

Pregnancy: Comprehensive Perinatal Services (CPSP) List of Billing Codes

Page updated: August 2020

This section contains the codes used to bill for Comprehensive Perinatal Services Programs (CPSP) services.

Office Visits

HCPCS Code	Description	Maximum Units of Service
Z1032 ZL	Initial antepartum office visit performed within 16 weeks of LMP	1

Initial Comprehensive Services

HCPCS Code	Description	Maximum Units of Service
Z6500	Initial comprehensive nutrition, psychosocial and health education assessments and development of care plan; first 30 minutes each assessment (total of 90 minutes), (includes ongoing coordination of care); the three assessments must be completed within four weeks of the "initial visit" (either the first pregnancy related visit or any one of the three initial assessments)	1

Nutrition Services

HCPCS Code	Description	Maximum Units of Service
Z6200	Initial nutrition assessment and development of care plan; first 30 minutes	1
Z6202	Initial nutrition assessment and development of care plan; each subsequent 15 minutes (maximum of 1½ hours)	6
Z6204	Follow-up antepartum nutrition assessment, treatment and/or intervention; individual, each 15 minutes (maximum of 2 hours)	8
Z6206	Follow-up antepartum nutrition assessment, treatment and/or intervention; group, per patient, each 15 minutes (maximum of 3 hours)	12
Z6208	Postpartum nutrition assessment, treatment and/or intervention; including development of care plan, individual, each 15 minutes (maximum of 1 hours)	4
S0197	Prenatal vitamins, 30-day supply	10

Note: HCPCS code S0197 may be billed and reimbursed for 1 unit (30-day supply) on the same date of service. However, there is a 300-day maximum supply per pregnancy.

The initial assessment must be rendered prior to billing any follow-up assessments.

Comprehensive Psychosocial Services

HCPCS Code	Description	Maximum Units of Service
Z6300	Initial psychosocial assessment and development of care plan; first 30 minutes	1
Z6302	Initial psychosocial assessment and development of care plan; each subsequent 15 minutes (maximum of 1½ hours)	6
Z6304	Follow-up antepartum psychosocial assessment, treatment and/or intervention; individual, each 15 minutes (maximum of three hours)	12
Z6306	Follow-up antepartum psychosocial assessment, treatment and/or intervention; group, per patient, each 15 minutes (maximum of four hours)	16
Z6308	Postpartum psychosocial assessment, treatment, and/or intervention, including development of care plan; individual, each 15 minutes	6

The initial assessment must be rendered prior to billing any follow-up assessments.

Comprehensive Health Education Services

HCPSC Code	Description	Maximum Units of Service
Z6400	Client orientation (health education) each 15 minutes (maximum of two hours)	8
Z6402	Initial health education assessment and development of care plan, first 30 minutes	1
Z6404	Initial health education assessment and development of care plan, each subsequent 15 minutes (maximum of two hours)	8
Z6406	Follow-up antepartum health education assessment, treatment and/or intervention; individual, each 15 minutes (maximum of two hours)	8
Z6408	Follow-up antepartum health education assessment, treatment and/or intervention; group, per patient, each 15 minutes (maximum of two hours)	8
Z6410	Perinatal education; individual, each 15 minutes (maximum of four hours)	16
Z6412	Perinatal education; group per patient, each 15 minutes (maximum 16 units per day – 72 units per pregnancy) *	16 per day *
«Z6414»	Postpartum health education assessment, treatment and/or intervention, including development of care plan; individual, each 15 minutes (maximum of one hour)	4

Note: A modifier is not required for billing any of the comprehensive perinatal procedures.

The initial assessment must be rendered prior to billing any follow-up assessments. Client orientation (Z6400) and/or group perinatal education (Z6412) may be rendered prior to the initial health education assessment.

See the *Pregnancy: Comprehensive Perinatal Services (CPSP)* section of this manual for *Treatment Authorization Request (TAR)* requirements necessary to obtain nutrition, psychosocial, or health education services in excess of the basic allowances.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	Medi-Cal reimburses for more than 16 units per recipient per day only if there is detailed documentation with the claim explaining the need for more than 16 units. Medi-Cal reimburses a maximum of 72 units per patient per pregnancy.