

## SUD Clinical Care Checklist

| Checklist Element   | Date | Comments |
|---|------|----------|
| <b>Antepartum Care</b>  |      |          |
| Complete verbal substance use screen  |      |          |
| Consider UDS for review and discuss institutional drug testing plan and policies  |      |          |
| Review Prescription Drug Monitoring Programs (PDMP)/INspect   |      |          |
| Counsel on MAT for opioid use disorder and arrange appropriate referrals  |      |          |
| Counsel and link to behavioral health counseling /recovery support services   |      |          |
| Social work consult or navigator who will link patient to care and follow up  |      |          |
| Obtain recommended lab testing- <ul style="list-style-type: none"> <li>• HIV / Hep B / Hep C (if positive viral load &amp; genotype)</li> <li>• Serum Creatinine/ Hepatic Function Panel</li> </ul> |      |          |
| Discuss naloxone as a lifesaving strategy and prescribe for patient / family  |      |          |
| Neonatology/Pediatric consult provided, discuss NAS, engaging mom in non-pharmacologic care of opioid exposed newborn, and plan of safe care.   |      |          |
| DCS Reporting system reviewed, discuss safe discharge plan for mom/baby   |      |          |
| Screen for alcohol/tobacco/non-prescribed drugs and provide cessation counseling  |      |          |
| Screen for co-morbidities (ie: mental health & intimate partner violence)   |      |          |
| Consent for obstetric team to communicate with MAT treatment providers  |      |          |
| Consider anesthesia consult to discuss pain control, L&D and postpartum   |      |          |

| Third Trimester   |  |  |
|---|--|--|
| Repeat recommended labs (HIV/HbsAg/Gc/CT/RPR)   |  |  |
| Ultrasound (Fluid/Growth)   |  |  |
| Urine toxicology with confirmation (consent required), and review policy  |  |  |
| Review safe discharge care plan, DCS process, identify ongoing MAT prescribing in postpartum<br><a href="#">Postpartum discharge planning</a>   |  |  |
| Patient Education: OUD/NAS, participating in non-pharmacologic care of the opioid exposed newborn, including breastfeeding, and rooming in.<br><a href="#">non-pharmacologic-treatment-protocol-9-20.pdf (in.gov)</a>                   |  |  |
| Comprehensive contraceptive counseling provided and documented<br><a href="https://www.in.gov/laboroflove/files/20_Breastfeeding%20Traffic%20light.pdf">https://www.in.gov/laboroflove/files/20_Breastfeeding%20Traffic%20light.pdf</a> |  |  |

| During Delivery Admission   |  |  |
|---|--|--|
| Social work consult, peds/neonatology consult, (consider) anesthesia consult  |  |  |
| Verify appointments for support services (MAT/BH / Recovery Services)   |  |  |
| Confirm Hep C, HIV, Hep B screening completed   |  |  |
| Discuss naloxone as a lifesaving strategy and prescribe for patient / family  |  |  |
| Provide patient education & support for non-pharmacologic care of newborn<br><a href="#">non-pharmacologic-treatment-protocol-9-20.pdf (in.gov)</a> |  |  |
| Review plan of safe care including discharge plans for mom/infant<br><a href="#">infant-discharge-planning-10-20.pdf</a>                            |  |  |
| Schedule early postpartum follow-up visit (within 2 weeks pp)   |  |  |
| Provide contraception or confirm contraception plan<br><a href="#">20 Contraception chart (in.gov)</a>  |  |  |

**SBIRT Billing Codes:**

**Commercial Insurance/Medicaid:**

**CPT 99408:** Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min

**CPT 99409:** Alcohol and/or substance abuse structured screening and brief intervention services greater than 30min

**Medicaid:**

**H0049:** Alcohol and/or drug screening

**H0050:** Alcohol and/or drug service, brief intervention, per 15 minutes

**Adapted from:** Illinois Perinatal Quality

Collaborative, 2019, <https://ilpqc.org>