

## Medicare Non-Covered Services: CPT® Codes

Page updated: December 2020

This chart alphabetically lists the services that may be billed directly to Medi-Cal without an *Explanation of Medicare Benefits (EOMB)* or *Medicare Remittance Notice (MRN)* because they are services that Medicare does not cover. This section contains Physicians' Current Procedural Terminology (CPT®) codes. Codes other than those listed always require an EOMB/MRN when billing Medi-Cal for services rendered to recipients who are eligible for both Medi-Cal and Medicare.

### CPT Billing Procedures for Non-Covered Services

| CPT Code   | Description  | When to Bill Medi-Cal Directly   |
|--|--|--|
| 97810, 97811, 97813, 97814   | Acupuncture  | Always   |
| 90846, 90847   | AIDS waiver  | Always   |
| 78351  | Bone density study   | Always   |
| 96110  | Central nervous system   | Always   |
| 92310 thru 92312   | Contact lens examination                                       | If diagnosis is other than aphakia (ICD-10-CM codes H27.00 thru H27.139, Q12.3) or pseudophakia (Z96.1). |
| 92015  | Determination of refractive state                              | Always   |
| 97802 thru 97804   | Early and Periodic Screening, Diagnostic and Treatment (EPSDT) | If services are part of Medicare non-covered treatment   |
| 44384, 44401 thru 44408, 45350, 45388 thru 45390, 45393, 45398, 46601, 46607 | Endoscopy  | Always   |
| <<99417  | Evaluation and management                                      | Always>>   |
| 92002, 92004, 92012, 92014   | Eye examinations   | If diagnosis is H52.00 thru H52.7, H53.50 thru H53.59, H53.60 thru H53.69, Z01.00 or Z01.01.             |

«CPT Billing Procedures for Non-Covered Services (continued)»

| <b>CPT Code</b>  | <b>Description</b>                     | <b>When to Bill Medi-Cal Directly</b>         |
|--|--|---|
| 92340 thru 92342, 92352, 92353   | Eyeglass dispensing                    | Always  |
| 92590, 92591, 92594, 92595   | Hearing aid exams                      | Always  |
| 99500  | Home health                            | Always  |
| 81206 thru 81208, 81210 thru 81212, 81215, 81217, 81220, 81225, 81243, 81244, 81250, 81256, 81260, 81265 thru 81268, 81270, 81292 thru 81301, 81315 thru 81319, 81331, 81370 thru 81383, 81401 thru 81405, 86580 | Lab/pathology                          | Always  |
| 82175, 83015, 83018  | Lab/pathology                          | If other than suspected heavy metal poisoning |
| 95972  | Neurostimulators, analysis-programming | Always  |
| 93702  | Noninvasive physiologic studies        | Always  |
| 99241 thru 99245, 99251 thru 99255   | Office consultations                   | Always  |
| 99381 thru 99384, 99391 thru 99394   | Preventive medicine                    | Always  |
| 77387  | Radiation treatment                    | Always  |
| 55200, 55250, 58600, 58605, 58611, 58615, 58670, 58671   | Surgical procedures                    | If elective sterilization                     |
| 45399  | Unlisted colon procedure               | Always  |

**«CPT Billing Procedures for Non-Covered Services (continued)»**

| <b>CPT Code</b> | <b>Description</b>                             | <b>When to Bill Medi-Cal Directly</b>   |
|-----------------|--|---|
| 92499           | Unlisted ophthalmological service or procedure | When billed for a low vision examination with ICD-10-CM codes H54.0X33 thru H54.3, H54.8. An EOMB is required for claims processing when billed for any other service or with any other ICD-10-CM code. |
| «90658, 90682»  | Vaccine  | Always  |

**<<Legend>>**

Symbols used in the document above are explained in the following table.

| <b>Symbol</b> | <b>Description</b>  |
|---------------|---|
| <<            | This is a change mark symbol. It is used to indicate where on the page the most recent change begins. |
| >>            | This is a change mark symbol. It is used to indicate where on the page the most recent change ends.   |