

## Summary of DHCS Medi-Cal Provider Bulletins – August 2025

The Department of Health Care Services (DHCS) issued Medi-Cal bulletins during **August 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. CLIA-Waived Test Reimbursement for Pharmacy Providers
- 2. Required ICD-10-CM Diagnosis Codes Updated for HCPCS J1756
- 3. Code 0345U Is a New Medi-Cal Benefit
- 4. Modifier SL Allowable for CPT Code 90661
- 5. Additional CLIA-Waived Tests Procedure Codes
- 6. Updated Hospice Reimbursement Rates
- 7. CPT Code 87636 Is Reimbursable as a CLIA-Waived Test
- 8. Frequency Update to PLA Codes 0037U, 0120U, 0239U, 0244U, 0287U and 0314U
- 9. Genetic Testing and Counseling Services Clarification
- 10. New TAR and Non-Benefit List Provider Manual Sections
- 11. Clarification of Non-Benefit Billing Policy with an Approved Treatment Authorization Request
- 12. Policy Update for Echography and Radiological Ultrasound CPT Codes
- 13. Contracted Medi-Cal Fee-For-Service Intermittent Urinary Catheter Supplies Update
- 14. Provider Manual Revisions
  - a. OC get start (2); cel gen over (3); denti (1); medne tele (13); path micro (10, 11); Prop lab (8); tar and non (1)

For information about the above changes, please refer to: Medi-Cal Update - General Medicine Auguast 2025 Bulletin 614

## Reminders:

- Providers should bill using valid Medi-Cal codes and following Medi-Cal guidelines for modifiers. Please visit the <a href="https://documents.org/decision-codes">dhcs.ca.gov</a> 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

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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"
- o 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.

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