

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

**X.E. Comprehensive Perinatal Services Program (CPSP Services)**

Providers must have the State CPSP certification to bill PHC for CPSP codes. Providers are to notify the PHC Provider Relations department to be set up in our system with CPSP certification.

PHC follows the State of California Medi-Cal billing codes, limits and rates for CPSP services. Please see the State of California Medi-Cal Provider Manual for further information on specific codes, limits and rates with the following exception:

The State of California has set limitations on the number of visits allowed per CPSP visit code. In order to reduce barriers for the PHC contracted CPSP providers, PHC has increased the number of visits that can be billed without justification of the visit through the PHC TAR process, but PHC has reserved the right to review and audit all claims that exceed the Medi-Cal CPSP visit limits published in the Medi-Cal Provider Manual. The expectation is that the contracted provider of service is documenting the medical justification for the extra visits within the medical record. Visits exceeding the State CPSP visit limit may be subject to PHC retrospective audit and payment recoupment if justification is not present upon review of the record.

For additional information on CPSP services, please see PHC Health Services Policy: Prenatal and Perinatal Care MCUG3118.

<http://phcwebsite/Providers/Policies/Pages/UtilizationManagement.aspx>