



Network Provider Update

To: Medi-Cal network participants

From: Melinda Kjer
Director, Provider Network Management

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Subject: Summary of Department of Health Care Services Medi-Cal Provider Bulletins

The Department of Health Care Services (DHCS) issued Medi-Cal bulletins during **March 2025** with updates on the below topics. We are sharing this update with you to ensure you are aware of the information, and you can apply the information to your practice or facility operations, where appropriate.

General Medicine

1. Update: The Number of Required Antepartum Visits to Bill for Global Obstetric Care Has Changed
2. PLA Codes 0118U and 0493U Updated to a Medi-Cal Benefit
3. Rate Updates for Select FPACT HCPCS Codes
4. Rate Update for Specific Contraceptive HCPCS Codes
5. Policy Update for HCPCS Codes Z7500 and Z7516
6. Clarified Medi-Cal Policy for Doula Services
7. May 14, 2025: Medi-Cal In-Person Training Event
8. Provider Manual Revisions: [chemo drug m \(10, 11\)](#); [oth hlth cpt \(1\)](#); [prev \(3\)](#); [tar and non cd0 \(17, 68\)](#)

For information about the above changes, please refer to: [Medi-Cal Update - General Medicine| March 2025| Bulletin 609](#)

Durable Medical Equipment and Medical Supplies

9. Select DME HCPCS Codes Are Non-Taxable

For information about the above changes, please refer to: [Medi-Cal Update -Durable Medical Equipment and Medical Supplies| March 2025| Bulletin 594](#)

Medical Transportation

10. Update: Add-On Reimbursement Rate for PP-GEMT IGT Program

For information about the above changes, please refer to: [Medi-Cal Update -Medical Transportation| March 2025| Bulletin 594](#)

Reminders:

- Providers should bill using valid Medi-Cal codes and following Medi-Cal guidelines for modifiers. Please visit the dhcs.ca.gov website for detailed billing and rate information.

- Clinical Laboratory Improvement Act (CLIA) certification number (10-digit code) is required in box 23 of CMS-1500 claim form.
- Laboratories should regularly monitor the [CMS website](#) for new CLIA regulatory requirements.
- Blue Shield Promise requires the JW modifier (indicator of single dose container drug waste) when submitting drug claims.
- For billing and diagnostic purposes, Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) shall be coded as other and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) shall be coded as autoimmune encephalitis until the American Medical Association and the federal Centers for Medicare and Medicaid Services create and assign a specific code or codes. At this time, DHCS recommends using these diagnosis codes:
 - PANDAS: D89.89, which is used for "other specified disorders involving the immune mechanism, not elsewhere classified"
 - PANS: D89.9, which is used for "disorder involving the immune mechanism, unspecified"

If you have questions about applying a benefit to Blue Shield of California Promise Health Plan members, please call our Provider Services Department at **(800) 468-9935** from 6 a.m. to 6:30 p.m., Monday through Friday.