

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

| Code  | Description   | Edit Type      | Comments   |
|-------|---|----------------|--|
| 15850 | Removal, Sutures Under Anesthesia (Other Than Local), Same Surgeon                        | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 20930 | Allograft, Spine Surgery Only; Morselized   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 20936 | Autograft, Spine Surgery Only; Local, Same Incision                                       | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 22841 | Internal Spinal Fixation by Wiring of Spinous Processes                                   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 36416 | Collection, Capillary Blood Specimen  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 38204 | Management, Recipient Hematopoietic Progenitor Cell Donor Search & Cell Acquisition       | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 76140 | Consultation On X-Ray Exam Made Elsewhere, Written Report                                 | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 78890 | Generation Automated Data: Interactive Process; Simple W/Interpretations, < 30 Min        | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 78891 | Generation Automated Data: Interactive Process; Complex W/Interpretations, > 30 Min       | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 80500 | Clinical Pathology Consultation; Limited, W/O Review Pt Hx/Records                        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 80502 | Clinical Pathology Consultation; Comprehensive, W/Review Pt Hx/Records                    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 90865 | Narcosynthesis, Psychiatric Dx & Therapeutic Purposes                                     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 90882 | Environmental Intervention, Medical Purposes, Psych Patient                               | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 90885 | Psychiatric Eval, Records, Medical Diagnostic Purposes                                    | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 90887 | Interpretation/Explanation Results, Psychiatric/Medical Exam/Proc W/Family                | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 90889 | Prep, Report, Psychiatric Patient   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 91123 | Pulsed Irrigation, Fecal Impaction  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 92352 | Fitting, Spectacle Prosthesis, Aphakia; Monofocal   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 92353 | Fitting, Spectacle Prosthesis, Aphakia; Multifocal  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 92354 | Fitting, Spectacle Mounted Low Vision Aid; Single Element System                          | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 92355 | Fitting, Spectacle Mounted Low Vision Aid; Telescopic/Other Compound Lens System          | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 92358 | Prosthesis Service, Aphakia, Temporary (Disposable/Loan, W/Matls)                         | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 92371 | Repair & Refitting Spectacles; Spectacle Prosthesis, Aphakia                              | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 92531 | Spontaneous Nystagmus, W/Gaze   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 92532 | Positional Nystagmus  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 92533 | Caloric Vestibular Test, Each Irrigation  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 92534 | Optokinetic Nystagmus Test  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 92560 | Bekesy Audiometry; Screening  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 92561 | Bekesy Audiometry; Dx   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 92562 | Loudness Balance Test, Alternate Binaural/Monaural  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 92564 | Short Increment Sensitivity Index (Sisi)  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 92605 | Eval, Prescription, Non-Speech Generating Augmentative & Alternative Communication Device | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 92606 | Therapeutic Service(S), Use Non-Speech Generating Device, W/Programming & Modification    | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 93740 | Temperature Gradient Studies  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 93770 | Determination, Venous Pressure  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 94005 | Home vent mgmt supervision  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 94150 | Vital Capacity, Total (Sep Proc)  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |

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| 94760 | Noninvasive Ear/Pulse Oximetry, Oxygen Saturation; Single Determination   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 94761 | Noninvasive Ear/Pulse Oximetry, Oxygen Saturation; Multiple Determinations  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 95120 | Professional Svc, Allergen Immunotherapy W/Provision Extract; Single Injection  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 95125 | Professional Svc, Allergen Immunotherapy W/Provision Extract; 2+ Injections   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 95130 | Professional Svc, Allergen Immunotherapy W/Provision Extract; 1 Insect Venom  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 95131 | Professional Svc, Allergen Immunotherapy W/Provision Extract; 2 Insect Venoms   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 95132 | Professional Svc, Allergen Immunotherapy W/Provision Extract; 3 Insect Venoms   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 95133 | Professional Svc, Allergen Immunotherapy W/ Provision Extract; 4 Insect Venoms  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 95134 | Professional Svc, Allergen Immunotherapy W/Provision Extract; 5 Insect Venoms   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 96040 | Genetic counseling, 30 min  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 96902 | Microscopic Exam, Hair Plucked/Clipped, Examiner  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 96904 | Whole body photography  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 97010 | Application, Modality To 1+ Areas; Hot/Cold Packs   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 97602 | Removal Devital Tissue, Wound; Non-Selective Debride W/O Anes, W/Wound Assess & Instr Per Session   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 98960 | Self-mgmt educ & train, 1 pt  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 98961 | Self-mgmt educ/train, 2-4 pt  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 98962 | Self-mgmt educ/train, 5-8 pt  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 98966 | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian            | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 98967 | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian            | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 98968 | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian            | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 98969 | Online assessment and management service provided by a qualified nonphysician health care professional to an established patient, guardian, or health care provider | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99000 | Handling &/Or Conveyance, Specimen Transfer, Physician's Office To Lab  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99001 | Handling &/Or Conveyance, Specimen Transfer, Non-Physician Office To Lab  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99002 | Handling W/Implementation, Prosthetic/Orthotic Device Order, Outside Lab, Fitted, Physician   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99024 | Postoperative Follow-Up Visit, In Global Service  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99026 | Hospital Mandated On Call Service; In-Hospital, Each Hour   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99027 | Hospital Mandated On Call Service; Out-Of-Hospital, Each Hour   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99050 | Services After Office Hours, + Basic Service  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99051 | Med serv, eve/wkend/holiday   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99053 | Med serv 10pm-8am, 24 hr fac  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99056 | Non-Office Medical Services, Patient Request, Normally Provided In The Office   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99058 | Office Services, Emergency Basis  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99060 | Out of office emerg med serv  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |

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| 99070 | Supplies Provided By Physician Over & Above Those Included In The Service   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99071 | Patient Education Matls Provided By Physician   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99078 | Physician Educational Services To Patients In Group Setting   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99080 | Special Reports/Insurance Forms   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99090 | Analysis, Stored Computer Clinical/Data   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99091 | Collection & Interpretation Physiologic Data, Digitally Stored &/Or Transmitted, Minimum 30 Min   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99100 | Anesthesia, Patient, Extreme Age < 1 Yr, > 70 Yr  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99116 | Anesthesia W/Hypothermia  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99135 | Anesthesia W/Hypotension  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99140 | Anesthesia, Emergency Conditions  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99143 | Mod cs by same phys, < 5 yrs  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99144 | Mod cs by same phys, 5 yrs +  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99145 | Mod cs by same phys add-on  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99190 | Assembly & Operation, Pump W/Oxygenator/Heat Exchanger; Per 1 Hr  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99191 | Assembly & Operation, Pump W/Oxygenator/Heat Exchanger; Per Three Quarters Hr   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99192 | Assembly & Operation, Pump W/Oxygenator/Heat Exchanger; Per One Half Hr   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99288 | Physician Direction, Emergency Medical Systems (Ems) Emergency Care, Advanced Life Support  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99339 | Domicil/r-home care supervis  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99340 | Domicil/r-home care supervis  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99358 | Prolonged E&M Service, Before &/Or After Direct Care; 1st Hr  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99359 | Prolonged E&M Service, Before &/Or After Direct Care; Each Add'l 30 Min   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99360 | Physician Standby Service, W/Prolonged Physician Attendance, Each 30 Min  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99363 | Anticoag mgmt, init   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99364 | Anticoag mgmt, subseq   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99366 | Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99367 | Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99368 | Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional       | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99374 | Physician Supervision, Patient, Home Health Agency; 15-29 Min   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99375 | Physician Supervision, Patient, Home Health Agency; 30+ Min   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99377 | Physician Supervision, Hospice Patient; 15-29 Min   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99378 | Physician Supervision, Hospice Patient; 30+ Min   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99379 | Physician Supervision, Nursing Facility Patient; 15-29 Min  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |

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| 99380 | Physician Supervision, Nursing Facility Patient; 30+ Min   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| 99408 | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99409 | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99420 | Administration & Interpretation Health Risk Assessment Instrument  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99441 | Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99442 | Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99443 | Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99444 | Online evaluation and management service provided by a physician to an established patient, guardian, or health care provider  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99605 | Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99606 | Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 99607 | Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service) | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0001F | Blood Pressure, Measured   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0005F | Tobacco Use Cessation Intervention, Pharmacologic Therapy  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0012F | CAP Baterial Assess  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0014F | Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (IOL) placement   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0015F | Melanoma follow up completed   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0500F | Initial Prenatal Care Visit  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0501F | Prenatal Flow Sheet Documented In Medical Record By First Prenatal Visit   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0502F | Subsequent Prenatal Care Visit   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0503F | Postpartum Care Visit2   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0505F | Hemodialysis plan doc'd  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0507F | Periton dialysis plan doc'd  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0509F | Urin incon plan doc'd  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

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| 0513F | Elevated blood pressure plan of care documented (CKD)1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0514F | Plan of care for elevated hemoglobin level documented for patient receiving Erythropoiesis-Stimulating Agent (ESA) therapy (CKD)1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0516F | Anemia plan of care documented (ESRD)1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0517F | Glaucoma plan of care documented (EC)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0518F | Falls plan of care documented (GER)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0519F | Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initiation of a new treatment regimen (ONC)1           | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0520F | Normal tissue dose constraints established within five treatment days from the initiation of a course of 3D conformal radiation for a minimum of one tissue/organ (ONC)1 | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0521F | Plan of care to address pain documented (ONC)1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0525F | Initial visit for episode (BkP)2   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 0526F | Subsequent visit for episode (BkP)2  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1000F | Tobacco Use, Smoking, Assessed1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1001F | Tobacco Use, Non-Smoking, Assessed1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1002F | Anginal Symptoms And Level Of Activity, Assessed1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1003F | Level of activity assessed   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1004F | Clinical symptoms of volume overload (excess) assessed   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1005F | Asthma symptoms evaluated  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1006F | Osteoarthritis symptoms and functional status assessed   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1007F | Use of anti-inflammatory or analgesic over-the-counter (otc) medications for symptom relief assessed   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1008F | Gastrointestinal and renal risk factors assessed for patients on prescribed or otc nsaid   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1015F | COPD Symptoms Assess   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1018F | Assess Dyspnea Not Present   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1019F | Assess Dyspnea Present   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1022F | Pneumo Imm Status Assess   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1026F | Co-Morbid Condition Assess   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1030F | Influenza Imm Status Assess  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1034F | Current Tobacco Smoker   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1035F | Smokeless Tobacco User   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1036F | Tobacco Non-User   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1038F | Persistent Asthma  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1039F | Intermittent Asthma  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

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| 1040F | DSM-IVTM info mdd doc'd  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1050F | History of mole changes  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1055F | Visual funct status assess   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1060F | Doc per/cont/parox atr.fib   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1061F | Doc lack perm+cont+parox fib   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1065F | Ischm stroke symp <3 hrs B/4   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1066F | Ischm stroke symp >3 hrs B/4   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1070F | Alarm symp assessed-absent   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1071F | Alarm symp assessed-1 + prsnt  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1080F | Decis mkr/advncd plan doc'd  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1090F | Pres/absn urin incon assess  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1091F | Urine incon characterized  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1100F | Pt falls assess-doc'd>2+/yr  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1101F | Pt falls assessed-doc'd<1/yr   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1110F | Pt lft inpt fac w/in 60 days   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1111F | Dschrg med/current med merge   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1116F | Auricular or periauricular pain assessed (AOE)   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1118F | GERD symptoms assessed after 12 months of therapy (GERD)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1119F | Initial evaluation for condition (HEP C)1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1121F | Subsequent evaluation for condition (HEP C)1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1123F | Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record (GER)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1124F | Advance Care Planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (GER)5 | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1125F | Pain severity quantified; pain present   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1126F | Pain severity quantified; no pain present  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1127F | New episode for condition (ML)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1128F | Subsequent episode for condition (ML)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1130F | Back pain and function assessed  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1134F | Episode of back pain lasting six weeks or less (BkP)2  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1135F | Episode of back pain lasting longer than six weeks (BkP)2  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 1136F | Episode of back pain lasting 12 weeks or less (BkP)2   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

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| 1137F | Episode of back pain lasting longer than 12 weeks (BkP)2  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2000F | Blood Pressure, Measured1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2001F | Weight recorded   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2002F | Clinical signs of volume overload (excess) assessed   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2004F | Initial examination of the involved joint(s)  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2010F | Vital Signs Recorded  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2014F | Mental Status Assess  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2018F | Hydration Status Assess   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2019F | Dilated macul exam done   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2020F | Dilated fundus eval done  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2021F | Dilated macul+exam done   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2022F | Dil Retina Exam Interp Rev  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2024F | 7 Field Photo Interp Doc Rev  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2026F | Eye Image Valid to Dx Rev   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2027F | Optic nerve head eval done  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2028F | Foot Exam Performed   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2029F | Complete phys skin exam done  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2030F | H2O stat doc'd normal   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2031F | H2O stat doc'd dehydrated   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2035F | Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (OME)   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2040F | Physical examination on the date of the initial visit for low back pain performed, in accordance with specification (BkP)2  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 2044F | Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for bacvk pain episode lasting longer than six weeks (BkP)2 | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3006F | CXR Doc Rev   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3022F | LVEF >40% Systolic  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3023F | Spirom Doc Rev  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3025F | Spirom FEV/FVC <70% w COPD  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3027F | Spirom FEV/FVC >70% w/o COPD  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3028F | O2 Saturation Doc Rev   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3035F | O2 Saturation <88% /PAO<55%   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3037F | O2 Saturation >88% /PAO>55  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3040F | FEV <40% Predicted Value  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |                             |                |  |
|-------|-----------------------------|----------------|--|
| 3042F | FEV >40% Predicted Value    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3044F | HG A1c level <7.0%          | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3045F | HG A1c level 7.0 - 9.0%     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3046F | Hemoglobin A1c level > 9.0% | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3048F | LDL-C < 100 mg/dL           | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3049F | LDL-C 100-129 mg/dL         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3050F | LDL-C = 130 mg/dL           | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3060F | Pos microalbuminuria Rev    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3061F | Neg microalbuminuria Rev    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3062F | Pos macroalbuminura Rev     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3066F | Nephropathy Doc Tx          | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3072F | Low Risk for Retinopathy    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3073F | Pre-surg eye measures doc'd | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3074F | Sust BP < 130 mmHg          | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3075F | Syst BP >130 - 139 mmHg     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3076F | Syst bp < 140 mm hg         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3077F | Syst bp = 140 mm hg         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3078F | Diast bp < 80 mm hg         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3079F | Diast bp 80-89 mm hg        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3080F | Diast bp = 90 mm hg         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3082F | Kt/V <1.2                   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3083F | Kt/V >= 1.2 and < 1.7       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3084F | Kt/V > 1.7                  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3085F | Suicide risk assessed       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3088F | MDD mild                    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3089F | MDD moderate                | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3090F | MDD severe; w/o psych       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3091F | MDD severe; w/psych         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3092F | MDD in remission            | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3093F | Doc new diag 1st/addl. MDD  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3095F | Central DEXA results doc'd  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3096F | Central DEXA ordered        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3100F | Carot blk doc'd w/carot ref | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |   |                |  |
|-------|---|----------------|--|
| 3110F | Pres/Absn hmrhg/lesion doc'd  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3111F | CT/MRI brain done w/in 24 hrs   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3112F | CT/MRI brain done > 24 hrs  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3120F | 12-lead ECG performed   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3130F | Upper GI endoscopy performed  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3132F | Doc ref. upper GI endoscopy   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3140F | Forceps esoph biopsy done   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3141F | Upper GI endo shows Barrrt's  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3142F | Upper GI endo not Barrrt's  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3150F | Forceps esoph biopsy done   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3155F | Cytogen test marrow B/4 Tx  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3160F | Doc FE+ stores B/4 EPO Tx   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3170F | Flow Cyto done B/4 Tx   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3200F | Barium Swallow test not req   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3210F | Grp A Strep test performed  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3215F | Patient has documented immunity to Hepatitis A (HEP-C)  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3216F | Patient has documented immunity to Hepatitis B (HEP-C)  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3218F | RNA testing for Hepatitis C documented as performed within six months prior to initiation of antiviral treatment for Hepatitis C (HEP-C)1 | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3220F | Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment (HEP-C)                   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3230F | Documentation that hearing tests was performed within 6 months prior to tympanostomy tube insertion (OME)                                 | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3260F | pT category (primary tumor), pN category (regional lymph nodes), and histologic grade documented in pathology report (PATH)               | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3265F | Ribonucleic acid (RNA) testing for Hepatitis C viremia ordered or results documented (HEP C)1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3266F | Hepatitis C genotype testing documented s performed prior to initiation of antiviral treatment for Hepatitis C (HEP C)1                   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3268F | Prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score documented prior to initiation of treatment (PRCA)1       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3269F | Bone scan performed prior to initiatiion of treatment or at any time since diagnosis of prostate cancer                                   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3270F | Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (PRCA)1                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3271F | Low risk of recurrence, prostate cancer (PRCA)1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3272F | Intermediate risk of recurrence, prostate cancer (PRCA)1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |   |                |  |
|-------|---|----------------|--|
| 3273F | High risk of recurrence, prostate cancer (PRCA)1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3274F | Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (PRCA)1                     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3278F | Serum levels of calcium, phosphorus, intact parathyroid hormone (PTH) and lipid profile ordered (CKD)1              | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3279F | Hemoglobin level greater than or equal to 13g/dL (CKD, ESRD)1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3280F | Hemoglobin level 11 g/dL to 12.9 g/dL (CKD, ESRD)1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3281F | Hemoglobin level less than 11 g/dL (CKD, ESRD)1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3284F | Intraocular pressure (IOP) reduced by a value of greater than or equal to 15% from the pre-intervention level (EC)5 | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3285F | Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level (EC)5                   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3288F | Falls risk assessment documented (GER)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3290F | Patient is D (Rh) negative and unsensitized (PRENATAL)  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3291F | Patient is D (Rh) positive or sensitized (PRENATAL)1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3292F | HIV testing ordered or documented and reviewed during the first or second prenatal visit (PRENATAL)1                | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3300F | American Joint Committee on Cancer (AJCC) stage documented and reviewed prior to the initiation of therapy (ONC)1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3301F | Cancer stage documented in medical record as metastatic and reviewed prior to the initiation of therapy (ONC)1      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3302F | AJCC Cancer stage 0, documented (ONC)1, (ML)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3303F | AJCC Cancer stage IA, documented (ONC)1, (ML)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3304F | AJCC Cancer stage IB, documented (ONC)1, (ML)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3305F | AJCC Cancer stage IC, documented (ONC)1, (ML)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3306F | AJCC Cancer stage IIA, documented (ONC)1, (ML)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3307F | AJCC Cancer stage IIB, documented (ONC)1, (ML)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3308F | AJCC Cancer stage IIC, documented (ONC)1, (ML)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3309F | AJCC Cancer stage IIIA, documented (ONC)1, (ML)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3310F | AJCC Cancer stage IIIB, documented (ONC)1, (ML)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3311F | AJCC Cancer stage IIIC, documented (ONC)1, (ML)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3312F | AJCC Cancer stage IVA, documented (ONC)1, (ML)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3313F | AJCC Cancer stage IVB, documented (ONC)1, (ML)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3314F | AJCC Cancer stage IVC, documented (ONC)1, (ML)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3315F | Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer (ONC)1                                  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3316F | Estrogen receptor (ER) and progesterone receptor (PR) negative breast cancer (ONC)1                                 | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
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|       |  |                |  |
|-------|--|----------------|--|
| 3317F | Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemotherapy (ONC)1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3318F | Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiation therapy (ONC)1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3319F | One of the following diagnostic imaging studies ordered: (chest X-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans) (ML)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3320F | None of the following diagnostic imaging studies ordered: (chest X-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans) (ML)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3325F | Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within twelve months prior to cataract surgery)(EC)1 | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3330F | Imaging study ordered (BkP)2   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3331F | Imaging study not ordered (BkP)2   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3340F | Breast Imaging-Reporting and Data System (BI-RADS) assessment category 0, documented (RAD)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3341F | Breast Imaging-Reporting and Data System (BI-RADS) assessment category 1, documented (RAD)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3342F | Breast Imaging-Reporting and Data System (BI-RADS) assessment category 2, documented (RAD)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3343F | Breast Imaging-Reporting and Data System (BI-RADS) assessment category 3, documented (RAD)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3344F | Breast Imaging-Reporting and Data System (BI-RADS) assessment category 4, documented (RAD)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 3345F | Breast Imaging-Reporting and Data System (BI-RADS) assessment category 5, documented (RAD)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4000F | Tobacco Use Cessation Intervention, Counseling1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4001F | Tobacco Use Cessation Intervention, Pharmacologic Therapy1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4002F | Statin Therapy, Prescribed1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4003F | Patient education, written/oral, appropriate for patients with heart failure performed   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4005F | Pharm thx for op rx'd  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4006F | Beta-Blocker Therapy, Prescribed1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4009F | Angiotensin Converting Enzyme (Ace) Inhibitor Therapy, Prescribed1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4011F | Oral Antiplatelet Therapy, Prescribed (Eg, Aspirin, Clopidogrel/Plavix, Or Comb Aspirin And Dipyridamole/Aggrenox)1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4012F | Warfarin therapy prescribed  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4014F | Written discharge instructions provided to heart failure patients discharged home  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4015F | Persistent asthma, long term control medication, prescribed  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4016F | Anti-inflammatory/analgesic agent prescribed [use for prescribed or continued medication(s), including otc medication(s)]  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
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|       |  |                |  |
|-------|--|----------------|--|
| 4017F | GASTROINTESTINAL PROPHYLAXIS FOR NSAID USE PRESCRIBED  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4018F | Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4019F | Doc reept counsl vit/calc+   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4025F | Inhaled bronchodilator Rx  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4030F | Oxygen therapy Rx  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4033F | Pulmonary Rehab Rec  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4035F | Influenza Imm Rec  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4037F | Influenza Imm order/admin  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4040F | Pneumo imm order/admin   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4041F | Doc order cefazolin/cerfurox   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4042F | Doc antibio not given  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4043F | Doc order given stop antibio   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4044F | Doc order given VTE prophylx   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4045F | Empiric Antibiotic Rx  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4046F | Doc antibio given B/4 surg   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4048F | Doc antibio given B/4 surg   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4049F | Doc order given stop antibio   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4050F | HT Care Plan Doc   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4051F | Referred for an AV fistula   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4052F | Hemodialysis via AV fistula  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4053F | Hemodialysis via AV graft  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4054F | Hemodialysis via catheter  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4055F | Pt. Rcvng perton dialysis  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4056F | Approp. Oral rehyd recomm'd  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4058F | Ped gastro ed given caregvr  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4060F | Psych svcs provided  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4062F | Pt referral psych doc'd  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4064F | Antidepressant Rx  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4065F | Antipsychotic Rx   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4066F | ECT provided   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4067F | Pt referral for ECT doc'd  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4070F | DVT prophylx recv'd day 2  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |   |                |  |
|-------|---|----------------|--|
| 4073F | Oral antiplat thx rx dischrg  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4075F | Anticoag thx rx at dischrg  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4077F | Doc t-PA adm considered   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4079F | Doc rehab svcs considered   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4084F | Aspirin recv'd w/in 24 hrs  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4090F | Pt Recvng EPO Thxpy   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4095F | Pt not rcvng EPO Thxpy  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4100F | Biphos thxpy vein ord/rec'vd  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4110F | Int mam art used for CABG   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4115F | Beta Blckr admin w/in 24 hrs  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4120F | Antibiot rx'd/given   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4124F | Antibiot not rx'd/given   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4130F | Topical preparations (including OTC) prescribed for acute otitis externa (AOE)  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4131F | Systemic antimicrobial therapy prescribed (AOE)   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4132F | Systemic antimicrobial therapy not prescribed (AOE)   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4133F | Antihistamines or decongestants prescribed or recommended (OME)   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4134F | Antihistamines or decongestants neither prescribed nor recommended (OME)  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4135F | Systemic corticosteroids prescribed (OME)   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4136F | Systemic corticosteroids not prescribed (OME)   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4150F | Patient receiving antiviral treatment for Hepatitic C (HEP-C)   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4151F | Patient not receiving antiviral treatment for Hepatitis C (HEP-C)   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4152F | Documentation that combination peginterferon and ribavirin therapy considered (HEP-C)   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4153F | Combination peginterferon and ribavirin therapy prescribed (HEP-C)  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4154F | Hepatitis A vaccine series recommended (HEP-C)  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4155F | Hepatitis A vaccine series previously received (HEP-C)  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4156F | Hepatitis B vaccine series recommended (HEP-C)  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4157F | Hepatitis B vaccine series previously received (HEP-C)  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4158F | Patient education regarding risk of alcohol consumption performed (HEP-C)   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4159F | Counseling regarding contraception received prior to initiation of antiviral treatment (HEP-C)  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4163F | Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance, AND interstitial prostate brachytherapy, AND radical external beam radiotherapy, AND radical prostatectomy, provided | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
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|       |  |                |  |
|-------|--|----------------|--|
| 4164F | Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gonadotropin-releasing hormone [GnRH] agonist or antagonist) prescribed/administered (PRCA)1       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4165F | Three dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT) received (PRCA)1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4167F | Head of bed elevation (30-45 degrees) on first ventilator day ordered (CRIT)1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4168F | Patient receiving care in the intensive care unit (ICU) and receiving mechanical ventilation, 24 hours or less (CRIT)1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4169F | Patient either not receiving care in the intensive care unit (ICU) or not receiving mechanical ventilation or receiving mechanical ventilation greater than 24 hours (CRIT)1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4171F | Patient receiving Erythropoiesis-Stimulating Agents (ESA) therapy (CKD)1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4172F | Patient not receiving Erythropoiesis-Stimulating Agents (ESA) therapy (CKD)1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4174F | Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment adherence provided to patient and/or caregiver(s) (EC)5                                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4175F | Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90days following cataract surgery (EC)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4176F | Counseling about value of protection from UV light and lack of proven efficacy of nutritional supplements in prevention or progression of cataract development provided to patient and/or caregiver(s) (EC)5           | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4177F | Counseling about the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of age-related macular degeneration (AMD) provided to patient and/or caregiver(s) (EC)5 | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4178F | Anti-D immune globin received between 26 and 30 weeks gestation (PRENATAL)   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4179F | Tamoxifen or aromatase inhibitor (AI) prescribed (ONC)1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4180F | Adjuvant chemotherapy prescribed or previously received for stage IIIA through stage IIIC colon cancer (ONC)1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4181F | Conformal radiation therapy received (ONC)1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4182F | Conformal radiation therapy not received (ONC)1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4185F | Continuous (12-months) therapy with proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4186F | No continuous (12 months) therapy with either proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4187F | Disease modifying anti-rheumatic drug therapy prescribed or dispensed (RA)2  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4188F | Appropriate angiotensin converting enzyme (ACE)/angiotensin receptor blockers (ARB) therapeutic monitoring test ordered or performed (AM)2   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4189F | Appropriate digoxin therapeutic monitoring test ordered or performed (AM)2   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4190F | Appropriate diuretic therapeutic monitoring test ordered or performed (AM)2  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
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|       |   |                |  |
|-------|---|----------------|--|
| 4191F | Appropriate anticonvulsant therapeutic monitoring test ordered or performed (AM)2   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4200F | External beam radiotherapy to prostate only (PRCA)1   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4201F | External beam radiotherapy for prostate cancer to region(s) other than prostate only (PRCA)1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4210F | Angiotensin converting enzyme (ACE) or angiotensin receptor blockers (ARB) medication therapy for 6 months or more (MM)2  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4220F | Digoxin medication therapy for 6 months or more (MM)2   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4221F | Diuretic medication therapy for 6 months or more (MM)2  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4230F | Anticonvulsant medication therapy for 6 months or more (MM)2  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4240F | Instruction in therapeutic exercise with follow-up by the physician provided to patients during episode of back pain lasting longer than 12 wks (BkP)2  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4242F | Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks (BkP)2   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4245F | Patient counseled during the initial visit to maintain or resume normal activities (BkP)2   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4248F | Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (BkP)2   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 4250F | Active warming used intraoperatively for the purpose of maintaining normothermia, OR at least one body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 30 minu | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 5005F | Pt counslid on exam for moles   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 5010F | Macul+findngs to Dr mng DM  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 5015F | Doc fx & test/txmnt for OP  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 5020F | Treatment summary report communicated to physician(s) managing continuing care within one month of completing treatment (ONC)1  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 5050F | Treatment plan communicated to provider(s) managing continuing care within one month of diagnosis (ML)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 5060F | Findings from diagnostic mammogram communicated to practice managing patient's on-going care within 3 business days of exam interpretaiton (RAD)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 5062F | Documentation of direct communication of diagnostic mammogram findings by telephone or in person [by the diagnostic imager or a designee] to the treating or referring physician or his/her representative and confirmation of receipt of the findings within 3 | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 6005F | Care Level Rationale Doc  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 6010F | Dysphag test done b/4 eating  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 6015F | Pt recvng/OK for eatng/swallowing   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 6020F | NPO (nothing-mouth) ordered   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
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|       |  |                |  |
|-------|--|----------------|--|
| 6030F | All elements of maximal sterile barrier technique including: cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine for cutaneous antisepsis, followed (CRIT)1 | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 6040F | Use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure, documented (RAD)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 6045F | Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (RAD)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 7010F | Patient information entered into a recall system with the target date for the next exam specified (ML)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 7020F | Breast Imaging-Reporting and Data System (BI-RADS) assessment category entered into an internal database to allow for analysis of abnormal interpretation (recall) rate (RAD)5   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| 7025F | Patient information entered into a reminder system with a target due date for the next mammogram (RAD)5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| A4262 | Temporary Tear Duct Plug   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| A4263 | Permanent Tear Duct Plug   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| A4270 | Disposable Endoscope Sheath  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| A4300 | Cath Impl Vasc Access Portal   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| A4550 | Surgical Trays   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| G0175 | Opps Service,Sched Team Conf   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G0177 | Opps/Php; Train & Educ Serv  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G0179 | Intensitymodulatedradiation  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G0180 | Md Certification Hha Patient   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G0181 | Home Health Care Supervision   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G0182 | Hospice Care Supervision   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G0269 | Placement Of Occlusive Device Into Either a Venous Or Arterial Access  | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| G0293 | Noncovered Surgical Procedure(S) Using Conscious Sedation, Regional, G   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G0294 | Noncovered Procedure(S) Using Either No Anesthesia Or Local Anesthesia   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G0339 | Robot lin-radsurg com, first   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G0340 | Robt lin-radsurg fractx 2-5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G0377 | Administration Part D vaccine  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G0396 | Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G0397 | Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8006 | AMI pt recd aspirin at arriv   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8007 | AMI pt did not rceiv aspiri  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8008 | AMI pt ineligible for aspiri   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8009 | AMI pt recd Bblock at arr  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8010 | AMI pt did not rec bblock  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

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Asuris Invalid Full List  
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|       |                                |                |  |
|-------|--------------------------------|----------------|--|
| G8011 | AMI pt inelig Bblock at arriv  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8012 | Pneum pt recv antibiotic 4 h   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8013 | Pneum pt w/o antibiotic 4 hr   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8014 | Pneum pt not elig antibiotic   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8015 | Diabetic pt w/HBA 1c>9%        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8016 | Diabetic pt w/HBA 1c<or=9%     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8017 | DM pt inelig for HBA 1c measu  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8018 | Care not provided for HbA1c    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8019 | Diabetic pt w/LDL>=100mg/dl    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8020 | Diab pt w/LDL<100 mg/dl        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8021 | Diab pt inelig for LDL meas    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8022 | Care not provded for LDL       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8023 | DM pt w/BP<=140/80             | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8024 | Diabetic pt wBP <140/80        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8025 | Diabetic pt inelig for BP me   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8026 | Diabet pt w no care re BP me   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8027 | HF p w/LVSD on ACE-I/ARB       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8028 | HF pt w/LVSD not on ACE-I/AR   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8029 | HF pt not elig for ACE-I/ARB   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8030 | HF pt w/LVSD on Bblocker       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8031 | HF pt w/LVSD not on Bblocker   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8032 | HF pt not elig for Bblocker    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8033 | PMI-CAD pt on Bblocker         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8034 | PMI-CAD pt not on Bblocker     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8035 | PMI-CAD pt inelig Bblocker     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8036 | AMI-CAD pt doc on antiplatelet | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8037 | AMI-CAD pt not docu on antip   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8038 | AMI-CAD inelig antiplate mea   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8039 | CAD pt w/LDL>100 mg/dl         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8040 | CAD pt w/LDL<or=100mg/dl       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8041 | CAD pt not eligible for LDL    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8051 | Osteoporosis assess            | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8052 | Osteopor pt not asses          | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

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Asuris Invalid Full List  
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|       |                              |                |  |
|-------|------------------------------|----------------|--|
| G8053 | Pt inelig for osteopor meas  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8054 | Falls assess not docum 12 mo | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8055 | Falls assess w/ 12 mon       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8056 | Not elig for falls assessmen | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8057 | Hearing assess receive       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8058 | Pt w/o hearing asses         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8059 | Pt inelig for hearing assess | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8060 | Urinary incont pt assess     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8061 | Pt not assess for urinary in | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8062 | Pt not elig for urinary inco | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8075 | ESRD pt w/dialy of URR>=65%  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8076 | ESRD pt w/dialy of URR<65%   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8077 | ESRD pt not elig for URR/KtV | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8078 | ESRD pt w/Hct>or =33         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8079 | ESRD pt w/Hct<33             | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8080 | ESRD pt inelig for HCT/Hgb   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8081 | ESRD pt w/auto AV fistula    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8082 | ESRD pt w other fistula      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8085 | ESRD pt inelig auto AV fistu | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8093 | COPD pt rec smoking cessat   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8094 | COPD pt w/o smoke cessat int | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8099 | Osteopo pt given Ca+VitD sup | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8100 | Osteop pt inelig for Ca+VitD | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8103 | New dx osteo pt w/antiresorp | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8104 | Osteo pt inelig for antireso | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8106 | Bone dens meas test perf     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8107 | Bone dens meas test inelig   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8108 | Pt receiv influenza vacc     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8109 | Pt w/o influenza vacc        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8110 | Pt inelig for influenza vacc | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8111 | Pt receiv mammogram          | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8112 | Pt not doc mammogram         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8113 | Pt ineligible mammography    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
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|       |                               |                |  |
|-------|-------------------------------|----------------|--|
| G8114 | Care ot provided for mamogr   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8115 | Pt receiv pneumo vacc         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8116 | Pt did not rec pneumo vacc    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8117 | Pt was inelig for pneumo vac  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8126 | Pt treat w/antidepress 12 wks | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8127 | Pt not treat w/antidpres 12 w | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8128 | Pt inelig for antidepress med | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8129 | Pt treat w/antidpres for 6m   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8130 | Pt not treat w/antidpres 6m   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8131 | Pt inelig for antidepress med | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8152 | Pt w/AB 1 hr prior to incisi  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8153 | Pt not doc for AB 1 hr prior  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8154 | Pt ineligi for AB therapy     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8155 | Pt recd thromboemb prophylax  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8156 | Pt did not rec thromboembo    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8157 | Pt ineligi for thrombolism    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8159 | Pt w/CABG w/o IMA             | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8162 | Iso CABG pt w/o preop Bblock  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8164 | Iso CABG pt w/prolng intub    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8165 | Iso CABG pt w/o prolng intub  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8166 | Iso CABG req surg rexp        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8167 | Iso CABG w/o surg explo       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8170 | CEA/ext bypass pt on aspiring | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8171 | Pt w/carot endarct/ext bypass | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8172 | CEA/ext bypass pt not on asp  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8182 | CAD pt car not prov LDL       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8183 | HF/atrial fib pt on warfarin  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8184 | HF/atrial fib pt inelig warf  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8185 | Osteoarth pt w/assess pain    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8186 | Osteoarth pt inelig assess    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8193 | Antibio not doc prior surg    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8196 | Antibio not docum prior surg  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8200 | Cefazolin not docum prophy    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |                               |                |  |
|-------|-------------------------------|----------------|--|
| G8204 | MD not doc order to d/c anti  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8209 | Clinician did not doc         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8214 | Clini did not doc order VTE   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8217 | Pt not received DVT proph     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8220 | Pt not rec DVT proph day 2    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8221 | Pt inelig for CVT proph       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8223 | Pt not doc for presc antipla  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8226 | Pt no prescr anticoa at D/C   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8231 | Pt not doc for admin t-PA     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8234 | Pt not doc dysphagia screen   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8238 | Pt not doc to rec rehab serv  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8240 | Inter carotid stenosis 30-99% | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8243 | Pt not doc MRI/CT w/o lesion  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8246 | Pt inelig hx w new/chg mole   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8248 | Pt w/one alarm symp not doc   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8251 | Pt not doc w/Barretts, endo   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8254 | Pt w/no doc order for barium  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8255 | Clini doc pt inelig bar swal  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8257 | Pt not doc rev med D/C        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8260 | Pt not doc to have dec maker  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8263 | Pt not doc assess urinary in  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8266 | Pt not doc charc urin incon   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8268 | Pt not doc rec care urin inc  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8271 | Pt no doc screen fall         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8274 | Clini doc doc pres/abs alarms | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8276 | Pt not doc mole change        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8279 | Pt not doc rec PE             | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8282 | Pt not doc to rec couns       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8285 | Pt did not rec pres osteo     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8289 | Pt not doc rec Ca/Vit D       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8293 | COPD pt w/o spir results      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8296 | COPD pt not doc bronch ther   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8298 | Pt doc optic nerve eval       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |                              |                |  |
|-------|------------------------------|----------------|--|
| G8299 | Pt not doc optic nerv eval   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8302 | Pt doc w/target IOP          | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8303 | Pt not doc w/IOP             | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8304 | Clin doc pt inelig IOP       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8305 | Clin not prov care POAG      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8306 | POAG w/IOP rec care plan     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8307 | POAG w/IOP no care plan      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8308 | POAG w/IOP not doc plan      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8310 | Pt not doc rec antiox        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8314 | Pt not doc to rec mac exam   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8318 | Pt doc not have visual func  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8322 | Pt not doc pre axial leng    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8326 | Pt not doc rec fundus exam   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8330 | Pt no doc rec dilated mac    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8334 | Doc of macular not giv MD    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8338 | Clin not doc pt test osteo   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8341 | Pt not doc for DEXA          | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8345 | Pt not doc have DEXA         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8351 | Pt not doc ECG               | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8354 | Pt not rec aspirin prior ER  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8357 | Pt not doc to have ECG       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8360 | Pt not doc vital signs recor | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8362 | Pt not doc 02 SAT assess     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8365 | Pt not doc mental status     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8367 | Pt not doc have empiric AB   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8370 | Asthma PT W survey not docum | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8371 | Chemother not rec stg3 colon | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8372 | Chemother rec stg 3 colon ca | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8373 | Chemo plan docum prior chemo | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8374 | Chemo plan not doc prior che | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8375 | CLL pt w/o doc flow cytometr | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8376 | Brst ca pt inelig tamoxifen  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8377 | MD doc colon ca pt inelig ch | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |   |                |  |
|-------|---|----------------|--|
| G8378 | MD doc pt inelig rad therapy  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8379 | Radiat tx recom doc 12 mo ov  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8380 | Pt w stgIC-3Brst ca w/o tam   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8381 | Pt w stgIC-3Brst ca rec tam   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8382 | MM pt w/o doc IV bisphophon   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8383 | Radiation rec not doc 12 mo o   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8384 | MDS pt w/o base cytogen test  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8385 | Diab pt w nodoc HbgA1c 12 m   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8386 | Diab pt w nodoc LDL 12m   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8387 | ESRD pt w Hct/Hgb not docume  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8388 | ESRD pt w/URR/Ktv not doc el  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8389 | MDS pt no doc Fe prior EPO  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8390 | Diabetic w/o document BP 12m  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8391 | Pt w asthma no doc med or tx  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8395 | Left ventricular ejection fraction (LVEF) >= 40% or documentation as normal or mildly depressed left ventricular systolic function  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8396 | Left ventricular ejection fraction (LVEF) not performed or documented   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8397 | Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8398 | Dilated macular or fundus exam not performed  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8399 | Patient with central dual-energy x-ray absorptiometry (DXA) results documented or ordered or pharmacologic therapy (other than mineral/vitamins) for osteoporosis prescribed              | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8400 | Patient with central dual-energy x-ray absorptiometry (DXA) results not documented or not ordered or pharmacologic therapy (other than minerals/vitamins) for osteoporosis not prescribed | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8401 | Clinician documented that patient was not an eligible candidate for screening or therapy for osteoporosis for women measure   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8402 | Tobacco (smoke) use cessation intervention, counseling  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8403 | Tobacco (smoke) use cessation intervention, not counseled   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8404 | Lower extremity neurological exam performed and documented  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8405 | Lower extremity neurological exam not performed   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8406 | Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8407 | ABI measured and documented   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8408 | ABI measurement was not obtained  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |  |                |  |
|-------|--|----------------|--|
| G8409 | Clinician documented that patient was not an eligible candidate for ABI measurement measure  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8410 | Footwear evaluation performed and documented   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8415 | Footwear evaluation was not performed  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8416 | Clinician documented that patient was not an eligible candidate for footwear evaluation measure  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8417 | BMI $\geq$ 30 was calculated and a follow-up plan was documented in the medical record   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8418 | BMI $<$ 22 was calculated and a follow-up plan was documented in the medical record  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8419 | BMI $\geq$ 30 or $<$ 22 was calculated, but no follow-up plan was documented in the medical record   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8420 | BMI $<$ 30 and $\geq$ 22 was calculated and documented   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8421 | BMI not calculated   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8422 | Patient not eligible for BMI calculation   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8423 | Documented that patient was screened and either influenza vaccination status is current or patient was counseled   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8424 | Influenza vaccine status was not screened  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8425 | Influenza vaccine status screened, patient not current and counseling was not provided   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8426 | Documented that patient was not appropriate for screening and/or counseling  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8427 | Written provider documentation was obtained confirming that current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary (nutritional) supplements) were verified with the patient or authorized representative | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8428 | Current medication with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary (nutritional) supplements) were documented without documented patient verification  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8429 | Incomplete or not documentation that patient's current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary (nutritional) supplements) were assessed  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8430 | Documentation that patient was not eligible for medication assessment  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8431 | Documentation of clinical depression screening using a standardized tool   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8432 | No documentation of clinical depression screening using a standardized tool  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8433 | Patient not eligible/not appropriate for clinical depression screening   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8434 | Documentation of cognitive impairment screening using a standardized tool  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8435 | No documentation of cognitive impairment screening using a standardized tool   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8436 | Patient not eligible/not appropriate for cognitive impairment screening  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |  |                |  |
|-------|--|----------------|--|
| G8437 | Documentation of clinician and patient involvement with the development of a treatment plan/plan of care including signature by the practitioner and either co-signature by the patient or documented verbal agreement obtained from patient or, when necessary      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8438 | No documentation of clinician and patient involvement with the development of a treatment plan/plan of care including signature by the practitioner and either a co-signature by the patient or documented verbal agreement obtained from patient or, when necessary | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8439 | Documentation that patient is not eligible for co-developing a treatment plan/plan of care including signature by the practitioner and either a co-signature by the patient or documented verbal agreement obtained from patient or, when necessary, an authorized   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8440 | Documentation of pain assessment (including location, intensity and description) prior to initiation of treatment or documentation of the absence of pain as a result of assessment  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8441 | No documentation of pain assessment (including location, intensity and description) prior to initiation of treatment   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8442 | Documentation that patient is not eligible for pain assessment   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8443 | All prescriptions created during the encounter generated using a qualified E-prescribing system  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8445 | No prescriptions were generated during the encounter, provider does have access to a qualified E-prescribing system  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8446 | Some or all prescriptions generated during the encounter were handwritten or phoned in due to one of the following: required by state law, patient request or qualified E-prescribing system being temporarily inoperable  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8447 | Patient encounter was documented using a CCHIT certified EMR   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8448 | Patient encounter was documented using a non-CCHIT certified EMR; to qualify, the system must be capable of all of the following: generating a medication list, generating a problem list, entering laboratory tests as discrete searchable data elements            | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8449 | Patient encounter was not documented using an EMR due to system reasons such as, the system being inoperable at the time of the visit; use of this code implies that an EMR is in place and generally available  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8450 | Beta-blocker therapy prescribed for patients with left ventricular ejection fraction (LVEF) <49 % or documentation is moderately or severely depressed left ventricular systolic function  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8451 | Clinician documented patient with left ventricular ejection fraction (LVEF) <40% or documentation as moderately or severely depressed left ventricular systolic function was not eligible candidate for beta-blocker therapy   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8452 | Beta-blocker therapy not prescribed for patients with left ventricular ejection fraction (LVEF) <40% or documentation as moderately or severely depressed left ventricular systolic function   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |   |                |  |
|-------|---|----------------|--|
| G8453 | Tobacco use cessation intervention, counseling  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8454 | Tobacco use cessation intervention not counseled, reason not specified  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8455 | Current tobacco smoker  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8456 | Current smokeless tobacco user  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8457 | Tobacco non-user  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8458 | Clinician documented that patient is not an eligible candidate for genotype testing; patient not receiving antiviral treatment for hepatitis C  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8459 | Clinician documentat that patient is receiving antiviral treatment for Hepatitis C  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8460 | Clinician documented that patient is not an eligible candidate for quantitative RNA testing at week 12; patient not receiving antiviral treatment for Hepatitis C   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8461 | Patient receiving antiviral treatment for Hepatitis C   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8462 | Clinician documented that patient is not an eligible candidate for counseling regarding contraception prior to antiviral treatment; patient not receiving antiviral treatment for Hepatitis C   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8463 | Patient receiving antiviral treatment for Hepatitis C documented  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8464 | Clinician documented that prostate cancer patient is not an eligible candidate for adjuvant hormonal therapy; low or intermediate risk of recurrence or risk of recurrence not determined   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8465 | High risk of recurrence of prostate cancer  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8466 | Clinician documented that patient is not an eligible candidate for suicide risk   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8467 | Documentation of new diagnosis of initial or recurrent episode of major depressive disorder   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8468 | Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed for patients with a left ventricular ejection fraction (LVEF) <40% or documentation of moderately or severely depressed left ventricular systolic functi | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8469 | Clinician documented that patient with a left ventricular ejection fraction (LVEF) <40% or documentation of moderately or severely depressed left ventricular systolic function was not an eligible candidate for angiotension converting enzyme (ACE) inhibito | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8470 | Patient with left ventricular ejection fraction (LVEF) >40% or documentation as normal or mildly depressed left ventricular systolic function   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8471 | Left ventricular ejection fraction (LVEF) was not performed or documented   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8472 | Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed for patients with a left ventricular ejection fraction (LVEF) <40% or documentation of moderately or severely depressed left ventricular systolic fu | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8473 | Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |   |                |  |
|-------|---|----------------|--|
| G8474 | Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed for reasons documented by the clinician              | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8475 | Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed, reason not specified                                | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8476 | Most recent blood pressure has a systolic measurement of <130 mm/hg and a diastolic measurement of <80 mm/hg  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8477 | Most recent blood pressure has a systolic measurement of >=130 mm/hg and or a diastolic measurement of >=80 mm/hg   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8478 | Blood pressure measurement not performed or documented, reason not specified  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8479 | Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8480 | Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8481 | Clinician did not prescribe angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, reason not specified                   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8482 | Influenza immunization was ordered or administered  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8483 | Influenza immunization was not ordered or administered for reasons documented by clinician  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G8484 | Influenza immunization was not ordered or administered, reason not specified  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9001 | Mccd, Initial Rate  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9002 | Mccd,Maintenance Rate   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9003 | Mccd, Risk Adj Hi, Initial  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9004 | Mccd, Risk Adj Lo, Initial  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9005 | Mccd, Risk Adj, Maintenance   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9006 | Mccd, Home Monitoring   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9007 | Mccd, Sch Team Conf   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9008 | Mccd,Phys Coord-Care Ovrsght  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9009 | Coordinated care fee, risk adjusted maintenance, Level 3  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9010 | Coordinated care fee, risk adjusted maintenance, Level 4  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9011 | Coordinated care fee, risk adjusted maintenance, Level 5  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9012 | Coordinated care fee, risk adjusted maintenance, Level 3  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9013 | ESRD demo bundle level I  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9014 | ESRD demo bundle-level II   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9016 | Demo-Smoking Cessation Coun   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9017 | Amantadine HCL, oral  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |  |                |  |
|-------|--|----------------|--|
| G9018 | Zanamivir, inh pwrdr                             | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9019 | Oseltamivir phosp                                | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9020 | Rimantadine HCL                                  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9033 | Amantadine HCL oral brand                        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9034 | Services Provided By Occupational Therapist      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9035 | Srvc Prov By Orientation And Mobility Specialist | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9036 | Services Provided By Low Vision Therapist        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9041 | low vision rehab                                 | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9042 | low vision rehab                                 | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9043 | low vision rehab                                 | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9044 | low vision rehab                                 | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9050 | Oncology work-up evaluation                      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9051 | Oncology treatment decision                      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9052 | Onc surveillance for disease                     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9053 | Onc expect management pt                         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9054 | Onc supervison palliative                        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9055 | Onc visit unspecified NOS                        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9056 | Onc prac mgmt adheres guide                      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9057 | Onc pract mgmt differs guide                     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9058 | Onc prac mgmt disagree w/gui                     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9059 | Onc prac mgmt pt opt alterna                     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9060 | Onc prac mgmt diff pt comorb                     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9061 | Onc prac cond noadd by guide                     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9062 | Onc prac guide differs nos                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9063 | Onc dx nsclc stag I no dx prog                   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9064 | Onc dx nsclc stg 2 no dx prog                    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9065 | Onc dx nsclc stg 3A nodx prog                    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9066 | Onc dx nsclc stg3B-4 metasta                     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9067 | Onc dx nsclc dx unknown nos                      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9068 | Onc dx nsclc/sclc limited                        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9069 | Onc dx sclc/nsclc ext at dx                      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9070 | Onc dx sclc/nsclc ext unknwn                     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9071 | Onc dx brst stg 1 2B no dx pr                    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |                                |                |  |
|-------|--------------------------------|----------------|--|
| G9072 | Onc dx brst stg 1-2 noprogres  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9073 | Onc dx brst sta 3-w/progres    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9074 | Onc dx brest stg3-non-progress | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9075 | Onc dx brst metastatic/recur   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9077 | Onc dx prostate T1 no progres  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9078 | Onc dx prostate T2no progres   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9079 | Onc dx prostate T3b-T4 noprog  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9080 | Onc dx prostate w/rise PSA     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9083 | Onc dx prostate unknown NOS    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9084 | Onc dx colon t1-3,n1-2,no pr   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9085 | Onc dx colon T4, N0 w/o prog   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9086 | Onc dx colon T1-4 no dx prog   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9087 | Onc dx colon radiolg evid dx   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9088 | Onc dx colon m1/mets w/o rad   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9089 | Onc dx colon extent unknown    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9090 | Onc dx rectal T1-2 no progr    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9091 | Onc dx rectal T3 N0 no prog    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9092 | Onc dx rectal T1-3, N1-2noprg  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9093 | Onc dx rectal T4, N, M0 no prg | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9094 | Onc dx rectal M1 w/mets prog   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9095 | Onc dx rectal extent unknwn    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9096 | Onc dx esophag T1-T3 noprog    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9097 | Onc dx esophageal T4 no prog   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9098 | Onc dx esophageal mets recur   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9099 | Onc dx esophageal unknown      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9100 | Onc dx gastric no recurrence   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9101 | Onc dx gastric p R1-R2noprog   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9102 | Onc dx gastric unresectable    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9103 | Onc dx gastric recurrent       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9104 | Onc dx gastric unknown NOS     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9105 | Onc dx pancreatc p R0 res no   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9106 | Onc dx pancreatc p R1/R2 no    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9107 | Onc dx pancreatic unresectab   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |  |                |  |
|-------|--|----------------|--|
| G9108 | Onc dx pancreatic unknwn NOS                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9109 | Onc dx head/neck T1-T2no prg                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9110 | Onc dx head/neck T3-4 noprog                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9111 | Onc dx head/neck M1 met rec                        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9112 | Onc dx head/neck ext unknown                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9113 | Onc dx ovarian stg 1A-B no pr                      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9114 | Onc dx ovarian stg1A-B or 2                        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9115 | Onc dx ovarian stg3/4 no prog                      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9116 | Onc dx ovarian recurrence                          | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9117 | Onc dx ovaian unknown NOS                          | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9123 | Onc dx NHL lge Bcell relap                         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9124 | Onc dx NHL relapse/refactor                        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9125 | Onc dx NHL stg unknown                             | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9126 | Onc dx ovarian stg IA/B                            | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9128 | Onc dx mult myeloma stg2 hig                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9129 | Onc dx mult myeloma unknwn op                      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9130 | Onc dx multi myeloma unknown                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9131 | Onc dx brst unknown NOS                            | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9132 | Onc dx prostate mets no cast                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9133 | Onc dx prostate clinical mets                      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9134 | Onc NHLstg 1-2 no relap no                         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9135 | Onc dx NL stg 3-4 not relap                        | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9136 | Onc dx NHL trans to lg Bcell                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9137 | Onc dx NHL relapse/refractor                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9138 | Onc dx NHL stg unknown                             | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9139 | Onc dx COML. dx status unknown                     | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| G9140 | Clinic demonstration; for a patient stay in clinic | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0001 | Alcohol And/Or Drug Assess                         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0003 | Alcohol And/Or Drug Screenin                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0004 | Alcohol And/Or Drug Services                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0005 | Alcohol And/Or Drug Services                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0008 | Alcohol And/Or Drug Services                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0009 | Alcohol And/Or Drug Services                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |  |                |  |
|-------|--|----------------|--|
| H0010 | Alcohol And/Or Drug Services   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0011 | Alcohol And/Or Drug Services   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0012 | Alcohol And/Or Drug Services   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0013 | Alcohol And/Or Drug Services   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0014 | Alcohol And/Or Drug Services   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0016 | Alcohol And/Or Drug Services   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0017 | Alcohol And/Or Drug Services   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0018 | Alcohol And/Or Drug Services   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0019 | Alcohol And/Or Drug Services   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0031 | Mental Health Assessment, By Non-Physician   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0035 | Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0049 | Alcohol/drug screening   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H0050 | Alcohol/drug service 15 min  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H2013 | Psychiatric health facility service, per diem  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H2035 | Alcohol and/or other drug treatment program, per hour  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| H2036 | Alcohol and/or other drug treatment program, per diem  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| P2028 | Cephalin Flocculation Test   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| P2029 | Congo Red Blood Test   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| P2033 | Blood Thymol Turbidity   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| P2038 | Blood Mucoprotein  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| P9603 | One-Way Allow Prorated Miles   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| P9604 | One-Way Allow Prorated Trip  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| P9612 | Catheterize For Urine Spec   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| P9615 | Urine Specimen Collect Mult  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| Q3031 | Collagen skin test   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| R0076 | Transport Portable Ekg   | Asuris Invalid | CMS Status B, not reimbursed separately.                             |
| S0220 | Medical Conference By Physic   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S0221 | Medical Conference, 60 Min   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S0257 | End of life counseling   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S0260 | History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appro | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S0270 | Home std case rate 30 days   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S0271 | Home hospice case 30 days  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S0272 | Home episodic case 30 days   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |  |                |  |
|-------|--|----------------|--|
| S0273 | MD home visit outside cap  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S0274 | Nurse practr visit outs cap  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S0310 | Hospitalist services (list separately in addition to code for appropriate evaluation and management service.)            | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S0320 | Telephone Calls By Reg Nurse To Disease Management Program Member  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S2900 | Robotic surgical system  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S3005 | Eval self-assess depression  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S3600 | Stat laboratory request (situations other than S3601)  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S3601 | Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility                          | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S8110 | Peak Expiratory Flow Rate (P   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S8999 | Resuscitation Bag  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S9083 | Global fee urgent care centers   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S9088 | Services Provided In Urgent  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S9145 | Insulin Pump Initiation, Instruction In Initial Use Of Pump (Not Inclu   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S9150 | Evaluation By Ocularist  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S9430 | Pharmacy Compounding And Dispensing Services   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| S9529 | Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility patient | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1000 | Private duty/independent nursing service(s) - licensed, up to 15 minutes   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1001 | Nursing assessment/evaluation  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1002 | RN services, up to 15 minutes  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1003 | LPN/LVN services, up to 15 minutes   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1004 | Services of a qualified nursing aide, up to 15 minutes   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1005 | Respite care services, up to 15 minutes  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1006 | Alcohol and/or substance abuse services, family/couple counseling  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1007 | Alcohol and/or substance abuse services, treatment plan development and/or modification                                  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1009 | Child sitting services for children of the individual receiving alcohol and/or substance abuse services                  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1010 | Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)         | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1012 | Alcohol and/or substance abuse services, skills development  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1013 | Sign language or oral interpreter services   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1014 | Telehealth transmission, per minute, professional services bill separately   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1015 | Clinic visit/encounter, all-inclusive  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |   |                |  |
|-------|---|----------------|--|
| T1016 | Case Management, Each 15 Minutes  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1017 | Targeted Case Management, Each 15 Minutes   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1018 | School-Based Individualized Education Program (Iep) Services, Bundled               | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1019 | Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Reside              | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1020 | Personal Care Services, Per Diem, Not For An Inpatient Or Resident Of               | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1021 | Home Health Aide Or Certified Nurse Assistant, Per Visit                            | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1022 | Contracted Home Health Agency Services, All Services Provided Under Co              | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1023 | Screening To Determine The Appropriateness Of Consideration Of An Indi              | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1024 | Evaluation And Treatment By An Integrated, Specialty Team Contracted T              | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1025 | Intensive, Extended Multidisciplinary Services Provided In A Clinic Se              | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1026 | Intensive, Extended Multidisciplinary Services Provided In A Clinic Se              | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1027 | Family Training And Counseling For Child Development, Per 15 Minutes                | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1028 | Assessment Of Home, Physical And Family Environment, To Determine Suit              | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1029 | Comprehensive Environmental Lead Investigation, Not Inc Laboratory                  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1030 | Nursing Care, In The Home, By Registered Nurse, Per Diem                            | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1031 | Nursing Care, In The Home, By Licensed Practical Nurse, Per Diem                    | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1502 | Administration Of Oral, Intramuscular And/Or Subcut Medication By Heal              | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1503 | Med admin other than oral   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T1999 | Miscellaneous Therapeutic Items And Supplies, Retail Purchases, NOS                 | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2001 | Non-Emergency Transportation; Patient Attendant/Escort                              | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2002 | Non-Emergency Transportation; Per Diem  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2003 | Non-Emergency Transportation; Encounter/Trip  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2004 | Non-Emergency Transport; Commercial Carrier, Multi-Pass                             | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2005 | Non-Emergency Transportation; Non-Ambulatory Stretcher Van                          | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2007 | Transportation Waiting Time, Air Ambulance And Non-Emergency Vehicle                | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2010 | Preadmission Screening and Resident Review (PASRR) Level I Id screening, per screen | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2011 | Preadmission Screening and Resident Review (PASRR) Level II Eval, per eval          | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2012 | Habilitation, educational; waiver, per diem   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2013 | Habilitation, educational, waiver; per hour   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2014 | Habilitation, prevocational, waiver; per diem                                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2015 | Habilitation, prevocational, waiver; per hour                                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2016 | Habilitation, residential, waiver; per diem   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2017 | Habilitation, residential, waiver; 15 minutes                                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |  |                |  |
|-------|--|----------------|--|
| T2018 | Habilitation, supported employment, waiver; per diem   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2019 | Habilitation, supported employment, waiver; per 15 minutes                                       | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2020 | Day habilitation, waiver; per diem   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2021 | Day habilitation, waiver; per 15 minutes   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2022 | Case management, per month   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2023 | Targeted case management; per month  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2024 | Service assessment/plan of care development, waiver  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2025 | Waiver services; not otherwise specified (nos)   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2026 | Specialized childcare, waiver; per diem  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2027 | Specialized childcare, waiver; per 15 minutes  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2028 | Specialized supply, not otherwise specified, waiver  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2029 | Specialized medical equipment, not otherwise specified, waiver                                   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2030 | Assisted living, waiver; per month   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2031 | Assisted living; waiver, per diem  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2032 | Residential care, not otherwise specified (nos), waiver; per month                               | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2033 | Residential care, not otherwise specified (nos), waiver; per diem                                | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2034 | Crisis intervention, waiver; per diem  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2035 | Utility services to support medical equipment and assistive technology/devices, waiver           | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2036 | Therapeutic camping, overnight, waiver; each session   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2037 | Therapeutic camping, day, waiver; each session   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2038 | Community transition, waiver; per service  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2039 | Vehicle modifications, waiver; per service   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2040 | Financial management, self-directed, waiver; per 15 minutes                                      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2041 | Supports brokerage, self-directed, waiver; per 15 minutes  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2042 | Hospice routine home care; per diem  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2043 | Hospice continuous home care; per hour   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2044 | Hospice inpatient respite care; per diem   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2045 | Hospice general inpatient care; per diem   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2046 | Hospice long term care, room and board only; per diem  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2048 | Behavioral health; long-term care residential (non-acute care in a residential program, per diem | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2049 | N-ET; stretcher van, mileage   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T2101 | Human breast milk processing, storage and distribution only                                      | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |

Asuris Clinical Edit List  
Asuris Invalid Full List  
Applies to Commercial Products (excl. Medicare)

|       |   |                |  |
|-------|---|----------------|--|
| T4521 | Adult size brief/diaper sm  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4522 | Adult size brief/diaper med   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4523 | Adult size brief/diaper lg  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4524 | Adult size brief/diaper xl  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4525 | Adult size pull-on sm   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4526 | Adult size pull-on med  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4527 | Adult size pull-on lg   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4528 | Adult size pull-on xl   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4529 | Ped size brief/diaper sm/med  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4530 | Ped size brief/diaper lg  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4531 | Ped size pull-on sm/med   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4532 | Ped size pull-on lg   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4533 | Youth size brief/diaper   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4534 | Youth size pull-on  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4535 | Disposable liner/shield/pad   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4536 | Reusable pull-on any size   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4537 | Reusable underpad bed size  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4538 | Diaper serv reusable diaper   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4539 | Reuse diaper/brief any size   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4540 | Reusable underpad chair size  | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4541 | Large disposable underpad   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4542 | Small disposable underpad   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T4543 | Disp bariatric brief/diaper   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T5001 | Positioning seat for persons with special orthopedic needs, for use in vehicles | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |
| T5999 | Supply, not otherwise specified   | Asuris Invalid | Not considered a payable service. Will be denied provider write-off. |