

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: CLPM-21		Lead Department: Claims	
Policy/Procedure Title: Comprehensive Perinatal Services Program (CPSP)		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 9/1/25		Next Review Date: 01/01/2026 Last Review Date:	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input type="checkbox"/> Employees
Reviewing Entities:	<input type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> FINANCE <input type="checkbox"/> PAC
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING <input checked="" type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: <i>Lisa Malvo</i>			Approval Date: 9/1/25

I. RELATED POLICIES:

A. N/A

II. IMPACTED DEPTS:

A. Claims

III. DEFINITIONS:

A. N/A

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To provide, for the provider, general guidelines and requirements relating to CPSP Services.

VI. POLICY / PROCEDURE:

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

Partnership 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 Partnership contracted CPSP providers, Partnership has increased the number of visits that can be billed without justification of the visit through the Partnership TAR process, but Partnership 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 Partnership retrospective audit and payment recoupment if justification is not present upon review of the record.

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

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

VII. REFERENCES:

A.

VIII. DISTRIBUTION:

A. PARTNERSHIP4ME PowerDMS Policies & Procedures

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Claims Department

X. REVISION DATES: 9/1/25