SUD Documentation & Coding Tip Sheet for OB/Newborn Providers

Background: The leading cause of pregnancy related death in Oregon is mental health conditions including substance use disorder (SUD). The Oregon Perinatal Collaborative is working with hospital-based teams across Oregon with the goal of reducing pregnancy-related morbidity and mortality related to substance use.

Medical record documentation and coding are used for billing and reimbursement for services ***and*** to track trends in public health data, measure quality of care, and incentivize quality improvement.

The quality of our data—which informs our understanding of the impact of substance use in the perinatal period—is only as good as our collective documentation and coding practices. The goal of this tipsheet is to support providers to improve their documentation related to perinatal SUD.

General (OB & Newborn)

Tip 1: Include evidence of monitoring, evaluation, assessment, or treatment ("MEAT Criteria") in your note.

To bill for services, provider notes must include documentation of one or more of the following related to the SUD:

M	**Monitor: signs/symptoms, disease progression or regression**
E	**Evaluate: test results, medication efficacy, treatment response**
A	**Assess: tests, discussion, record review, counseling**
T	**Treat: medication, therapies, surgery, other modalities**

OB Specific

Tip 2: State the patient SUD diagnosis and pregnancy status clearly in your note.

The provider's statement that the condition exists is adequate for coding purposes. Clinical criteria to support the diagnosis (e.g. ASAM or DSM criteria) does not impact coding.

Provider notes should include:

1)Substance use disorder diagnosis
2)Pattern of use or severity (mild, moderate, severe),
3)Statement of complications associated with SUD, if applicable, and
4)Remission status, if applicable.

Note: DSM is used for clinical diagnoses and should be documented in the note. ICD-10 codes are used for medical coding, billing, and data. These two systems use some of the same words to mean different things, which can be confusing. For example, in clinical language we are discouraged from using the word "abuse" but in ICD-10 coding language, mild SUD is link to the "abuse" codes and moderate or severe SUD is linked to the "dependence" codes. Use without mention of disorder is linked to the "use" codes.

Tip 3: If substance use or a SUD is impacting the pregnancy, include the words "pregnancy complicated by…" in your note.

Providers must document a link between the SUD and the pregnancy in the note, if the SUD is impacting the pregnancy. Coders cannot code from the past medical or social history or the problem list. Any current conditions must be documented in the note.

If the SUD is *not* impacting the pregnancy, this should be clearly documented.

OB Specific

Tip 4: If there are complications present from the SUD, include the words "SUD with complications of…"

Coders cannot assume a causal relationship between the SUD and complications, unless it is explicitly stated by the provider.

Examples of SUD complications:

- Delirium
- Perceptual disturbance
- Delusions
- Hallucinations
- Anxiety disorder
- Mood disorder (e.g. depression)
- Sexual dysfunction
- Sleep disorder

Tip 5: Document remission status (or that the patient is not currently using) in your note.

While DSM remission status is divided into early (absence of SUD criteria for at least 3 months and up to twelve months) or sustained (absence of SUD criteria for more than twelve months), for coding purposes, early or sustained remission are coded the same.

Newborn Specific

Tip 6: Document clearly what substance the newborn was exposed to/withdrawing from.
When coding for intrauterine exposure for the neonate, coder will be looking for documentation of whether the withdrawal is related to exposure to a drug of addiction (p 96.1 - active substance use) or from exposure to a prescribed medication (p 96.2 methadone, buprenorphine, amphetamine/ dextroamphetamine, etc.)

Example newborn codes you will see on the based on your documentation:

·P04.xx newborn affected by maternal use of [ ] (substance will impact last two digits)
·P96.1 withdrawal symptoms from maternal use of drugs of addiction
·P96.2 withdrawal symptoms from therapeutic use or "iatrogenic withdrawal"

Resources

Link to Webinar FAQ

Link to *slide deck* and recorded webinar from Comagine, OMDC, OPC – presenter Kristi Pollard of Haugen Consulting Group

AIM Data SUD Codes List

Substance	Definition
Opioids	F1110, F1111, F11120, F11121, F11122, F11129, F1114, F11150, F11151, F11159, F11181, F11182, F11188, F1119, F1120, F1121, F11220, F11221, F11222, F11229, F1123, F1124, F11250, F11251, F11259, F11281, F11282, F11288, F1129, F1190, F11920, F11921, F11922, F11929, F1193, F1194, F11950, F11951, F11959, F11981, F11982, F11988, F1199
Sedatives	F1310, F1311, F13120, F13121, F13129, F1314, F13150, F13151, F13159, F13180, F13181, F13182, F13188, F1319, F1320, F1321, F13220, F13221, F13229, F13230, F13231, F13232, F13239, F1324, F13250, F13251, F13259, F1326, F1327, F13280, F13281, F13282, F13288, F1329, F1390, F13920, F13921, F13929, F13930, F13931, F13932, F13939, F1394, F13950, F13951, F13959, F1396, F1397, F13980, F13981, F13982, F13988, F1399
Cocaine	F1410, F1411, F14120, F14121, F14122, F14129, F1414, F14150, F14151, F14159, F14180, F14181, F14182, F14188, F1419, F1420, F1421, F14220, F14221, F14222, F14229, F1423, F1424, F14250, F14251, F14259, F14280, F14281, F14282, F14288, F1429, F1490, F14920, F14921, F14922, F14929, F1494, F14950, F14951, F14959, F14980, F14981, F14982, F14988, F1499
Amphetamines/Stimulants	F1510, F1511, F15120, F15121, F15122, F15129, F1514, F15150, F15151, F15159, F15180, F15181, F15182, F15188, F1519, F1520, F1521, F15220, F15221, F15222, F15229, F1523, F1524, F15250, F15251, F15259, F15280, F15281, F15282, F15288, F1529, F1590, F15920, F15921, F15922, F15929, F1593, F1594, F15950, F15951, F15959, F15980, F15981, F15982, F15988, F1599