

Summary of DHCS Medi-Cal Provider Bulletins – April 2026

The Department of Health Care Services (DHCS) issued Medi-Cal bulletins during **April 2026** 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. 2026 HCPCS Quarter 2 Update
2. Presumptive Eligibility Provider Instruction: Erroneous Income Denials for 2026 FPLs
3. ICD-10-CM Diagnosis Code Requirement Removed for HCPCS Code Q2042
4. Select Cardiac Codes Split-Bill Percentage Update
5. Fee Schedule Rate Update for 2024 Codes
6. PLA Codes 0527U and 0571U, CPT Code 87513 Are Now Medi-Cal Benefits
7. Frequency Limit and Billing Instructions Updated for HCPCS Code Q2058
8. Continuous Glucose Monitor Systems Are Medi-Cal Rx Benefits
9. Medi-Cal Hospice Rates Updated for 2025 through 2026
10. Provider Manual Revisions
 - a) [blood \(6\); ev woman \(13\); hospic \(1–17\); path micro \(11\)](#)

For information about the above changes, please refer to: [Medi-Cal Update - General Medicine| April 2026| Bulletin 622](#)

Durable Medical Equipment and Medical Supplies

11. DME Rental Policy Clarification

For information about the above changes, please refer to: [Medi-Cal Update - Durable Medical Equipment and Medical Supplies| April 2026| Bulletin 607](#)

Orthotics and Prosthetics

12. Correction to Orthotic and Prosthetic Appliances and Services Manual Section

For information about the above changes, please refer to: [Medi-Cal Update - Orthotics and Prosthetics| April 2026| Bulletin 607](#)

Long Term Care

13. 2026 ICF/DD, ICF/DD-H and ICF/DD-N Reimbursement Rates

For information about the above changes, please refer to: [Medi-Cal Update - Long Term Care| April 2026| Bulletin 590](#)

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 long-term care (LTC) with ownership change, when DHCS publishes updated rates, Blue Shield Promise considers both the current and former NPI to price claims according to the LTC rate on file.
- 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 Customer Service Department at **(800) 468-9935** from 6 a.m. to 6:30 p.m., Monday through Friday.