COMPREHENSIVE PERINATAL SERVICES PROGRAM

Service Codes and Reimbursement Schedule

Procedure Code	Description	When to Use	Maximum Units of Service	Reimbursement per Unit of Service	Maximum Reimbursement ¹
Z6500 ²	Initial Comprehensive Nutrition, Psychosocial, and Health Education Assessments and Development of Care Plan within 4 weeks of entry into care ³ , Individual, first 30 minutes of each Assessment (90 minutes total), including ongoing coordination of care. Initial Pregnancy-related exam (Z1032) must also be completed within this 4- week period.	Initial CPSP Assessment completed within 4 weeks of Initial Prenatal Exam (Z1032). This 90 minute timeframe is for Health Education, Nutrition, and Psychosocial initial assessment time only – it does not include Client Orientation.	1	\$135.83	\$135.83
		NUTRITION CODES			
Z6200	Initial Nutrition Assessment and Development of Care Plan, Individual, first 30 minutes.	For first 30 minutes of Initial Nutrition Assessment when Initial CPSP Assessment not completed within 4 weeks of Initial Prenatal Exam (Z1032).	1	\$16.83	\$16.83
Z6202	Initial Nutrition Assessment and development of Care Plan, Individual, each Subsequent 15 minutes (Maximum of 1½ hours)	1) Time spent doing initial assessment exceeded 30 minutes in nutrition component (either Z6500 or Z6200 used); 2) Entirely new problem diagnosed later in pregnancy requiring a new nutrition assessment, e.g. gestational diabetes.	6	\$8.41	\$50.46
Z6204	Follow-up Antepartum Nutrition Assessment, Treatment, and/or Intervention, Individual, each 15 minutes (Maximum of 2 hours)	Trimester reassessments; antepartum counseling, such as by RD consultant.	8	\$8.41	\$67.28

Procedure Code	Description	When to Use	Maximum Units of Service	Reimbursement per Unit of Service	Maximum Reimbursement ¹
Z6206	Follow-up Antepartum Nutrition Assessment, Treatment, and/or Intervention, Group, per patient, each 15 minutes (Maximum of 3 hours)	Nutrition information provided in a group class.	12	\$2.81	\$33.72
Z6208	Postpartum Nutrition Assessment, Treatment, and/or Intervention, including update of Care Plan, Individual, each 15 minutes (Maximum of 1 hour)	Postpartum nutrition assessment; Postpartum nutrition intervention, e.g. assistance with breastfeeding	4	\$8.41	\$33.64
S0197	Prenatal Vitamins, 30-day supply (Maximum 300-day supply per pregnancy)	When provider dispenses prenatal vitamins: 1 unit of service (30 vitamins) may be billed per date of service; max 10 units per pregnancy (300 vitamins)	10	\$3.00	\$30.00
		PSYCHOSOCIAL CODES			
Z6300	Initial Psychosocial Assessment and Development of Care Plan, Individual, first 30 minutes	For first 30 minutes of Initial Psychosocial Assessment when Initial CPSP Assessment not completed within 4 weeks of Initial Prenatal Exam (Z1032).	1	\$16.83	\$16.83
Z6302	Initial Psychosocial Assessment and Development of Care Plan, Individual, each subsequent 15 minutes (Maximum of 1½ hours)	1) Time spent doing initial assessment exceeded 30 minutes in psychosocial component (either Z6500 or Z6300 used); 2) Entirely new problem diagnosed later in pregnancy requiring a new psychosocial assessment, e.g. domestic violence.	6	\$8.41	\$50.46
Z6304	Follow-up Antepartum Psychosocial Assessment, Treatment, and/or Intervention, Individual, each 15 minutes (Maximum of 3 hours)	Trimester reassessment; antepartum counseling or other intervention, such as by social work consultant.	12	\$8.41	\$100.92

Procedure Code	Description	When to Use	Maximum Units of Service	Reimbursement per Unit of Service	Maximum Reimbursement ¹
Z6306	Follow-up Antepartum Psychosocial Assessment, Treatment, and/or Intervention, Group, per patient, each 15 minutes (Maximum of 4 hours)	Psychosocial information provided in a group class.	16	\$2.81	\$44.96
Z6308	Postpartum Psychosocial Assessment, Treatment, and/or Intervention, including update of Care Plan, Individual, each 15 minutes (Maximum of 1½ hours)	Postpartum psychosocial assessment; Postpartum psychosocial intervention, e.g. postpartum depression	6	\$8.41	\$50.46
		HEALTH EDUCATION CODES			
Z6400	Client Orientation, Individual, each 15 minutes (Maximum of 2 hours)	Initial individual orientation (required); orientation required during pregnancy, e.g. when patient is referred to hospital for non-stress test.	8	\$8.41	\$67.28
Z6402	Initial Health Education Assessment and Development of Care Plan, Individual, first 30 minutes	For first 30 minutes of Initial Health Education Assessment when Initial CPSP Assessment not completed within 4 weeks of Initial Prenatal Exam (Z1032).	1	\$16.83	\$16.83
Z6404	Initial Health Education Assessment and Development of Care Plan, Individual, each subsequent 15 minutes (Maximum of 2 hours)	1) Time spent doing initial assessment exceeded 30 minutes in health education component (either Z6500 or Z6402 used); 2) Entirely new problem diagnosed later in pregnancy requiring a new health education assessment.	8	\$8.41	\$67.28
Z6406	Follow-up Antepartum Health Education Assessment, Treatment, and/or Intervention, Individual, each 15 minutes (Maximum of 2 hours)	Trimester reassessment; antepartum counseling or other intervention, such as by health education consultant.	8	\$8.41	\$67.28

Procedure Code	Description	When to Use	Maximum Units of Service	Reimbursement per Unit of Service	Maximum Reimbursement ¹
Z6408	Follow-up Antepartum Health Education Assessment, Treatment, and/or Intervention, Group, per patient, each 15 minutes (Maximum of 2 hours)	Health education provided in a group class.	8	\$2.81	\$22.48
Z6414	Postpartum Health Education Assessment, Treatment, and/or Intervention, including update of Care Plan, Individual, each 15 minutes (Maximum of 1 hour)	Postpartum health education assessment; Postpartum health education intervention.	4	\$8.41	\$33.64
		PERINATAL EDUCATION CODES (Can be used antepartum or postpartum)			
Z6410	Perinatal Education, Individual, each 15 minutes (Maximum of 4 hours)	Individual education provided prenatally or postpartum.	16	\$8.41	\$134.56
Z6412	Perinatal Education, Group, per patient, each 15 minutes (Maximum 4 hours/day,18 hours/pregnancy)	Group education, e.g. childbirth education (Lamaze)	72	\$2.81	\$202.32
		CPSP OB BONUS			
Z1032-ZL	Initial Comprehensive Pregnancy- related office visit performed within 16 weeks of LMP (up to 16 0/7ths)	Initial prenatal exam done prior to 16 weeks LMP. If non-physician practitioner (NP, PA, CNM) does exam, see M/C Provider Manual for appropriate modifier.	1	\$56.63	\$56.63

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¹ Additional reimbursement is subject to prior approval using a Medi-Cal Treatment Authorization Request (TAR). ² If Z6500 is used, codes Z6200, Z6300, and Z6402 cannot be used because the first 30 minutes of each assessment is already included in Z6500. However, additional initial assessment time can be billed under codes Z6202, Z6302, or Z6404.

³ Entry into care is the time of the first billable pregnancy-related office visit or initial support service assessment.