Comprehensive Perinatal Services Program

Introduction

Purpose

The Comprehensive Perinatal Services Program (CPSP) is a benefit of the Medi-Cal program. This module will familiarize participants with the wide range of services available to pregnant Medi-Cal recipients enrolled in CPSP from pregnancy through 60 days after the month of delivery. Recipient and provider participation is voluntary.

Module Objectives

- Determine who can offer CPSP services
- Identify CPSP reimbursement bonuses
- Recognize CPSP services and billing codes
- Demonstrate claim forms billing requirements
- Clarity the Treatment Authorization Request (TAR) process
- Review the CPSP summary billing form
- Provide the link for a current listing of Perinatal Services Coordinators (PSCs)

Acronyms

A list of current acronyms is located in the Appendix section of each complete workbook.
Description

The CPSP provides a wide range of services to pregnant women, from pregnancy through 60 days after the month of delivery. Medi-Cal fee-for-service providers may apply to enroll as a CPSP provider. In addition to standard obstetric services, women receive enhanced services in the areas of nutrition, psychosocial and health education. This approach has shown a reduction in both low-birth weight prevalence and health care costs for women and infants.
CPSP Provider Participation

Eligibility

A CPSP provider must be in one of the categories listed below:

- Physician in general practice, family practice, obstetrics (OB)/gynecology, or pediatrics
- Group medical practice, if at least one member is one of the physician types identified above
- Certified Nurse Midwife (CNM)
- Clinic (FQHC, hospital, community or county)
- Alternative Birthing Center

Participation Requirements

Providers must meet the following prerequisites:

- Possess a current provider number/National Provider Identifier (NPI).
- Complete an application to participate as a CPSP provider.

Suggested provider and/or staff:

- Complete the “Provider Overview” and “Steps to Take” training courses.

NOTE
Refer to the CPSP website (www.cdph.ca.gov/programs/cpsp) for information about training for new CPSP providers and new staff of existing CPSP providers.

Enrollment Process

To receive information regarding CPSP services, providers should contact their local PSC at the local health jurisdiction (county health department). Refer to the CPSP website (www.cdph.ca.gov/programs/cpsp) for more information.

NOTES
Comprehensive Perinatal Services

CPSP Administration

Perinatal Services Coordinator (PSC)

CPSP services are rendered by enrolled fee-for-service providers and Medi-Cal managed care providers. PSCs play a major role in administering CPSP within their local health jurisdictions (LHJs). PSCs are employed by 61 LHJs and perform the following:

- Inform potential providers regarding the CPSP program and provider training
- Distribute, review and make recommendations to complete CPSP provider applications
- Make recommendations to the California Department of Public Health, Maternal Children and Adolescent Health Division regarding provider enrollment approval
- Conduct outreach services to eligible women regarding CPSP
- Provide technical assistance regarding CPSP implementation to providers
- Monitor the implementation of CPSP through quality assurance activities

Update to CPSP Practitioner Definition

The definition of a Comprehensive Perinatal Services Program (CPSP) practitioner has been updated. It is now defined in Welfare and Institutions Code (W&I Code), Section 14134.5 and California Code of Regulations (CCR), Title 22, Section 51179.7.

W&I Code Section 14134.5 states a comprehensive perinatal provider means any general practice physician, family practice physician, obstetrician-gynecologist, pediatrician, certified nurse midwife, a group, any of whose members is one of the above named providers, or any preferred provider organization or clinic enrolled in the Medi-Cal program and certified pursuant to the standards of this section. Section 14134.5 also states that, except where existing law prohibits the employment of physicians, a health care provider may employ or contract with all of the following medical and other practitioners for the purpose of providing comprehensive services delineated in this section:

1. Physicians, including a general practitioner, a family practice physician, a pediatrician, or an obstetrician-gynecologist
2. Certified nurse-midwives
3. Licensed midwives
4. Nurses
5. Nurse practitioners
6. Physician assistants
7. Social workers
8. Health and childbirth educators
9. Registered dietitians
CCR, Title 22, Section 51179.7 states a comprehensive perinatal practitioner means any one of the following:

1. A physician who is either:
   a) A general practice physician, or
   b) A family practice physician, or
   c) A pediatrician, or
   d) An obstetrician-gynecologist.

2. A Certified Nurse Midwife as defined in Section 51170.2.

3. A Registered Nurse who is licensed as such by the Board of Registered Nursing and who has one year experience in the field of Maternal and Child Health.

4. A Nurse Practitioner as defined in Section 51170.3.

5. A Physician’s Assistant as defined in Section 51170.1.

6. A social worker who either:
   a) Holds a Master’s Degree or higher in social work or social welfare from a college or university with a Social Work Degree program accredited by the Council on Social Work Education and who has one year of experience in the field of Maternal and Child Health, or
   b) Holds a Master’s Degree in psychology or Marriage, Family and Child counseling and has one year of experience in the field of Maternal and Child Health, or
   c) Holds a Baccalaureate Degree in social work or social welfare from a college or university with a Social Work Degree program accredited by the Council on Social Work Education and who has one year experience in the field of Maternal and Child Health.

7. A health educator who either has:
   a) A Master’s Degree (or higher) in Community or Public Health Education from a program accredited by the Council on Education for Public Health and who has one year of experience in the field of Maternal and Child Health, or
   b) A Baccalaureate Degree with a major in Community or Public Health Education and who has one year of experience in the field of Maternal and Child Health.

8. A childbirth educator who is:
   a) Licensed as a Registered Nurse by the Board of Registered Nursing and has one year experience in a program which complies with the “Guidelines for Childbirth Education” (last published in 1981), herein incorporated by reference in its entirety and available from the American College of Obstetricians and Gynecologists, 600 Maryland Avenue, South West, Suite 300 East, Washington, D.C., 20024-2588 or
   b) A Certified Childbirth Educator who has completed a training program and is currently certified to teach that method of childbirth education by the American Society for Psychoprophylaxis in Obstetrics, or Bradley, or the International Childbirth Education Association.

9. A dietitian who is registered, or is eligible to be registered by the Commission on Dietetic Registration, the credentialing agency of the American Dietetic Association, with one year of experience in the field of perinatal nutrition.

10. A comprehensive perinatal health worker who:
   a) Is at least 18 years of age, is a high school graduate or equivalent, and has at least one year of full-time paid practical experience in providing perinatal care.
   b) Provides services in a clinic that is either licensed or exempt from licensure under Section 1200 et. seq. and 1250 et seq. of the Health and Safety Code, under the direct supervision of a comprehensive perinatal practitioner as defined in Section 51179.7 (a) (1).
11. A licensed vocational nurse who is licensed under Section 2516 of the Business and Professions Code and who has one year of experience in the field of Maternal and Child Health.

12. A licensed midwife as defined in Section 51191.

**Case Coordinator**

The case coordinator must be a trained CPSP practitioner who can ensure that the client receives optimal prenatal care by promoting ongoing communication with all of the health care team members. Case coordination includes the following:

- Coordination and development of an Individualized Care Plan (ICP) for the client
- Modification of care plan as needed
- Assisting the client with practical arrangements such as transportation, referrals and special appointments when necessary

Verifying all of the client’s documentation in the chart is complete, up-to-date and available to all team members
CPSP Policies

Supervision Requirements for CPSP Services Delivery

CPSP services must be provided by or under the personal supervision of a physician. The CCR, Title 22, Section 51179.5, defines personal supervision as “evaluation in accordance with protocols, by a licensed physician, of services performed by others through direct communication, either in person or through electronic means.”

NOTE
Each provider’s protocols must define how personal supervision by a physician occurs and is documented.

Tobacco Cessation Counseling for Pregnant and Postpartum Women

Providers must offer one, face-to-face smoking/tobacco cessation counseling session and a referral to a tobacco cessation quitline to pregnant and postpartum recipients, as recommended in Treating Tobacco Use and Dependence: 2008 Update, a U.S. Public Health Service Clinical Practice Guideline.

Such counseling and referral services must be provided to pregnant and postpartum recipients without cost sharing. These services are required during the prenatal period through the postpartum period (on the last day of the month in which the 60th day following delivery occurs).
General Guidelines

The following policies apply to CPSP:

- CPSP services are not intended to be provided to inpatients.
- CPSP services are in addition to, not a replacement for, the services that are part of the American College of Obstetrics and Gynecology (ACOG) visit standards.
- Only the Medi-Cal provider enrolled in CPSP may bill for services.
- Reimbursement is made directly to the CPSP provider only.
- Reimbursement for nutritional, psychosocial and health education services is made on an itemized basis (per visit) and must not be billed globally.
- An approved TAR is required to bill for nutritional, psychosocial and health education services in excess of the maximum units of service allowable.
- Medi-Cal may recoup payment if a recipient’s records lack documentation to establish that services were provided as billed.
- CPSP participation is voluntary for the recipient and the provider.

Reimbursement of Services

Only Medi-Cal providers enrolled in CPSP can be reimbursed for the following CPSP services:

- Nutritional, psychosocial and health education services
- Vitamin and mineral supplements
- Client orientation
- Case coordination
## Program Benefits Comparison
(Obstetrics Services vs. CPSP Services)

<table>
<thead>
<tr>
<th>Obstetrical Services Rendered</th>
<th>Maximum Allowable Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z1032 (initial comprehensive antepartum office visit)</td>
<td>$126.31</td>
</tr>
<tr>
<td>Z1034 (antepartum office visit) – $60.48 per visit x 13 visits</td>
<td>786.24</td>
</tr>
<tr>
<td>59409 (vaginal delivery)</td>
<td>544.28</td>
</tr>
<tr>
<td>Z1038 (postpartum office visit)</td>
<td>60.48</td>
</tr>
<tr>
<td>Allowable Reimbursement:</td>
<td>$1,517.31</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPSP Reimbursement Bonus Services Rendered</th>
<th>Maximum Allowable Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early entry into care “ZL” Modifier (within 16 weeks of LMP)</td>
<td>$56.63</td>
</tr>
<tr>
<td>Total Available Bonuses:</td>
<td>$56.63</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPSP Support Services Rendered</th>
<th>Maximum Allowable Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial support services: Z6200, Z6300, Z6402 ($16.83 each x 3)</td>
<td>$50.49</td>
</tr>
<tr>
<td>Individual support services: $33.64 per hour (up to 21.5 hours)</td>
<td>723.26</td>
</tr>
<tr>
<td>Group classes: $11.24 per patient per hour (up to 27 hours)</td>
<td>303.48</td>
</tr>
<tr>
<td>Coordination fee: $85.34 **</td>
<td>85.34</td>
</tr>
<tr>
<td>Vitamin/mineral supplements: 30 day supply. Restricted to 10 in 9 months.</td>
<td>30.00</td>
</tr>
<tr>
<td>Allowable Reimbursement:</td>
<td>$1,192.57 ***</td>
</tr>
</tbody>
</table>

**NOTE**

Maximum reimbursement for routine OB and CPSP services (before TAR) = $2,766.51

** The coordination fee is only reimbursable if all three initial assessments and the initial pregnancy-related office visit are provided within four weeks of entry into care.

*** Maximum allowable reimbursement without authorization if all support services are provided and billed. In high-risk circumstances, additional support services may be requested through the TAR process.
CPSP Billing

Reimbursement Bonus Services

Modifier ZL (Early entry into care)

1. Modifier ZL must be billed with HCPCS code Z1032 and certifies that the recipient was seen within 16 weeks of her Last Menstrual Period (LMP).
   - True □ False □

2. Enter the LMP date in _______ _______ on the CMS-1500 claim form or in _______ _______ _______ on the UB-04 claim form.

3. To be reimbursed for modifier ZL, providers must add $56.63 to their usual and customary fee for Z1032.
   - True □ False □

4. Modifier ZL is restricted to CPSP providers and will only be reimbursed _______ per recipient, per pregnancy.

Billing Example: Reimbursement Bonuses (Modifier ZL)

Sample: CMS-1500 claim form

Answer Key: 1) True; 2) Box 14, Box 80 Remarks; 3) True; 4) once
Non-Physician Medical Practitioners

Non-Physician Medical Practitioners are identified with specific modifiers:

<table>
<thead>
<tr>
<th>Practitioner</th>
<th>Modifier</th>
<th>Multiple Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician assistant</td>
<td>U7</td>
<td>99</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>SA</td>
<td>99</td>
</tr>
<tr>
<td>Certified Nurse Midwife</td>
<td>SB</td>
<td>99</td>
</tr>
</tbody>
</table>

When billing Z1032 and the bonus modifier ZL, use the modifier 99 (multiple modifiers) for non-medical practitioners.

Example:
99 = U7 + ZL – Physician Assistant
99 = SA + ZL – Nurse Practitioner
99 = SB + ZL – Certified Nurse Midwife
Billing Example: Non-Physician Medical Practitioner (Modifier 99)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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</thead>
<tbody>
<tr>
<td><strong>UPERTOWN MEDICAL CENTER</strong></td>
<td><strong>140 SECOND STREET</strong></td>
<td><strong>ANYTOWN CA 959235555</strong></td>
<td><strong>731</strong></td>
<td><strong>361</strong></td>
<td><strong>366</strong></td>
<td><strong>367</strong></td>
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<tr>
<td><strong>PATIENT NAME</strong></td>
<td><strong>DOB</strong></td>
<td><strong>PATIENT ADDRESS</strong></td>
<td><strong>PROFILE</strong></td>
<td><strong>DATE OF BIRTH</strong></td>
<td><strong>DATE OF SERVICE</strong></td>
<td><strong>SERVICE DATE</strong></td>
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<tr>
<td><strong>DOE, JANE</strong></td>
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<td><strong>08241980</strong></td>
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<tr>
<td><strong>PROCEDURE CODE</strong></td>
<td><strong>PROCEDURE DATE</strong></td>
<td><strong>PROCEDURE DATE</strong></td>
<td><strong>PROCEDURE DATE</strong></td>
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<td><strong>PROCEDURE DATE</strong></td>
<td><strong>PROCEDURE DATE</strong></td>
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<td><strong>INITIAL OFFICE VISIT</strong></td>
<td>2103299</td>
<td><strong>100118</strong></td>
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<td><strong>100118</strong></td>
<td><strong>100118</strong></td>
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<tr>
<td><strong>COMBINED ASSESSMENTS</strong></td>
<td>26000</td>
<td><strong>100118</strong></td>
<td><strong>100118</strong></td>
<td><strong>100118</strong></td>
<td><strong>100118</strong></td>
<td><strong>100118</strong></td>
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<td><strong>001 PAGE OF</strong></td>
<td><strong>CREATION DATE</strong></td>
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<tr>
<td><strong>INSURED NAME</strong></td>
<td><strong>INSURED ID</strong></td>
<td><strong>INSURED ID</strong></td>
<td><strong>INSURED ID</strong></td>
<td><strong>INSURED ID</strong></td>
<td><strong>INSURED ID</strong></td>
<td><strong>INSURED ID</strong></td>
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<tr>
<td><strong>SUE SMITH, NP, NPI: 0123467890</strong></td>
<td><strong>1234567890</strong></td>
<td><strong>1234567890</strong></td>
<td><strong>1234567890</strong></td>
<td><strong>1234567890</strong></td>
<td><strong>1234567890</strong></td>
<td><strong>1234567890</strong></td>
</tr>
<tr>
<td><strong>LINE 1: LMP 010115, 90 ST AB + 2L</strong></td>
<td><strong>LINE 2: PSYCHOLOGICAL ASSESSMENT 100118</strong></td>
<td><strong>LINE 3: HEALTH ASSESSMENT 100118</strong></td>
<td><strong>LINE 4: NUTRITION ASSESSMENT 100118</strong></td>
<td><strong>LINE 5: INITIAL PENDING</strong></td>
<td><strong>LINE 6: INITIAL PENDING</strong></td>
<td><strong>LINE 7: INITIAL PENDING</strong></td>
</tr>
</tbody>
</table>

Sample: UB-04 Claim Form
Combined Assessment Billing (HCPCS Code Z6500)

1. This code can only be billed if all ________ initial assessments and the initial pregnancy-related office visit code ________ are rendered within a ________ - ________.

2. The date of the last assessment must be shown as the date of service.
   - True ☐ - False ☐

3. Z6500 is reimbursable once in ___________ unless the provider certifies on the claim that the recipient has become pregnant again within the ________-________ period.

4. If fewer than three initial assessments are performed, or the initial assessments are not performed within four weeks of entry into care, you must bill the initial assessments separately.
   - True ☐ - False ☐

Billing Example: Combined Assessments (HCPCS Code Z6500)

Sample: CMS-1500 Claim Form

Answer Key: 1) three, Z1032, four-week period; 2) True; 3) six months, six-month; 4) True
Individual Assessment Billing
(Z6200, Z6300 and/or Z6402)

1. If fewer than three initial assessments are performed, or the initial assessments are not performed within four weeks of entry into care, the provider must bill for the actual assessments performed using the individual assessment codes.

True □ False □

Sequence of Services
The sequence for providing the initial assessments (nutrition, health education and psychosocial) and the initial pregnancy-related office visit code (Z1032) may be rendered in _____ _______ and at ____ _______ during the patient’s care.

Intervention Services
The provider must complete the initial assessment within the discipline area (nutrition, health education or psychosocial) ________ rendering any intervention services within that discipline.

Exception: Client orientation (Z6400) and/or group perinatal education (Z6412) may be rendered before the initial health education assessment is completed.

Breastfeeding-Related Services
Nutrition, psychosocial and health education counseling services related to breastfeeding are reimbursable using the following codes:

- Nutrition services: HCPCS codes Z6200 – Z6208
- Psychosocial services: HCPCS codes Z6300 – Z6308
- Health education services: HCPCS codes Z6400 – Z6414

Reimbursable conditions include, but are not limited to, the following:

- Breastfeeding education following the CPSP “Steps to Take” guidelines
- Persistent discomfort to the woman while breastfeeding
- Infant weight-gain concerns
- Milk extraction
- Suck dysfunction of the infant

Billing Tip
When billing these services to CPSP, the appropriate HCPCS code should be entered in the Procedures, Services or Supplies field (Box 24D) of the CMS-1500 claim form or the HCPCS/Rate field (Box 44) of the UB-04 claim form.

Answer Key: True; any order; any time; before
Treatment Authorization Requests (TAR)

Additional CPSP Services
Providers may submit TARs for nutrition, psychosocial or health education services in excess of the basic allowances if the provider documents that additional services are medically necessary.

TARs for additional services must be completely filled out and include the following information:

- Amount of time/number of services being requested
- Anticipated benefit or outcome of additional services
- Clinical findings of the high-risk factors involved in the pregnancy
- Description of the services being requested
- Expected Date of Delivery (EDD)
- Explanation of why the basic CPSP services will not be sufficient
### TAR Example for Reimbursement of Excess Services

**TREATMENT AUTHORIZATION REQUEST**

**STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

**CONFIDENTIAL PATIENT INFORMATION**

**FOR F.I. USE ONLY**

**PLEASE TYPE**

**FOR PROVIDER USE**

**PLEASE TYPE**

**NAME AND ADDRESS OF PATIENT**

**SEX**

**AGE**

**DATE OF BIRTH**

**MEDICAL IDENTIFICATION NO.**

**PROVIDER NAME**

**PROVIDER PHONE NO.**

**PROVIDER NUMBER**

**PATIENT'S AUTHORIZED REPRESENTATIVE (IF ANY)**

**ENTER NAME AND ADDRESS:**

**FOR STATE USE**

**PROVIDER'S REQUEST IS:**

**APPROVED**

**AS REQUESTED**

**DENIED**

**REVIEWED**

**PARAGRAPH CODE**

**MCC#**

**TAR CONTROL NUMBER**

**AUTHORIZATION IS VALID FOR SERVICES PROVIDED**

**FROM DATE**

**TO DATE**

**SIGNATURE OF PHYSICIAN OR PROVIDER**

**TITLE**

**DATE**

---

**DRUG**

**OTHER**

**YES**

**NO**

**YES**

**NO**

**Treatment Authorization Request Form**

**Sample:**

**Comprehensive Perinatal Services**

**June 2019**
TARs for FQHCs, RHCs and IHS/MOAs
TARs are not required for FQHCs, RHCs and IHS/MOAs. Claims for CPSP services provided that exceed the basic allowances will not be denied for the absence of a TAR. However, FQHCs, RHCs and IHS/MOAs must meet the same documentation requirements that would otherwise be necessary to obtain a TAR. This information must be maintained in the client’s medical record and be available for review by the Department of Health Care Services (DHCS). Required documentation should include:

- EDD
- Clinical findings of the high-risk factors
- Explanation as to why the basic CPSP services are not sufficient
- Description of services being requested
- Anticipated benefit or outcome for the additional services, etc.

Share of Cost (SOC)
Recipients who choose to participate in the CPSP program and receive CPSP services are required to ______ or __________________ their SOC _______ _________ even if the obstetrical services are billed globally.

CPSP Support Services
Calculating Billing Units
- CPSP support services are billed in units. One unit equals _____ _________.
- Fractions of units are calculated as shown below:
  - 00 – 07 minutes equals 0 units, not billable
  - 08 – 22 minutes equals 1 unit
  - 23 – 37 minutes equals 2 units
  - 38 – 51 minutes equals 3 units, etc.
- Exceptions: Z6200, Z6300 and Z6402 are billed in 30-minute units.

Answer Key: pay, obligate; each month; 15 minutes
**CPSP Billing Codes**

Initial assessments must be rendered prior to billing any follow-up assessments.

<table>
<thead>
<tr>
<th>Service</th>
<th>HCPCS Code</th>
<th>Description</th>
<th>Maximum Units of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office Visits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial Comprehensive Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Z1032 ZL</td>
<td>Initial comprehensive pregnancy-related office visit performed within 16 weeks of LMP</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Nutrition Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Z6200</td>
<td>Initial nutrition assessment and development of care plan; first 30 minutes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Z6202</td>
<td>Each subsequent 15 minutes (max. 1½ hours)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Z6204</td>
<td>Follow-up antepartum nutrition assessment, treatment and/or intervention; individual, each 15 minutes (max. 2 hours)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Z6206</td>
<td>Group, per patient, each 15 minutes (max. of 3 hours)</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Z6208</td>
<td>Postpartum nutritional assessment, treatment and/or intervention, including development of care plan, individual, each 15 minutes (max. 1 hour)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>S0197</td>
<td>Prenatal vitamin-mineral supplement, 30 day supply. Restricted to 10 in 9 months.</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td><strong>Comprehensive Psychosocial Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Z6300</td>
<td>Initial psychosocial assessment and development of care plan, first 30 minutes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Z6302</td>
<td>Each subsequent 15 minutes (max. 1½ hours)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Z6304</td>
<td>Follow-up antepartum psychosocial assessment, treatment, and/or intervention; individual, each 15 minutes (max. 3 hours)</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Z6306</td>
<td>Follow-up antepartum psychosocial assessment, treatment and/or intervention, group, per patient, each 15 minutes (max. 4 hours)</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Z6308</td>
<td>Postpartum psychosocial assessment, treatment, and/or intervention, including development of care plan, individual, each 15 minutes (max. 1½ hours)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>HCPCS Code</td>
<td>Description</td>
<td>Maximum Units of Service</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Comprehensive Health Education Services</td>
<td>Z6400</td>
<td>Client orientation (health education) each 15 minutes (max. 2 hours)</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Z6402</td>
<td>Initial health education assessment and development of care plan, first 30 minutes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Z6404</td>
<td>Initial health education assessment and development of care plan, each subsequent 15 minutes (max. 2 hours)</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Z6406</td>
<td>Follow-up antepartum health education assessment, treatment, and/or intervention, individual, each 15 minutes (max. 2 hours)</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Z6408</td>
<td>Follow-up antepartum health education assessment, treatment, and/or intervention, group, per patient, each 15 minutes (max. 2 hours)</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Z6410</td>
<td>Perinatal education, individual, each 15 minutes (max. 4 hours)</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Z6412</td>
<td>Perinatal education group per patient, each 15 minutes (max. 16 units per day) 72 units per pregnancy</td>
<td>16 per day</td>
</tr>
<tr>
<td></td>
<td>Z6414</td>
<td>Postpartum health education assessment, treatment and/or intervention, including development of care plan, individual, each 15 minutes (max. 1 hour)</td>
<td>4</td>
</tr>
</tbody>
</table>

NOTES

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

January 2014
# Billing Code Summary

## Patient Billing

<table>
<thead>
<tr>
<th>Type of Billing – Physician Services</th>
<th>Billing Code</th>
<th>Number of Units Used (1 Unit = 15 Minutes)</th>
<th>Initial and Date Each Unit Used per Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Obstetrical (# Visits)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial Comprehensive Office Visit</td>
<td>Z1032</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Entry LMP Reimbursement Bonus</td>
<td>ZL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antepartum Office Visit – 13 Visits</td>
<td>Z1034</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13</td>
<td>Use with Z1032 only</td>
</tr>
<tr>
<td>Postpartum Office Visit</td>
<td>Z1038</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prenatal Vitamins – 30 day supply, 10 in 9 months</td>
<td>S0197</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
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</tbody>
</table>

## CPSP Services

<table>
<thead>
<tr>
<th>Type of Billing – Physician Services</th>
<th>Billing Code</th>
<th>Number of Units Used (1 Unit = 15 Minutes)</th>
<th>Initial and Date Each Unit Used per Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Comprehensive Assessment</strong></td>
<td>Z6500*</td>
<td></td>
<td>* All 3 completed within</td>
</tr>
</tbody>
</table>

1. Health Education – 30 min

2. Nutrition – 30 min

3. Psychosocial – 30 min

## Nutrition

<table>
<thead>
<tr>
<th>Type of Billing – Physician Services</th>
<th>Billing Code</th>
<th>Number of Units Used (1 Unit = 15 Minutes)</th>
<th>Initial and Date Each Unit Used per Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Assessment – Individual 30 min</td>
<td>Z6200</td>
<td></td>
<td>Don’t use if Z6500 is billed</td>
</tr>
<tr>
<td>Additional Initial Assessment – 1.5 hrs</td>
<td>Z6202</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>Follow-up Intervention/Reassessment – 2 hrs</td>
<td>Z6204</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>Follow-up Intervention – Group 3 hrs</td>
<td>Z6206</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12</td>
<td></td>
</tr>
<tr>
<td>Postpartum – Individual 1 hr</td>
<td>Z6208</td>
<td>1 2 3 4</td>
<td></td>
</tr>
</tbody>
</table>

## Psychosocial

<table>
<thead>
<tr>
<th>Type of Billing – Physician Services</th>
<th>Billing Code</th>
<th>Number of Units Used (1 Unit = 15 Minutes)</th>
<th>Initial and Date Each Unit Used per Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Assessment – Individual 30 min</td>
<td>Z6300</td>
<td></td>
<td>Don’t use if Z6500 is billed</td>
</tr>
<tr>
<td>Additional Initial Assessment – 1.5 hrs</td>
<td>Z6302</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>Follow-up Intervention/Reassessment – 3 hrs</td>
<td>Z6304</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>Follow-up Intervention – Group 4 hrs</td>
<td>Z6306</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12</td>
<td></td>
</tr>
<tr>
<td>Postpartum – Individual 1.5 hrs</td>
<td>Z6308</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

## Health Education

<table>
<thead>
<tr>
<th>Type of Billing – Physician Services</th>
<th>Billing Code</th>
<th>Number of Units Used (1 Unit = 15 Minutes)</th>
<th>Initial and Date Each Unit Used per Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Assessment – Individual 30 min</td>
<td>Z6400</td>
<td>1 2 3 4 5 6 7 8</td>
<td>Don’t use if Z6500 is billed</td>
</tr>
<tr>
<td>Additional Initial Assessment – 2 hrs</td>
<td>Z6402</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>Follow-up Intervention/Reassessment – 2 hrs</td>
<td>Z6404</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>Follow-up Education Assessment /Intervention Group – 2 hrs</td>
<td>Z6408</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>Perinatal Education – Individual 4 hrs</td>
<td>Z6410</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12</td>
<td></td>
</tr>
<tr>
<td>Group Education – 18 hrs</td>
<td>Z6412</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12</td>
<td></td>
</tr>
<tr>
<td>Postpartum – Individual 1 hr</td>
<td>Z6414</td>
<td>1 2 3 4</td>
<td></td>
</tr>
</tbody>
</table>
FQHC/RHC/IHS-MOA Billing Code Summary

**RHC/FQHC billing codes:**
Straight Medi-Cal and Emergency/Pregnancy only – Revenue Code: **0521 and HCPCS Code T1015**

**Medi-Cal Managed Care billing codes:**
Revenue Code 0521 and HCPCS Code T1015 SE

**IHS-MOA billing codes:**
Straight Medi-Cal and Emergency/Pregnancy only – Revenue Code: **0520 and HCPCS Code T1015**

**NOTE**
IHS-MOA provider type does not bill for the managed care wrap as of August 2018
### Obstetrical Care

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Fee for Service Code</th>
<th>Billing Code</th>
<th>Number of Units Used (1 Unit = 15 Minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Antepartum</td>
<td>Z1032</td>
<td>T1015</td>
<td>1</td>
</tr>
<tr>
<td>Antepartum – 13 visits</td>
<td>Z1034</td>
<td>T1015</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13</td>
</tr>
<tr>
<td>Postpartum</td>
<td>Z1038</td>
<td>T1015</td>
<td>1</td>
</tr>
</tbody>
</table>

**NOTE:** All provider types are restricted to Medi-Cal frequency limits for OB care (fee-for-service, FQHC, RHC, IHS)

### Nutrition

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Fee for Service Code</th>
<th>Billing Code</th>
<th>Number of Units Used (1 Unit = 15 Minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Assessment</td>
<td>Z6200</td>
<td>T1015</td>
<td>1</td>
</tr>
<tr>
<td>Additional Assess – 1.5 hrs</td>
<td>Z6202</td>
<td>T1015</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>Follow-Up (F/U) Intervention/Reassessment – Individual 2 hrs</td>
<td>Z6204</td>
<td>T1015</td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>F/U Intervention – Group 3 hrs</td>
<td>Z6206</td>
<td>T1015</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12</td>
</tr>
</tbody>
</table>

### Psychosocial

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Fee for Service Code</th>
<th>Billing Code</th>
<th>Number of Units Used (1 Unit = 15 Minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Assessment</td>
<td>Z6300</td>
<td>T1015</td>
<td>1</td>
</tr>
<tr>
<td>Additional Init Assess 1.5 hrs</td>
<td>Z6302</td>
<td>T1015</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>F/U Intervention/Reassessment – Individual 3 hrs</td>
<td>Z6304</td>
<td>T1015</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12</td>
</tr>
<tr>
<td>F/U Intervention – Group 4 hrs</td>
<td>Z6306</td>
<td>T1015</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13</td>
</tr>
</tbody>
</table>

### Health Education

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Fee for Service Code</th>
<th>Billing Code</th>
<th>Number of Units Used (1 Unit = 15 Minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Orientation – Indiv. 2 hrs</td>
<td>Z6400</td>
<td>T1015</td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>Initial Assessment – Individual 30 min</td>
<td>Z6402</td>
<td>T1015</td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>Add’l Init Assessment – 2 hrs</td>
<td>Z6404</td>
<td>T1015</td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>F/U Intervention/Reassessment – Individual 2 hrs</td>
<td>Z6406</td>
<td>T1015</td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>F/U Ed Assess/Intervention – Group 2 hrs</td>
<td>Z6408</td>
<td>T1015</td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>Perinatal Education – Individual 4 hrs</td>
<td>Z5410</td>
<td>T1015</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13</td>
</tr>
</tbody>
</table>

### Group Education – 18 hrs

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Fee for Service Code</th>
<th>Billing Code</th>
<th>Number of Units Used (1 Unit = 15 Minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postpartum – Individual 1 hr</td>
<td>Z6414</td>
<td>T1015</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

---

**Fee for Service Code**

**Billing Code**

**Number of Units Used (1 Unit = 15 Minutes)**

**Please Initial and Date Each Unit Used per Visit**

---

(C) Comprehensive Perinatal Services

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22 June 2019
Special Appendix

HIPAA-Compliant CPSP Billing Code Conversions

DHCS will discontinue the use of current Medi-Cal interim codes Z1032, Z6200, Z6202, Z6204, Z6206, Z6208, Z6210, Z6300, Z6302, Z6304, Z6308, Z6400, Z6402, Z6404, Z6408, Z6410, Z6412, Z6414 and Z6500 for CPSP services. These interim codes will be replaced by HIPAA-compliant codes and HCPCS code modifiers to comply with the provisions of HIPAA of 1996, Public Law 104-91, *Code of Federal Regulations*, Title 45, Part 162.1000. Watch for these code and effective date changes in the monthly Medi-Cal provider bulletins and *NewsFlash* articles.
Resource Information

References
The following reference materials provide Medi-Cal billing and policy information.

Provider Manual References
Part 2

*Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics (ind health)*

*Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics: Billing Codes (ind health cd)*

*Pregnancy: Comprehensive Perinatal Services Program (CPSP) (preg com)*

*Pregnancy: Comprehensive Perinatal Services Program (CPSP) Billing Examples – CMS-1500 (preg com exc)*

*Pregnancy: Comprehensive Perinatal Services Program (CPSP) Billing Examples – UB-04 (preg com exu)*

*Comprehensive Perinatal Services Programs (CPSP) List of Billing Codes (preg com lis)*

*Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) (rural)*

Other References
CPSP website: (www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/default)

NOTE
For a list of CPSP Perinatal Services Coordinators (PSCs), click “Contact your Local Coordinator” under “Providers.”