



# Infant Risk Screening Form

Infant's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Medicaid Number \_\_\_\_\_ Mother Enrolled in PHRM/ISS? Yes  No

Mother's Name and Medicaid Number \_\_\_\_\_

Positive Risk Screen Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Negative Risk Screen Date \_\_\_\_/\_\_\_\_/\_\_\_\_

List Reason for Decline of PHRM/ISS \_\_\_\_\_

Pediatrician/PCP: \_\_\_\_\_ Next Pediatrician/PCP Appt. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Pediatrician/PCP Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Provider Completing the Form (*Must be a Physician, Physician Assistant, Nurse Practitioner, or Nurse Midwife*):

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***Instructions on Reverse Side***

## **LIST RISK FACTORS AFFECTING OR COMPLICATING INFANT CARE:**

<b><u>ICD-10 Diagnosis Code</u></b>	<b><u>ICD-10 Description</u></b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

# Infant Risk Screening Form



## **Purpose:**

This screen is used to identify infants in their first year of life, whose medical status places them at high risk for mortality and/or morbidity.

## **Instructions:**

Demographic information for infant screened:

- Enter the infant's name, date of birth, address, phone number and Medicaid ID number
- Check yes or no if mother of the infant was enrolled in the PHRM/ISS program.
- Enter mothers' name and Medicaid number.

Screen outcome:

- Enter the positive screen or negative screen date.
- Enter reason for decline of PHRM/ISS, if applicable.
- Enter the name, address and telephone number of the infant's pediatrician or primary care provider and the next appointment date.
- The provider (physician, physician assistant, nurse practitioner or nurse midwife) performing the risk screening will sign and date the form using his/her professional title.
- List the significant risk factor ICD-10 diagnosis code(s) and the code's description.

## **Billing:**

- The appropriate billing code for the risk screening should be billed with an EP modifier and the ICD-10 code of the most significant risk factor listed on the risk screening form.

## **Office Mechanics and Filing:**

Positive Risk Screens:

- The original is to be filed in the infant's chart and be retained as a permanent part of the record. A positive risk screen copy should be mailed to the referring PHRM/ISS case management agency.

Negative Risk Screen:

- The form is to be kept in the infant's record and filled out when risk factors develop and then processed in the manner described above.

## **Retention Period:**

This form is part of the medical record and must be retained in accordance with the Division of Medicaid's Administrative Code Part 200, Chapter 1, Rule 1.3-E.