

Network Provider Update

To: Medi-Cal and Cal MediConnect* network participants

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

The Department of Health Care Services (DHCS) issued Medi-Cal bulletins during February 2022 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.

1. New COVID-19 Monoclonal Antibody Codes
2. Correction: 2022 HCPCS Annual Update Code Removals
3. CTRC Full Gene Sequence Added as a Medi-Cal Benefit
4. Every Woman Counts Approved CPT Codes and Appropriate ICD-10-CM Codes Update
5. Modifying Acceptance and Processing of Approved LOA Documents
6. Postpartum Care Expansion

For information about the above changes, please refer to [Medi-Cal: Medi-Cal Update - General Medicine | February 2022 | Bulletin 572](#)[General Medicine | February 2022 | Bulletin 572](#)

1. Hospice Reimbursement Rates Update

For information about the above changes, please refer to [Medi-Cal: Medi-Cal Update - Hospice Care Program | February 2022 | Bulletin 569](#)[Hospice Care Program | February 2022 | Bulletin 569](#)

1. Reimbursement for Rural Swing Bed, Administrative Day and Distinct Part Nursing Rates Updated

For information about the above changes, please refer to [Medi-Cal: Medi-Cal Update - Inpatient Services | February 2022 | Bulletin 569](#)[Inpatient Services | February 2022 | Bulletin 569](#)

1. NF-A and DPSA 2021-2022 Rate Updates and Temporary COVID-19 Increase

For information about the above changes, please refer to [Medi-Cal: Medi-Cal Update - Long Term Care | February 2022 | Bulletin 540](#)[Long Term Care | February 2022 | Bulletin 540](#)

1. Reminder: Pharmacy Claims Submitted to Medi-Cal Rx
2. Medi-Cal Rx Implemented: Final Reminder Notifications

For information about the above changes, please refer to [Medi-Cal: Medi-Cal Update - Pharmacy | February 2022 | Bulletin 1009](#)[Pharmacy | February 2022 | Bulletin 1009](#)

(See additional updates on the next page.)

Newborn Billing Guidelines: Per Medi-Cal billing guidelines, newborn babies can be billed under the mother's ID for the month of birth and the month after birth. Providers should bill newborn charges under the mother's ID with the baby's name (demographics) unless the baby has been issued its own ID from DHCS.

- **Facility claims reimbursed at APR-DRG rates:** These require a separate claim for the mother and for the baby charges using the appropriate member ID.
- **Facility claims reimbursed at Per Diem rates:** A separate claim is not required for the mother and baby. Newborn baby's charges and mother's charges can be processed under one claim.

All Plan Letter (APL) updates:

- Additional ICD-10 codes have been included in APL 21-009 to support tracking of Social Determinants of Health. [View summary](#)
- APL 20-018 provides guidelines to support access to transgender services. [View summary](#)

Reminder: Providers should bill using valid Medi-Cal codes and following Medi-Cal guidelines for modifier requirements. Please visit the Medi-Cal website for detailed billing information.

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.

*Cal MediConnect network participants are responsible for identifying and applying the guidance and requirements that pertain to their patients.