### Substance Feedback

**SMOKING**
Smoking cigarettes during pregnancy may cause:
- Miscarriage
- Pre-term birth
- Low birth weight
- Babies born with low birth weight can have more health and learning problems
- Babies exposed to cigarette smoke are at increased risk of SIDS/crib death

**ALCOHOL**
There is no known safe amount of alcohol during pregnancy. Alcohol use during pregnancy may cause:
- Miscarriage
- Newborn death
- Fetal Alcohol Spectrum Disorder (FASD)

Babies born with FASD have low birth weight, physical defects, developmental delay and intellectual disabilities

**MARIJUANA**
The potential risks of Marijuana use during pregnancy & while breastfeeding are not well understood. Marijuana use may:
- Disrupt normal brain development
- Concentrate or build-up in breast milk

Use of marijuana in any form is not recommended during pregnancy or while breastfeeding

Adapted from: Illinois Perinatal Quality Collaborative, 2019, [https://ilpqc.org](https://ilpqc.org)
**Documenting and Billing Guidance**

**Documentation** should include time spent counseling along with details of the interaction including:

- Face-to-face interaction with the patient
- Assessed readiness for change
- Advised the patient about risks
- Recommended MAT treatment / Behavioral health counseling/ recovery services for the patient
- Referrals made to link patient to care

**Sample Documentation:**

Screen positive → with SUD

“I met with _______ to discuss her positive (i.e. 5P’s/NIDA) screening. We discussed the risks of alcohol and substance use during pregnancy and explored options for supporting abstinence from alcohol and illicit drugs. We reviewed patient information describing hospital policies on prenatal substance use and reporting requirements. We discussed that SUD is a chronic disease with treatment available. We discussed benefits of MAT including improved pregnancy outcomes and maternal risk reduction. Referral to MAT, behavioral health counseling/recovery services, behavioral health and social work follow up was offered. She accepted/declined _______. Education materials on SUD/NAS were provided with referral for prenatal pediatric consult on NAS. SUD clinical care check list was included in patient chart. Time spent in counseling was (≤30 / >30 min) minutes).”

Screen positive → with risk factors

The patient was screened for substance use / opioid use using the (i.e 5P’s/ NIDA/integrated health screen) screening tool on _______ date. The score was _______. A brief intervention was conducted, information on risks of substance use and pregnancy was provided. Follow up includes: _______.

Insert Clinical Care Checklist & obtain recommended lab testing:

- HCV antibody
- HIV
- Hepatitis B

**Billing Codes:**

CPT 99408: Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min
CPT 99409: Alcohol and/or substance (structured screening and brief intervention services; greater than 30min
H0049: Alcohol and/or drug screening
H0050: Alcohol and/or drug service, brief intervention, per 15 min