

Maternity Risk Screening Form



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:

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 number and marital status.
- Circle the highest grade completed at the time of delivery. For any education completed beyond high school, circle "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, telephone number and appointment date of the referring PHRM/ISS case management agency.
- The provider (physician, physician assistant, nurse practitioner or nurse midwife) performing the risk screening will sign the form using his/her professional title, telephone number and address.
- Bill using: T1023-TH Maternal Medical Risk Screening and the ICD-10 code of one of the most significant risk factor(s) checked on the 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 according to agency policy.