

## Medicare Non-Covered Services: CPT® Codes

Page updated: January 2024

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	«Medi-Cal Waiver Program (MCWP)»	Always
78351	Bone density study	Always
96110	Central nervous system	Always
1494F	Cognition assessed and reviewed (DEM)	If services are provided to Medi-Cal beneficiaries 65 years of age and older who do not have Medicare coverage.
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
59409, 59612, 59620, 59840	Doula Services	Billed with modifier XP. Medicare denial is not required when billing doula services for Medicare/Medi-Cal dual eligible beneficiaries.
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

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

<b>CPT Code</b>	<b>Description</b>	<b>When to Bill Medi-Cal Directly</b>
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.
92340 thru 92342, 92352, 92353	Eyeglass dispensing	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
99242 thru 99245, 99252 thru 99255	Office consultations	Always
99381 thru 99386, 99391 thru 99396	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.