Pregnancy Determination

This section contains information for billing services to determine if a recipient is pregnant, including office visits and pregnancy testing.

Note: For assistance in completing claims for pregnancy services, refer to the *Pregnancy Examples* section in this manual.

Initial Office Visit

When a patient is first seen, an office visit code (CPT® codes 99202 thru 99215 and 99417) should be billed with the diagnosis reflecting the actual reason the patient was seen (for example, amenorrhea, ICD-10-CM diagnosis code N91.0 thru N91.2). Office visits are not reimbursable with a pregnancy-related diagnosis.

Pregnancy Testing

Refer to the *Pathology: Urinalysis* section of this manual for information about pregnancy testing.

Pregnancy Verification for Eligibility

County welfare departments will accept as verification of pregnancy either self-attestation of pregnancy, or a written statement from the physician, physician's assistant, certified nurse midwife, nurse practitioner, or designated medical or clinic personnel with access to the patient's medical records. The statement must give the estimated date of confinement and provide sufficient information to substantiate the diagnosis. Pregnant patients applying for Medi-Cal must either self-attest to pregnancy or submit the written statement as part of their application.

Note: ‹‹Pregnancy verification is not required for individuals applying for the Medi-Cal Minor Consent Services.››

A signature stamp, photocopy or carbon copy is acceptable if initialed or counter-signed by the designated medical or clinic personnel providing the verification.

‹‹Legend››

‹‹Symbols used in the document above are explained in the following table.››

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.