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

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| Reviewer Name & Credentials: |  |
| Client ID#: |  |

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| 99201 (New pt) & 99211 (Established pt) - Evaluation and Management | | | | |
|  | Y | N | N/A | Comments |
| Service is provided by a Registered Nurse |  |  |  |  |
| Documentation includes history (including chief complaint), exam, nursing diagnosis, referral(s) and plan of care/follow up. |  |  |  |  |
| Review of systems is reported. (Vital signs and nursing assessment are appropriate for risk and complexity of the problem identified.) |  |  |  |  |
| Duration of service is recorded.  *\*Billed as an encounter, can only be used once per day per pt* |  |  |  |  |
| The method of service is documented (in-person, phone 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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| S9123 (by RN) & S9127 (by SW) - Listening Visit in Home | | | | |
|  | Y | N | N/A | Comments |
| Service is provided by a RN or BSW or a licensed social worker. |  |  |  |  |
| Reason for visit is documented. |  |  |  |  |
| Pre-visit EPDS and assessment are completed. |  |  |  |  |
| Documentation of Listening Visit form & Problem Solving worksheet is recorded. |  |  |  |  |
| Problems identified and prioritized by client are reported. |  |  |  |  |
| An individualized plan of care is developed, including referral and follow-up. |  |  |  |  |
| Final EPDS is documented. |  |  |  |  |
| The method of service is documented (in-person or telehealth). |  |  |  |  |
| Duration of services is recorded |  |  |  |  |
| If video was not utilized for telehealth was the reason documented (i.e., client didn’t have smartphone for video call) |  |  |  |  |
| Service is entered in MCAH data system |  |  |  |  |

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| S9445 - Listening Visits in Clinic/Office (by RN or SW) | | | | |
|  | Y | N | N/A | Comments |
| Service is provided by an RN or BSW or a licensed social worker. |  |  |  |  |
| Reason for the visit is documented. |  |  |  |  |
| Pre-visit EPDS and assessment included |  |  |  |  |
| Documentation of Listening Visit form & Problem Solving worksheet is recorded |  |  |  |  |
| Problems identified and prioritized by client are reported |  |  |  |  |
| Action plan is developed that address the client's prioritized problems |  |  |  |  |
| Final EPDS is documented |  |  |  |  |
| An individualized plan of care is developed, including referral and follow-up. |  |  |  |  |
| Duration of service is recorded. |  |  |  |  |
| 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) |  |  |  |  |
| Service is entered in MCAH data system |  |  |  |  |
| **G0444 - Depression Screening**  Use code only if Health Education, Psychosocial Services or a Home Visit are not provided on the same date of service | | | | |
|  | Y | N | N/A | Comments |
| Service was provided by a RN or person with at least a bachelor’s degree in social work, counseling, sociology, psychology, family and community service, health or human development, health education, or individual and family studies. |  |  |  |  |
| Standardized screening tool with score and narrative explaining clients score included. Recommended tool is the Edinburgh Postnatal Depression Screen. |  |  |  |  |
| Appropriate follow-up, recommendations or referral(s) are noted, as applicable |  |  |  |  |
| 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.) |  |  |  |  |
| Time in and time out are noted for code G0444 (15 minute unit). |  |  |  |  |
| Service is entered in MCAH data system |  |  |  |  |

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| 96160 (or XU modifier) - Domestic Violence Screening  Only two 96160 codes can be billed on the same date of services | | | | |
|  | Y | N | N/A | Comments |
| Service was provided by RN or person with at least a bachelor’s degree in social work, sociology, psychology, family and community service, health or human development, health education, or individual and family counseling studies. |  |  |  |  |
| Standardized tool, Abuse Assessment Screen is used. |  |  |  |  |
| Documentation includes both results (scoring) and narrative interpretation of the results |  |  |  |  |
| Appropriate referral/action is noted. |  |  |  |  |
| Duration of service is reported.  \**Billed as an encounter not based on time* |  |  |  |  |
| 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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| G0443 - Brief Counseling for Alcohol Misuse Intended to be used in conjunction with screening code G0442 - Annual alcohol screening 99408 and 99409 - Substance Abuse and/or Alcohol Screening w/ Brief Intervention  99408 (15-30 minutes) & 99409 (>30 minutes)  Intended to be used in conjunction with screening codes G0442 - Annual Alcohol Screen & H0049 - Annual alcohol and/or Drug Screen | | | | |
|  | Y | N | N/A | Comments |
| Service was provided by a RN or social worker (BSW or licensed). |  |  |  |  |
| Education and counseling services for risk factor reduction and behavioral change pertaining to alcohol/drug misuse are documented. |  |  |  |  |
| Plan for referral and follow-up (as needed) is documented. |  |  |  |  |
| Time in and time out are documented. |  |  |  |  |
| The method of service is documented (in-person or telehealth) |  |  |  |  |
| Must include complete:   * + 2 question pre-screen   + screening tool:     - CRAFFT - clients <18 years     - AUDIT (alcohol) - clients >18     - DAST (drug) - clients >18     - 5Ps   + Brief intervention   + Referral to treatment |  |  |  |  |
| Motivational interviewing techniques should be utilized |  |  |  |  |
| 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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| S9443 - Lactation Classes | | | | |
|  | Y | N | N/A | Comments |
| Documentation includes name and credentials of who taught the class. \*Must be provided by an RN, Licensed Dietitian Certified, Certified Lactation Consultant (CLC), Certified Lactation Specialist (CLS) or International Board Certified Lactation Consultant (IBCLC) |  |  |  |  |
| Documentation must include specific breastfeeding topics taught (hunger cues, feeding frequency / duration, latch, milk transfer, positioning, signs of adequate intake, reluctant nurser, milk expression / breast pumps). *\*Breastfeeding support group is not sufficient.* |  |  |  |  |
| Date and place of service are documented. |  |  |  |  |
| Duration of service is recorded.  *\*Billed as an encounter* |  |  |  |  |
| Service is entered in MCAH data system |  |  |  |  |

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| V68.9 - Transportation Service | | | | |
|  | Y | N | N/A | Comments |
| The entity providing the transportation service is noted. (cab company, bus service, name of volunteer) |  |  |  |  |
| Address where recipient was picked up was documented. |  |  |  |  |
| Destination was noted. (medical/dental provider’s name and address) |  |  |  |  |
| Invoice of cost is noted. (mileage if volunteer is used) |  |  |  |  |
| Service is entered in MCAH data system |  |  |  |  |