

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. Additional information is supplied using remittance advice remarks codes whenever appropriate.	N180- This item or service does not meet the criteria for the category under which it was billed.	<ul style="list-style-type: none"> ○ Validate that the claim submitted includes service line. ○ Does your provider specialty match that required for the service provided? ○ Are the revenue codes appropriate for this type of service? ○ Does this service require a modifier not listed on the claim? ○ If this claim is for vaccination services, does the claim include the appropriate modifiers and administration codes? ○ Is this service only covered for the place of service? ○ Do the revenue code and type of bill on the claim match those required?
16- Claim/service lacks information which is needed for adjudication (Formerly edit 514-Invalid revenue code for bill type)	M50- Missing/Incomplete/invalid revenue code	<ul style="list-style-type: none"> ○ 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.
125- Payment adjusted due to due to a submission /billing error.	M20- Missing/incomplete/invalid HCPCS code	<ul style="list-style-type: none"> ○ 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.
16- Claim/service lacks information which is needed for adjudication	MA30- Missing/incomplete/invalid type of bill	<ul style="list-style-type: none"> ○ Validate the type of bill is appropriate for the service. ○ This is not a covered service; OR ○ The procedure code is not currently classified as an outpatient service. To request consideration for future outpatient coverage please contact provider relations.
168- Payment denied as Service(s) have been considered under the patient's medical plan. Benefits are not available under this dental plan		<ul style="list-style-type: none"> ○ For dental claims, check that an approved area for the tooth was billed including tooth number, surface and quadrant.
A1- Claim denied charges.		<ul style="list-style-type: none"> ○ If A1 is the only denial code on the claim line, please contact UNISYS provider relations for additional information on the denial.