

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.

Enrollment Process

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

NOTES

CPSP Administration

Perinatal Services Coordinator (PSC)

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

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

Update to CPSP Practitioner Definition

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

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

1. Physicians, including a general practitioner, a family practice physician, a pediatrician, or an obstetrician-gynecologist
2. Certified nurse-midwives
3. Licensed midwives
4. Nurses
5. Nurse practitioners
6. Physician assistants
7. Social workers
8. Health and childbirth educators
9. Registered dietitians

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

1. A physician who is either:
 - a) A general practice physician, or
 - b) A family practice physician, or
 - c) A pediatrician, or
 - d) An obstetrician-gynecologist.
2. A Certified Nurse Midwife as defined in Section 51170.2.
3. A Registered Nurse who is licensed as such by the Board of Registered Nursing and who has one year experience in the field of Maternal and Child Health.
4. A Nurse Practitioner as defined in Section 51170.3.
5. A Physician's Assistant as defined in Section 51170.1.
6. A social worker who either:
 - a) Holds a Master's Degree or higher in social work or social welfare from a college or university with a Social Work Degree program accredited by the Council on Social Work Education and who has one year of experience in the field of Maternal and Child Health, or
 - b) Holds a Master's Degree in psychology or Marriage, Family and Child counseling and has one year of experience in the field of Maternal and Child Health, or
 - c) Holds a Baccalaureate Degree in social work or social welfare from a college or university with a Social Work Degree program accredited by the Council on Social Work Education and who has one year experience in the field of Maternal and Child Health.
7. A health educator who either has:
 - a) A Master's Degree (or higher) in Community or Public Health Education from a program accredited by the Council on Education for Public Health and who has one year of experience in the field of Maternal and Child Health, or
 - b) A Baccalaureate Degree with a major in Community or Public Health Education and who has one year of experience in the field of Maternal and Child Health.
8. A childbirth educator who is:
 - a) Licensed as a Registered Nurse by the Board of Registered Nursing and has one year experience in a program which complies with the "Guidelines for Childbirth Education" (last published in 1981), herein incorporated by reference in its entirety and available from the American College of Obstetricians and Gynecologists, 600 Maryland Avenue, South West, Suite 300 East, Washington, D.C., 20024-2588 or
 - b) A Certified Childbirth Educator who has completed a training program and is currently certified to teach that method of childbirth education by the American Society for Psychoprophylaxis in Obstetrics, or Bradley, or the International Childbirth Education Association.
9. A dietitian who is registered, or is eligible to be registered by the Commission on Dietetic Registration, the credentialing agency of the American Dietetic Association, with one year of experience in the field of perinatal nutrition.
10. A comprehensive perinatal health worker who:
 - a) Is at least 18 years of age, is a high school graduate or equivalent, and has at least one year of full-time paid practical experience in providing perinatal care.
 - b) Provides services in a clinic that is either licensed or exempt from licensure under Section 1200 et. seq. and 1250 et seq. of the Health and Safety Code, under the direct supervision of a comprehensive perinatal practitioner as defined in Section 51179.7 (a) (1).

C Comprehensive Perinatal Services

11. A licensed vocational nurse who is licensed under Section 2516 of the Business and Professions Code and who has one year of experience in the field of Maternal and Child Health.
12. A licensed midwife as defined in Section 51191.

Case Coordinator

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

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

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

CPSP Policies

Supervision Requirements for CPSP Services Delivery

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

NOTE

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

Tobacco Cessation Counseling for Pregnant and Postpartum Women

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

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

General Guidelines

The following policies apply to CPSP:

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

Reimbursement of Services

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

- Nutritional, psychosocial and health education services
- Vitamin and mineral supplements
- Client orientation
- Case coordination

Program Benefits Comparison

(Obstetrics Services vs. CPSP Services)

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 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
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

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

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

CPSP Billing

Reimbursement Bonus Services

Modifier ZL (Early entry into care)

- Modifier ZL must be billed with HCPCS code Z1032 and certifies that the recipient was seen within 16 weeks of her Last Menstrual Period (LMP).
True False
- Enter the LMP date in _____ on the *CMS-1500* claim form or in _____ on the *UB-04* claim form.
- To be reimbursed for modifier ZL, providers must add \$56.63 to their usual and customary fee for Z1032.
True False
- Modifier ZL is restricted to CPSP providers and will only be reimbursed _____ per recipient, per pregnancy.

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. _____				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				
17b. NPI								20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO				
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)								22. RESUBMISSION CODE ORIGINAL REF. NO.				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. D1D1D1D B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____				ICD Ind. 0				23. PRIOR AUTHORIZATION NUMBER				
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. EPSDT 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

Answer Key: 1) True; 2) Box 14, Box 80 Remarks; 3) True; 4) once

Non-Physician Medical Practitioners

Non-Physician Medical Practitioners are identified with specific modifiers:

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

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

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															c		d		e																	
10 BIRTHDATE		11 SEX		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	
08241980		F																																							
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		45		46		47		48		49					
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																	
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23		001 PAGE OF										CREATION DATE				TOTALS		31877						23																	
50 PAYER NAME O/P MEDI-CAL					51 HEALTH PLAN ID					52 REL INFO		53 AS9 BEN		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 31877		56 NPI 0123456789		57 OTHER PRV ID																					
58 INSURED'S NAME					59 P.REL		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 O		A		B		C		D		E		F		G		H		I		J		K		L		M		N		O		P		Q		68					
69 ADMIT DX		70 PATIENT REASON DX		a		b		c		71 PPS CODE		72 EO		73																											
74 PRINCIPAL PROCEDURE CODE		a		OTHER PROCEDURE CODE		b		OTHER PROCEDURE CODE		c		OTHER PROCEDURE CODE		d		75		76 ATTENDING NPI		1234567890		QUAL																			
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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		b		c		d																														

Sample: UB-04 Claim Form

Combined Assessment Billing (HCPCS Code Z6500)

1. This code can only be billed if all _____ initial assessments and the initial pregnancy-related office visit code _____ are rendered within a _____ - _____
_____.
2. The date of the last assessment must be shown as the date of service.
True False
3. Z6500 is reimbursable once in _____ unless the provider certifies on the claim that the recipient has become pregnant again within the _____ - _____ period.
4. If fewer than three initial assessments are performed, or the initial assessments are not performed within four weeks of entry into care, you must bill the initial assessments separately.
True False

Billing Example: Combined Assessments (HCPCS Code Z6500)

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 MODIFIER			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. SPICIT 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

Answer Key: 1) three, Z1032, four-week period; 2) True; 3) six months, six-month; 4) True

Individual Assessment Billing (Z6200, Z6300 and/or Z6402)

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

True False

Sequence of Services

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

Intervention Services

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

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

Breastfeeding-Related Services

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

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

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

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

Billing Tip

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

Answer Key: True; any order; any time; before

Treatment Authorization Requests (TAR)

Additional CPSP Services

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

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

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

TAR Example for Reimbursement of Excess Services

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)

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**

FOR PROVIDER USE

PROVIDER NAME AND ADDRESS

MARY BROWN
1456 MAIN STREET
ANYTOWN CA 958235555

3. PROVIDER NUMBER
XYZ123456

(PLEASE TYPE)

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 **100818**

34 35 36 37 38 39 40 41 42 43 44

COMMENTS/EXPLANATION

NAME AND ADDRESS OF PATIENT
PATIENT NAME (LAST, FIRST, M.I.)
DOE, JANE

STREET ADDRESS
1234 MAIN STREET

CITY, STATE, ZIP CODE
ANYTOWN CA 98523

PHONE NUMBER
(916) 555-5555

MEDI-CAL IDENTIFICATION NO.
9000000A95001

SEX **F** AGE **35** DATE OF BIRTH **052180**

PATIENT STATUS: HOME BOARD & CARE

SNF / ICF ACUTE HOSPITAL

DIAGNOSIS DESCRIPTION:
DIABETES MELLITUS IN PREGNANCY

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.

ICD-9-CM DIAGNOSIS CODE
D1D1D1D

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** 38 TO DATE **100218**

TAR CONTROL NUMBER

39 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

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June 2019

TARs for FQHCs, RHCs and IHS/MOAs

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

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

Share of Cost (SOC)

Recipients who choose to participate in the CPSP program and receive CPSP services are required to _____ or _____ their SOC _____ even if the obstetrical services are billed globally.

CPSP Support Services

Calculating Billing Units

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

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

CPSP Billing Codes

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

Service	HCPCS 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
	Z6202	Each subsequent 15 minutes (max. 1½ hours)	6
	Z6204	Follow-up antepartum nutrition assessment, treatment and/or intervention; individual, each 15 minutes (max. 2 hours)	8
	Z6206	Group, per patient, each 15 minutes (max. of 3 hours)	12
	Z6208	Postpartum nutritional assessment, treatment and/or intervention, including development of care plan, individual, each 15 minutes (max. 1 hour)	4
	S0197	Prenatal vitamin-mineral supplement, 30 day supply. Restricted to 10 in 9 months.	10
Comprehensive Psychosocial Services	Z6300	Initial psychosocial assessment and development of care plan; first 30 minutes	1
	Z6302	Each subsequent 15 minutes (max. 1½ hours)	6
	Z6304	Follow-up antepartum psychosocial assessment, treatment, and/or intervention; individual, each 15 minutes (max. 3 hours)	12
	Z6306	Follow-up antepartum psychosocial assessment, treatment and/or intervention, group, per patient, each 15 minutes (max. 4 hours)	16
	Z6308	Postpartum psychosocial assessment, treatment, and/or intervention, including development of care plan, individual, each 15 minutes (max. 1½ hours)	6

Service	HCPCS Code	Description	Maximum Units of Service
Comprehensive Health Education Services	Z6400	Client orientation (health education) each 15 minutes (max. 2 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 (max. 2 hours)	8
	Z6406	Follow-up antepartum health education assessment, treatment, and/or intervention, individual, each 15 minutes (max. 2 hours)	8
	Z6408	Follow-up antepartum health education assessment, treatment, and/or intervention, group, per patient, each 15 minutes (max. 2 hours)	8
	Z6410	Perinatal education, individual, each 15 minutes (max. 4 hours)	16
	Z6412	Perinatal education group per patient, each 15 minutes (max. 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 (max. 1 hour)	4

NOTES

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 <u>within</u> 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

C Comprehensive Perinatal Services

	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 – 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.”