




Brief Interview & Referral for Substance Use Disorder Script

1	Raise Subject	<ul style="list-style-type: none"> • Thank you for answering my questions. From what I understand from your screening, you are using X. Is it OK if we talk more about X and your pregnancy? • Help me understand, through your eyes, what connection (if any) do you see between your use of X and this pregnancy? • People use drugs for many reasons: what do you like most/least about using X
2	Provide Feedback (including patient education handouts)	<ul style="list-style-type: none"> • Sometimes patients who give similar answers are continuing to use drugs and alcohol during their pregnancies. • I have some information on risks of substance use in pregnancy. Would you mind if I shared them with you? Share education handouts. • Because of those risks, I recommend avoiding drug and alcohol use during pregnancy. • For pregnant patients using opioids regularly, medication such as methadone or buprenorphine is recommended during pregnancy and after to improve outcomes for both you and baby.
3	Investigate Readiness (Use readiness ruler)	<ul style="list-style-type: none"> • What are your thoughts about the information I just shared? • Do you have any concerns? • On a scale of 1-10, with 10 very ready and 1 not ready, how ready are you to make any kind of changes in your use of X. You marked ____. That's great. • Why did you choose ____ and not a lower number like a 1 or 2?
4	Create Action Plan (Provide a warm handoff)	<ul style="list-style-type: none"> • What are some steps you could take to reduce the things you don't like about using that you shared with me earlier like ____? Restate answers the patient shared earlier. • What steps can you take today to reach your goal of having a healthy pregnancy and healthy baby? • Those are great ideas! Is it OK for me to write down the steps/plan you just shared with me? What exactly should I write? • I have additional resources and people that patients often find helpful, would you like to meet with them? Discuss options, schedule consults, make referrals to MAT/ BH counseling/recovery services. Introduce SW. • Thank you for talking with me. Can we schedule a date to check in again to F/U?

Substance Feedback

<p style="text-align: center;"><u>SMOKING</u></p> <p>Smoking cigarettes during pregnancy may cause:</p>  <ul style="list-style-type: none"> • Miscarriage • Pre-term birth • Low birth weight <ul style="list-style-type: none"> • 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 	<p style="text-align: center;"><u>ALCOHOL</u></p> <p>There is no known safe amount of alcohol during pregnancy. Alcohol use during pregnancy may cause:</p>  <ul style="list-style-type: none"> • Miscarriage • Newborn death • Fetal Alcohol Spectrum Disorder (FASD) <p>Babies born with FASD have low birth weight, physical defects, developmental delay and intellectual disabilities</p>	<p style="text-align: center;"><u>MARIJUANA</u></p> <p>The potential risks of marijuana use during pregnancy & while breastfeeding are not well understood.</p>  <p>Marijuana use may:</p> <ul style="list-style-type: none"> • Disrupt normal brain development • Concentrate or build-up in breast milk <p>Use of marijuana in any form is not recommended during pregnancy or while breastfeeding</p>
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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 a positive (ie. 5P's/NIDA) screening. We discussed the risks of alcohol and substance use during pregnancy and explored options for beginning treatment for use of alcohol and non-prescribed medications and substances. 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 MOUD including improved pregnancy outcomes and health risk reduction. Referral to MOUD, behavioral health counseling/recovery services, behavioral health and social work follow up was offered. The patient 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 (ie 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](#)