Client Bulletin

Quest Diagnostics

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Medi-Cal Reminder Notice: Prenatal Laboratory Testing

Quest Diagnostics values your business and is dedicated to assisting you in understanding the limited coverage policies determined by Medi-Cal. Prenatal laboratory testing limitations are indicated in the Medi-Cal provider manual under Pregnancy: Early Care and Diagnostic Services (preg early). We wish to remind you of two (2) of those tests below.

Urinalysis (Routine)
Reimbursement for individual antepartum visits and global obstetrical service includes routine urinalysis. Claims for routine urinalysis with a diagnosis related to pregnancy are denied. Claims for urinalysis, when billed with an ICD-10-CM pregnancy diagnosis, may be reimbursed if billed in conjunction with another diagnosis. A pregnancy diagnosis code must be present on the claim form for reimbursement. A diagnosis code that establishes the medical necessity of the urinalysis must also be present on the claim form to allow reimbursement, as outlined above.

Fetal Fibronectin Testing
CPT-4 code 82731 (fetal fibronectin, cervicovaginal secretions, semi-quantitative) is reimbursable when billed in conjunction with ICD-10-CM diagnosis codes O60.02-O60.03 (premature labor after 22 weeks, but before 37 completed weeks of gestation without delivery). Fetal fibronectin tests identify a subgroup of pregnant patients who may require aggressive treatment with tocolytics, antibiotics, corticosteroids, and other treatment measures to prevent pre-term delivery or to minimize complications of the delivery. These tests are only recommended once every two weeks between the 24th and 35th weeks of gestation.

For more information regarding Medi-Cal's coverage policies, please visit medi-cal.ca.gov/manual.

If you have any questions, please contact your Quest Diagnostics sales representative.

The above information serves as a reference tool for laboratory services and is not comprehensive. The ordering provider is responsible for determining the appropriate diagnosis codes for each patient. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record.

The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.