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

Page updated: August 2020

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-10-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 antepartum 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, October 1, 2015, is entered in six-digit format on claim line 1 as 100115. The October 14, 2015, date of the last assessment is entered on claim line 2 as 101415. 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-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

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. CONT. #	4 TYPE OF BILL	731
b	8 PATIENT NAME	a	DOE, JANE	9 PATIENT ADDRESS	a
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT	18 19 20 21	CONDITION CODES 22 23 24 25 26 27 28
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH
38	39 CODE	40 VALUE CODES AMOUNT	41 CODE	42 VALUE CODES AMOUNT	43 CODE
42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
1	INITIAL OFFICE VISIT	Z103299	100118	1	18294
2	COMBINED ASSESSMENTS	Z6500	101418	1	13583
23	001	PAGE	OF	CREATION DATE	TOTALS
50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASST. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
O/P MEDI-CAL					31877
56 INSURED'S NAME	59 PPEL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	57 OTHER PRV ID
		90000000A95001			
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	66	67	68
D1D1D1D	A	B	C	D	E
69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73	74
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 OTHER PROCEDURE CODE	77 OTHER PROCEDURE CODE	78 ATTENDING NPI	79 QUAL
				1234567890	
80 REMARKS	81CC	82	83	84	85
SUE SMITH, NP. NPI: 0123456789. LINE 1: LMP 010118. 99 = SA + ZL. LINE 2: PSYCHOLOGICAL ASSESSMENT 100118. HEALTH ASSESSMENT 100118. NUTRITION ASSESSMENT 101118.	a	b	c	d	e

Figure 1: Combined Assessments and Initial Pregnancy-Related Office Visit Rendered Within Four Weeks of Entry Into Care. Services Performed by a Nurse Practitioner.

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 – October 1, November 3 and November 13, 2015 are entered in six-digit format (100115, 110315 and 111315). 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-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

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		2		3a PAT. CONT. #		4 TYPE OF BILL	
140 SECOND STREET				b. MED. REC. #		731	
ANYTOWN CA 958235555				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
8 PATIENT NAME		9 PATIENT ADDRESS					
b DOE, JANE							
10 BIRTHDATE		11 SEX		ADMISSION 13 HR. 14 TYPE 15 SRC 16 DHR		17 STAT	
08241980		F					
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37			
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	
1		INITIAL NUTRITION ASSESSMENT		Z6200		100115	
2		NUTRITIONAL ASSESSMENT		Z6202		110315	
3		INITIAL HEALTH EDU. ASSESS.		Z6402		111315	
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		51 HEALTH PLAN ID		52 REL. INFO		53 ASG. BEN.	
O/P MEDI-CAL						54 PRIOR PAYMENTS	
						55 EST. AMOUNT DUE	
						4205	
56 NPI		57 OTHER PRV ID		58 NPI		0123456789	
58 INSURED'S NAME		59 PPEL		60 INSURED'S UNIQUE ID		61 GROUP NAME	
				90000000A95001			
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX		67		68		69	
D1D1D1D		A B C D E F G H		I J K L M N O P Q		R S T U V W X Y Z	
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 EQ	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING NPI		1234567890	
				LAST		FIRST	
77 OTHER PROCEDURE DATE		78 OTHER NPI		2345678901		QUAL	
		LAST		FIRST		QUAL	
80 REMARKS		81 CC a		82 OTHER NPI		2345678901	
		b		LAST		FIRST	
		c		79 OTHER NPI		QUAL	
		d		LAST		FIRST	

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 is entered in the six-digit format on claim line 1. 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-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

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		2		3a PAT. CONT. #		4 TYPE OF BILL	
140 SECOND STREET				b. MED. REC. #		731	
ANYTOWN CA 958235555				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
8 PATIENT NAME		9 PATIENT ADDRESS					
b DOE, JANE							
10 BIRTHDATE		11 SEX		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR	
08241980		F					
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37			
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	
1		PERINATAL GROUP EDUCATION		Z6412		100115	
2						8	
3						2248	
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 2248	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ASG. BEN.	
O/P MEDI-CAL						54 PRIOR PAYMENTS	
						55 EST. AMOUNT DUE	
						2248	
56 NPI		57 OTHER PRV ID		58 INSURED'S NAME		59 P.FEL.	
0123456789						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		67		68		69	
D1D1D1D		A		B		C	
0		J		K		L	
		M		N		O	
		P		Q		R	
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
74 PRINCIPAL PROCEDURE DATE		a OTHER PROCEDURE DATE		b OTHER PROCEDURE DATE		75	
						76 ATTENDING NPI 1234567890	
						QUAL	
						LAST	
						77 OPERATING NPI	
						QUAL	
						LAST	
						78 OTHER NPI 2345678901	
						QUAL	
						LAST	
						79 OTHER NPI	
						QUAL	
						LAST	
80 REMARKS		81 CC a		b		c	
UB-04 CMS-1450		CMB APPROVAL PENDING		NUBC		THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.	
© 2005 NUBC				L1C9219257			

Figure 3: Perinatal Education in a Group Environment. (Must be Billed Per Patient.)

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 October 1, 2015, and the second is rendered on October 7, 2015.

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 100115. The second assessment is entered on claim line 2 as 100715. 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-10-CM diagnosis code is entered in the Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

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

TYPEWRITER ALIGNMENT
Elite Pica

CONFIDENTIAL PATIENT INFORMATION

1 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 MEDICAL 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

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

FOR STATE USE

39 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: 092815

34 35 44

COMMENTS/EXPLANATION

RETROACTIVE AUTHORIZATION GRANTED IN ACCORDANCE WITH SECTION 51083 (b)

36 1 2 3 4 5 6

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: 102497

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: D1D1D1D

MEDICAL JUSTIFICATION:
18-YEAR-OLD PRIMAGRAVIDA, DUE 021216, 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.

LINE NO.	AUTHORIZED Y/M	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	<input type="checkbox"/>						
3	<input type="checkbox"/>						
4	<input type="checkbox"/>						
5	<input type="checkbox"/>						
6	<input type="checkbox"/>						

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 103015
SIGNATURE OF PHYSICIAN OR PROVIDER TITLE DATE

AUTHORIZATION IS VALID FOR SERVICES PROVIDED FROM DATE 092815 TO DATE 021216

TAR CONTROL NUMBER: OFFICE 01 SEQUENCE NUMBER 23456789 PI 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

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

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT. CONT. # b. MED. REC. #		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 BIRTHDATE 10241997		11 SEX F		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE	
35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37		38	
39 CODE		40 VALUE CODES AMOUNT		41 CODE		42 VALUE CODES AMOUNT	
43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS	
1 FOLLOW-UP ANTEPARTUM		Z6304		100115		2	
2 FOLLOW-UP ANTEPARTUM		Z6304		100715		2	
47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		50	
1682		1682					
23 001 PAGE OF		CREATION DATE		TOTALS		3364	
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL. INFO		53 ASSO. BEN.	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 3364		56 NPI 0123456789		57 OTHER PRV ID	
58 INSURED'S NAME		59 P.FEL.		60 INSURED'S UNIQUE ID 90000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES 01234567891		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX D1D1D1D		67		68		69	
70 PATIENT REASON DX		71 PPS CODE		72 EQ		73	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI 1234567890		77 QUAL	
78 LAST		79 FIRST		80 LAST		81 FIRST	
77 OPERATING NPI		78 QUAL		79 LAST		80 FIRST	
78 OTHER NPI 2345678901		79 QUAL		80 LAST		81 FIRST	
79 OTHER NPI		80 QUAL		81 LAST		82 FIRST	
80 REMARKS		81 CC a		82		83	
		b		c		d	

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).

HCPCS 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 *HCPCS/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 (100115, 100115, 121515). 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 October 1 and the health education assessment is rendered for 15 minutes on December 15. (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-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

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. CONT. #		4 TYPE OF BILL 731	
8 PATIENT NAME DOE, JANE		9 PATIENT ADDRESS				
10 BIRTHDATE 08241980	11 SEX F	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR
17 STAT	18	19	20	21	22	23
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 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE
45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	50 PAYER NAME O/P MEDI-CAL	51 HEALTH PLAN ID
52	53	54	55	56	57	58
59 P/P/FEL	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 D1D1D1D	67	68	69	70	71	72
73	74	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	96	97	98	99	00

Figure 7: Billing CPSP for Nutritional Counseling, Psychosocial Support and Health Education Services. (May be Used to Bill for Counseling Services Related to Breast-Feeding.)

<<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.