

## FPQC MORE Prenatal Provider Resources

### Frequently Asked Questions (FAQs)

#### Why is screening pregnant women for substance use important?

Drug-related deaths are the leading cause of death to mothers during pregnancy or within one year afterwards, accounting for 1 in 4 of these deaths in Florida in 2017. There are now as many maternal drug-related deaths as deaths due to traditional causes of maternal mortality. 75% of maternal drug-related deaths occur after the baby is born and the mother has been discharged. Identifying a woman with substance abuse/opioid use disorder (SUD/ODU) early in pregnancy, and referring her to treatment and other services can significantly improve outcomes for both mothers and their babies.

Source: [Urgent PAMR Mortality Message to Providers & Hospitals](#)

#### How do I screen?

Screening is the first step in identifying and addressing substance use during pregnancy – [SBIRT](#).

- **Screening:** all pregnant women are quickly assessed using a validated tool to determine the severity of substance use, and the appropriate level of treatment, if needed.
- **Brief Intervention:** Based on screening results, the provider briefly counsels the patient to raise her awareness about substance use and its impact, motivate her toward behavior change.
- **Referral to Treatment:** The provider links patients needing treatment or related services to appropriate sources of care in the community, as well as information about creating a Plan of Safe Care (POSC).

#### What about urine screening? Isn't that better?

Universal biologic testing or urine screening is not recommended during pregnancy and should not be used as the sole assessment of substance use. Urine tests only detect current or recent use. They also frequently produce false negative results for substances like fentanyl, MDMA, as well as false positive results (poppy seeds, pseudoephedrine, for example). In other words, a positive urine screening does not mean that a woman has SUD.

#### Can I be reimbursed for screening and follow-up?

Yes! Reimbursement for screening and brief intervention is available through commercial insurance Current Procedural Technology (CPT), Medicare G codes, and Medicaid Healthcare Common Procedure Coding System (HCPCS).

Florida Medicaid has [procedure codes](#) for physicians and other providers (ARNPs, nurse midwives, for example), as well as [guidance](#) for managed care organizations (MCO's) that can be used to bill for SBIRT. [Free SBIRT training](#) for doctors with CMEs is also available through the University of Florida.

### Should all pregnant women be screened?

Universal screening of pregnant women is recommended by the World Health Organization (WHO), the American College of Obstetricians & Gynecologists (ACOG), the American Medical Association (AMA), the American Academy of Pediatrics (AAP), the U.S. Centers for Disease Control & Prevention (CDC) and other medical and professional organizations. Substance abuse affects all ages, genders and races, all economic and social strata, and all educational levels in our society. Screening all women for SUD as part of their prenatal care makes screening routine, avoids bias and stigmatizing groups or individuals.

Source: [FPQC video by Dr. Jan Lanouette, Clinical Lead for the Maternal Opioid Recovery Effort](#).

### When should I screen pregnant woman for substance use?

All patients should be screened using a validated screening tool at their first prenatal visit.

### What screening tools should I use?

These three evidence-based screening tools are recommended for use in pregnancy:

- [The 5P's Screening Tool & Follow-Up Questions](#): Designed specifically for pregnant women, this tool asks about substance use by women's parents, peers, partner, during pregnancy, and in her past.
- [CRAFFT](#): This provider guide for the CRAFFT (a mnemonic acronym for the first letters of key words in the six questions) screening tool offers information on how to use the screen. The CRAFFT is specifically for use with patients under 21 years of age.
- [NIDA Quick Screen](#): A three question tool that has been validated for use with patients 18 years of age and older.

### Do I still need to do a Healthy Start screen?

Yes! The Healthy Start Prenatal Screen assesses patient risk factors associated with low birthweight and poor birth outcomes. Included in this screen are questions about psychosocial, as well as medical risks. Screening for substance use, and other comorbidities, complements the Healthy Start screen by identifying specific high-risk behaviors or conditions that contribute to maternal and infant mortality and morbidity. A positive substance use screen can be listed on the Healthy Start screen as a reason for referral.

### **Can patients complete the screen on their own?**

Substance use screening tools can be administered verbally by the prenatal care provider, or completed by the patient on her own. The critical part of the screening process —whether oral or self-administered—is to review results with the patient, and provide appropriate follow-up (see **SBIRT** above).

### **What resources are available to help me link women to needed services?**

[CONNECT](#), a community-specific information and referral program implemented by Healthy Start, offers a one-stop source for helping pregnant and postpartum women obtain treatment, home visiting and other support services. Healthy Start can also provide information about developing a [Plan of Safe Care](#) (POSC). AHCA/Medicaid wants to support and assist providers in screening of all Medicaid pregnant women. Direct up-to-date [referral information to Medicaid Health Plan case management services](#) for hospitals and providers is readily available on the AHCA website.

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