FFY 2024 Maternal Health Chart Audit Tool *(Main)*

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| Date of Review: |  | MH Agency | |  |  |  | Internal |  | Joint |
| County of Service Delivery: | | |  | | | | | | |
| Reviewer Name & Credentials: | | |  | | | | | | |
| Client ID#: | | |  | | | | | | |
| Date of Maternal Health Visit(s): | | |  | | | | | | |

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| General Record Elements | | | | |
|  | Y | N | N/A | Comments |
| Client name: each separate page of the medical record included clients first and last name |  |  |  |  |
| Date of birth and Medicaid number (if applicable) is identified in the record and associated with the member’s first and last name. |  |  |  |  |
| All entries are dated (month, day, and year) and the complete time of service is recorded (including beginning and ending of service)  *\*If billing for an encounter based CPT (Current Procedural Terminology) the total time of the service can be recorded instead* |  |  |  |  |
| All entries are signed or initialized. All entries include at a minimum the first name or initial, last name, and credentials (RN, BSW, CLC). If initials are used, a signature log with printed first and last name, credentials, initials, and signature is maintained. |  |  |  |  |
| Place of service is noted (if other than the agency's main address). |  |  |  |  |
| Income is assessed to determine Title V eligibility.  *\*Note: WIC, Medicaid, or Hawki enrollment may be used in place of income assessment.* |  |  |  |  |
| Assessment of medical and dental insurance coverage is documented. Type of insurance is identified (i.e. Hawki, Medicaid, private insurance). |  |  |  |  |
| Allergies and their adverse reactions are prominently documented. |  |  |  |  |
| Current medications are documented. |  |  |  |  |
| All consent forms, including signature and date. Consents must be dated within the last 12 months.  *\*ROI (Release of Information) must be signed if any part of the medical record will be released to another provider or agency.*  *\*For clients receiving only oral health services the ‘Specific Authorization for ROI Protected by State or Federal Law’ section does not need to be signed if this information is not collected.* |  |  |  |  |
| Name of ob/gyn or clinic office where client is receiving care for current pregnancy is documented.  *\*If client does not have a PCP (Primary Care Provider) this should also be noted and referral made* |  |  |  |  |
| Name of dentist or clinic office is documented. |  |  |  |  |
| Corrections in the record are made by drawing a single line through the error (do not blacken or use white out), noting the correction, service provider signature and credentials (or first initial name) and date of the correction. |  |  |  |  |
| Client is entered into MHs database system |  |  |  |  |

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| 96160 - Prenatal Risk Assessment  Required for all Maternal Health Clients (unless only providing the following services: oral health, PE, Postpartum, or Lactation Class)  XU modifier should be used if another 96160 screen is completed (Depression or Domestic Violence) \*only two 96160 can be billed on the same date of service  Can be billed in addition to Health Education or Psychosocial, if done as part of the home visit cannot be billed separately | | | | |
|  | Y | N | N/A | Comments |
| Service is completed by an RN, Physician, PA, ARNP, Midwife, or Social Worker (if proper medical support is available). |  |  |  |  |
| Prenatal risk assessment is completed with a copy in client’s chart. |  |  |  |  |
| If score was less than 10 on the initial assessment, a repeat assessment was completed at approximately 28 weeks. |  |  |  |  |
| Follow up for identified risks is evident in the medical record (i.e. referrals, health education or the plan of care). |  |  |  |  |
| Duration of service is recorded.  *\*Billed as an encounter code* |  |  |  |  |
| The method of service is documented (in-person or telehealth). |  |  |  |  |
| If video was not utilized for telehealth was the reason documented (i.e., client didn’t have smartphone for video call but was able to complete phone call.) |  |  |  |  |
| Service is entered in MCAH data system |  |  |  |  |

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| H1003 - Health Education (clinic setting)  Can bill Psychosocial service on the same day  \*it is possible that each education item will not be covered for each client if it is not appropriate timing. Only check the appropriate trimester for when the educational topic was covered for the client | | | | | |
|  | 1st  Tri | 2nd Tri | 3rd Tri | PP | Comments |
| Education was provided by a Registered Nurse. |  |  |  |  |  |
| List of all teaching and reference materials supplied documented |  |  |  |  |  |
| Danger signs:  Documentation is included for the following:  HAs, visual changes, chest pain, SOB, thoughts of harming self or someone else, reddened/painful area in lower extremities, decreased fetal movement, contractions (>4 in an hour), increased vaginal discharge, vaginal bleeding, water breaks or leaks, low pack pain or pelvic pressure, N/V/D, abd tenderness, temp >100.4 F, S/S bladder infection |  |  |  |  |  |
| Labor and Delivery:  Normal process of labor, signs of labor, coping skills, management of normal labor |  |  |  |  |  |
| Preparation for baby:  feeding, equipment (including safe sleep environment), clothing |  |  |  |  |  |
| Medication (OTC and Rx) use during pregnancy is noted. |  |  |  |  |  |
| Medication use during breastfeeding is noted. |  |  |  |  |  |
| Health topics:  How to access their healthcare provider & emergency services if needed, importance of prenatal care, normal changes of pregnancy (maternal & fetal) |  |  |  |  |  |
| Self-care and comfort measures including beneficial (seat belt use) detrimental lifestyle practices (teratogen avoidance) were noted. |  |  |  |  |  |
| Required topics based on Title V National and State Performance measures: Tobacco use & cessation support, breastfeeding, safe sleep |  |  |  |  |  |
| Duration of service is recorded.  *\*Billed as an encounter code* |  |  |  |  |  |
| The method of service is documented (in-person or telehealth). |  |  |  |  |  |
| If video was not utilized for telehealth was the reason documented (i.e., client didn’t have smartphone for video call but was able to complete phone call.) |  |  |  |  |  |
| Service is entered in MCAH data system |  |  |  |  |  |
| ***High risk***  \**High risk is a Prenatal Risk Assessment score >10*  Documentation is included for the following:  Education was provided on high risk medical conditions (PIH, preterm labor, GDM, gum disease, chronic urinary conditions & anemia), Smoking Cessation – referral to Quitline (if indicated), Alcohol and illicit drug avoidance, Discuss environmental and occupational hazards, Avoiding high-risk sexual behavior, oral health |  |  |  |  |  |

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| T1013 & T1013 UC - Interpretation Service | | | | |
|  | Y | N | N/A | Comments |
| The service(s) for which the interpretation was provided were noted. |  |  |  |  |
| The name of the interpreter or the company (phone line) was noted. |  |  |  |  |
| The cost of the service is on file at the agency. |  |  |  |  |
| Time in and time out are documented. |  |  |  |  |
| Service is entered in MCAH data system |  |  |  |  |

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| S9123 - Home Visit (or Listening Visit) by RN  \*it is possible that each education item will not be covered for each client if it is not appropriate timing. Only check the appropriate trimester for when the educational topic was covered for the client. | | | | | |
|  | 1st  Tri | 2nd Tri | 3rd Tri | PP | Comments |
| Service is provided by RN. |  |  |  |  |  |
| Report total time of service (duration) |  |  |  |  |  |
| Reason for home visit is documented. (i.e. antepartum, postpartum or identified medical need (LV)) |  |  |  |  |  |
| Place of service is noted |  |  |  |  |  |
| To bill documentation must include the following: medical history, nursing assessment & evaluation, plan of care and any needed referrals or follow-ups |  |  |  |  |  |
| Follow up visits include assessment of any previously identified needs |  |  |  |  |  |
| **Antepartum visits:**  Documentation is included for the following education provided as well as patient response:  Warning signs of pregnancy complications should include criteria and mechanism for notification of health care provider, HA, visual changes, seizures, chest pain/SOB, thoughts of harm or harming someone else, pain in lower extremities, decreased fetal movement, >4 contractions in an hour, increased vaginal bleeding, waters break, low back pain or pelvic pressure, N/V/D, abdominal tenderness, temp >10.4 F, S/S bladder infection |  |  |  |  |  |
| ***AP High risk***  \**Prenatal risk assessment >10*  Documentation is included for the following:  Education was provided on high risk medical condition, Smoking cessation and referral to Quitline (if indicated), Alcohol and illicit drug use avoidance, Environmental and occupational hazards, Avoiding high-risk sexual behaviors |  |  |  |  |  |
| Individualized plan of care is documented, based on information gathered during the assessment and exam, including planned intervention, referral, or follow-up. |  |  |  |  |  |
| **Postpartum visits:**  Documentation is included for the following education provided as well as patient response:  Educationdocumentation includes: a review of parenting skills, nurturing/meeting infants need and bonding  Nursing assessment to include: mother’s health status, discussion of physical and emotional changes, relationship/sexual changes, stressors, nutritional needs, physical activity, support, family planning  Assessment of infant health: review of infant care, feeding & nutritional needs, oral health, breast-feeding support, recognition of illness, accident prevention, immunizations and well-child care |  |  |  |  |  |
| **Oral health services:** documentation is in accordance with guidelines in oral health sections below. These services are limited to initial or periodic screening, fluoride varnish, nutritional counseling, tobacco counseling, or oral hygiene instruction. A minimum of 1 hour is spent on maternal health nursing services in order for oral health services to be billed. |  |  |  |  |  |
| Service is entered in MCAH data system |  |  |  |  |  |

**T1001 - Nursing Assessment (office setting)**

Can be used to assess mother/infant when a postpartum home visit is refused by a client (should include a comprehensive assessment of clients health & psychosocial status)

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|  | 1st Tri | 2nd Tri | 3rd Tri | PP | Comments |
| Service is provided by a RN |  |  |  |  |  |
| Chief complaint/problem is documented |  |  |  |  |  |
| Medical history is reviewed and documented |  |  |  |  |  |
| Nursing assessment is documented (including physical and psychosocial health status i.e. EPDS, GAD-7 or PHQ-9) |  |  |  |  |  |
| Evaluation and interpretation of assessment results are documented |  |  |  |  |  |
| Individualized plan of care is documented, including referrals and plan for follow-up |  |  |  |  |  |
| Duration of service is recorded |  |  |  |  |  |
| Service is entered in MCAH data system |  |  |  |  |  |

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| H0046 - Psychosocial Services  Required for all Maternal Health Clients who score >10 on the Prenatal Risk Assessment | | | | | |
|  | 1st Tri | 2nd Tri | 3rd Tri | PP | Comments |
| Provided by a person with at least a bachelor’s degree in social work, counseling, sociology, psychology, family counseling, sociology, psychology, heath or human development, health education or individual and family studies or is a Registered Nurse. |  |  |  |  |  |
| Needs assessment includes all of the following: mother’s demographic factors, mental and physical health history and concerns, adjustment to pregnancy, future parenting plans, environmental needs, family composition, patterns of functioning, support system and risk tracking |  |  |  |  |  |
| Plan of care is documented. |  |  |  |  |  |
| Counseling and anticipatory guidance are documented |  |  |  |  |  |
| Referrals and follow up services are documented when appropriate |  |  |  |  |  |
| Clients response to two question screen for alcohol and drug use documented  \**Full screening, brief intervention and referral to treatment can only be billed separately if pre-screen is ‘positive’* |  |  |  |  |  |
| Domestic violence screen utilizing AAS completed, if applicable  *\*Can be provided and billed in addition to H0046* |  |  |  |  |  |
| EPDS screen completed, results and clients response to explanation of score noted  \**Can not be billed separate from H0046* |  |  |  |  |  |
| Duration of service is recorded. |  |  |  |  |  |
| The method of service is documented (in-person or telehealth). |  |  |  |  |  |
| If video was not utilized for telehealth the reason is documented (i.e., client didn’t have a smartphone for video call but was able to complete phone call.) |  |  |  |  |  |
| Service is entered in MCAH data system |  |  |  |  |  |

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| G0442 - Annual Alcohol Screening  H0049 - Annual alcohol and/or Drug Screening  Must have Iowa HHS SBIRT training prior to billing | | | | |
|  | Y | N | N/A | Comments |
| Must be provided by a Registered Nurse or Social Worker (BSW or Licensed) |  |  |  |  |
| Includes 2 question pre-screen & response |  |  |  |  |
| Documentation includes narrative interpretation of screening tool results |  |  |  |  |
| Appropriate referral/action is noted |  |  |  |  |
| Time in and time out are documented |  |  |  |  |
| Service is entered in MCAH data system |  |  |  |  |

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| D0190CC, D0190, D0150, D0120: Oral Health Screening (Initial or Recall) | | | | |
|  | Y | N | N/A | Comments |
| Pertinent medical conditions related to oral health are documented. (e.g. morning sickness, gestational diabetes, medications known to cause dry mouth) |  |  |  |  |
| Client concerns related to oral health are documented. |  |  |  |  |
| Home care practices, eating/snacking habits, and fluoride use are documented. |  |  |  |  |
| Hard tissue evaluation (e.g. suspected decay, demineralization, plaque, calculus, stain, decay history, loose or missing teeth, enamel defects, trauma or injury) is documented. |  |  |  |  |
| Soft tissue evaluation (e.g. gum redness, bleeding, exudate, swelling lumps, trauma, injury or recession) is documented. |  |  |  |  |
| Duration of oral health screening service is recorded. |  |  |  |  |
| Risk assessment results are documented with duration of service. |  |  |  |  |
| Decayed, filled, gingivitis results are documented. |  |  |  |  |
| Provision of appropriate oral health education is documented. |  |  |  |  |
| Oral health products (OTC) used or recommended are documented. (Examples: Sensodyne, Biotene, Xylitol) |  |  |  |  |
| Referral is documented. |  |  |  |  |
| Referral need (according to risk assessment) is documented. |  |  |  |  |
| Service is entered in MCAH data system |  |  |  |  |

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| Other Oral Health Direct Services | | | | |
|  | Y | N | N/A | Comments |
| **D1206** - Topical fluoride varnish application is documented including type of product used and fluoride concentration. Duration of service is recorded. |  |  |  |  |
| **D1351** - Sealant application is documented by tooth number(s) and product used. Duration of service is recorded. |  |  |  |  |
| **D1110 & D1120** - Prophylaxis (cleaning) is documented, including evaluation of teeth, gingiva, and periodontium. Duration of service is recorded. |  |  |  |  |
| **D0270, D0272 & D0274** - Dental radiographs are documented including type, number taken, tooth number(s) and the dentist who will read the films. Duration of service is recorded. |  |  |  |  |
| **D1330** - Oral hygiene instruction is documented, including what was discussed and to whom. |  |  |  |  |
| **D1320** - Tobacco counseling is documented including what was discussed and to whom. |  |  |  |  |
| **D1310** - Nutritional counseling is documented including what was discussed and to whom. |  |  |  |  |
| Service is entered in MCAH data system |  |  |  |  |