

Blue Shield of California Promise Health Plan

Update for Network Providers

To: Medi-Cal Network Participants

October 14, 2019

From: Steven Chin 
Director, Provider Network Services

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

The Department of Health Care Services (DHCS) issued Medi-Cal bulletins for August and September 2019 with updates on several topics. We are sharing these updates with you to ensure you are aware of the information, and you can apply the information to your practice or facility operations, where appropriate.

Please review each brief summary. For your convenience, we are including a link to the corresponding update posted by DHCS at their website.

1. Oral Appliance for Obstructive Apnea is a New Medi-Cal Benefit

Effective for dates of service on or after July 1, 2019, HCPCS code E0486 (oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment) is a Medi-Cal benefit. [Review the update.](#)

2. Treatment Restrictions and Billing Requirements Revised for Ipilimumab

Effective for dates of service on or after July 1, 2019, the indications, age restriction, dosage, *Treatment Authorization Request* (TAR) and diagnosis code requirements for **HCPCS code J9228** (injection, ipilimumab, 1 mg) have been revised. Ipilimumab is indicated for patients 12 years of age and older for the treatment of metastatic colorectal cancer, unresectable or metastatic melanoma and renal cell carcinoma and for the adjuvant treatment of cutaneous melanoma. [Review the update.](#)

3. Updated Frequency Limit and Removed TAR Requirements for Breast Pump Supplies

Effective for dates of service on or after July 1, 2019, the following HCPCS codes have an updated frequency limit of two replacement breast pump supplies per recipient per 12 months. [Review the update.](#)

4. ICD-10-CM Diagnosis Codes Added for Ovarian Oncology Biochemical Assays

Effective for dates of service on or after September 1, 2019, CPT code 81503 (oncology [ovarian], biochemical assays of five proteins [CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin], utilizing serum, algorithm reported as a risk score) is reimbursable only when billed in conjunction with at least one of the following diagnosis. [Review the update.](#)

5. Influximab Injection Age Requirement Update

Effective for dates of service on or after September 1, 2019, HCPCS code J1745 (injection, infliximab, excludes biosimilar, 10 mg) is reimbursable for patients 6 years of age and older. [Review the update.](#)

6. Updated Policy for Postpartum Office Visits

Effective for dates of service on or after October 1, 2019, billing policy for local code Z1038 (postpartum visit) is limited to one in six months unless medical documentation is present. [Review the update.](#)

7. Non-Medical Transportation Billing and Reimbursement Update

Effective retroactively for dates of service on or after July 1, 2018, Place of Service code "99" is billable with non-medical transportation (NMT) HCPCS codes A0120 (nonemergency transportation: mini-bus, mountain area transports, or other transportation systems) and A0390 (ALS mileage [per mile]). [Review the update.](#)

8. 2019 ALW Program Reimbursement Rates

Effective retroactively for dates of service on or after January 1, 2019, Assisted Living Waiver (ALW) program reimbursement rates are updated. Review the [Assisted Living Waiver Reimbursement Rates](#) on the DHCS website. [Review the update.](#)

All Medi-Cal bulletins are available at the Medi-Cal.gov [website](#).

If you have questions about applying the benefit to Blue Shield of California Promise Health Plan members, please call our Provider Customer Care Department at (800) 468-9935.

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