUSTMENT REASON CODE	HIPAA REMITTANCE REMARK CODE	Check your claim and manual for specification
16-Claim/service lacks information which is needed for adjudication (Formerly edit 376-Contract term restriction group validation failed)		<ul style="list-style-type: none"> <li>○ Validate that the claim submitted includes service line.</li> <li>○ Does your provider specialty match that required for the service provided?</li> <li>○ Are the revenue codes appropriate for this type of service?</li> <li>○ Does this service require a modifier not listed on the claim?</li> <li>○ If this claim is for vaccination services, does the claim include the appropriate modifiers and administration codes?</li> <li>○ Is this service only covered for the place of service?</li> <li>○ Do the revenue code and type of bill on the claim match those required?</li> </ul>
16-Claim/service lacks information which is needed for adjudication (Formerly edit 514-Invalid revenue code for bill type)	<ul style="list-style-type: none"> <li>○ M50-Missing/Incomplete/invalid revenue code</li> </ul>	<ul style="list-style-type: none"> <li>○ The remark code indicates missing/invalid/incomplete revenue code. Check the claim to ensure it includes the correct revenue code and bill type for the service.</li> </ul>
125-Payment adjusted due to due to a submission /billing error. (Formerly edit 515-Invalid HCPCS for revenue code)	<ul style="list-style-type: none"> <li>○ M20-Missing/incomplete/invalid HCPCS code</li> </ul>	<ul style="list-style-type: none"> <li>○ The remark code indicates missing/invalid/incomplete HCPCS code. Check the claim to ensure it includes the correct revenue code and procedure code for this service.</li> </ul>
16-Claim/service lacks information which is needed for adjudication (Formerly edit 175-Bill type on claim does not match contract term)	<ul style="list-style-type: none"> <li>○ MA30-Missing/incomplete/invalid type of bill</li> </ul>	<ul style="list-style-type: none"> <li>○ Validate the type of bill is appropriate for the service.</li> <li>○ This is not a covered service; <b>OR</b></li> <li>○ The procedure code is not currently classified as an outpatient service. To request consideration for future outpatient coverage please contact provider relations.</li> </ul>
96 Non-covered charges. (Formerly edit 165-Dental areas on claim line and benefit do not match)		<ul style="list-style-type: none"> <li>○ For dental claims, check that an approved area for the tooth was billed including tooth number, surface and quadrant.</li> </ul>
A6		<ul style="list-style-type: none"> <li>○ When a claim only shows an adjustment reason code of A6 and no remittance remark code, please contact UNISYS provider relations for more details.</li> </ul>