Summary of DHCS Medi-Cal Provider Bulletins – July 2026

The Department of Health Care Services (DHCS) issued Medi-Cal bulletins during **July 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 3 Update
2. VFC Coverage Update for MMRV Vaccine with CPT Code 90710
3. Updated Guidance for Minor Consent Services
4. Clarification to Existing Community Health Worker (CHW) Preventive Services Policy
5. Psychological Associate and APCC Services are Reimbursable for RHCs and FQHCs
6. Provider Manual Revisions:
   a) medi cr cms (5, 9, 13–16, 18); preg per (2); tar and non cdkl (1)

For information about the above changes, please refer to: Medi-Cal Update - General Medicine| July 2026| Bulletin 625

Durable Medical Equipment and Medical Supplies

7. Coverage and Billing Policy Updates for DME and Wheelchair Repairs, Maintenance and Replacement Parts, Among Other Policy Clarifications
8. November 2026 Deletions to the List of Contracted Advanced Wound Care Products

For information about the above changes, please refer to: Medi-Cal Update - Durable Medical Equipment and Medical Supplies| July 2026| Bulletin 610

Reminder to not charge patients for forms or providing information

The DHCS Office of the Ombudsman has seen an increase in inquiries involving providers attempting to charge members a fee for completing forms or providing information needed to support a claim or appeal related to eligibility for a public benefit program.

Under Section 123114 of the California Health & Safety Code, healthcare providers are prohibited from charging patients a fee for completing such forms or providing information responsive to forms that support a claim or appeal regarding eligibility for a public benefit program.

A provider reminder dated November 20, 2024, with this information can be found here: Reminder: Medi-Cal Members May Not Be Charged for Forms or Providing Information.

Additional 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 Services Department at **(800) 468-9935** from 6 a.m. to 6:30 p.m., Monday through Friday.