

CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.

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-4 codes 99201 – 99215) should be billed with the diagnosis reflecting the actual reason the patient was seen (for example, Amenorrhea, ICD-9 code 626.0). 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 Signature

County welfare departments will accept as verification of pregnancy 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 submit this verification as part of their application.

Note: Pregnancy verification is not required for women applying for the Minor Consent Program.

A signature stamp, photocopy or carbon copy is acceptable if initialed or counter-signed by the designated medical or clinic personnel providing the verification. The only exception is the carbon copy signature that appears on the Pregnancy Verification portion of the *Presumptive Eligibility Application for Medi-Cal Program Only* (PREMED2), which does not need to be initialed.