



## Avoid Claims Issues by Knowing Which Services Will Not Be Covered as of January 1, 2020

See list of codes below

To avoid delays or issues with claims, be aware of services that will no longer be covered under Medi-Cal benefit programs. They are reflected by codes that will change from a covered to non-covered status.

### Note the changes align with Medi-Cal guidelines

For dates of service on or after January 1, 2020, the CPT codes and HCPCS codes listed below will no longer be covered. Claims for such services will be denied as not a covered benefit.

Services represented by these codes had previously been covered in Health Net\* Medi-Cal benefit packages. However, for dates of service on or after January 1, 2020, they will be configured as non-covered benefits and no longer reimbursable.

### See which codes won't be covered

The table below lists codes for services that will no longer be covered.

Codes for services that will no longer be covered for dates of service on or after January 1, 2020			
Code	Description	Code	Description
0159T	Computer-aided detection including computer algorithm analysis	15835	Excise excessive skin buttck
0184T	Exc rectal tumor endoscopic	15836	Excise excessive skin arm
0191T	Insert ant segment drain int	15839	Exc excessive skin & subq tiss; other area
0296T	Ext ECG recording	15847	Exc skin abd add-on
11719	Trim nondystrophic nails, any number	15850	Remov sutures under anes same surg
15830	Exc skin abd	15876	Suction assisted lipectomy; head & neck
15833	Exc excessive skin & subq tiss; leg	15877	Suction assisted lipectomy; trunk

### THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

### LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
  - Kern
    - Molina
  - Los Angeles
  - Riverside
  - Sacramento
  - San Bernardino
  - San Diego
  - San Joaquin
  - Stanislaus
  - Tulare

### PROVIDER SERVICES

1-800-675-6110

provider.healthnet.com

### PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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Codes for services that will no longer be covered for dates of service on or after January 1, 2020,  
continued

Code	Description	Code	Description
19355	Correct inverted nipples	78267	Urea breath test C-14 acquisition for analysis
36415	Routine venipuncture	78268	Urea breath test analysis
36416	Capillary blood draw	78469	Myocardial imag planar; tomogrph spect w/wo quan
36591	Draw blood off venous device	78492	Myocard imag-PET-perfus; mx studies rest/stress
36592	Collect blood from picc	78607	Brain imaging complt study; tomographic (spect)
40806	Incision of lip fold	78803	Tumor imaging (3D)
40810	Exc les-mucos/submucosa-vestibule mouth; wo repr	80050	General health panel
41115	Excision of tongue fold	80400	ACTH stim panel; adrenal insuff
43238	EGD US fine needle bx/aspir	81223	CFTR gene full sequence
49250	Umbilectomy/omphalectomy-exc umbilicus (sep pro)	81227	CYP2C9 gene com variants
54150	Circumcision w/ regionl block	81229	Cytogen m array copy no&snp
54401	Insrt penile prosth; inflatable	81240	F2 gene
54405	Insert multi-comp penis pros	81241	F5 gene
54450	Foreskin manip inc lysis adhes.	81332	SERPINA1 gene
58673	Laparoscopy w/ salpingostomy	81350	UGT1A1 gene
58760	Fimbrioplasty	81445	Targeted genomic seq analys
59200	Insert cervical dilator	81450	Targeted genomic seq analys
59412	Antepartum manipulation	81460	Whole mitochondrial genome
64550	Appl surface neurostimulator	82075	Alcohol; breath
64555	Implant neuroelectrodes	83937	Osteocalcin
64561	Percutaneous implantation of neurostimulator electrodes	84112	Eval amniotic fluid protein
64581	Implant neuroelectrodes	86352	Cell function assay w/ stim
65772	Corneal relaxing incs correct induce astigmatism	86965	Pooling blood platelets
69421	Myringotomy incl aspirat req gen anes	88738	Hgb quant transcutaneous
70336	MRI temporomandibular jt	89310	Semen analysis; motility and count
70371	Complx dynamic pharyngeal & speech eval	89320	Semen analysis volume count motility different
74261	Ct colonography, w/o dye	90472	Immuniz admin; 2/> sing/combo vaccines/toxoids
74262	Ct colonography, w/ dye	90473	Immunization administration
75557	Cardiac MRI for morph	90661	Cciiv3 vac no prsrv 0.5 ml im
75563	Card MRI w/ stress img \ dye	90749	Unlist vaccine/toxoid
76376	3d render w/ intrp postproces	90901	Biofeedback training-any modality
76377	3d render w/ intrp postproces	90911	Biofeedback peri/uro/rectal
76818	Fetal biophysical profile	91120	Rectal sensation tone and compliance test
76936	Us guid compress repr art pseudo-aneur/av fistul	92285	Ext ocular photog w/i&r-document med progress
77078	Computed tomography, bone mineral density, study, 1 or more sites	92286	Special anterior segment photography with interpretation and report-with

Codes for services that will no longer be covered for dates of service on or after January 1, 2020,  
continued

Code	Description	Code	Description
92287	Internal eye photography	99288	Direct advanced life support
94070	Evaluation of wheezing	99409	AUDIT/DAST over 30 min
94452	HAST w/ report	99441	Phone e/m phys/qhp 5-10 min
94761	Measure blood oxygen level	99442	Phone e/m phys/qhp 11-20 min
94762	Measure blood oxygen level	99443	Phone e/m phys/qhp 21-30 min
95250	Glucose monitoring cont	99495	Trans care mgmt 14 day disch
95921	Autonom nerv syst funct test; cardiovagal innerv	99496	Trans care mgmt 7 day disch
95966	MEG evoked single	99512	Home visit for hemodialysis
95967	Magnetoencephalography	C9741	Rhc impl wireless press sens pa
96040	Medical genetics and genetic counseling services	G0277	HBOT full body chamber 30m
96125	Cognitive test by hc pro	G0399	Home sleep test/type iii porta
97537	Community/work reintegration training (e.g., shopping)	G0402	Initial preventive exam
97542	Wheelchair management/propulsion training, each 15 minutes	J0572	Bupren/nal up to 3mg bupreno
97602	Nonselect debrid wo anes ea session 0	J0574	Buprenorph/nalox 6.1 to 10mg
97605	Neg press wound tx <=50 cm	L3999	Upper limb orthosis nos
97606	Neg press wound tx >50 cm	L8600	Implantable breast prosthesis silicone or equal
97755	Assistive technology assess	L8610	Ocular implant
98927	Osteopathic manip tx; 5-6 body regions involved	L8612	Aqueous shunt
99001	Specimen handling pt-lab	Q2035	Flu vacc split 3 yrs and > im afluia
99053	Med serv 10pm-8am 24 hr fac	Q2037	Fluvirin vacc, 3 yrs & >, im
99224	Subsequent observation care	Q2038	Fluzone vacc, 3 yrs & >, im

### Additional information

Providers are encouraged to access the provider portal online at [provider.healthnet.com](http://provider.healthnet.com) for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.