

CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.

Medicare Non-Covered Services: HCPCS Codes

This section contains five-character HCPCS Level II (National), interim codes, and three-character Health Insurance Portability and Accountability Act (HIPAA)-compliant revenue codes used for billing. This list is arranged in alphabetical order by service “description.”

Although interim codes are not used to bill Medicare, they are included to assist providers in determining the “type of service” not covered by Medicare.

Codes	Description	When to Bill Medi-Cal Directly
G0154, G0156, S5130, S5165, S5170, S9470, T2003, T2022, T2025, T2026, T2028, T2029	AIDS Waiver	Always
A0422, A0424, A0430, A0431, A0999, T2007	Air Ambulance	Any non-emergency TAR-authorized service
A0225, A0380, A0390, A0420, A0422, A0424, A0426, A0427, A0428, A0429, A0800, A0999	Ambulance	Any non-emergency TAR-authorized service
A0130, A0380, A0390, A0422, A0425, A0426, A0428, A0999, T2001, T2005, T2007	Ambulance/Medical Transportation	Always
V5008, V5010, X4526 – X4528, X4532, X4542	Audiology	Always
X4500 – X4524, X4530, X4534 – X4540, X4544, X4546, Z0316	Audiology	If for hearing aid evaluation. Enter “hearing aid evaluation” in the <i>Additional Claim Information</i> field (Box 19) of the <i>CMS-1500</i> claim form.
Z6200 – Z6210, Z6300 – Z6308, Z6400 – Z6414, Z6500	Comprehensive Perinatal Services Program (CPSP)	Always
E0181, E0184 – E0190, E0193, E0194, E0196 – E0199, E0277, E0371 – E0373	Decubitus Care Equipment	On the <i>UB-04</i> , if the facility type code is 26 (Skilled Nursing – Intermediate Care Level II/NF-B), 25 (Skilled Nursing – Intermediate Care Level II/NF-A), or 27 (Skilled Nursing – Subacute). On the <i>CMS-1500</i> , if the Place of Service code is 31 (Nursing Facility Level B), 32 (Nursing Facility Level A) or 99 (Other).
<u>J0690, J1100, J1200, J1885, J2250, J2550, J3010, J3490, J7120, X7700, Z7500, Z7506, Z7508, Z7510, Z7512, Z7514, Z7610</u>	<u>Dental</u>	<u>Medicare denial not necessary. Explanation of Medicare benefits (EOMB) not necessary for ambulatory surgery centers for ICD-9-CM codes 350.1 – 351.9 or 520.0 – 525.9.</u>
Z0318	Directly Observed Therapy (DOT)	Always
A9273, A9281, E0240 – E0248, E0273, E0602 – E0604, E0618, E0619, E0625	DME	Always

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Codes	Description	When to Bill Medi-Cal Directly
E0600, E0958, E0959, E0961, E0967, E0970, E0971, E0974, E0978, E0979, E0983, E0984, E0992, E1028, E1065, E1091, E1225 – E1228, E1296 – E1298, E1902, E2000, E2360, E2362, E2364, E2373, E2500 – E2599, K0009, K0014, K0064, K0070, K0108, K0739, K0740, K0868 – K0898	DME	On the <i>UB-04</i> , if the facility type code is other than 33 (Home Health – Outpatient) or 14, 24, 34, 44, 54, 64, 74, 75 or 89. On the <i>CMS-1500</i> , if the Place of Service code is other than 12 (Home) or 99 (Other).
E0950 – E1110, E1161 – E1298, E2201 – E2397, E2601 – E2621, K0002 – K0195, K0733 – K0737, K0800 – K0898 Note: All codes falling within the listed ranges may not be Medi-Cal benefits. Please refer to the <i>Durable Medical Equipment (DME): Billing Codes and Reimbursement Rates</i> section for the covered code list.	DME	On the <i>CMS-1500</i> , if the Place of Service code is 31 (Nursing Facility Level B).
A9900, E1399	DME – Unlisted	On the <i>UB-04</i> , if the facility type code is other than 33 (Home Health – Outpatient) or 14, 24, 34, 44, 54, 64, 74, 75 or 89. On the <i>CMS-1500</i> , if the Place of Service code is other than 12 (Home) or 99 (Other).
Z5802, Z5804, Z5806, Z5814, Z5816, Z5820, Z5999	Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	If services are part of Medicare non-covered treatment.
Z9700 – Z9703	Expanded Access to Primary Care (EAPC) Program	Always
G9012, H0045, S5111, S5160, S5161, S9122, S9123, S9124, T1005, T1016, T1019, T2017, T2033, T2035	HCBS Waiver	Always
V5014, V5021 – V5080, V5120 – V5159, V5161 – V5190, V5210 – V5230, V5264, V5265, V5267, V5298	Hearing Aids	Always
H0014	Heroin Detoxification (21-Day Only)	Always
Z7100 – Z7106, Z7108	Hospice Care Services	For Medi-Cal recipients who are entitled to Medicare, but not eligible for Part A coverage on the date of service.
658	Hospice Room and Board	Always
A4335, A4520, A4554, A6250, T4521 – T4537, T4540 – T4544	Incontinence Medical Supplies	Always
A4230 – A4232, A9274	Insulin Infusion Pump Supplies	Always

Codes	Description	When to Bill Medi-Cal Directly
Z7506 – Z7514	Operating/Recovery Room Services	If services are part of Medicare non-covered dental treatment.
L0982, L1710, L1730, L2360, L2780, L3100, L3208 – L3214, L3251 – L3255, L3260, L3265, L3300 – L3520, L3560 – L3595, L3610, L3630	Orthotics	Always
A4615, A4619, A4620, E0424, E0425, E0430 – E0435, E0439 – E0444, E1390 – E1392	Oxygen Delivery Systems and Supplies	On the <i>CMS-1500</i> , if the Place of Service code is 32 (Nursing Facility Level A) or 31 (Nursing Facility Level B). If the Place of Service code is 99 (Other), services are included in the per diem rate and are not separately reimbursable by Medicare or Medi-Cal.
L8001, L8002, L8010, L8100 – L8180, L8230	Prosthetics	Always
X4300 – X4312, X4320	Speech Therapy	Always
X9900 – X9920	Subacute, Physician	Always
S0500, S0512, S0514, V2500, V2501, V2510, V2511, V2513, V2520, V2521, V2523	Vision Services – Contact lenses, per lens	If diagnosis is other than aphakia (ICD-9-CM codes 379.3 – 379.34 or 743.35), or pseudophakia (ICD-9-CM code V43.1).
S0516, V2020, V2025	Vision Services – Eyeglass Frames	If diagnosis is other than aphakia (ICD-9-CM codes 379.3 – 379.34 or 743.35) or pseudophakia (ICD-9-CM code V43.1).
V2100 – V2499, V2781 – V2783	Vision Services – Ophthalmic Lenses (billed only in non-FOL Counties: 40 (San Luis Obispo), 41 (San Mateo), and 42 (Santa Barbara))	If diagnosis is other than aphakia (ICD-9-CM codes 379.3 – 379.34 or 743.35) or pseudophakia (ICD-9-CM code V43.1).
V2599	Vision Services – Bandage Contact Lenses	If diagnosis is other than aphakia (ICD-9-CM codes 379.3 – 379.34 or 743.35) or pseudophakia (ICD-9-CM code V43.1).
V2600, V2610, V2615	Vision Services – Low Vision Aids	Always
V2702 – V2755, V2760 – V2762, V2799	Vision Services – Eye Appliance, Miscellaneous billed only in non-Fabricating Optical Laboratory (FOL) Counties: 40 (San Luis Obispo), 41 (San Mateo), and 42 (Santa Barbara)	If diagnosis is other than aphakia (ICD-9-CM codes 379.3 – 379.34 or 743.35) or pseudophakia (ICD-9-CM code V43.1).
V2770	Vision Services – Occluder	Always