

# Maternity Risk Screening Form



Patient Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Medicaid ID Number: \_\_\_\_\_

Education: Highest Grade Level Completed 1  2  3  4  5  6  7  8  9  10  11  12  13+

First Prenatal Visit with any Provider \_\_\_\_/\_\_\_\_/\_\_\_\_ EDC: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

If PHRM/ISS is Declined List Reason \_\_\_\_\_

Name of OB/GYN or PCP: \_\_\_\_\_ Next OB/GYN or PCP Appt. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

OB/GYN or PCP Address: \_\_\_\_\_ OB/GYN or PCP 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 CURRENT & PAST PREGNANCIES BELOW:**

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

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## **Purpose:**

The Maternity Risk Screening Form is designed to screen pregnant women who are at high risk for preterm delivery and poor pregnancy outcome into the PHRM/ISS Program.

## **Instructions:**

Demographic information for pregnant women screened:

- Enter the name, telephone number, date of birth, address, social security number, Medicaid ID number and marital status.
- Check the highest grade completed at the time of delivery. For any education completed beyond high school, check "13+".
- Enter the date of the first prenatal visit if any or enter 00/00/00 if no prenatal care was obtained.
- Enter the estimated date of confinement.

Screen outcome:

- Enter the positive screen or negative screen date.
- Enter the reason for decline of PHRM/ISS, if applicable.
- Enter the name, address, and telephone number of the patient's obstetrician-gynecologist (OB/GYN) or Primary Care Physician (PCP) and 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 a TH 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 pregnant woman's chart and be retained as a permanent part of the record. A positive risk screen should be mailed to the referring PHRM/ISS case management agency.

Negative risk screens:

- The form is to be kept in the pregnant woman'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.