



Weekly Provider News

January 21, 2016

Change in Reimbursable Antepartum Visits

Effective for dates of service on or after January 1, 2016, the reimbursable number of antepartum obstetrical visits (Z1034) has been increased to 13 to align with the current changes made to Medi-Cal policies. The change in reimbursable visits applies only to providers choosing to bill separately per antepartum visits.

Reimbursement for these visits is in addition to the initial antepartum visit, billed with Z1032 (initial office visit occurring within 16 weeks of last menstrual period [LMP]), for a total of 14 visits rendered by all primary obstetrical providers. Consultation services by other providers must be billed with Evaluation and Management consultation CPT-4 codes 99241 – 99245. More than 13 antepartum visits in nine months are allowed if a provider documents a second pregnancy within those nine months.

Note: Also effective for dates of service on or after January 1, 2016, HCPCS code Z1036 (tenth antepartum office visit) is no longer a Medi-Cal benefit rendered by a Comprehensive Perinatal Services Program enrolled provider. The tenth antepartum visit will be routinely billable using the additional allowed visits from HCPCS code Z1034.

If you have any questions, please contact the Alliance Claims Department at (800) 700-3874 ext. 5503.

Questions?

Contact your Provider Services Representative or call Provider Services at (800) 700-3874 ext. 5504