
Pregnancy: Comprehensive Perinatal Services Program (CPSP) Billing Examples – CMS-1500

Page updated: August 2020

Examples in this section are to help providers bill for Comprehensive Perinatal Services Program (CPSP) services on the *CMS-1500* claim form. Refer to the *Pregnancy: Comprehensive Perinatal Services Program (CPSP)* section of this manual for detailed policy information. Refer to the *CMS-1500 Completion* 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 *Additional Claim Information* field (Box 19) 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 billed within four weeks.

«The reimbursement for Z1032 will be based on the greater of the following two values:

- The base rate plus the ZL modifier, or
- The Targeted Rate Increase (TRI) rate»

HCPCS code Z1032 (initial antepartum office visit) with ZL modifier (indicating the office visit occurred within 16 weeks of the Last Menstrual Period) and code Z6500 (combined assessments) are entered in the *Procedures, Services or Supplies* field (Box 24D). HCPCS code 6500 is reimbursable only when a recipient receives all three initial nutritional, health education and psychosocial assessments and the initial pregnancy-related office visit within four weeks of entry into care.

An appropriate ICD-10-CM diagnosis code is entered in the *Diagnosis or Nature of Illness or Injury* field (Box 21). Because this claim is submitted with a diagnosis code, an ICD indicator is required between the dotted lines in the *ICD Ind.* area of Box 21. An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

In the *Date(s) of Service* field (Box 24A), the date of the office visit, October 1, 2015 is entered on claim line 1 as 100115. (This is the recipient's entry-into-care date.) The date of service entered on claim line 2 for HCPCS code Z6500 is October 14, 2015 (101415), which is the date of the last assessment. Enter Place of Service code 11 (office) in Box 24B.

Certification that all three assessments were rendered and the dates they were provided are entered in the *Additional Claim Information* field (Box 19). In this example, all three services were provided on the same date of service.

Enter the usual and customary charges in the *Charges* field (Box 24F). Enter a 1 in the *Days or Units* field (Box 24G) for both codes Z1032 and Z6500.

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) NUTRITION, HEALTH EDUCATION AND PSYCHOSOCIAL ASSESSMENTS PROVIDED										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 From To		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. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
1 10 01 15		11				Z1032 ZL				18294		1				NPI			
2 10 14 15		11				Z6500				13583		1				NPI			
3																NPI			
4																NPI			

Figure 1: Combined Assessments and Initial Pregnancy-Related Office Visit Billed Within Four Weeks.

Antepartum Nutrition, Psychosocial and Health Assessment Services

Figure 2: 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.

HCPSC 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 *Procedures, Services or Supplies* field (Box 24D). These services are reimbursed on an itemized basis only and must not be billed globally.

An appropriate ICD-10-CM diagnosis code is entered in the *Diagnosis or Nature of Illness or Injury* field (Box 21). Because this claim is submitted with a diagnosis code, an ICD indicator is required between the dotted lines in the *ICD Ind.* area of Box 21. An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

In the *Date(s) of Service* field (Box 24A), the date the nutrition assessment (Z6204) service was rendered, October 1, 2015, is entered on claim line 1 as 100115. The dates of service for codes Z6304 and Z6406 are respectively entered as 100115 and 110715.

Enter Place of Service code 11 (office) for each claim line in Box 24B.

Enter the usual and customary charges in the *Charges* field (Box 24F). Units for these codes are billed in 15-minute increments. (Refer to “Calculating Billing Units” in the *Pregnancy: Comprehensive Perinatal Services Program (CPSP)* section of this manual for instructions to bill services rendered for more or less than 15 minutes.) Entering a 2 in the *Days or Units* field (Box 24G) for both codes Z6204 and Z6304 indicates that the provider spent at least 23 minutes each performing the psychosocial and nutrition assessments. Entering a 1 for code Z6406 indicates the provider spent at least 8 minutes performing the health education assessment.

This is a sample only. Please adapt to your billing situation.

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES				FOR SUPPLIER INFORMATION				
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. E. F. G. H. I. J. K. L.										23. PRIOR AUTHORIZATION NUMBER								
24. A. DATE(S) OF SERVICE From To 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	15			11								1682	2		NPI	
2	10	01	15			11								1682	2		NPI	
3	11	07	15			11								841	1		NPI	
4																	NPI	

Figure 1: Combined Assessments and Initial Pregnancy-Related Office Visit Billed Within Four Weeks.

Antepartum Nutrition, Early and Frequent Prenatal Care

Figure 2: Billing follow-up antepartum nutritional counseling.

Figure 3: Early entry into care (modifier ZL).

The Department of Health Care Services (DHCS) established modifier ZL exclusively for use by CPSP providers. Modifier ZL, billed with the initial antepartum office visit (Z1032), adds \$56.63 to the maximum reimbursement for the initial office visit.

Enter the date of the Last Menstrual Period in the *Date of Current Illness, Injury or Pregnancy (LMP)* field (Box 14).

Enter HCPCS code Z1032 with modifier ZL (indicating the office visit occurred within 16 weeks of the Last Menstrual Period) in the *Procedures, Services or Supplies* field (Box 24D).

Enter an appropriate ICD-10-CM diagnosis code in the *Diagnosis or Nature of Illness or Injury* field (Box 21). Because this claim is submitted with a diagnosis code, an ICD indicator is required between the dotted lines in the *ICD Ind.* area of Box 21. An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

In the *Date(s) of Service* field (Box 24A), enter the date of the office visit in a six-digit format. Enter Place of Service code "11" (office) in Box 24B.

Enter the usual and customary charges in the *Charges* field (Box 24F). Enter a 1 in the *Days or Units* field (Box 24G) for code Z1032.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. 08 15 15				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. 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? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES				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 EMG				C. 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 15 11 11 Z1032 ZL 18294 1 NPI															
2															
3															
4															

Figure 3: Initial Comprehensive Pregnancy-Related Office Visit With ZL Modifier Certifying that the Patient was Seen Within 16 Weeks of Her Last Menstrual Period.

TAR and Claim for Reimbursement of Excess Services

Figures 5 and 6: TAR and claim information for reimbursement of excess services.

Providers may submit a *Treatment Authorization Request (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.

The TAR and claim on the following pages illustrate how the TAR and claim were completed for Jane Doe, who required additional nutritional services due to diabetes.

Refer to the *TAR Completion* section of this manual for instructions to complete the TAR.

For the claim, enter HCPCS code Z6204 (follow-up antepartum nutrition assessment) in the *Procedures, Services or Supplies* field (Box 24D) on separate claim lines due to the different dates of service.

In the *Date(s) of Service* field (Box 24A), the first date of service, November 1, 2015, is entered on the claim line 1 as 110115 and the second date of service, November 7, 2015, is entered on claim line 2 as 110715. Enter Place of Service code 11 (office) in Box 24B.

Enter the date of the Last Menstrual Period in the *Date of Current Illness, Injury or Pregnancy (LMP)* field (Box 14).

An appropriate ICD-10-CM diagnosis code is entered in the *Diagnosis or Nature of Illness or Injury* field (Box 21). Because this claim is submitted with a diagnosis code, an ICD indicator is required between the dotted lines in the *ICD Ind.* area of Box 21. An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

In this case, 30 minutes of follow-up nutrition services were rendered on November 1, 2015, and 30 minutes were rendered on

November 7, 2015. A unit equals 15 minutes so a 2 is entered in the *Days or Units* field (Box 24G) for each claim line. (Refer to “Calculating Billing Units” in the *Pregnancy: Comprehensive Perinatal Services Program (CPSP) List of Billing Codes* section of this manual for instructions to bill services rendered for more or less than 15 minutes.)

Code Z6204 is reimbursable at \$8.41 for each unit so \$16.82 (2 x \$8.41) is entered in the *Charges* field (Box 24F). The charges for both services are added together (\$33.64) and entered in the *Total Charge* field (Box 28).

Note: The entire 11-digit TAR control number (in this case, 01234567890) is entered in the *Prior Authorization Number* field (Box 23).

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

FOR PROVIDER USE (PLEASE TYPE)

VERBAL CONTROL NO. 1

TYPE OF SERVICE REQUESTED 2 ☐ DRUG ☒ OTHER

REQUEST IS RETROACTIVE? 3 ☐ YES ☒ NO

IS PATIENT MEDICAL CARE ELIGIBLE? 4 ☐ YES ☒ NO

PROVIDER PHONE NO. (916) 555-5555

3. PROVIDER NUMBER XYZ123456

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 100815 REVIEW COMMENTS INDICATOR 44

COMMENTS/EXPLANATION

DIAGNOSIS DESCRIPTION: **DIABETES MELLITUS IN PREGNANCY**
MEDI-CAL IDENTIFICATION NO. 90000000A95001
SEX F AGE 35 DATE OF BIRTH 052180
PATIENT STATUS: ☒ HOME ☐ BOARD & CARE
☐ SNF / ICF ☐ ACUTE HOSPITAL
I0D-9-CM DIAGNOSIS CODE D1D1D1D

MEDICAL JUSTIFICATION:
35-YEAR-OLD GRAV IV, PARA III, EDC 10-2-15 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.

RETROACTIVE AUTHORIZATION GRANTED IN ACCORDANCE WITH SECTION 51003 (b)
36 1 2 3 4 5 6

LINE NO.	AUTHORIZED Y/M	APPROVED UNITS	SPECIFIC SERVICES REQUESTED	UNITS OF SERVICE	NDC/UPN OR PROCEDURE CODE	QUANTITY	CHARGES
1	9 Y	32	FOLLOW-UP ANTEPARTUM NUTRITIONAL INTERVENTION	32	11 Z6204	32	\$ 26912
2	13	14			15		\$
3	17	18			19		\$
4	21	22			23		\$
5	25	26			27		\$
6	29	30			31		\$

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 100615
SIGNATURE OF PHYSICIAN OR PROVIDER TITLE DATE

AUTHORIZATION IS VALID FOR SERVICES PROVIDED
37 FROM DATE 060715 38 TO DATE 100215
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

Figure 5: Correctly Filled Out TAR for Additional CPSP Services.
Corresponds to the Claim on the Next Page.

HEALTH INSURANCE CLAIM FORM											
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12											
PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>						1a. INSURED'S I.D. NUMBER (For Program in Item 1) 90000000A95001					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) DOE, JANE						3. PATIENT'S BIRTH DATE MM DD YY 05 21 80 M <input type="checkbox"/> F <input checked="" type="checkbox"/>					
5. PATIENT'S ADDRESS (No., Street) 1234 MAIN STREET						7. INSURED'S ADDRESS (No., Street)					
CITY ANYTOWN STATE CA						CITY STATE					
ZIP CODE 958235555 TELEPHONE (Include Area Code) (916) 555-5555						ZIP CODE TELEPHONE (Include Area Code) ()					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)						10. IS PATIENT'S CONDITION RELATED TO:					
a. OTHER INSURED'S POLICY OR GROUP NUMBER						a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
b. RESERVED FOR NUCC USE						b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)					
c. RESERVED FOR NUCC USE						c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
d. INSURANCE PLAN NAME OR PROGRAM NAME						10d. CLAIM CODES (Designated by NUCC)					
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.											
SIGNED _____ DATE _____											
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.											
SIGNED _____											
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL						15. OTHER DATE QUAL MM DD YY					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE						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? <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											
A. D1D1D1D B. C. D. E. F. G. H. I. J. K. L.											
22. RESUBMISSION CODE ORIGINAL REF. NO.											
23. PRIOR AUTHORIZATION NUMBER 01234567891											
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 11 01 15 11 Z6204 1682 2 NPI											
2 11 07 15 11 Z6204 1682 2 NPI											
3 NPI											
4 NPI											
5 NPI											
6 NPI											
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO 28. TOTAL CHARGE \$ 3364 29. AMOUNT PAID \$ 30. Rsvd for NUCC Use											
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Mary Brown DATE 11/30/15											
32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. 0123456789											
33. BILLING PROVIDER INFO & PH # (916) 555-5555 JANE SMITH 1027 MAIN STREET ANYTOWN CA 958235555											

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

Figure 6: Complete CMS-1500 Claim Form. Corresponds to TAR on Preceding Page.

«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.