

Ambulatory Surgical Center (ASC) Reason Codes and Statements
 March 2, 2026

Reason Code	BOTULINUM TOXIN INJECTION
AS000	<i>The submitted documentation contains a limitation or contraindication that is not considered reasonable and necessary. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.</i>
AS001	<i>A surgical procedure for the purpose of improving appearance is not covered per Medicare guidelines. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.</i>
AS002	<i>Insufficient documentation to support a covered diagnosis or specific condition to support the administration of Botulinum Toxin is reasonable and necessary. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.</i>
AS003	<i>Insufficient documentation within the exam findings to support clinical features consistent with the diagnosis. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.</i>
AS004	<i>The anticipated dose exceeds the policy and/or FDA label for the diagnosis, and there is insufficient robust literature to support the dose requested. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.</i>
AS005	<i>The anticipated serotype is not supported by the policy and/or FDA label for the diagnosis, and there is insufficient robust literature to support the requested serotype. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.</i>

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AS006	<i>The proposed injection sites or muscles treated do not anatomically or clinically support the documented diagnosis. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.</i>
AS007	<i>Insufficient documentation to demonstrate a baseline assessment with an objective clinical scale. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.</i>
AS008	<i>Insufficient documentation to demonstrate clinical effectiveness due to absence of a follow-up assessment using the same objective clinical scale, or equivalent measurable outcome, as the baseline assessment. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.</i>
AS009	<i>The documentation submitted supports Botulinum Toxin injections are administered more frequently than supported by applicable Medicare coverage and FDA label criteria. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.</i>
AS010	<i>Insufficient documentation to support adequate trial, intolerance, or contraindication of preventive migraine therapies prior to initiation of botulinum toxin therapy. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.</i>
AS011	<i>Insufficient documentation to demonstrate significant functional impairment or disability related to chronic migraine to support medical necessity of botulinum toxin therapy. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.</i>
AS012	<i>The documentation submitted does not support that the criteria for initial botulinum toxin injections were met to establish the procedure as reasonable and necessary. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication</i>

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	<i>(Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.</i>
AS013	<i>The documentation submitted does not support that the criteria for subsequent botulinum toxin injections were met to establish the procedure as reasonable and necessary. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.</i>
AS014	<i>Insufficient documentation to demonstrate that symptoms were present for a clinically significant duration prior to initiation of botulinum toxin therapy, as required by applicable Medicare coverage criteria. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.</i>

Reason Code	PANNICULECTOMY
AS100	A surgical procedure for the purpose of improving appearance is not covered per Medicare guidelines. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
AS101	Insufficient documentation to support medical necessity because a panniculectomy was not done at the same time as the primary procedure and/or would affect the healing of the surgical incision. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
AS102	Insufficient documentation to support the panniculectomy was performed to alleviate any complicating factors such as inability to walk normally, chronic pain, ulceration created by abdominal skin fold, or intertrigonal dermatitis. Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A) and Internet Only Manual (IOM) Publication 100-02, Chapter 16, Section 120. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
AS103	Insufficient documentation to support that complicating factors were present for at least three months prior to the panniculectomy. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16,

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	Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
AS104	Insufficient documentation to support the complicating factors were refractory to usual standard medical therapy prior to the panniculectomy. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
AS105	Insufficient documentation to support the medical necessity of a panniculectomy as there was no evidence of significant weight loss following the treatment of morbid obesity. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02 Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.

Reason Code	RHINOPLASTY
AS200	A surgical procedure for the purpose of improving appearance is not covered per Medicare guidelines. Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A) and Internet Only Manual (IOM) Publication 100-02, Chapter 16, Section 120. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
AS201	Insufficient documentation to support that the rhinoplasty was performed to improve abnormal function or to reconstruct congenital or acquired deformities. Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A) and Internet Only Manual (IOM) Publication 100-02, Chapter 16, Section 120. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
AS202	The documentation does not contain the required photographs to support medical necessity. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
AS203	Insufficient documentation to support medical necessity for rhinoplasty for a nasal airway obstruction that is unresponsive to conservative medical management, as related to trauma, disease, or a congenital defect. Conservative medical management would have to be recent, last at least six weeks, and demonstrate that nasal obstruction has either not resolved after previous septoplasty/turbinectomy or would not be expected to resolve with septoplasty/turbinectomy alone. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16,

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	Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
AS204	Insufficient documentation to support septoplasty as being medically necessary due to having a septal deviation that is unresponsive to conservative medical management. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
AS205	Insufficient documentation to support septoplasty as being medically necessary as related to epistaxis related to the deformity, a deformity which prevents access to other trans nasal areas, congenital defects or obstructed nasal breathing as instructed in the LCD. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.

Reason Code	VEIN ABLATION
AS300	The documentation submitted does not have a covered diagnosis code for the procedure indicated. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
AS301	Insufficient documentation to support failure of an adequate trial of conservative treatment prior to the vein ablation. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
AS302	The documentation submitted does not include history and physical findings supporting a diagnosis of symptomatic varicose veins. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.

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<p>AS303</p>	<p>Insufficient documentation to support that the beneficiary has an absence of aneurysm in target segment. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.</p>
<p>AS304</p>	<p>Insufficient documentation to support that the required vein diameter parameters for vein ablation were met per Medicare coverage criteria. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.</p>
<p>AS305</p>	<p>The documentation submitted does not note the absence of thrombosis or vein tortuosity. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.</p>
<p>AS306</p>	<p>Insufficient documentation to support performance of test(s) to confirm the presence and location of incompetent perforating veins. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.</p>
<p>AS307</p>	<p>Documentation submitted supports that the requested procedure is for recanalization of the vein or failure of a vein closure without recurrent signs or symptoms and/or the previous procedure was performed within the past year. Refer to MAC LCD and/or LCA as applicable, XVIII of SSA 1862 (a)(1)(A), Medicare Program Integrity Manual Chapter 13, §13.5.4.</p>
<p>AS308</p>	<p>Insufficient documentation to support other causes of edema, ulceration, and/or pain in the limbs. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.</p>
<p>AS309</p>	<p>Insufficient documentation to support the necessity of utilizing ultrasound guidance for the vein ablation. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3,</p>

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	Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
AS310	A surgical procedure for the purpose of improving appearance is not covered per Medicare guidelines. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.

Reason Code	BLEPHAROPLASTY
AS400	The following documentation was not received for review; preoperative exam, photographs, visual fields with physician interpretation, and/or medical records that include patient findings and complaints. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
AS401	A surgical procedure for the purpose of improving appearance is not covered per Medicare guidelines. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
AS402	Insufficient documentation to support the beneficiary met the criteria per coverage requirements for blepharoplasty, blepharoptosis and /or brow lift. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
AS403	Insufficient documentation to support patient complaints and findings secondary to eyelid or brow malposition. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.

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<p>AS404</p>	<p>Insufficient documentation to support that the photographs demonstrate redundant skin on the upper eyelids and/or drooping of brows. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.</p>
<p>AS405</p>	<p>The documentation submitted does not meet criteria for visual field impairment:</p> <ul style="list-style-type: none"> • The indication for surgery is supported if a difference of 12° or more or 30% superior visual field difference is demonstrated between visual field testing before and after manual elevation of the eyelids. • Visually significant brow ptosis may be documented by visual field testing with the brow elevated demonstrating a difference of 12° or more or 30% superior visual field difference. <p>Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.</p>
<p>AS406</p>	<p>Insufficient documentation to support criteria was met for relief of eye symptoms associated with blepharospasm: primary essential idiopathic blepharospasm. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.</p>
<p>AS407</p>	<p>Insufficient documentation to support visual impairment with near or far vision due to dermatochalasis, blepharochalasis, blepharoptosis, brow ptosis, redundant skin weighing down on upper lashes or dermatitis pretarsal skin unresponsive to conventional treatment. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.</p>
<p>AS408</p>	<p>Insufficient documentation to support a decrease of a peripheral and/or upper field vision. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.</p>

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Reason Code	ADMINISTRATIVE/OTHER <i>(For Transmission via esMD)</i>
GEX04	Other
GEX05	The system used to retrieve the Subscriber/Insured details using the given MBI is temporarily unavailable.
GEX06	The documentation is incomplete
GEX07	This submission is an unsolicited response
GEX08	The documentation cannot be matched to a case/claim
GEX09	This is a duplicate of a previous transaction
GEX10	The date(s) of service on the cover sheet received is missing or invalid.
GEX11	The NPI on the cover sheet received is missing or invalid.
GEX12	The state where services were provided is missing or invalid on the cover sheet received.
GEX13	The Medicare ID on the cover sheet received is missing or invalid.
GEX14	The billed amount on the cover sheet received is missing or invalid.
GEX15	The contact phone number on the cover sheet received is missing or invalid.
GEX16	The Beneficiary name on the cover sheet received is missing or invalid
GEX17	The Claim number on the cover sheet received is missing or invalid
GEX18	The ACN on the coversheet received is missing or invalid
GEX19 (Effective 10/01/2021)	Provider is exempted from submitting this PA request