Other Health Coverage (OHC): CPT® and HCPCS Codes

Page updated: February 2024

This chart lists service codes that may be billed directly to Medi-Cal at the provider's option, even if the recipient has OHC coverage. Refer to *Other Health Coverage (OHC)* in this manual for specific instructions.

Recipients with OHC Coverage

Codes	Description (alphabetical order)	When to Bill Medi-Cal Directly
Z5400 thru Z5470, Z5499	CCS (California Children's Services) HCPCS Level III Codes (OHC Code "9")	May be billed directly to Medi-Cal even though the recipient has OHC
H2000, S5102*, T1023	Community-Based Adult Services HCPCS Level II Codes	May be billed directly to Medi-Cal even though the recipient has OHC
59840, 59841 59850 thru 59852	Elective abortions for CHAMPUS-covered recipients only CPT® Codes (OHC Code "C")	May be billed directly to Medi-Cal even though the recipient has OHC
G9001, G9002 G9012, H0045, S5111, S5160, S5161, S5165, S9122, S9123, S9124, T1005, T1016, T1019, T2017, T2033, T2035, T2038	Home and Community-Based Services (HCBS) HCPCS Level II Codes	May be billed directly to Medi-Cal even though the recipient has OHC
‹‹658	Hospice Care Room and Board	May be billed directly to Medi-Cal even though the recipient has OHC
A4335, A4554, A6250 T4521 thru T4537 T4540 thruT4544	Incontinence Medical Supplies Medicare Part C Health Plan recipients only. (OHC Code "F")	May be billed directly to Medi-Cal even though the recipient has OHC››

Codes	Description (alphabetical order)	When to Bill Medi-Cal Directly
‹‹G0156, G0299, G0300, S5130, S5170, S9470, T2003, T2022, T2025, T2026, T2028, T2029	Medi-Cal Waiver Program (MCWP) HCPCS Level II Codes	May be billed directly to Medi-Cal even though the recipient has OHC
90846, 90847	Medi-Cal Waiver Program (MCWP) CPT Codes	May be billed directly to Medi-Cal even though the recipient has OHC››
A0130, A0225, A0380, A0390, A0420, A0422, A0424, T2001, T2005, T2007	Medical Transportation Medicare Part C Health Plan recipients only (OHC Code "F")	May be billed directly to Medi-Cal even though the recipient has OHC
A9279, A9280, A9300, E0700, G0155, G0159, H0034, H0045, H2019, H2032, S0390, S5100, S5102, S5125, S5126, S5130, S5131, S5135, S5136, S5150, S5161, S5162, S5165, S5170, S5199, S8990, S9125, S9127, S9131, S9433, S9470, S9110, S9977, T1005, T1013, T1019, T1020, T1505, T1999, T2022, T2024, T2025, T2038, T2040	Multipurpose Senior Services Program (MSSP)	May be billed directly to Medi-Cal even though the recipient has OHC
G0176, G9001, G9012, H0045, S5110, S9123, T1005, T2022, T2025	Early and Periodic Screening Diagnostic and Treatment HCPCS Level II Codes	May be billed directly to Medi-Cal even though the recipient has OHC

Codes	Description (alphabetical order)	When to Bill Medi-Cal Directly
90837	Psychotherapy, 60 minutes with patient. Early and Periodic Screening, Diagnostic and Treatment HCPCS Level II Codes	May be billed directly to Medi-Cal even though the recipient has OHC
G9919, G9920	Trauma screening	May be billed directly to Medi-Cal even though the recipient has OHC

Recipients with OHC Coverage Through an HMO

The following services may be billed directly to Medi-Cal, unless the recipient has OHC coverage through an HMO. HMO benefits must be used first.

Codes	Description (alphabetical order)	When to Bill Medi-Cal Directly
G0156, G0162, G0299, G0300, S9123, S9124, T1016	Early and Periodic Screening, Diagnostic and Testing (EPSDT) HCPCS Level II Codes	HMO benefits must be used first
97802 thru 97804	Early and Periodic Screening, Diagnostic and Testing (EPSDT) CPT Codes	HMO benefits must be used first
90378, 90585, 90655 thru 90658, 90691, 90702, 90707 90713 thru 90717, 90723, 90726, 90733	Immunization Injection Codes CPT Codes	HMO benefits must be used first
96110 99381 thru 99385, 99391 thru 99395, 99461	Preventive Medicine Pediatric CPT Codes	HMO benefits must be used first

<u>Legend</u>

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

Symbol	Description
‹‹	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.
*	Requires a *Treatment Authorization Request* (TAR) before a claim may be submitted