Pregnancy Notification Form

Upon confirmation of a positive pregnancy test, please complete the form including how you met the first prenatal visit requirements within 14 days of diagnosis. Fax toll free to (855) 556-1424. If you have questions or need help, call (877) 665-4628.

Member Information

Today' Date: _____

Member's Name: _____ Member ID/CIN: _____ DOB: _____

Preferred Language: _____ Phone # _____ Alternate Phone #_____

Address: _____ City:_____ State: _____ Zip: _____

Pregnancy Diagnosis: LMP: _____ EDC: _____

❑ Z34.91 – Normal pregnancy, first trimester
❑ Z34.90 – Normal pregnancy, unspecified

Prenatal Visit

1st Trimester Documentation **(please fill out boxes below**

Complete obstetric history

G: _____P: _____A: _____

Prenatal risk assessment w/ education

Fundal height: _____

Additional Services completed

❑ Pelvic exam w/ OB observations
❑ Echo of pregnant uterus
❑ OB Panel (OB/GYN use only)
❑ TORCH panel (PCP or OB/GYN)
❑ Rubella antibody test w/ Rh incompatibility
❑ Dental Exam/Referral/ Education

**Office visit code billing must include a pregnancy related diagnosis.See Molina HEDIS Pocket Guide for compliant billing.*

High Risk Conditions

(check all that apply)

Current Pregnancy

❑ Hypertension
❑ Gestational Diabetes
❑ Excessive Nausea/Vomiting
❑ 17 P Candidate (If +PTD)
❑ Pre-term Labor
❑ N/A
❑ Other:

_____

Past Pregnancy History

❑ N/A
❑ Gestational Diabetes
❑ Pre-term Labor
❑ Pre-term Delivery
❑ Fetal Demise
❑ Pre-eclampsia or Toxemia
❑ N/a
❑ Other:

_____

Provider Information

Practitioner's Name: _____ Practitioner's NPI:_____

Practitioner's Address: _____ Phone #_____

Referred to OB/GYN Practitioner_____ Phone#_____

I confirm that this document is also filed with the member's legal health/outpatient record.

Provider Signature: _____