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

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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).

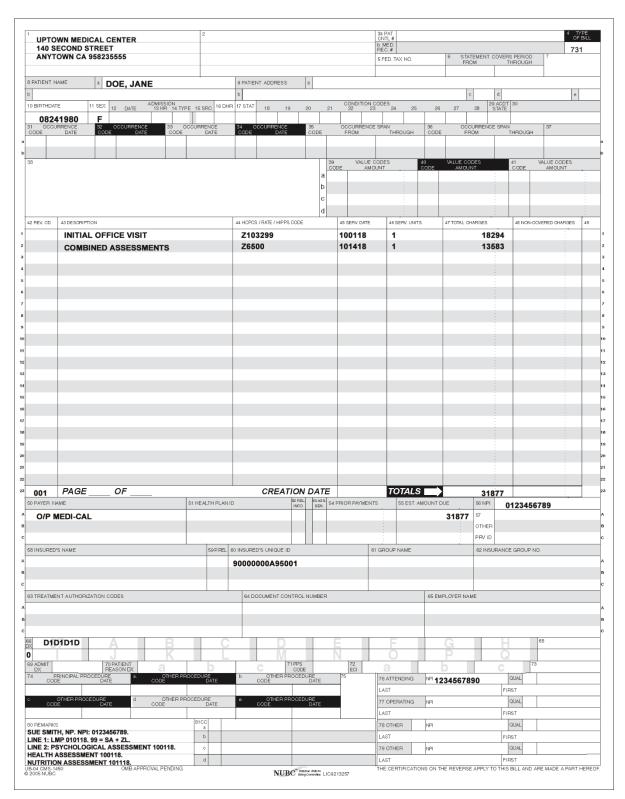
Clinics may bill for code Z1032 and Z6500 services that are provided off-site, by using a Place of Service code "73" (clinic, free standing). (Refer to "CPSP and Obstetrical Out-of-Clinic Services" in the *Pregnancy: Comprehensive Perinatal Services Program [CPSP]* section of this manual for additional 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.



*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).

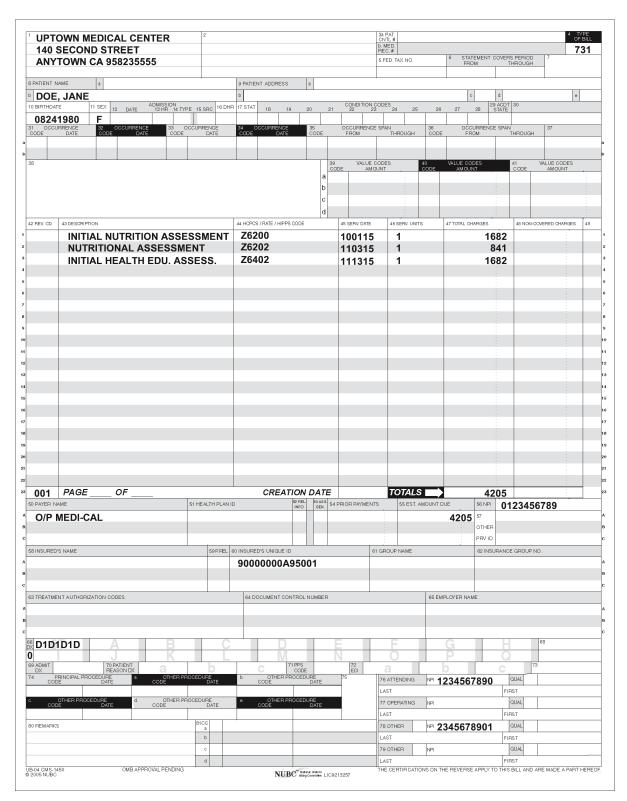


Figure 2: Billing Nutritional Services and Health Education Services.

## **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).

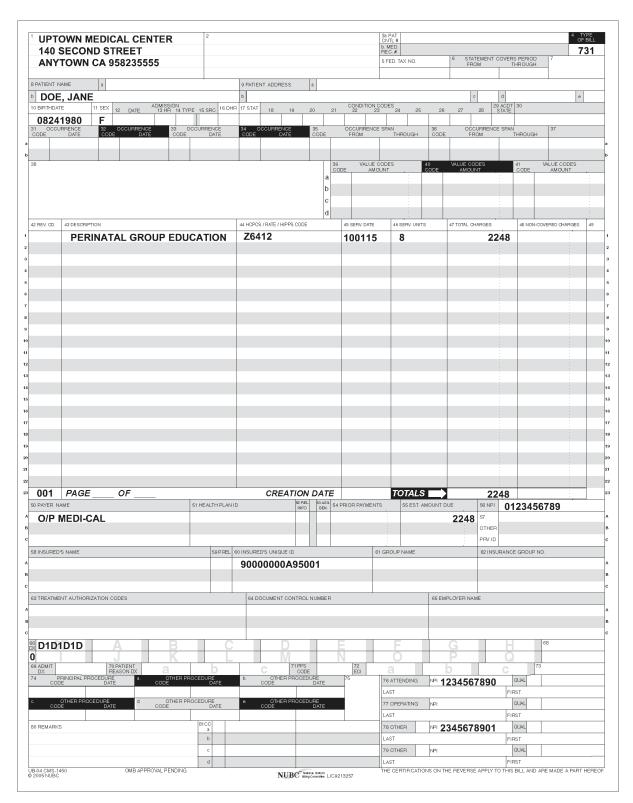


Figure 3: Perinatal Education in a Group Environment. (Must be Billed Per Patient.)

# 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).

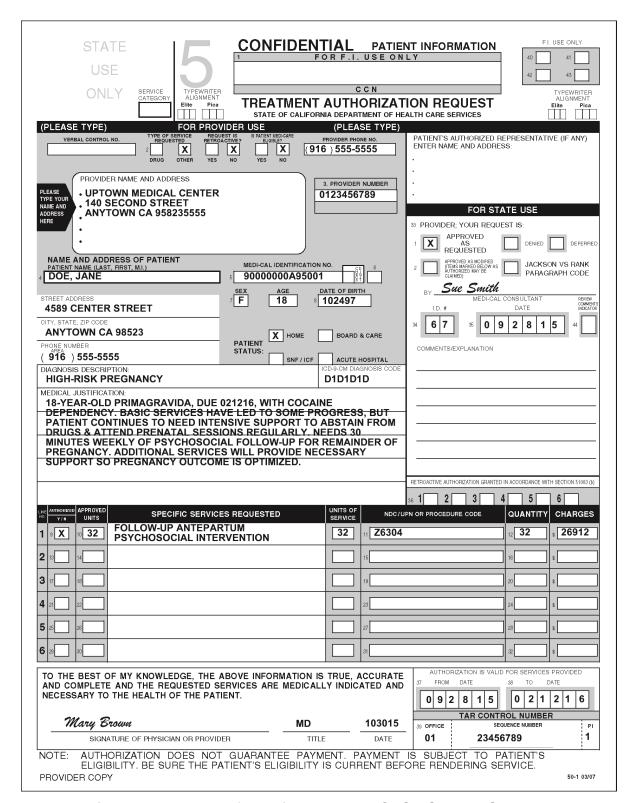
In the *Service Date* field (Box 45), the date of the first assessment is entered in six-digit format on claim line 1 as 100115. The second assessment is entered on claim line 2 as 100715. Enter a 2 in the *Service Units* field (Box 46) for each Z6304 service. CPSP support services are billed in units. 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).



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

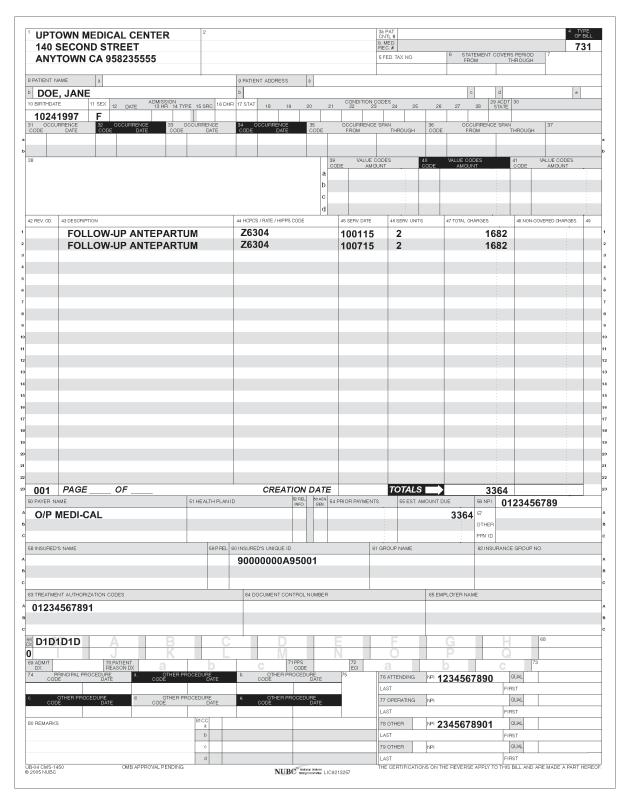


Figure 6: Completed UB-04 Claim Form. Corresponds to TAR on Preceding Page.

# **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).

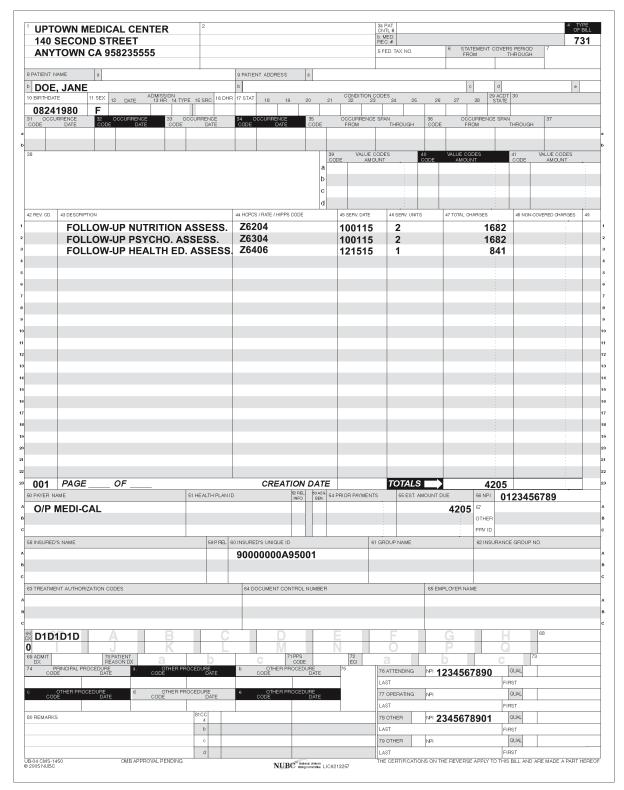
In the *Service Date* field (Box 45), the dates of each service are entered in six-digit format (100115, 100115, 121515). Enter the appropriate number in the *Service Units* field (Box 46) to indicate the number of 15-minute increments billed for each service. In this case, the nutrition and psychosocial 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).



**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.)

# <u>«Legend»</u>

«Symbols used in the document above are explained in the following table.»

Symbol	Description
<b>((</b>	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
<b>&gt;&gt;</b>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.