

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

X.L. Obstetrical Services

Those codes indicated as CPSP codes (Table #1) can be used by CPSP certified providers. CPSP or non-CPSP providers can use the OB billing codes listed in Table #2 below.

Note: Initial assessment codes Z6202, Z6300, and Z6402 must be provided and billed prior to billing for intervention services. The two exceptions to this are codes Z6400 (client orientation) and Z6412 (group health education). Both of these services may be provided and reimbursed prior to the time the patient receives initial assessment services.

TABLE #1 CPSP CERTIFIED PROVIDERS ONLY CPSP CODES ONLY			
Comprehensive Psychosocial Services	Comprehensive Health Education Services	Comprehensive Nutritional Services	Other
Z6300	Z6400	Z6200	Z6500
Z6302	Z6402	Z6202	Z1032/ZL
Z6304	Z6404	Z6204	Z1036
Z6306	Z6406	Z6206	
Z6308	Z6408	Z6208	
	Z6410	Z6210	
	Z6412		
	Z6414		

TABLE #2 CPSP OR NON-CPSP PROVIDERS OB AND CPSP CODES		
Office Visits	Delivery	Global
Z1032	59409	59400#
Z1034	59412	59510#
Z1038	59414	59610#
	59514	59618#
	59525	59525#
	59612	
	59620	

These codes must be billed with:

1. In the “from-through” billing format (called “from-to” on the CMS 1500 claim form) with modifier AG. The “from” DOS is the first date the member was seen for this pregnancy, and the “through” or “to” date of service is the date of the delivery.
2. A minimum of thirteen prenatal visits listed in the *Remarks* area/*Reserved for Local Use* field (Box 19) or on an attachment. (The member must be eligible for at least a minimum of thirteen visits.) Effective for dates of service on and after 4/1/25, a minimum of eight prenatal visits must be listed on the *Remarks* area/*Reserved for Local Use* field (Box 19) or on an attachment. (The member must be eligible for at least a minimum of eight visits.)