

**Number:** 1001

**Title:** Maternal Health\_Blood Pressure

**Effective Date:** 10/01/2024

**Revision date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center \(iowa.gov\)](https://www.iowa.gov/maternal-health-center)

## Overview

Non-invasive blood pressure (BP) measurement is an essential component of the physical assessment. High blood pressure (or hypertension) during pregnancy can lead to further complications for both the client and fetus. Ensuring that BP is measured with each registered nurse (RN) encounter and the correct technique is used for measuring BP is necessary for accuracy of readings.

## Policy

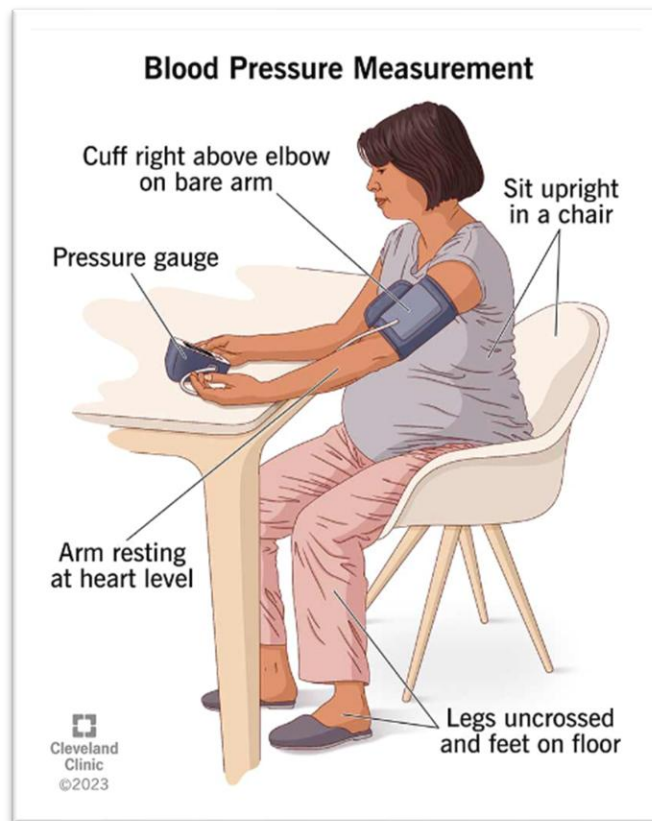
Blood pressure is strongly recommended to be assessed each RN encounter during Healthy Pregnancy Program visits, although it is not a requirement.

## Required Credentials

Registered Nurse

## Procedure

1. Gather supplies, ensuring the cuff is the proper size for the client's arm, which should cover at least two-thirds of the upper arm (having an improperly sized cuff can skew readings),
2. Prior to applying the cuff to the client's arm, ask if there is any reason they should not have their blood pressure read on either arm (e.g., lymphedema, dialysis shunt, recent surgical wounds, or as indicated by their provider)
3. To check blood pressure:
  - Ensure client has an empty bladder, has been at rest for approximately 5 minutes, is sitting upright with their legs uncrossed and feet on the floor, and their arm being utilized is at their heart level,
  - Squeeze all the air out of the cuff,
  - Line up the artery marking (arrow) on the cuff with the front of the elbow. Wrap the cuff around the upper arm, directly on the skin (not over the sleeve). The bottom edge should be about one inch above the elbow crease and allow enough room under the cuff so that two of your fingers can fit.
  - If using a manual blood pressure cuff, place the flat part of the stethoscope over the elbow crease below the artery markings on the cuff. Hold gently in place. \*If using a digital or automatic blood pressure cuff, turn on the machine according to directions. The cuff will automatically inflate and then deflate as it reads the blood pressure. Skip to #4,



- With your other hand, tighten the screw on the bulb to close the valve. Squeeze the bulb quickly until the needle on the gauge is 20 to 30 points above where you expect the higher blood pressure number to be.
    - Loosen the screw to release the pressure in the cuff at a slow, even rate (about 2 to 3 mm per second).
    - Watch the gauge as you release the air. As the needle falls, listen and note:
      - **Systolic pressure** (top number) – this represents the pressure in the arteries during a heartbeat and is detected at the point on the gauge where the first clear tapping sounds are heard.
      - **Diastolic pressure** (bottom number) – this represents the pressure in the arteries when the heart is resting to prepare for the next beat and is detected at the point at which the sounds stop.
    - When all sounds stop, deflate the cuff rapidly and completely.
- 4. Chart the blood pressure reading using the systolic number as the top or first number with a slash between the diastolic or bottom number (e.g. 110/70)
- 5. Educate the client on their BP findings in regard to their current state (if pregnant or postpartum), if reading is outside of the normal ranges in the vital signs summary table below, contact the health care provider and report findings. Note that the client's normal range and clinical condition should always be considered.

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)	and/or	DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
<b>HYPERTENSIVE CRISIS</b> (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

#### Sources:

[Maternal Health Center \(iowa.gov\)](https://www.iowa.gov)

[Preeclampsia and High Blood Pressure During Pregnancy | ACOG](https://www.acog.org)

[What is High Blood Pressure? | American Heart Association](https://www.heart.org)

[Blood Pressure Measurement - StatPearls - NCBI Bookshelf \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov)

[How To Take Blood Pressure Measurements \(clevelandclinic.org\)](https://my.clevelandclinic.org)

#### Resources:

[Infographic: Preeclampsia and Pregnancy | ACOG](https://www.acog.org)

[Urgent Maternal Warning Signs](https://www.cdc.gov)

**Number:** 1002

**Title:** Maternal Health Depression Screen

**Effective Date:** 10/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center \(iowa.gov\)](https://www.iowa.gov/maternal-health-center)

## Overview

Major depression is one of the most common mental health disorders in the United States; although it is common, it is about 50% more likely to occur in women than in men, and more than 10% of pregnant or postpartum women experience depression.

Depression is a comorbidity for many chronic diseases including diabetes, arthritis, and cardiovascular diseases.

Although there is not a one-size-fits-all treatment for mental health disorders, the detection of depressive episodes and their symptoms can aid clients in seeking intervention and exploring treatment options earlier.

## Policy

Clients should be screened at minimum at initial and postpartum visit, on follow-up visit from previous visit with a high screen, as well as on an as needed basis utilizing a standardized set of questions and an evidence-based assessment tool such as the Edinburgh Postnatal Depression Scale (EPDS). Screening for depression/ anxiety is recommended for use during pregnancy and up to one year following birth.

## Required Credentials

Registered Nurse or a 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.

## Required Training

Iowa HHS' direct service orientation – contact your Iowa HHS consultant for details

## Procedure

A full screen should be utilized on the initial visit and postpartum visit.

If screening with the EPDS screen is scored at a 9 or above, ensure rescreening each visit with the following two standardized questions:

- During the past two weeks, have you felt little interest or pleasure in doing things?
- During the past two weeks, have you ever felt down, depressed, or hopeless?

If client responds positive to either question make a referral for enhanced services and warrants the need for further assessment with the EPDS tool.

**Number:** 1002

**Title:** Maternal Health Depression Screen

**Effective Date:** 10/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center \(iowa.gov\)](https://www.iowa.gov/maternal-health-center)

The EPDS tool is designed for the client to complete themselves (if possible). It has been proven to have good sensitivity in the detection of depression and anxiety with use on pregnant and postpartum women.

The client's EPDS score should be discussed with the client while offering education and support utilizing the following guidelines:

EPDS Score	Interpretation	Action
Less than 8	Depression not likely	Continue support
9–11	Depression possible	Support, re-screen in 2–4 weeks. Consider referral to primary care provider (PCP).
12–13	Fairly high possibility of depression	Monitor, support and offer education. Refer to PCP.
14 and higher (positive screen)	Probable depression	Diagnostic assessment and treatment by PCP and/or specialist.
Positive score (1, 2 or 3) on question 10 (suicidality risk)		Immediate discussion required. Refer to PCP ± mental health specialist or emergency resource for further assessment and intervention as appropriate. Urgency of referral will depend on several factors including: whether the suicidal ideation is accompanied by a plan, whether there has been a history of suicide attempts, whether symptoms of a psychotic disorder are present and/or there is concern about harm to the baby.

## Documentation

Charting guidance for medical requirements for the client visit must follow Iowa Code 441-79.3, linked below. The following must be included in the client's medical record:

- Depending on the billing code used, either time in and out (G0444) or duration (96160) of time spend with the client
- Narrative interpretation of clients score (even if the score is <8), any follow-up activities or recommendations and referrals

Complete in the MCAH data system:

- Document assessment used and score in the 'all visit survey'
- If a client was referred for additional services related to their EPDS score, utilize 'Mental Health' as the reason for referral or 'Other' to free text

## Billing

These codes **cannot** be used if Health Education, Nursing Assessment and Evaluation, Psychosocial Services or a Home Visit are provided on the same date of service (depression screening is to be done as part of those services).

**Number:** 1002

**Title:** Maternal Health Depression Screen

**Effective Date:** 10/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center \(iowa.gov\)](https://www.iowa.gov/maternal-health-center)

- G0444 for annual depression screening:
  - Approved for telehealth use
  - This is a time-based code (15 minutes), time in and time out must be documented
- 96160 administration of patient-focused health risk assessment
  - Approved for telehealth use
  - This is an encounter code, time in and time out are not required to be documented however duration must
  - The XU modifier should be used if another 96160 screen was completed on the same day (Domestic Violence Screen or Prenatal Risk Assessment), although only two 96160 codes can be billed on the same date of service

## Sources

[MMWR, Volume 72, Issue 24 — June 16, 2023 \(cdc.gov\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm7224a1.htm)

[Depressive disorder \(depression\) \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/depression)

[Maintenance of records by providers of service 441-79.3 \(iowa.gov\)](https://www.iowa.gov/maternal-health-center/441-79.3)

## Resources

[Edinburgh Postnatal Depression Scale \(EPDS\) \(healthtranslations.vic.gov.au\)](https://healthtranslations.vic.gov.au/edinburgh-postnatal-depression-scale-epds)

**Number:** 1003

**Title:** Maternal Health Domestic Violence Screening

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center](#)

## **Description in Brief**

Nurses and social workers play a key role in providing support to survivors of intimate partner/domestic violence (IPV/DV). By using an evidence-based clinical screening tool with every client, the Abuse Assessment Screen (AAS) provides clients an opportunity to disclose IPV directly to you. However, many individuals experiencing harm or abuse in a relationship do not disclose it in medical settings.

The purpose of screening for IPV is to increase access to safety planning, resources, and referrals that mitigate the immediate and long-term health effects of experiencing IPV. Screening saves lives and improves health outcomes for women and their children. When disclosures occur, you are NOT responsible for fixing the problem or keeping the patient safe. They are experts in their own life and can make the best choices for themselves based on their circumstance. It is best practice for you to provide a non-judgmental environment, share health safety information/patient education, and provide referrals to economic assistance programs and victim service agencies.

## **Overview**

According to the Centers for Disease Control (CDC), Intimate partner violence is a significant public health issue. It has a profound impact on lifelong health and overall quality of life.

Intimate partner violence is abuse or aggression occurring in a romantic relationship and refers to both current and former partners. Intimate partner violence can vary in how often it happens as well as the severity (i.e. one episode to chronic or severe episodes spanning over years). IPV can include any of the following behaviors: physical or sexual violence, stalking, or psychological aggression.

Intimate partner violence is common. It starts early and continues throughout people's lives. When IPV occurs in adolescence, it is called teen dating violence. Approximately 41% of women and 26% of men experience sexual violence, physical violence, or stalking by an intimate partner during their lifetime.

Experiencing violence before, during, or after pregnancy can have long-term effects on the health and well-being of mother and baby. About 6% of women with a recent live

**Number:** 1003

**Title:** Maternal Health Domestic Violence Screening

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center](#)

birth experienced emotional, physical, or sexual violence during pregnancy by a current intimate partner. Over two-thirds who experienced violence during a pregnancy experienced it before the pregnancy.

Violence before pregnancy can include reproductive coercion, sexual coercion, and rape. This violence can lead to unintended or unwanted pregnancy, injury, emotional or psychological distress, fear for safety, challenges using contraception, and sexually transmitted infections.

## **Policy**

All Maternal Health clients should be evaluated for IPV utilizing the AAS tool, this should be completed at their initial intake visit (ensuring this is a safe time considering where the visit is being held and who is present) and any time after as needed.

## **Location**

Clinic: meet with patients one on one for a portion of every visit. For

Home visit: "who else is in the home today or is expected to drop by during our visit?"

When a person discloses current or past abuse, harm, or violence, respond with statements that come naturally to you. Some examples include, "thank you for telling me, your information is safe with me", "do you want me to listen or would you like me to brainstorm some options with you?", "what you've experienced is really common; how can I best support you right now?", "Would you like to talk with a certified victim advocate for more options?" and "That must be stressful for you. Have you talked with anyone else about this?".

## **Procedure**

Take care of yourself first. Practice deep breaths and mentally prepare yourself to be calm and prepared for a conversation. Normalize the screening tool with comments like, "since our relationships impact our health, we screen every patient with the goal to provide resources and referral." Listen supportively and be direct in your questioning if possible. Ask in an effective and efficient manner that becomes routine for all patients.

During screening, ideally, the client should be alone (without their partner) and in a safe, low stress environment. The screen should be provided to clients for them to complete,



**Number:** 1003

**Title:** Maternal Health Domestic Violence Screening

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center](#)

if this is not appropriate for the client the questions can be read to them. Ask what questions they have.

Debrief with your supervisor or a trusted colleague. If a patient's disclosure is staying in your mind reach out to the victim service call center. It is also available to medical professionals responding to survivors of IPV/DV. Screening others can also bring up our own experiences with abuse, harm, and violence. IPV impacts all of us. Could be a friend, family member, co-worker, other patients or former clients, or our own relationships current or past.

IPV/DV resources should be normalized and provided to all clients regardless of how they respond to the AAS screening. Resources such as [myPlan safety app](#), health safety cards and Iowa Helpline (1-800-770-1650 or text 'IOWAHELP' to 20121) can be offered.

### **Required Credentials**

Must be provided by a Registered Nurse or a 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.

### **Required Training**

Training on intimate partner violence, sexual violence, safety planning & referral, and the Abuse Assessment Screen – contact your Iowa HHS consultant for training opportunity.

### **Documentation**

In the client's record: Documentation must adhere to requirements in [Iowa Administrative Code \[441\] Chapter 79.3\(2\)](#).

1. Report the total time of the service (duration).
2. Complete in the Iowa HHS data system:
  - a. Service fields.
  - b. First and last name of service provider & credentials.
  - c. An AAS form may be completed and attached to the service.

**Number:** 1003

**Title:** Maternal Health Domestic Violence Screening

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center](#)

- d. In the 'Comments' field, reference the client's chart for full detail/ description/ clinical record of the service provided as needed to complete the documentation. Capture:
  - i. Who the domestic violence screening is for – caregiver or adolescent
  - ii. Name of the screening tool including date/ version of tool
  - iii. Results/scoring and Interpretation of results
  - iv. Client questions/ concerns
  - v. Referral/follow-up
3. AAS tool must be retained in the client's chart

## **Billing**

96160 – Administration & Interpretation of health risk – Domestic Violence Screen

- XU modifier should be used if another 96160 screen is completed on the same day such as the Medicaid Prenatal Risk Assessment or Depression Screen
- Only two 96160 codes can be billed on the same date of service
- This is an encounter code, time in and time out are not required to be documented however, duration must be.
- Can bill in addition to the Psychosocial

## **Sources**

[The Abuse Assessment Screen: A clinical instrument to measure frequency, severity, and perpetrator of abuse against women.](#)

[About Intimate Partner Violence | Intimate Partner Violence Prevention | CDC](#)

[National Health Resource Center on Domestic Violence - Futures Without Violence](#)

[Domestic violence survivor health, safety and empowerment - IPVHealth](#)

## **Resources**

[Mandatory Reporting of Domestic Violence to Law Enforcement by Health Care Providers](#)

[Abuse Assessment Screening tool](#)

[myPlan | Everyone Deserves to Be Safe in Their Relationships](#)

[SURVIVOR SUPPORT page | icadv-website](#)

**Number:** 1003

**Title:** Maternal Health Domestic Violence Screening

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center](#)

[Get Help | Iowa Coalition Against Sexual Assault | Statewide Support](#)

[Healthy relationships for young adults | love is respect](#)

[Educate Health Providers on How to Respond to Intimate Partner Violence](#)

[Brief Report- Final - IPV & Maternal Mental Health](#)

[Publications NSVRC Guides Assessing-patients-for-sexual-violence.pdf](#)

[National Maternal Mental Health Hotline | MCHB](#)

**Number:** 1004

**Title:** Maternal Health\_Evaluation and Management

**Effective Date:** 10/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center - Provider Manual \(iowa.gov\)](#)

### Overview

This service is problem-focused, ensuring adequate client history is obtained, and a problem-focused assessment is completed to provide counseling and coordinated referrals for any ongoing care needs. Usually, the presenting problems are self-limited or minor (an example of a minor problem would be a newly postpartum client presenting with pain, warmth, and redness to her breasts who would need to be referred to her PCP or OB to be evaluated for potential mastitis).

### Policy

An E & M must be completed in an office or other outpatient setting and can only be billed once per day per client.

### Required Credentials

Registered Nurse

### Required Training

Iowa HHS' Direct Service training – contact your Iowa HHS consultant for details

### Procedure

RN must obtain a problem-focused history regarding clients presenting concern in which a focused exam will follow. After which counseling with the client should occur regarding the findings as well a discussion and shared decision-making regarding any need for provider follow-up or higher level of care is needed should occur.

### Documentation

This is an encounter code, so time in and time out do not need to be documented, although duration must be documented somewhere (either in the client chart or the MCAH data system). Charting guidance for medical requirements for the client visit must follow Iowa Code 441-79.3, linked below. The following must be included in the client's medical record:

- Explanation of the history of clients' chief complaint
- Findings from problem-focused exam
- Nursing diagnosis accompanied by shared client decision
- Plan of care and referrals (if indicated)

### Billing

- 99202 for a **new patient** (this code is **not** approved for telehealth)
- 99211 for an **established patient** (this code **IS** approved for telehealth)

---

**Number:** 1004

**Title:** Maternal Health\_Evaluation and Management

**Effective Date:** 10/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center - Provider Manual \(iowa.gov\)](#)

### **Sources**

[Maintenance of records by providers of service 441-79.3 \(iowa.gov\)](#)

### **Resources**

[Maternal Health Center - Provider Manual \(iowa.gov\)](#)

**Number:** 1005

**Title:** Maternal Health Health Education

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center \(iowa.gov\)](https://www.iowa.gov/maternal-health-center)

## Overview

Education services are provided by a registered nurse with the goal to improve the client's mental and physical health. Education is individualized to the client's needs and provided on a one-to-one basis. For clients with a Prenatal Risk Assessment score greater than 10, additional health education topics must be addressed, as outlined in the Health Education for High-Risk Clients section below.

## Policy

Education is to be provided to clients over the course of their care at appropriate times in relation to their gestational age or postpartum period and as it relates to their needs.

## Required Credentials

Registered Nurse

## Required Training

Iowa HHS' Direct Service training – contact your Iowa HHS consultant for details.

## Procedure

Utilizing My9Months or other approved educational material, the following health topics are to be included but not limited to (please see HHS provided educational check list):

- How to access their healthcare provider and emergency services if needed
- Importance of continued prenatal care
- Normal changes in pregnancy related to both maternal and fetal changes
- Self-care and comfort measures, including beneficial (such as seat belt use) and detrimental lifestyle practices (such as the use of teratogens)
- Danger/warning signs of pregnancy complications as well as a mechanism for notifying health care or emergency service providers:
- Labor and delivery:
  - Normal process of labor
  - Signs of labor
  - Coping skills
  - Danger signs
  - Management of normal labor
- Preparation for baby:
  - Feeding
  - Equipment (including sleep environment topics)
  - Clothing
- Education on the use of over-the-counter drugs
- Education about HIV prevention

**Number:** 1005

**Title:** Maternal Health Health Education

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center \(iowa.gov\)](https://www.iowa.gov/maternal-health-center)

- Other topics based on the client's health care needs assessment
- Require topics based on Title V National and State Performance Measures:
  - Tobacco cessation
  - Breastfeeding
  - Safe Sleep
  - Maternal Mortality Review Committee Recommendations

**Health Education for High-Risk Clients:**

- High-risk medical conditions related to pregnancy, such as PIH, preterm labor, vaginal bleeding, gestation diabetes, gum disease, chronic urinary conditions, genetic disorders, and anemia
- Chronic medical conditions, such as diabetes, epilepsy, cardiac disease, sickle cell disease and hypertension
- Other medical conditions, such as HIV, hepatitis, and sexually transmitted disease
- Dangers of alcohol, tobacco, and other drug use
- Education on environmental and occupational hazards
- High-risk sexual behavior
- Oral health

**Documentation**

In the client's record: Documentation must adhere to requirements in [Iowa Administrative Code \[441\] Chapter 79.3\(2\)](#).

Teaching and reference materials (brochures, pamphlets, etc.) supplied to or used to enforce education with the client must be documented.

Complete in the MCAH database system:

- Health Education Form
- All Visit Form

**Billing**

H1003

- This is an encounter code, so the duration of service must be documented
- Code can only be billed once per date of service however Health Education and Psychosocial services can be billed on the same date of service
- Service can be provided in an office or clinic setting

**Number:** 1005

**Title:** Maternal Health Health Education

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center \(iowa.gov\)](https://www.iowa.gov/maternal-health-center)

- This code **is** approved for telehealth

## **Resources**

**[Medicaid Prenatal Risk Assessment 470-2942.pdf](#)**



**Number:** 1006

**Title:** Maternal Health Lactation Classes

**Effective Date:** 12/01/2024

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center \(iowa.gov\)](https://www.iowa.gov/maternal-health-center)

### **Overview**

Breast milk is the best source of nutrition for most babies; as the baby grows, the mother's milk will change to meet the baby's nutritional needs. Breastfeeding has been proven to provide health benefits for both mother and baby. Some benefits provided to the mother are a reduced incidence rate of breast and ovarian cancers, type 2 diabetes, and high blood pressure. Breastfed babies are supplied with antibodies from the mother and have a decreased risk of asthma, obesity, type 1 diabetes, and sudden infant death syndrome (SIDS).

### **Policy**

Lactation classes are offered, in a group setting, to provide breastfeeding education to clients. Note, this service is for education and not for the purpose of breastfeeding peer support. Education is to be provided utilizing an evidence-based curriculum. It is up to the agency to determine the cadence of the classes based on client need(s).

### **Required Credentials**

Registered Nurse, licensed dietitian, certified lactation counselor (CLC), certified lactation specialist (CLS), or international board-certified lactation consultant (IBCLC)

### **Required Training**

Iowa HHS' Direct Service training – consult your Iowa HHS consultant for details.

### **Procedure**

The following topics are to be covered during the course:

- Hunger cues
- Feeding frequency and duration
- Latch
- Milk Transfer
- Positioning
- Signs of adequate intake
- Reluctant nurser
- Milk expression and Breast pumping

### **Documentation**

In the client's record: Documentation must adhere to requirements in [Iowa Administrative Code \[441\] Chapter 79.3\(2\)](#).

Documentation must include:

- What specific educational topics (from the list above) were covered

**Number:** 1006

**Title:** Maternal Health Lactation Classes

**Effective Date:** 12/01/2024

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center \(iowa.gov\)](https://www.iowa.gov/maternal-health-center)

- The credentials of the instructor
- Date and place of service

Complete in the MCAH data system:

- Health Services Activity

### **Billing**

S9443

- This service is a supplement to clients who are already enrolled in the Healthy Pregnancy Program. *If a client is not enrolled in the Healthy Pregnancy Program prior to attending a breastfeeding class, the appropriate paperwork must be completed to enroll them into the program.*
- Each attendee's Medicaid may be billed
- This is an encounter code so the duration of the class must be documented
- This code is **not** approved for telehealth

### **Sources**

[Breastfeeding Benefits Both Baby and Mom | Breastfeeding | CDC](#)

**Number:** 1007

**Title:** Maternal Health Listening Visit

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center \(iowa.gov\)](https://www.iowa.gov/maternal-health-center)

### **Overview**

Listening visit (LV) services are to support clients who have been feeling sad, overwhelmed, or need a chance to talk about what is going on in their lives. Active reflective listening is utilized with clients to facilitate conversation and support problem solving with an emphasis on working collaboratively with clients to find solutions.

### **Policy**

Listening visits will be offered to any client (as long as the score is less than 19) who is identified as a candidate that would benefit from this service, based on the clinical assessment of the screener.

### **Required Credentials**

S9123 - Registered Nurse (RN)

S9127 – bachelor's in social work or Licensed Social Worker (LMSW or LISW)

S9445 – RN or bachelor's in social work, counseling, sociology, psychology, family counseling, health or human development, health education, or individual and family studies

### **Required Training**

Listening Visit training – contact your Iowa HHS consultant for the training opportunities.

### **Other consideration**

Each Maternal Health agency must have an agency-specific Listening Visit protocol prior to beginning services.

### **Procedure**

Listening visit services will be offered to clients identified utilizing the above criteria. Best practice is to offer clients four engagement sessions (each session should be between 31 – 60 minutes). At the conclusion of the series of LV's a follow up EPDS will be completed to compare to client's initial score. Refer to agency Listening Visit policy for more information.

### **Documentation**

**Number:** 1007

**Title:** Maternal Health Listening Visit

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center \(iowa.gov\)](https://www.iowa.gov/maternal-health-center)

In the client's record: Documentation must adhere to requirements in [Iowa Administrative Code \[441\] Chapter 79.3\(2\)](#).

Utilize LV forms, LV Problem Solving Worksheet, and *LV form* to capture required data points.

In the MCAH database system, document

- Health Services Activity

### **Billing**

S9123 – for LV in the home by an RN

- This is a time-based code requiring documentation of time in and time out
- This code is **not** approved for telehealth

S9127 – for LV in the home by a social worker (SW)

- This is a time-based code requiring documentation of time in and time out
- Limit of four LV services
- This code is **not** approved for telehealth

S9445 – for LV in a clinic/office by either an RN or SW

- This is a time-based code requiring documentation of time in and time out
- This code is **not** approved for telehealth

**Number:** 1008

**Title:** Maternal Health Nursing Assessment and Evaluation

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center - Provider Manual \(iowa.gov\)](#)

## **Overview**

Clients depend on the registered nurses' (RN) ability to recognize and respond to changes in their medical and psychosocial conditions utilizing the process of clinical thinking, reasoning and judgement to optimize client outcomes through education, support and referrals.

## **Policy**

This service is for the purpose of a nurse to provide an assessment, evaluation, and education on symptoms that may later be diagnosed by a provider as a medical condition such as preterm labor, high blood pressure, and urinary tract infection. Additionally, nurses can identify postpartum warning signs and/ or provide breastfeeding support, within the RN's scope of practice. If the client is being seen for a maternal health nursing assessment, a full nursing assessment should be completed which includes a comprehensive assessment of the client's health and psychosocial status as well as relevant support, education and referrals. Please see below for more specifics regarding antepartum and postpartum assessments.

## **Required Credentials**

Registered Nurse

## **Required Training**

Iowa HHS' Direct Service training – contact your Iowa HHS consultant for details.

## **Procedure**

Client will be seen in the office setting where a nursing assessment will be conducted focusing on client's chief complaint and appropriate education/support and referrals will be made to address their need(s).

1. Focused health history: Collect specific information around client's physical status, understanding of health behaviors to ensure positive pregnancy outcomes, as well as mental and emotional health status. The information gathered is used to inform the immediate education (see Maternal Health Education Form for educational topics) and support of the patient.
2. Nursing assessment: A physical nursing assessment should be completed on the client (both during antepartum and postpartum periods) as well as of the infant when completing the initial postpartum visit. The recommended assessment pieces include:

**Number:** 1008

**Title:** Maternal Health Nursing Assessment and Evaluation

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center - Provider Manual \(iowa.gov\)](#)

- Antepartum (client) – assessment of basic vital signs and symptoms or concerns the patient may be experiencing. Common discomforts such as nausea, vomiting, heartburn, constipation, fatigue, and difficulty sleeping should be explored, as well as any abnormal findings such as urinary or bowel difficulties, vaginal bleeding, cramping, leakage of fluid, or reduced fetal movement which may signal complications. The nurse should also assess for warning signs of preeclampsia, including persistent headaches, vision changes, or epigastric pain. Equally important is checking on the patient's emotional and psychosocial well-being
  - Postpartum (client) – basic vital signs, edema, lochia, breast pain, urinary or bowel disfunction, and all post birth warning signs (pain in chest, obstructed breathing or shortness of breath, seizures, thoughts of self harm or hurting others, excessive vaginal bleeding, slow to heal incision or tears, signs of blood clots in legs or arms, temperature of 100.4 or greater, headaches). In regard to delivery method, assessment is necessary including visualization of cesarean section incision or discussion of how vaginal, perineal tears and repairs are healing. Obtaining a weight is also encouraged. Equally important is checking on the patient's emotional and psychosocial well-being as well as breastfeeding, if client desires assistance.
  - Postpartum (infant) – basic vital signs, weight, overall appearance (taking into consideration skin, color, ~~size~~, and affect), output, and feedings (method, frequency, and effectiveness).
3. Narrative summary of nursing assessment, needs of client, education provided (including the client's response) as well as any referrals noted
  4. Plan of care
  5. If client is deemed high-risk by the prenatal risk assessment the following topics must be covered:
    - Education on any high-risk medical conditions
    - Smoking cessation and referral if indicated
    - Alcohol avoidance
    - Illicit drug avoidance
    - Environmental and occupation hazards
    - Avoiding high-risk sexual behaviors

**Number:** 1008

**Title:** Maternal Health Nursing Assessment and Evaluation

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center - Provider Manual \(iowa.gov\)](#)

## **Documentation**

In the client's record: Documentation must adhere to requirements in [Iowa Administrative Code \[441\] Chapter 79.3\(2\)](#).

Data points which must be included in the client's medical record should include:

- First and last name of service provider and credentials
- Medical history, including the client's chief complaint
- Nursing data and physical assessment findings
- Evaluation
- Plan of care

## **Billing**

T1001

- This is an encounter code, the duration of service must be documented
- This code is for office settings only
- When using this code, do not bill separately for prenatal risk assessment, education, and relevant psychosocial assessments

## **Sources**

[Improving Physical Assessment and Clinical Judgment Skills without Increasing Content in a Prelicensure Nursing Health Assessment Course - PMC](#)  
[Maintenance of records by providers of service 441-79.3 \(iowa.gov\)](#)

## **Resources**

[Maternal Health Center - Provider Manual \(iowa.gov\)](#)

**Number:** 1009

**Title:** Maternal Health Nursing Home Visit

**Effective Date:** 11/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center](#)

## Overview

A home visit allows the nurse to assess the home and family situation to provide an assessment, evaluation of safety, individualized education, as well as provide referrals for additional health and social related services.

## Policy

Home visits shall be provided to prenatal or postpartum clients for the purpose of providing a nursing (physical and psychosocial assessment components) assessment, health education and referrals as appropriate, based on the needs of the client.

## Required Credentials

Registered Nurse

## Required Training

Iowa HHS' Direct Service training – contact Iowa HHS consultant for details.

## Procedure

1. Schedule visit with client in advance at a time that is convenient for the client. Refer to agency policy on when initial contact and visit with client should be scheduled after receiving referral.
2. Review and make changes as needed to any intake assessment completed in the past 30 days prior to visit. If an intake assessment has not been completed in the past 30 days, this should be completed at initial visit with the client.

**Home Visit for Nursing Services:** A home visit is made for the purpose of providing nursing services, include:

1. Focused health history: Collect specific information around client's physical status, understanding of health behaviors to ensure positive pregnancy outcomes, as well as mental and emotional health status. The information gathered is used to inform the immediate education (see Maternal Health Education Form to see suggested and mandatory educational topics) and support of the patient.
2. Nursing assessment: A physical nursing assessment should be completed on the client (both during antepartum and postpartum periods) as well as of the infant when completing the initial postpartum visit. The recommended assessment pieces include:
  - Antepartum (client) – assessment of basic vital signs and symptoms or concerns the patient may be experiencing. Common discomforts such as



**Number:** 1009

**Title:** Maternal Health Nursing Home Visit

**Effective Date:** 11/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center](#)

- nausea, vomiting, heartburn, constipation, fatigue, and difficulty sleeping should be explored, as well as any abnormal findings such as urinary or bowel difficulties, vaginal bleeding, cramping, leakage of fluid, or reduced fetal movement which may signal complications. The nurse should also assess for warning signs of preeclampsia, including persistent headaches, vision changes, or epigastric pain. Equally important is checking on the patient's emotional and psychosocial well-being.
- Postpartum (client) – basic vital signs, edema, lochia, breast pain, urinary or bowel disfunction, and all post birth warning signs (pain in chest, obstructed breathing or shortness of breath, seizures, thoughts of self harm or hurting others, excessive vaginal bleeding, slow to heal incision or tears, signs of blood clots in legs or arms, temperature of 100.4 or greater, headaches). In regard to delivery method, assessment is necessary including visualization of cesarean section incision or discussion of how vaginal, perineal tears and repairs are healing. Obtaining a weight is also encouraged. Equally important is checking on the patient's emotional and psychosocial well-being as well as breastfeeding, if client desires assistance.
  - Postpartum (infant) – basic vital signs, weight, overall appearance (taking into consideration skin, color, and affect), output, and feedings (method, frequency, and effectiveness).
3. Nursing evaluation – narrative summary of nursing assessment, needs of client, education provided (including the client's response) as well as any referrals noted
  4. Plan of care
  5. If client is deemed high-risk by the prenatal risk assessment the following topics must be covered:
    - Education on any high-risk medical conditions
    - Smoking cessation and referral if indicated
    - Alcohol avoidance
    - Illicit drug avoidance
    - Environmental and occupational hazards
    - Avoiding high-risk sexual behaviors

## **Documentation**

In the client's record: Documentation must adhere to requirements in [Iowa Administrative Code \[441\] Chapter 79.3\(2\)](#).

**Number:** 1009

**Title:** Maternal Health Nursing Home Visit

**Effective Date:** 11/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center](#)

Complete in Iowa MCAH data system:

- a. Service fields.
- b. First and last name of service provider & credentials.
- c. In the 'Comments' field, reference the client's chart for full detail/ description/ clinical record of the service provided.

## **Billing**

S9123

- This is a time-based code requiring time in and time out of service to be documented
  - Since the primary purpose of the home visit is to provide direct care services, time spent providing care coordination is considered part of the direct services and MAF cannot be used to cover any costs associated with the home visit for care coordination services for mother and/or infant cannot also be billed.
  - For time spent, include only face-to-face time. Do not include travel time or time documenting the service.
- When using this code, do not bill separately for prenatal risk assessment, education, and relevant psychosocial assessments as this is meant to be an all encompassing code.
- This code is **not** telehealth approved
- This code is also used for a nurse providing a Listening Visit in the home, refer to Listening Visit protocol for specific requirements for that service

## **Resources**

[Iowa Administrative Code \[441\] Chapter 79.3\(2\)](#)

**Number:** 1010

**Title:** Maternal Health\_Prenatal Risk Assessment

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center \(iowa.gov\)](https://www.iowa.gov/maternal-health-center)

## Overview

The Medicaid Prenatal Risk Assessment was developed to help clinicians determine which pregnant members are in need of supplementary services to complement and support routine medical prenatal care.

## Policy

All pregnant Maternal Health clients (even those who are not eligible for Medicaid) risk will be determined upon entry into the program using the Medicaid Prenatal Risk Assessment form 470-2942 (unless the clinician has obtained a completed copy from another clinician). When a low-risk (score of <10) is reflected, complete a second screen between 24 – 28 weeks of care.

## Required Credentials

Registered nurse or social worker. A social worker may provide this service if an RN is available for any health or medical diagnosis related questions.

## Required Training

Iowa HHS' Direct Service training – contact your Iowa HHS consultant for details.

## Procedure

The form categorizes prenatal risk factors and assigns a score value related to the seriousness of the risk. To determine a woman's risk status, add the total score value on the left side and either column B1 (initial visit score value) or column B2 (re-screen value). A total score of 10 meets the criteria for high risk. When the high risk is determined, the client should be provided enhanced services, which include Health Education, Nutrition Services, and Psychosocial Services (refer to [Maternal Health Center](#) pages 4 – 7 for details regarding enhanced services).

The left side of the assessment includes medical, dental, historical, environmental, or situational risk factors (descriptions of risk factors are located on the back of the form). The right side of the form includes risk factors related to the current pregnancy, and these risks are more likely to change throughout the pregnancy with a risk (description of risks also located on the back of the form) factor potentially being present during the initial visit or may not appear until the mid to last trimester. For this reason, these risk factors may be assessed twice during the pregnancy on the form.

## Documentation

Charting guidance for medical requirements for the client service must follow Iowa Code 441-79.3 linked below. The completed paper copy of the assessment must be kept in

**Number:** 1010

**Title:** Maternal Health\_Prenatal Risk Assessment

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center \(iowa.gov\)](https://www.iowa.gov/maternal-health-center)

the client's file. Send a copy of the completed assessment to the client's primary obstetrical care provider as this can only be billed by one provider.

All clients determined high-risk must have an individualized plan of care (POC) created to address their needs, the POC should be revised as necessary based on needs assessments at each contact.

Complete in the MCAH data system: Indicate "Yes" for Question 6 in the All Visit Survey. Enter the risk assessment scores in the sub-questions.

## Billing

96160 – Administration & Interpretation of Health Risk

96160 – XU modifier should be used if another 96160 screening (e.g. Depression or Domestic Violence Screen) is completed on the same date of services. Only 2 96160 codes can be billed on the same date of service.

- This is an encounter code, the duration of service must be documented
- If being completed as part of a home visit, it cannot be billed separately, although if completing a Health Education and/or Psychosocial, it can be billed separately
- This code **is** approved for telehealth

Other billing considerations:

- Cannot bill for this with the nursing assessment or the home visit (this should be included)
- Assessment may only be billed by one provider (unless additional assessment is required at a later date), if providers are sharing client responsibilities establish a written agreement specifying the payment agreement for services between the collaborating parties. The client must sign a release of information form prior to sharing the assessment.
- If the assessment is completed by the OB provider and sent to the MH agency, that agency should not complete or bill for a new assessment. If the client's initial screening score was low risk the agency may rescreen between 24 – 28 weeks gestation and bill for that screen.
- Additional assessment may be billed at a later date if the client's need is demonstrated. The reason for the additional assessment must be noted in the clients' record.

## Sources

[Maintenance of records by providers of service 441-79.3 \(iowa.gov\)](https://www.iowa.gov/maternal-health-center)



**Number:** 1010

**Title:** Maternal Health\_Prenatal Risk Assessment

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center \(iowa.gov\)](https://www.iowa.gov)

## **Resources**

[Medicaid Prenatal Risk Assessment, Form 470-2942.pdf](#)

**Number:** 1011

**Title:** Maternal Health Psychosocial Services

**Effective Date:** 12/01/2024

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center - Provider Manual \(iowa.gov\)](#)

### **Overview**

Psychosocial services can be offered to all clients, especially if they express emotional or situational stressors. This service is completed in a confidential setting (provided only in an office setting), and the goal is to reduce identified risk factors to achieve positive outcomes by reducing distress and enhancing coping skills.

### **Policy**

Psychosocial services will be offered to clients where a psychosocial concern has been identified. If psychosocial services are not available by the Maternal Health (MH) Contractor, the client will be referred for services.

### **Required Credentials**

Must be provided by a person with at least a bachelor's degree in social work, counseling, sociology, psychology, family counseling, health or human development, health education, or individual and family studies or a Registered Nurse.

### **Required Training**

Iowa HHS' Direct Service training – contact your Iowa HHS consultant for details.

### **Procedure**

Psychosocial counseling follows a screening and assessment process utilizing the components of planning, intervention, and closure on the findings of the screening and assessment.

The needs assessment will include gathering the following information:

- Demographic factors
- Mental and physical health history and concerns
- Adjustment to pregnancy and future parenting
- Environmental needs
- Family composition, patterns of functioning, and support system
- Risk-taking

After the above assessment is complete, follow the below process:

1. **Planning:** a joint process of counseling and goal setting by the health care provider and client, which results in the development of the plan of care.
2. **Intervention:** the process of counseling the client during one or more sessions to support the process of overcoming environmental, emotional, and/or social problems that are affecting their health and well-being. Intervention includes a follow-up session to ensure the resolution of issues, reduction of risks, completion of tasks, and/or referrals.

**Number:** 1011

**Title:** Maternal Health Psychosocial Services

**Effective Date:** 12/01/2024

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center - Provider Manual \(iowa.gov\)](#)

3. **Closure:** the process of determining with the client what progress has been made toward the goals and evaluating the need for further services. Upon discontinuing psychosocial services, a closing summary will be completed indicating the reason for closure, the progress achieved, and any continuing service needs.
4. Appropriate referrals will be made as needed for additional services and/or complicated cases.

### Documentation

In the client's record: Documentation must adhere to requirements in [Iowa Administrative Code \[441\] Chapter 79.3\(2\)](#).

Complete in the MCAH data system:

### Billing

H0046 – psychosocial- this is an encounter code, the duration of service must be documented

- This code **is** approved for telehealth

Other considerations:

- A Psychosocial Service can be billed on the same date of service as a Health Education
- Psychosocial Services can only be billed for clients with a Medicaid Prenatal Risk Assessment score of 10 or higher
- The brief screen (regarding mental health and substance misuse) is considered part of this service. Full screening, brief intervention (SBIRT), and referral to treatment can be billed separately if needed
- A depression screen should be completed as part of this service and cannot be billed separately
- A domestic violence screen can be billed in addition to the Psychosocial Service

### Sources

[Maternal Health Center - Provider Manual \(iowa.gov\)](#)

**Number:** 1012

**Title:** Social Work Home Visit

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center](#)

### **Overview**

The purpose of a home visit is based on documented risk assessment and allows the social worker to assess the home and family situation to provide an assessment, evaluation, individualized education, as well as provide referrals for additional related services.

### **Policy**

Home visits shall be provided to prenatal or postpartum clients for the purpose of completing a social history, a psychosocial assessment and counseling services.

### **Required Credentials**

Social worker (licensed or BSW)

### **Required Training**

Iowa HHS' Direct Service training – contact your Iowa HHS consultant for details.

### **Procedure**

Schedule a visit with the client in advance at a time that is convenient for the client. Refer to agency policy on when initial contact and visit with the client should be scheduled after receiving the referral.

**Home Visit for Social Work Services:** A home visit is made for the purpose of providing:

1. Focused social health history: Collect specific information about clients' emotional, social, and environmental factors
2. Psychosocial assessment: utilizing Maternal Health Psychosocial Assessment Form
3. Counseling services
4. Plan of care

### **Documentation**

In the client's record: Documentation must adhere to requirements in [Iowa Administrative Code \[441\] Chapter 79.3\(2\)](#).

Complete in Iowa HHS data system:

- a. Service fields.
- b. First and last name of service provider & credentials.
- c. In the 'Comments' field, reference the client's chart for full detail/ description/ clinical record of the service provided.



**Number:** 1012

**Title:** Social Work Home Visit

**Effective Date:** 12/01/2024

**Revision Date:** 10/27/2025

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center](#)

## Billing

S9127

- This is an encounter code, the duration of service must be documented
  - Since the primary purpose of the home visit is to provide direct care services, time spent providing care coordination is considered part of the direct services, and MAF cannot be used to cover any costs associated with the home visit for care coordination services for the mother and/or infant cannot also be billed.
  - For time spent, include only face-to-face time. Do not include travel time or time documenting the service.
  - Maximum of four encounters per pregnancy
- This code is **not** telehealth approved
- This code can be used for Listening Visits provided by a BSW

## Resources

[Iowa Administrative Code \[441\] Chapter 79.3\(2\)](#)

**Number:** 1013

**Title:** Maternal Health Substance Use Disorder Screen with Brief Intervention

**Effective Date:** 12/01/2024

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center - Provider Manual \(iowa.gov\)](#)

## Overview

Effective screening is meant to assess for risky substance use behaviors and whether a longer conversation to assess the context of use, frequency, other potential risks and consequences of alcohol and other drug use is warranted.

Screening, Brief Intervention and Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach for early identification and intervention with clients whose patterns of alcohol and/or drug use may put their health at risk.

## Policy

Risk assessment to detect risky behaviors around alcohol and drug use should be completed on all clients, ideally at their initial visit. Recurring screens should be completed as needed. Screening should be universal and completed in a supportive, non-judgmental manner.

## Required Credentials

Registered Nurse or social worker (BSW or licensed).

## Required Training

Iowa HHS' Direct Service and SBIRT training – contact your Iowa HHS consultant for details.

## Screening Tools

The below tools are designed to identify risky behaviors related to substance misuse. A full SBIRT (Screening, Brief Intervention, and Referral to Treatment) must be completed to bill which includes:

- a. Brief/pre-screen
- b. A full screen (if the client responds positively to one of the brief screen questions):
  - THE CRAFFT 2.1+N – Car, Relax, Alone, Forget, Family/Friends, Trouble
  - AUDIT - Alcohol Use Disorders Identification Test
  - DAST-10 – Drug Abuse Screen Test
  - 5Ps – Parents, Peers, Partner, Past and Pregnancy

**Number:** 1013

**Title:** Maternal Health Substance Use Disorder Screen with Brief Intervention

**Effective Date:** 12/01/2024

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center - Provider Manual \(iowa.gov\)](#)

Caution: Although the SBIRT tool indicates that <3 drinks a day for women is low risk, encourage women who think they might be pregnant or are pregnant not to drink any alcohol. There is no known safe amount of alcohol consumption for pregnant women.

## Procedure

Recognize the importance and complexity of confidentiality issues. Providing a place where the client can speak confidentially is associated with greater disclosure of risk behavior involvement.

1. During the intake process, assess alcohol and drug use using the brief/pre-screen,
2. If there is a positive response to either the alcohol or drug use question, proceed to having client complete full screenings as indicated below:
  - a. CRAFFT 2.1+N- screening for illicit drug, alcohol and tobacco use in clients under age 18,
  - b. AUDIT - screening for alcohol use for clients 18 years and older,
  - c. DAST - screening for illicit drug use for adult clients aged 18 years and older,
  - d. 5Ps – screening for pregnant women
3. After the client has completed appropriate screening, score the tool.
4. Utilize motivational interviewing techniques obtained through the SBIRT training to talk with client about the results of the screening.
5. If a client scores in any zone beyond low/no risk, or if any drug or alcohol use is detected during pregnancy, utilize motivational interviewing techniques to complete the brief intervention and referral to treatment if needed.
6. Throughout the process, provide patient education on the dangers of alcohol and drug use.
7. Prior to releasing any substance abuse, HIV, or mental health information for referrals, ensure the client has signed the appropriate Release of Information.
8. Provide a referral to alcohol or substance use treatment if needed. This is best completed through a warm hand off to support the client through the process.

## Documentation

**Number:** 1013

**Title:** Maternal Health Substance Use Disorder Screen with Brief Intervention

**Effective Date:** 12/01/2024

**Date of Last Review:** 10/27/2025

**Authority:** [Maternal Health Center - Provider Manual \(iowa.gov\)](#)

In the client's record: Documentation must adhere to requirements in [Iowa Administrative Code \[441\] Chapter 79.3\(2\)](#).

Complete in MCAH data system:

1. First and last name of service provider & credentials.
2. Add the appropriate survey to the service and complete the fields.
3. In the 'Comments' field, reference the client's chart for full detail/ description/ clinical record of the service provided as needed to complete the documentation.

Capture:

- a. Name of the tool including date/ version of tool
- b. Results/scoring
- c. Interpretation of results
- d. The nature and outcome of the brief intervention
- e. Client questions/ concerns
- f. Referral/follow-up

## Billing

*To bill, the following must be provided and documented, a brief screen, completed screening tool, a brief intervention and referral to treatment.*

99408 - 15-30 minutes

99409 - over 30 minutes

- These codes are time based requiring time in and time out
- These codes are **not** approved for telehealth

## Sources

- Substance Use and Misuse: [Substance Use and Misuse | Health & Human Services \(iowa.gov\)](#)
- Iowa administrative Code *Maintenance of records by providers of services*: [03-28-2018.441.79.3.pdf \(iowa.gov\)](#)

## Resources

- [Clinician Tools - SBIRT for Substance Abuse](#)
- [5Ps-Screening-Tool-and-Follow-Up-Questions.pdf](#)