



**Frequently Asked Questions: Neonatal Abstinence Syndrome (NAS) reporting requirements  
4/6/2018**

**Q: Has the guidance for reporting been updated since its initial release**

**A: For clarity, the guidance has been changed so that suspected diagnosis is no longer included. We have modified the reporting timeframe to state that hospitals, or other birthing facilities should report cases at discharge or within four days of diagnosis, whichever is earlier. Fields should be completed with the most current, available data at the time of reporting.**

**Q: Will the case definition change during the declaration extension?**

**A: No, the case definition will remain the same during the current declaration extension through July 10, 2018**

**Q: What is Neonatal Abstinence Syndrome (NAS)?**

**A: Neonatal Abstinence Syndrome (NAS) is a condition in which a neonate experiences withdrawal symptoms following exposure to certain substances during the prenatal or immediate postnatal period. Substances may include prescription substances (such as opioids or benzodiazepines) that are obtained with or without a prescription, alcohol, or illicit substances.**

**Q: How will the data be used?**

**A: In this pilot period, the department is testing the reporting method (REDCap), estimating the burden of NAS on facilities, and gathering data on the symptoms and exposures of these infants. Information will be used to guide future reporting efforts.**

**Q: Why do we need to provide identifiers, such a mother's name, if the only aggregate data is being reported to partners?**

**A: Identifiers are needed to de-duplicate reports coming into us. Infants may be transferred, even within the same hospital, and we want to be sure we count a baby once. In addition, as part of evaluation of how well the data system functioned during the declaration, we are considering comparing case reports we received during the declaration to what we would be able to see through passive administrative records.**

**Q: Is the reported information confidential?**

**A: Yes. Cases reported to the Department of Health will be treated as confidential. Neither the reports, nor any information contained in them which identifies or is perceived by the Department as capable of being used to identify a person named in a report, will be disclosed to any person who is not an authorized employee or agent of the Department, unless otherwise required by law.**

**Q: If I report this data, is it passed along to the Department of Human Services (DHS)?**

**A: No. Cases reported to the Department of Health will be treated as confidential. Neither the reports, nor any information contained in them which identifies or is perceived by the Department as capable of being used to identify a person named in a report, will be disclosed to any person who is not an authorized employee or agent of the Department, unless otherwise required by law. Aggregate data will be shared by the department to the Opioid Operations Command Center as part of initiative reporting. Pursuant to the Federal Child Abuse Prevention and Treatment Act and the Pennsylvania**



Child Protective Services Law, health care providers are also required to notify ChildLine 1-800-932-0313 when they are involved in the delivery or care of infants affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder for the purposes of development of a plan of safe care. For questions regarding notification to ChildLine pursuant to the Federal Child Abuse Prevention and Treatment Act and the Pennsylvania Child Protective Services Law, please call DHS at 717-787-4756

**Q: Do we only enter infants that receive pharmacologic treatment?**

**A: No, we understand that some infants may be effectively treated with non-pharmacologic therapy but still meet the definition of NAS. Please include a case report on these infants and check either no treatment or non-pharmacologic therapy as the appropriate treatment.**

**Q: What if the infant has known exposure to maternal drugs but only one symptom (e.g., diarrhea)? Is that enough to initiate reporting?**

**A: If the infant's exposure is known and the infant has been diagnosed with NAS based on one symptom, the infant should be reported as a NAS case.**

**Q: ICD-10 codes are mentioned in the case definition but the coding does not take place until the infant is discharged or transferred to a tertiary facility. Are we supposed to wait until the code is assigned to report?**

**A: No, it is not necessary to wait until ICD-10 codes have been assigned. We have modified the reporting timeframe to state that hospitals, or other birthing facilities should report cases at discharge or within four days of diagnosis, whichever is earlier. Cases can be reported within this timeframe, even if ICD-10 codes have not yet been assigned.**

**Q: If we diagnose an infant with NAS in our facility and then transfer the infant to another facility, does that facility need to report as well?**

**A: For this pilot period during the Declaration of Disaster Emergency, we would appreciate that all facilities report. The department will be able to de-duplicate these reports, and add additional information to the case report.**

**Q: Do we report infants who are exposed to mothers who aren't addicted to opiates, but are known to have a prescription and are under a physician's care (i.e., fully understanding that their babies might withdraw after birth)?**

**A: Yes, if these infants are experiencing symptoms of withdrawal, they should be reported.**

**Q: Do I need to report the earlier cases within 24 hours of receiving the reporting guidance? It will take some time to gather the necessary information.**

**A: No, we understand that facilities need time to retrospectively review your records and complete the case report forms for infants born earlier. The department can accept these at any time during the period of declaration, which is scheduled to end on July 10, 2018. All infants born on or after January 10, 2018 who meet case definition should be reported.**

**Q: What if the infant is discharged and diagnosed as an outpatient. Should the outpatient provider report?**

**A: Not at this time. The pilot reporting is inpatient facility based only, so outpatient settings are not required to report.**

**Q: The reporting instructions state that hospitals should report ICD-10 codes P96.1 *and* P04.49 only. Are you looking for hospitals to report ICD-10 codes P96.1 *and/or* P04.49? Or should we only report cases that meet the standards for both ICD-10 codes.**

**A: We are asking that you report infants who would meet the standards for P96.1 or P04.49 or both, if the infant also meets the reporting case definition. We understand that infants coded with P04.49 may or may not have symptoms of withdrawal. Only infants who meet the case definition for diagnosed NAS as listed in the Department of Health's issued guidance should be reported. Exposure alone does not qualify for reporting, regardless of the assigned ICD-10 code.**

**Q: Do we report based on severity of clinical signs or treatment status, or just on diagnosis alone?**

**A: For this pilot period, please report based on diagnosis alone regardless of severity or treatment plan at the time of reporting.**

**Q: Is reporting based on location of hospital/provider and not on the patient's address, even if mother resides in NJ?**

**A: Per the guidance, reports should be submitted for PA residents only.**

**Q: The infant's name can often change before discharge, or may not yet be decided by the parent(s). Do you want us to wait until a final name has been given before reporting?**

**A: Please include the infant's name known at the time of reporting, the department understands that this may be changed.**

**Q: If I already reported some data and it is incomplete, should I resubmit the completed data?**

**A: It's not necessary to resubmit data for cases already submitted. There may be some instances where we will contact facilities for additional information on submitted cases if necessary.**

**Q: Do we need a user name and password to access the system?**

**A: No, simply click the link that was provided and follow through completing the case information.**

**Q: Can more than one person report from the same hospital?**

**A: Yes, we understand that more than one staff member may be involved in reporting (just record the contact in the case report form). We also understand that a facility may have a newborn nursery as well as a NICU and that this could involve multiple reporters.**

**Q: Can one person make the report on behalf of a group of physicians or providers?**

**A: Yes, facilities can have one or more individuals reporting on behalf of the facility.**