

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
- Clarify 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.

Notes:

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.

Notes:

B Comprehensive Perinatal Services Program

Page updated: September 2020

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.

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 administrating 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

B Comprehensive Perinatal Services Program

Page updated: September 2020

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;

- Physicians, including a general practitioner, a family practice physician, a pediatrician, or an obstetrician-gynecologist
- Certified nurse-midwives
- Licensed midwives
- Nurses
- Nurse practitioners
- Physician assistants
- Social workers
- Health and childbirth educators
- Registered dietitians

B Comprehensive Perinatal Services Program

Page updated: September 2020

CCR, Title 22, Section 51179.7 states a comprehensive perinatal practitioner means any one of the following:

- A physician who is either:
 - A general practice physician, or
 - A family practice physician, or
 - A pediatrician, or
 - An obstetrician-gynecologist.
- A Certified Nurse Midwife as defined in Section 51170.2.
- 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.
- A Nurse Practitioner as defined in Section 51170.3.
- A Physician's Assistant as defined in Section 51170.1.
- A social worker who either:
 - 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
 - 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
 - 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.
- A health educator who either has:
 - 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
 - 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.

B Comprehensive Perinatal Services Program

Page updated: September 2020

- A childbirth educator who is:
 - 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
 - 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.
- 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.
- A comprehensive perinatal health worker who:
 - 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.
 - 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).
- 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.
- 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)

Obstetrical Services Maximum Allowable Reimbursement Table

Obstetrical Services Rendered	Maximum Allowable Reimbursement
Z1032 (initial comprehensive antepartum office visit)	\$126.31
Z1034 (antepartum office visit) – \$60.48 per visit x 13 visits	\$786.24
59409 (vaginal delivery)	\$544.28
Z1038 (postpartum office visit)	\$60.48
Allowable Reimbursement:	\$1,517.31

CPSP Reimbursement Bonus Services Maximum Allowable Reimbursement Table

CPSP Reimbursement Bonus Services Rendered	Maximum Allowable Reimbursement
Early entry into care “ZL” Modifier (within 16 weeks of LMP)	\$56.63
Total Available Bonuses:	\$56.63

CPSP Support Services Rendered Maximum Allowable Reimbursement Table

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

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

Note: 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.

Note: 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).
 1. 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.
 2. True False
4. Modifier ZL is restricted to CPSP providers and will only be reimbursed _____ per recipient, per pregnancy.

See the Appendix for the [Answer Key](#)

Billing Example: Reimbursement Bonuses (Modifier ZL)

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL 08 15 18				15. OTHER DATE QUAL MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY															
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. _____		17b. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY															
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO				22. RESUBMISSION CODE ORIGINAL REF. NO.															
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0				23. PRIOR AUTHORIZATION NUMBER																			
A. D1D1D1D				B. _____				C. _____				D. _____											
E. _____				F. _____				G. _____				H. _____											
I. _____				J. _____				K. _____				L. _____											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY				B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. ICD-9-CM Family Plan.		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
1 10 01 18				11				Z1032 ZL						18294		1		NPI					
2																		NPI					
3																		NPI					
4																		NPI					

Sample: CMS-1500 claim form

B Comprehensive Perinatal Services Program

Page updated: September 2020

Non-Physician Medical Practitioners

Non-Physician Medical Practitioners are identified with specific modifiers:

Practitioner	Modifier	Multiple Modifier
Physician assistant	U7	99
Nurse Practitioner	SA	99
Certified Nurse Midwife	SB	99

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

B Comprehensive Perinatal Services Program

Page updated: September 2020

Billing Example: Non-Physician Medical Practitioner (Modifier 99)

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3 PAT. CNTL # D. MED. REC. #		4 TYPE OF BILL 731	
8 PATIENT NAME a DOE, JANE		9 PATIENT ADDRESS a					
10 BIRTH-DATE 08241980	11 SEX F	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
18 19 20 21 CONDITION CODES 22 23 24 25 26 27 28 29 ACCT STATE 30							
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE DATE	36 OCCURRENCE SPAN FROM THROUGH	37 OCCURRENCE SPAN FROM THROUGH	38
39 VALUE CODES AMOUNT				40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
a				b		c	
d				e		f	
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 OFFICE VISIT	Z103299	100118	1	18294		1
2	COMBINED ASSESSMENTS	Z6500	100118	1	13583		2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23	001	PAGE OF	CREATION DATE	TOTALS	31877		23
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID	52 REL INFO	53 ADJ BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE 31877	56 NPI 0123456789
58 INSURED'S NAME		59 P.FREL	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 DX D1D1D1							
67							
69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73	76 ATTENDING NPI 1234567890		
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	QUAL	FIRST
80 REMARKS SUE SMITH, NP. NPI: 0123456789. LINE 1: LMP 010118. 99 = SA + ZL. LINE 2: PSYCHOLOGICAL ASSESSMENT 100118. HEALTH ASSESSMENT 100118. NUTRITION ASSESSMENT 101118.	81 CC a	81 CC b	81 CC c	81 CC d	81 CC e	81 CC f	81 CC g

Sample: UB-04 Claim Form

B Comprehensive Perinatal Services Program

Page updated: September 2020

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.
3. 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.
4. True False

See the Appendix for the [Answer Key](#)

Billing Example: Combined Assessments (HCPCS Code Z6500)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) NUTRITION, HEALTH EDUCATION AND PSYCHOSOCIAL ASSESSMENTS PROVIDED ON 101418										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO		\$ CHARGES							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0										22. RESUBMISSION CODE		ORIGINAL REF. NO.							
A. D1D1D1D B. _____ C. _____ D. _____										23. PRIOR AUTHORIZATION NUMBER									
E. _____ F. _____ G. _____ H. _____																			
I. _____ J. _____ K. _____ L. _____																			
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. SP/SDI Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
MM	DD	YY	MM	DD	YY														
10	01	18				11		Z1032	ZL			18294	1			NPI			
10	14	18				11		Z6500				13583	1			NPI			
																NPI			
																NPI			

Sample: CMS-1500 Claim Form

B Comprehensive Perinatal Services Program

Page updated: September 2020

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.

See the Appendix for the [Answer Key](#)

Breastfeeding-Related Services

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

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

B Comprehensive Perinatal Services Program

Page updated: September 2020

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.

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

B Comprehensive Perinatal Services Program

Page updated: September 2020

TAR Example for Reimbursement of Excess Services

STATE
USE
ONLY

5

TYPEWRITER
ALIGNMENT
Elite Pica

CONFIDENTIAL PATIENT INFORMATION

FOR F.I. USE ONLY

CCN

TREATMENT AUTHORIZATION REQUEST

STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

F.I. USE ONLY

40 41
42 43

TYPEWRITER
ALIGNMENT
Elite Pica

(PLEASE TYPE) FOR PROVIDER USE (PLEASE TYPE)

VERBAL CONTROL NO. _____

TYPE OF SERVICE REQUESTED: DRUG OTHER

REQUEST IS RETROACTIVE? YES NO

IS PATIENT MED-CARE ELIGIBLE? YES NO

PROVIDER PHONE NO. (916) 555-5555

3. PROVIDER NUMBER: XYZ123456

PROVIDER NAME AND ADDRESS:
 • MARY BROWN
 • 1456 MAIN STREET
 • ANYTOWN CA 958235555

NAME AND ADDRESS OF PATIENT:
 PATIENT NAME (LAST, FIRST, MI.): DOE, JANE
 STREET ADDRESS: 1234 MAIN STREET
 CITY, STATE, ZIP CODE: ANYTOWN CA 98523
 PHONE NUMBER: (916) 555-5555

MEDI-CAL IDENTIFICATION NO. 90000000A95001
 SEX: F AGE: 35 DATE OF BIRTH: 052180

PATIENT STATUS: HOME BOARD & CARE
 SNF / ICF ACUTE HOSPITAL

DIAGNOSIS DESCRIPTION: DIABETES MELLITUS IN PREGNANCY ICD-9-CM DIAGNOSIS CODE: D1D1D1D

MEDICAL JUSTIFICATION:
35-YEAR-OLD GRAV IV, PARA III, EDC 10-2-18 WITH HISTORY OF GESTATIONAL DIABETES. HAS MAINTAINED MARGINAL LEVELS OF ACCEPTABLE BLOOD SUGAR THROUGHOUT PREGNANCY. NEEDS ONE HOUR VISITS WEEKLY OF NUTRITIONAL FOLLOW-UP FOR REMAINDER OF PREGNANCY TO ASSURE ADEQUATE DIET, CONTROLLED BLOOD. 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
 I.D.#: 67 DATE: 100818

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	Y	32	FOLLOW-UP ANTEPARTUM NUTRITIONAL INTERVENTION	32	Z6204	32	\$ 26912
2							
3							
4							
5							
6							

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 100618
 SIGNATURE OF PHYSICIAN OR PROVIDER TITLE DATE

AUTHORIZATION IS VALID FOR SERVICES PROVIDED

37 FROM DATE: 060718 TO DATE: 100218

38 OFFICE: 01 SEQUENCE NUMBER: 23456789 P1: 1

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

Sample: Treatment Authorization Request Form

B Comprehensive Perinatal Services Program

Page updated: September 2020

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.

See the Appendix for the [Answer Key](#)

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 thru 07 minutes equals 0 units, not billable
 - 08 thru 22 minutes equals 1 unit
 - 23 thru 37 minutes equals 2 units
 - 38 thru 51 minutes equals 3 units, etc.
- Exceptions: Z6200, Z6300 and Z6402 are billed in 30-minute units.

CPSP Billing Codes

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

CPSP Billing Codes Table

Service	HPCS Code	Description	Maximum Units of Service
Office Visits	Z1032 ZL	Initial comprehensive pregnancy-related office visit performed within 16 weeks of LMP	1
Initial Comprehensive Services	Z6500	Initial comprehensive nutrition, psychosocial and health education assessments and development of care plan; first 30 minutes each assessment (total 90 minutes), (includes ongoing coordination of care); the three assessments must be completed within four weeks of the “initial visit” (either the pregnancy-related visit or any one of the three initial assessments)	1
Nutrition Services	Z6200	Initial nutrition assessment and development of care plan; first 30 minutes	1
Nutrition Services	Z6202	Each subsequent 15 minutes (max. 1½ hours)	6
Nutrition Services	Z6204	Follow-up antepartum nutrition assessment, treatment and/or intervention; individual, each 15 minutes (max. 2 hours)	8
Nutrition Services	Z6206	Group, per patient, each 15 minutes (max. of 3 hours)	12
Nutrition Services	Z6208	Postpartum nutritional assessment, treatment and/or intervention, including development of care plan, individual, each 15 minutes (max. 1 hour)	4
Nutrition Services	S0197	Prenatal vitamin-mineral supplement, 30-day supply. Restricted to 10 in 9 months.	10

B Comprehensive Perinatal Services Program

Page updated: September 2020

CPSP Billing Codes Table (continued)

Service	HPCS Code	Description	Maximum Units of Service
Comprehensive Psychosocial Services	Z6300	Initial psychosocial assessment and development of care plan; first 30 minutes	1
Comprehensive Psychosocial Services	Z6302	Each subsequent 15 minutes (max. 1½ hours)	6
Comprehensive Psychosocial Services	Z6304	Follow-up antepartum psychosocial assessment, treatment, and/or intervention; individual, each 15 minutes (max. 3 hours)	12
Comprehensive Psychosocial Services	Z6306	Follow-up antepartum psychosocial assessment, treatment and/or intervention, group, per patient, each 15 minutes (max. 4 hours)	16
Comprehensive Psychosocial Services	Z6308	Postpartum psychosocial assessment, treatment, and/or intervention, including development of care plan, individual, each 15 minutes (max. 1½ hours)	6

B Comprehensive Perinatal Services Program

Page updated: September 2020

CPSP Billing Codes Table (continued)

Service	HCPSC Code	Description	Maximum Units of Service
Comprehensive Health Education Services	Z6400	Client orientation (health education) each 15 minutes (max. 2 hours)	8
Comprehensive Health Education Services	Z6402	Initial health education assessment and development of care plan, first 30 minutes	1
Comprehensive Health Education Services	Z6404	Initial health education assessment and development of care plan, each subsequent 15 minutes (max. 2 hours)	8
Comprehensive Health Education Services	Z6406	Follow-up antepartum health education assessment, treatment, and/or intervention, individual, each 15 minutes (max. 2 hours)	8
Comprehensive Health Education Services	Z6408	Follow-up antepartum health education assessment, treatment, and/or intervention, group, per patient, each 15 minutes (max. 2 hours)	8
Comprehensive Health Education Services	Z6410	Perinatal education, individual, each 15 minutes (max. 4 hours)	16
Comprehensive Health Education Services	Z6412	Perinatal education group per patient, each 15 minutes (max. 16 units per day) 72 units per pregnancy	16 per day
Comprehensive Health Education Services	Z6414	Postpartum health education assessment, treatment and/or intervention, including development of care plan, individual, each 15 minutes (max. 1 hour)	4

Notes:

B Comprehensive Perinatal Services Program

Page updated: September 2020

Billing Code Summary

Patient Billing

Type of Billing – Physician Services	Billing Code	Number of Units Used (1 Unit = 15 Minutes)												
		Initial and Date Each Unit Used per Visit												
Obstetrical (# Visits)														
Initial Comprehensive Office Visit	Z1032													
Early Entry LMP Reimbursement Bonus	ZL	Use with Z1032 only												
Antepartum Office Visit – 13 Visits	Z1034	1	2	3	4	5	6	7	8	9	10	11	12	13
Postpartum Office Visit	Z1038													
Prenatal Vitamins – 30 day supply, 10 in 9 months	S0197	1	2	3	4	5	6	7	8	9	10			
CPSP Services														
Initial Comprehensive Assessment	Z6500*	* All 3 completed within 4 weeks of initial visit (Z1032)												
1. Health Education – 30 min	Date:													
2. Nutrition – 30 min	Date:													
3. Psychosocial – 30 min	Date:													
Nutrition														
Initial Assessment – Individual 30 min	Z6200	Don't use if Z6500 is billed												
Additional Initial Assessment – 1.5 hrs	Z6202	1	2	3	4	5	6							
Follow-up Intervention/Reassessment – 2 hrs	Z6204	1	2	3	4	5	6	7	8					
Follow-up Intervention – Group 3 hrs	Z6206	1	2	3	4	5	6	7	8	9	10	11	12	
Postpartum – Individual 1 hr	Z6208	1	2	3	4									
Psychosocial														
Initial Assessment – Individual 30 min	Z6300	Don't use if Z6500 is billed												
Additional Initial Assessment – 1.5 hrs	Z6302	1	2	3	4	5	6							
Follow-up Intervention/Reassessment – 3 hrs	Z6304	1	2	3	4	5	6	7	8	9	10	11	12	
Follow-up Intervention – Group 4 hrs	Z6306	1	2	3	4	5	6	7	8	9	10	11	12	
		13	14	15	16									
Postpartum – Individual 1.5 hrs	Z6308	1	2	3	4	5	6							
Health Education														
Client Orientation – Individual 2 hrs	Z6400	1	2	3	4	5	6	7	8					
Initial Assessment – Individual 30 min	Z6402	Don't use if Z6500 is billed												
Additional Initial Assessment – 2 hrs	Z6404	1	2	3	4	5	6	7	8					
Follow-up Intervention/Reassessment – 2 hrs	Z6406	1	2	3	4	5	6	7	8					
Follow-up Education Assessment /Intervention Group – 2 hrs	Z6408	1	2	3	4	5	6	7	8					
Perinatal Education – Individual 4 hrs	Z6410	1	2	3	4	5	6	7	8	9	10	11	12	
		13	14	15	16									
Group Education – 18 hrs	Z6412	1	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	
Postpartum – Individual 1 hr	Z6414	1	2	3	4									

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

B Comprehensive Perinatal Services Program

Page updated: September 2020

	Fee for Service Code	Billing Code	Number of Units Used (1 Unit = 15 Minutes) Please Initial and Date Each Unit Used per Visit												
Obstetrical Care															
Initial Antepartum	Z1032	T1015	1												
Antepartum – 13 visits	Z1034	T1015	1	2	3	4	5	6	7	8	9	10	11	12	13
Postpartum	Z1038	T1015	1												
NOTE: All provider types are restricted to Medi-Cal frequency limits for OB care (fee-for-service, FQHC, RHC, IHS)															
Nutrition															
Initial Assessment	Z6200	T1015	1	30 minutes											
Additional Assess – 1.5 hrs	Z6202	T1015	1	2	3	4	5	6							
Follow-Up (F/U) Intervention/Reassessment – Individual 2 hrs	Z6204	T1015	1	2	3	4	5	6	7	8					
F/U Intervention – Group 3 hrs	Z6206	T1015	1	2	3	4	5	6	7	8	9	10	11	12	
Postpartum – Individual 1 hr	Z6208	T1015	1	2	3	4									
Psychosocial															
Initial Assessment	Z6300	T1015	1	30 minutes											
Additional Init Assess 1.5 hrs	Z6302	T1015	1	2	3	4	5	6							
F/U Intervention/Reassessment – Individual 3 hrs	Z6304	T1015	1	2	3	4	5	6	7	8	9	10	11	12	
F/U Intervention – Group 4 hrs	Z6306	T1015	1	2	3	4	5	6	7	8	9	10	11	12	
			13	14	15	16									
Postpartum – Individual 1.5 hrs	Z6308	T1015	1	2	3	4	5	6							
Health Education															
Client Orientation – Indiv. 2 hrs	Z6400	T1015	1	2	3	4	5	6	7	8					
Initial Assessment – Individual 30 min	Z6402	T1015	1	30 minutes											
Add'l Init Assessment – 2 hrs	Z6404	T1015	1	2	3	4	5	6	7	8					
F/U Intervention/Reassessment – Individual 2 hrs	Z6406	T1015	1	2	3	4	5	6	7	8					
F/U Ed Assess/Intervention – Group 2 hrs	Z6408	T1015	1	2	3	4	5	6	7	8					
Perinatal Education															
Perinatal Education – Individual 4 hrs	Z6410	T1015	1	2	3	4	5	6	7	8	9	10	11	12	
			13	14	15	16									
Group Education – 18 hrs	Z6412	T1015	1	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	
Postpartum – Individual 1 hr	Z6414	T1015	1	2	3	4									

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.”

Module B Answer Key

Knowledge Review 1:

Question 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 or false?

Answer 1: True

Question 2: Enter the LMP date in _____ on the *CMS-1500* claim form or in _____ on the *UB-04* claim form.

Answer 2: Box 14, Box 80 Remarks

Question 3: To be reimbursed for modifier ZL, providers must add \$56.63 to their usual and customary fee for Z1032. True or false?

Answer 3: True

Question 4: Modifier ZL is restricted to CPSP providers and will only be reimbursed _____ per recipient, per pregnancy

Answer 4: Once

Knowledge Review 2

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

Answer 1: Three, Z1032, four-week period

Question 2: The date of the last assessment must be shown as the date of service. True or false?

Answer 2: True

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

Answer 3: Six months, six-month

Question 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 or false?

Answer 4: True

Knowledge Review 3

Question 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 or false?

Answer 1: True

Question 2: 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.

Answer 2: Any order; any time

Question 3: The provider must complete the initial assessment within the discipline area (nutrition, health education or psychosocial) _____ rendering any intervention services within that discipline.

Answer 3: Before

Knowledge Review 4

Question 1: 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.

Answer 1: pay, obligate; each month; 15 minutes