

Summary of CPSP Medi-Cal Billing - FQHC

Name: _____ D.O.B.: _____ MR#: _____

FQHC/RHC/IHS OB & CPSP Billing	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			1	2	3	4	5	6	7	8	9	10	11	12	
			13	14	15	16									
Group Education – 18 hrs			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									