

CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.

Pregnancy: Comprehensive Perinatal Services Program (CPSP) Billing Examples – UB-04

preg com exu

1

Examples in this section are to help providers bill for comprehensive perinatal services on the *UB-04* claim form. Refer to the *Pregnancy: Comprehensive Perinatal Services Program (CPSP)* section of this manual for detailed policy information. Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete claim fields not explained in the following examples. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section of this manual.

Billing Tips: When completing claims, do not enter the decimal points in ICD-9-CM codes or dollar amounts. If requested information does not fit neatly in the *Remarks* field (Box 80) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

**Combined Assessments
and Initial Office Visit
Within Four Weeks**

Figure 1. Combined assessments and initial pregnancy-related office visit rendered within four weeks of entry into care. Services performed by a nurse practitioner.

HCPCS code Z1032 (initial comprehensive pregnancy-related office visit) is entered on claim line 1 with 99 and SA modifiers (indicating nurse practitioner rendering service in collaboration with a physician – multiple modifiers) in the *HCPCS/Rate* field (Box 44). An explanation of the 99 and SA modifiers (99 = SA + [additional modifiers as appropriate]) is entered in the *Remarks* field (Box 80) of the claim. HCPCS code Z6500 (combined assessments) also is entered in the *HCPCS/Rate* field (Box 44). Enter explanations of codes Z1032 and Z6500 in the *Description* field (Box 43).

Enter the two-digit facility type code “73” (clinic, free standing) and one-character claim frequency code “1” as “731” in the *Type of Bill* field (Box 4).

In the *Service Date* field (Box 45), the date of the initial office visit, June 7, 2007, is entered in six-digit format on claim line 1 as 060707. The April 20, 2008 date of the last assessment is entered on claim line 2 as 042008. Enter a 1 in the *Service Units* field (Box 46) for Z1032 and Z6500 and the usual and customary charges in the *Total Charges* field (Box 47). Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in *TOTALS* (Box 47, line 23).

Clinics may bill for code Z1032 and Z6500 services that are provided off-site, by using a Place of Service code “73” (clinic, free standing). (Refer to “CPSP and Obstetrical Out-of-Clinic Services” in the *Pregnancy: Comprehensive Perinatal Services Program [CPSP]* section of this manual for additional Place of Service information.)

The clinic’s NPI number is placed in the *NPI* field (Box 56).

An appropriate ICD-9-CM diagnosis code is entered in Box 67. In this case, ICD-9-CM code V22.0 represents supervision of a normal first pregnancy and is entered on the claim as V220.

In this example, a nurse practitioner is rendering the services under the supervision of a physician. The nurse practitioner’s name, certification and NPI are recorded in the *Remarks* field (Box 80) and the supervising physician’s number is placed in the *Attending* field (Box 76).

Additional information is required in the *Remarks* field (Box 80) for claim lines 1 and 2. For claim line 1, enter the date of the LMP and an explanation that 99 = SA + additional modifiers as appropriate (nurse practitioner rendering service in collaboration with a physician – multiple modifiers). For claim line 2, enter the date each assessment was performed.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT CNTRL #		4 TYPE OF BILL 731	
8 PATIENT NAME a		9 PATIENT ADDRESS a		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
b DOE JANE		c		d		e	
10 BIRTH-DATE 08241980		11 SEX F		12 DATE		ADMISSION 13 HRI 14 TYPE 15 SRG	
16 DHR		17 STAT		18		19	
20		21		22		23	
24		25		26		27	
28		29 ACOT STATE		30		31	
32		33		34		35	
36		37		38		39	
40		41		42		43	
44		45		46		47	
48		49		50		51	
52		53		54		55	
56		57		58		59	
60		61		62		63	
64		65		66		67	
68		69		70		71	
72		73		74		75	
76		77		78		79	
80		81		82		83	
84		85		86		87	
88		89		90		91	
92		93		94		95	
96		97		98		99	
100		101		102		103	
104		105		106		107	
108		109		110		111	
112		113		114		115	
116		117		118		119	
120		121		122		123	
124		125		126		127	
128		129		130		131	
132		133		134		135	
136		137		138		139	
140		141		142		143	
144		145		146		147	
148		149		150		151	
152		153		154		155	
156		157		158		159	
160		161		162		163	
164		165		166		167	
168		169		170		171	
172		173		174		175	
176		177		178		179	
180		181		182		183	
184		185		186		187	
188		189		190		191	
192		193		194		195	
196		197		198		199	
200		201		202		203	
204		205		206		207	
208		209		210		211	
212		213		214		215	
216		217		218		219	
220		221		222		223	
224		225		226		227	
228		229		230		231	
232		233		234		235	
236		237		238		239	
240		241		242		243	
244		245		246		247	
248		249		250		251	
252		253		254		255	
256		257		258		259	
260		261		262		263	
264		265		266		267	
268		269		270		271	
272		273		274		275	
276		277		278		279	
280		281		282		283	
284		285		286		287	
288		289		290		291	
292		293		294		295	
296		297		298		299	
300		301		302		303	
304		305		306		307	
308		309		310		311	
312		313		314		315	
316		317		318		319	
320		321		322		323	
324		325		326		327	
328		329		330		331	
332		333		334		335	
336		337		338		339	
340		341		342		343	
344		345		346		347	
348		349		350		351	
352		353		354		355	
356		357		358		359	
360		361		362		363	
364		365		366		367	
368		369		370		371	
372		373		374		375	
376		377		378		379	
380		381		382		383	
384		385		386		387	
388		389		390		391	
392		393		394		395	
396		397		398		399	
400		401		402		403	
404		405		406		407	
408		409		410		411	
412		413		414		415	
416		417		418		419	
420		421		422		423	
424		425		426		427	
428		429		430		431	
432		433		434		435	
436		437		438		439	
440		441		442		443	
444		445		446		447	
448		449		450		451	
452		453		454		455	
456		457		458		459	
460		461		462		463	
464		465		466		467	
468		469		470		471	
472		473		474		475	
476		477		478		479	
480		481		482		483	
484		485		486		487	
488		489		490		491	
492		493		494		495	
496		497		498		499	
500		501		502		503	
504		505		506		507	
508		509		510		511	
512		513		514		515	
516		517		518		519	
520		521		522		523	
524		525		526		527	
528		529		530		531	
532		533		534		535	
536		537		538		539	
540		541		542		543	
544		545		546		547	
548		549		550		551	
552		553		554		555	
556		557		558		559	
560		561		562		563	
564		565		566		567	
568		569		570		571	
572		573		574		575	
576		577		578		579	
580		581		582		583	
584		585		586		587	
588		589		590		591	
592		593		594		595	
596		597		598		599	
600		601		602		603	
604		605		606		607	
608		609		610		611	
612		613		614		615	
616		617		618		619	
620		621		622		623	
624		625		626		627	
628		629		630		631	
632		633		634		635	
636		637		638		639	
640		641		642		643	
644		645		646		647	
648		649		650		651	
652		653		654		655	
656		657		658		659	
660		661		662		663	
664		665		666		667	
668		669		670		671	
672		673		674		675	
676		677		678		679	
680		681		682		683	
684		685		686		687	
688		689		690		691	
692		693		694		695	
696		697		698		699	
700		701		702		703	
704		705		706		707	
708		709		710		711	
712		713		714		715	
716		717		718		719	
720		721		722		723	
724		725		726		727	
728		729		730		731	
732		733		734		735	
736		737		738		739	
740		741		742		743	
744		745		746		747	
748		749		750		751	
752		753		754		755	
756		757		758		759	
760		761		762		763	
764		765		766		767	
768		769		770		771	
772		773		774		775	
776		777		778		779	
780		781		782		783	
784		785		786		787	
788		789		790		791	
792		793		794		795	
796		797		798		799	
800		801		802		803	
804		805		806		807	
808		809		810		811	
812		813		814		815	
816		817		818		819	
820		821		822		823	
824		825		826		827	
828		829		830		831	
832		833		834		835	
836		837		838		839	
840		841		842		843	
844		845		846		847	
848		849		850		851	
852		853		854		855	
856		857		858		859	
860		861		862		863	
864		865		866		867	
868		869		870		871	
872		873		874		875	
876		877		878		879	
880		881		882		883	
884		885		886		887	
888		889		890		891	
892		893					

Billing Nutritional Services and Health Education Services

Figure 2. Billing nutritional services and health education services.

HCPCS codes Z6200 (initial nutrition assessment), Z6202 (subsequent nutrition assessment) and Z6402 (initial health education assessment) are entered in the *HCPCS/Rates* field (Box 44). Explanations of Z6200, Z6202 and Z6402 are placed in the *Description* field (Box 43).

Enter the two-digit facility type code "73" (clinic, free standing) and one-character claim frequency code "1" as "731" in the *Type of Bill* field (Box 4).

In the *Service Date* field (Box 45), the date of each service – June 7, July 10 and July 20, 2007 are entered in six-digit format (060707, 071007 and 072007). Enter a 1 in the *Service Units* field (Box 46) for each service. (Refer to "Calculating Billing Units" in the *Pregnancy: Comprehensive Perinatal Services Program [CPSP]* section of this manual. For a list of maximum units of service that are reimbursable, refer to the *Pregnancy: Comprehensive Perinatal Services Program (CPSP) List of Billing Codes* section.)

Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in *TOTALS* (Box 47, line 23).

The clinic's NPI number is placed in the *NPI* field (Box 56).

An appropriate ICD-9-CM diagnosis code is entered in Box 67. In this example, ICD-9-CM code V23.2 represents pregnancy with a history of abortion and is entered on the claim as V232.

The referring provider number is placed in the *Attending* field (Box 76). The rendering provider NPI is placed in the *Operating* field (Box 77).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT CNTL # b MED REC #		4 TYPE OF BILL 731	
8 PATIENT NAME a				9 PATIENT ADDRESS a			
b DOE JANE		c		d		e	
10 BIRTHDATE 08241980		11 SEX F		12 DATE		13 ADMISSION HR	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34 OCCURRENCE DATE		35 CODE		36 OCCURRENCE SPAN FROM		37 OCCURRENCE SPAN THROUGH	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1		INITIAL NUTRITION ASSESSMENT	Z6200	060707	1	1682	
2		NUTRITIONAL ASSESSMENT	Z6202	071007	1	841	
3		INITIAL HEALTH EDU. ASSESS.	Z6402	072007	1	1682	
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23	001	PAGE OF	CREATION DATE	TOTALS	4205		
50 PAYER NAME A O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL INFO		53 ASG BEN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 4205		56 NPI 0123456789		57 OTHER PRV ID	
58 INSURED'S NAME		59 P.PEL		60 INSURED'S UNIQUE ID 90000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66		67		68		69	
68 DX V232		69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE	
72 ECI		73		74 PRINCIPAL PROCEDURE CODE		75	
76 ATTENDING NPI 1234567890		77 OPERATING NPI		78 OTHER NPI 2345678901		79 OTHER NPI	
80 REMARKS		81 CC a		82		83	
84		85		86		87	
88		89		90		91	
92		93		94		95	

Figure 2. Billing Nutritional Services and Health Education Services.

Perinatal Education in a Group Environment

Figure 3. Perinatal education in a group environment. (Must be billed per patient.)

HCPCS code Z6412 (perinatal group education) is entered in the *HCPCS/Rates* field (Box 44). An explanation of Z6412 is entered in the *Description* field (Box 43).

Enter the two-digit facility type code "73" (clinic, free standing) and one-character claim frequency code "1" as "731" in the *Type of Bill* field (Box 4).

In the *Service Date* field (Box 45), the date of the group education, June 24, 2007, is entered in six-digit format on claim line 1 as 062407. Enter an 8 in the *Service Units* field (Box 46) for Z6412 and the usual and customary charges in the *Total Charges* field (Box 47). Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in *TOTALS* (Box 47, line 23).

The clinic's NPI number is placed in the *NPI* field (Box 56).

An appropriate ICD-9-CM diagnosis code is entered in Box 67. In this example, ICD-9-CM code V22.0 represents supervision of a normal first pregnancy and is entered on the claim as V220.

The referring provider's NPI number is placed in the *Attending* field (Box 76). The rendering provider's NPI number is placed in the *Operating* field (Box 77).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT CNTRL #		4 TYPE OF BILL	
				b. MED REC #		731	
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
8 PATIENT NAME		9 PATIENT ADDRESS					
b DOE JANE							
10 BIRTHDATE		11 SEX		12 DATE		13 HR	
08241980		F					
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACDT STATE	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 CODE		36 CODE		37 CODE		38 CODE	
39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42 VALUE CODES AMOUNT	
43 REV. CD.		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS	
1 PERINATAL GROUP EDUCATION		Z6412		062407		8	
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
00							
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
00							
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							

Tenth Antepartum Visit

Figure 4. Tenth antepartum visit.

HCPCS code Z1036 (used solely by CPSP providers to bill the 10th antepartum visit) is entered in the *HCPCS/Rates* field (Box 44). An explanation of Z1036 is entered in the *Description* field (Box 43).

Enter the two-digit facility type code "73" (clinic, free standing) and one-character claim frequency code "1" as "731" in the *Type of Bill* field (Box 4).

In the *Service Date* field (Box 45), the date of the 10th antepartum visit, June 30, 2007, is entered in six-digit format on claim line 1 as 063007. Enter a 1 in the *Service Units* field (Box 46) for Z1036 and the usual and customary charges in the *Total Charges* field (Box 47). Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in *TOTALS* (Box 47, line 23).

The clinic's NPI number is placed in the *NPI* field (Box 56).

An appropriate ICD-9-CM diagnosis code is entered in Box 67. In this example, ICD-9-CM code 640.9 represents unspecified hemorrhage in early pregnancy and is entered on the claim as 6409.

The referring provider's NPI number is placed in the *Attending* field (Box 76). The rendering provider number is placed in the *Operating* field (Box 77).

CPSP providers who choose to bill globally for the nine previously rendered visits and who are claiming reimbursement for the 10th antepartum visit must document the dates of the initial pregnancy-related visit and the subsequent eight antepartum visits in the *Remarks* field (Box 80).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT CNTRL #		4 TYPE OF BILL 731	
b PATIENT NAME DOE JANE		9 PATIENT ADDRESS		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
10 BIRTHDATE 08241980		11 SEX F		12 DATE		13 HR	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE	
34		35		36 OCCURRENCE SPAN FROM THROUGH		37	
38		39 VALUE CODES CODE AMOUNT		40 VALUE CODES CODE AMOUNT		41 VALUE CODES CODE AMOUNT	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1		TENTH ANTEPARTUM VISIT		Z1036		063007	
2						1	
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23		001 PAGE OF		CREATION DATE		TOTALS 11326	
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL INFO		53 ASG BEN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 11326		56 NPI 0123456789		57 OTHER PRV ID	
58 INSURED'S NAME		59 P.PEL		60 INSURED'S UNIQUE ID 90000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 6409		67		68		69	
70 PATIENT REASON DX		71 PPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE CODE		75		76 ATTENDING NPI 1234567890		QUAL	
77 OPERATING NPI		78 OTHER NPI 2345678901		79 OTHER NPI		QUAL	
80 REMARKS 121906, 012007, 021807, 031607, 041507, 051207, 053007, 060707, 061507		81 CC a		82		83	
84		85		86		87	
88		89		90		91	
92		93		94		95	
96		97		98		99	

Figure 4. Tenth Antepartum Visit.

**TAR and Claim for
Additional CPSP
Support Services**

Figures 5 and 6. TAR and claim for additional CPSP support services.

Figure 5:

Providers may submit a TAR for approval of nutrition, psychosocial, and/or health education services in excess of the maximums listed in the *Pregnancy: Comprehensive Perinatal Services Program (CPSP) List of Billing Codes* section of this manual. Refer to the *TAR Completion* section of this manual for instructions to complete the TAR.

Figure 6:

In this example, the recipient requires two 30-minute follow-up psychosocial services due to cocaine dependency. The first psychosocial service is rendered at Z Community Clinic on June 10, 2007 and the second is rendered on June 17, 2007.

Enter the two-digit facility type code "73" (clinic, free standing) and one-character claim frequency code "1" as "731" in the *Type of Bill* field (Box 4).

HCPCS code Z6304 (follow-up antepartum psychosocial assessment) is entered twice in the *HCPCS/Rate* field (Box 44). An explanation of Z6304 is placed in the *Description* field (Box 43).

In the *Service Date* field (Box 45), the date of the first assessment is entered in six-digit format on claim line 1 as 061007. The second assessment is entered on claim line 2 as 061707. Enter a 2 in the *Service Units* field (Box 46) for each Z6304 service. CPSP support services are billed in units. One unit equals 15 minutes. (Refer to "Calculating Billing Units" in the *Pregnancy: Comprehensive Perinatal Services Program [CPSP]* section of this manual for instructions to bill for fractions of units.) Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in *TOTALS* (Box 47, line 23).

The clinic's NPI number is placed in the *NPI* field (Box 56).

Enter the entire 11-digit TAR control number in the *Treatment Authorization Codes* field (Box 63).

An appropriate ICD-9-CM diagnosis code is entered in the Box 67. In this example, ICD-9-CM code V238 represents a high-risk pregnancy.

The referring provider's NPI number is placed in the *Attending* field (Box 76). The rendering provider's NPI number is placed in the *Operating* field (Box 77).

STATE
USE
ONLY

5

CONFIDENTIAL PATIENT INFORMATION
FOR F.I. USE ONLY

F.I. USE ONLY

40	41
42	43

SERVICE CATEGORY

--	--

TYPEWRITER ALIGNMENT

Elite	Pica

CCN

TREATMENT AUTHORIZATION REQUEST
STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

TYPEWRITER ALIGNMENT

Elite	Pica

FOR PROVIDER USE

VERBAL CONTROL NO.

TYPE OF SERVICE REQUESTED: DRUG OTHER

REQUEST IS RETROACTIVE? YES NO

IS PATIENT MEDI-CARE ELIGIBLE? YES NO

PROVIDER PHONE NO. **(916) 555-5555**

3. PROVIDER NUMBER **0123456789**

PROVIDER NAME AND ADDRESS:
 • UPTOWN MEDICAL CENTER
 • 140 SECOND STREET
 • ANYTOWN CA 958235555

NAME AND ADDRESS OF PATIENT:
 PATIENT NAME (LAST, FIRST, M.I.) **DOE, JANE**
 MEDI-CAL IDENTIFICATION NO. **90000000A95001**
 SEX **F** AGE **18** DATE OF BIRTH **102488**
 STREET ADDRESS **4589 CENTER STREET**
 CITY, STATE, ZIP CODE **ANYTOWN CA 98523**
 PHONE NUMBER (AREA) **(916) 555-5555**
 PATIENT STATUS: HOME BOARD & CARE
 SNF / ICF ACUTE HOSPITAL

DIAGNOSIS DESCRIPTION: **HIGH-RISK PREGNANCY**
 ICD-9-CM DIAGNOSIS CODE **V238**

MEDICAL JUSTIFICATION:
18-YEAR-OLD PRIMAGRAVIDA, DUE 101207, WITH COCAINE DEPENDENCY. BASIC SERVICES HAVE LED TO SOME PROGRESS, BUT PATIENT CONTINUES TO NEED INTENSIVE SUPPORT TO ABSTAIN FROM DRUGS & ATTEND PRENATAL SESSIONS REGULARLY. NEEDS 30 MINUTES WEEKLY OF PSYCHOSOCIAL FOLLOW-UP FOR REMAINDER OF PREGNANCY. ADDITIONAL SERVICES WILL PROVIDE NECESSARY SUPPORT SO PREGNANCY OUTCOME IS OPTIMIZED.

PATIENT'S AUTHORIZED REPRESENTATIVE (IF ANY) ENTER NAME AND ADDRESS:

FOR STATE USE

33 PROVIDER; YOUR REQUEST IS:

1 APPROVED AS REQUESTED DENIED DEFERRED

2 APPROVED AS MODIFIED (ITEMS MARKED BELOW AS AUTHORIZED MAY BE CLAIMED) JACKSON VS RANK PARAGRAPH CODE

BY Sue Smith MEDI-CAL CONSULTANT

I.D. # **67** DATE **060607** REVIEW COMMENTS INDICATOR

34 **67** 35 **060607** 44

COMMENTS/EXPLANATION

RETROACTIVE AUTHORIZATION GRANTED IN ACCORDANCE WITH SECTION 51003 (b)

36 1 2 3 4 5 6

LINE NO.	AUTHORIZED Y/N	APPROVED UNITS	SPECIFIC SERVICES REQUESTED	UNITS OF SERVICE	NDC/UPN OR PROCEDURE CODE	QUANTITY	CHARGES
1	<input checked="" type="checkbox"/>	32	FOLLOW-UP ANTEPARTUM PSYCHOSOCIAL INTERVENTION	32	Z6304	32	\$ 26912
2							
3							
4							
5							
6							

37 FROM DATE **060707** 38 TO DATE **101207**

TAR CONTROL NUMBER

39 OFFICE **01** SEQUENCE NUMBER **23456789** P1 **1**

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT.

Mary Brown MD 050107
SIGNATURE OF PHYSICIAN OR PROVIDER TITLE DATE

NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE PATIENT'S ELIGIBILITY IS CURRENT BEFORE RENDERING SERVICE.

PROVIDER COPY 50-1 03/07

Figure 6. Example of TAR for Additional CPSP Support Services.

preg com exu
12

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555	2		3a PAT CNTL # b MED REC #		4 TYPE OF BILL 731	
8 PATIENT NAME a			9 PATIENT ADDRESS a			
b DOE JANE		c		d		e
10 BIRTHDATE 10241988	11 SEX F	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR
17 STAT	18	19	20	21	22	23
24	25	26	27	28	29	30
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE DATE	36 OCCURRENCE SPAN FROM	37 OCCURRENCE SPAN THROUGH
38	39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT	42	43	44
42 REV. CO.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1	FOLLOW-UP ANTEPARTUM	Z6304	061007	2	1682	
2	FOLLOW-UP ANTEPARTUM	Z6304	061707	2	1682	
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23	001 PAGE OF	CREATION DATE	TOTALS	3364		
50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG DEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
O/P MEDI-CAL					3364	0123456789
57 OTHER PRV ID	58 INSURED'S NAME	59 PREL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
			90000000A95001			
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	66	67	68	69
01234567891			V238	A	B	C
D	E	F	G	H	I	J
K	L	M	N	O	P	Q
70 PATIENT REASON DX	71 FPS CODE	72 EQ	73	74	75	76
77 OPERATING NPI	78 ATTENDING NPI	79 OTHER NPI	80	81	82	83
LAST	1234567890	2345678901				
77 OPERATING NPI	78 ATTENDING NPI	79 OTHER NPI	80	81	82	83
LAST	1234567890	2345678901				
80 REMARKS	81CC a	81CC b	81CC c	81CC d	82	83

Figure 6. Completed UB-04 Claim Form. Corresponds to TAR on Preceding Page.

**Antepartum Nutrition,
Psychosocial and Health
Assessment Services**

Figure 7. Billing follow-up antepartum nutritional counseling, psychosocial support and health education services.

Breast-Feeding

Follow-up antepartum nutritional counseling, psychosocial and health education codes are reimbursable for a variety of pre-delivery counseling services, including breast-feeding.

Enter the two-digit facility type code "73" (clinic, free standing) and one-character claim frequency code "1" as "731" in the *Type of Bill* field (Box 4).

HCPSC code Z6204 (follow-up antepartum nutrition assessment), code Z6304 (follow-up antepartum psychosocial assessment) and Z6406 (follow-up antepartum health education assessment) are entered in the *HCPSC/Rate* field (Box 44). Explanations of Z6204, Z6304 and Z6406 are placed in the *Description* field (Box 43).

In the *Service Date* field (Box 45), the dates of each service are entered in six-digit format (060807, 060807 and 081407). Enter the appropriate number in the *Service Units* field (Box 46) to indicate the number of 15-minute increments billed for each service. In this case, the nutrition and psychosocial services are each rendered for 30 minutes on June 8 and the health education assessment is rendered for 15 minutes on August 14. (Refer to "Calculating Billing Units" in the *Pregnancy: Comprehensive Perinatal Services Program [CPSP]* section of this manual.)

Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in *TOTALS* (Box 47, line 23).

The clinic's NPI number is placed in the *NPI* field (Box 56).

An appropriate ICD-9-CM diagnosis code is entered in Box 67. In this example, ICD-9-CM code V23.0 represents pregnancy with a history of infertility and is entered on the claim as V230.

The referring provider's NPI number is placed in the *Attending* field (Box 76). The rendering provider's NPI number is placed in the *Operating* field (Box 77).

