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**Identifying, Diagnosing and Coding for**

**Intrauterine Substance Exposure and Neonatal Abstinence Syndrome**

**West Virginia pediatric providers should use the following criteria to diagnose and document intrauterine substance exposure and neonatal abstinence syndrome (NAS).**

**What is NAS?** NAS is neonatal withdrawal from many substances, not just opiates. It is exposure with clinical symptoms, and it is not limited to those cases that require pharmacological treatment.

**When should a diagnosis of NAS be made?** NAS is diagnosed when a baby has prenatal exposure to a neuroactive substance *and* exhibits clinical signs/symptoms of withdrawal, regardless of whether or not pharmacological treatment is required.

All NAS diagnoses should include diagnosis of **exposure** to at least one substance in utero.

**What is exposure?** Exposure is when there is known maternal use of neuroactive substances at any time during the pregnancy. The following substances are associated with neonatal withdrawal:

Barbiturates

Chlordiazepoxide

Codeine​

[Diazepam​](http://www.aboutkidshealth.ca/en/healthaz/drugs/pages/diazepam.aspx) and [lorazepam​](http://www.aboutkidshealth.ca/En/HealthAZ/Drugs/Pages/Lorazepam.aspx)

Fentanyl

Heroin

Buprenorphine (Subutex and Suboxone)

Meperidine (Demerol)

Methadone

Morphine

Pentazocine

Phencyclidine

Neurontin (gabapentin)

SSRIs ([fluoxetine​](http://www.aboutkidshealth.ca/en/healthaz/drugs/pages/fluoxetine.aspx), paroxetine, sertraline, citalopram)

Documentation of exposure should be made when there is known maternal use of neuroactive substances during pregnancy (biological test or self-reported) and/or confirmation of baby’s biological specimen for any neuro-active substance(s), and/or confirmation of baby’s withdrawal symptoms (if biological specimen is not collected/available or there is a false negative test result).

It is important that both NAS *and* exposure to neuroactive substances during pregnancy are clearly documented in the medical record so that medical coders can code for NAS and intrauterine exposure. **See attached table for appropriate codes**.

All NAS diagnosed cases must also include at least one exposure code to indicate substance(s) causing the NAS.

Not all babies with documented exposure will be diagnosed with NAS. Regardless of whether or not the baby is diagnosed with NAS, if there is known exposure, the exposure should be clearly documented in the medical record so that the appropriate code can be assigned.

**Why Is This Important?**

West Virginia does not have the ability to determine statewide prevalence and costs associated with maternal substance use and the effects on newborns.

Since 2006 perinatal providers in West Virginia have identified maternal substance use as a major factor contributing to poor maternal and newborn health. However, accurate and meaningful data on the prevalence, costs and trends associated with newborns exposed to intrauterine substances and those diagnosed with neonatal abstinence syndrome is not available.

**Why Doesn’t The Data Exist?**

Several reasons have been identified, including:

* No uniformity among the providers in diagnosing neonatal abstinence syndrome (NAS).
* Lack of clear definition results in inconsistent diagnosis.
* Inconsistency of diagnosis results in condition not being coded.
* Lack of coding results in inability to determine costs associated with problem.

**What Is Being Done To Address The Problem?**

In September 2014, the West Virginia Perinatal Partnership hosted a meeting of neonatologists and pediatricians representing the three tertiary care centers, Level II and Level I hospitals to develop a definition of NAS. The group developed the definitions and criteria detailed above for pediatric providers and medical coders. A statewide, multi-faceted outreach and educational campaign is underway on using this information.

A Quality Improvement initiative on identifying, diagnosing, and caring for substance exposed newborns and those with neonatal withdrawal is underway.

**What Can You Do?**

Utilize this information consistently to diagnose and document intrauterine exposure and NAS. Join the West Virginia Perinatal Partnership’s Quality Improvement Initiative.

For more information on this guidance or on the Quality Improvement initiative, contact Janine Breyel of the West Virginia Perinatal Partnership at jbreyel@hsc.wvu.edu or (304) 216-3437.

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| **WEST VIRGINIA PERINATAL PARTNERSHIP****RECOMMENDED CODING FOR** **INTRAUTERINE SUBSTANCE EXPOSURE AND NAS** |
| **Exposure codes:** |
| **Neuroactive****Substance** | **ICD – 9** | **ICD-10** |
| Codeine | 760.72 Narcotics | P04.49 Drug of addiction |
| Fentanyl  | 760.72Narcotics | P04.49Drug of addiction |
| Buprenorphine (Subutex and Suboxone) | 760.72Narcotics | P04.49Drug of addiction |
| Heroin | 760.72Narcotics | P04.49Drug of addiction |
| Methadone | 760.72Narcotics | P04.49Drug of addiction |
| Meperidine | 760.72Narcotics | P04.49Drug of addiction |
| Morphine | 760.72Narcotics | P04.49 Drug of addiction (or P04.1 other maternal medication ) |
| Pentazocine | 760.72Narcotics | P04.49 Drug of addiction (or P04.1 other maternal medication ) |
| Barbiturates | 760.77Anti-convulsants | P04.1 other maternal medication |
| Diazepam and lorazepam | 760.77Anti-convulsants | P04.1other maternal medication |
| Neurontin (Gabapentin) | 760.77Anti-convulsants | P04.1other maternal medication |
| Phencyclidine   | 760.73Hallucinogenic agents | P04.49 Drug of addiction |
| Chlordiazepoxide | 760.70unspecified | P04.1other maternal medication |
| SSRIs and anti-depressants | 760.70unspecified | P04.1other maternal medication |
| **NAS codes:** |
| **Neonatal withdrawal (NAS)** | **ICD – 9** | **ICD-10** |
|  | 779.5 | P96.1 |