Infant Risk Screening Form

MISSISSIPPI DIVISION OF MEDICAID

Name _____ DOB _____/_____ /_____

Address _____ Phone Number _____

Medicaid Number _____ PHRM/ISS Mother? Yes ☐ No ☐

Mother's Name and/or Medicaid Number _____

Positive Risk Screen Date _____/_____ /_____ Negative Risk Screen Date _____/_____ /_____

List Reason for Decline of PHRM/ISS _____

Provider Referred To _____ Provider Phone Number _____

Appointment Date _____/_____ /_____

Provider Performing Risk Screen Signature_____

Provider Address _____ Phone Number _____

Instructions on Reverse Side

Risk Factors Affecting or Complicating Infant Care

ICD-10 Diagnosis Code (write in)	***Description (write in)***

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Mandate:

Effective October 1, 2015

Entities covered under the Health Insurance Portability and Accountability Act (HIPAA) are required to use the International Classification of Diseases, 10th Edition (ICD-10) code sets in standard transactions adopted under HIPAA.

- ICD-9-CM codes **will not** be accepted for dates of service/discharge **on or after** October 1, 2015

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 of the infant screened:

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

Screen outcome:

- Enter the positive screen date or negative screen date.
- Enter reason for decline of PHRM/ISS, if applicable.
- Enter the name, telephone number and appointment date of the referring PHRM/ISS case management agency.
- The provider (physician, physician assistant, nurse practitioner or nurse midwife) who performs the risk screening will sign the form using his/her professional title, telephone number and address.
- Bill using: T1023-EP Infant Medical Risk Screening and the ICD-10 code of the most significant risk factor used on the 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 according to agency policy.