



Neonatal Opioid Withdrawal Syndrome (NOWS)/ Neonatal Abstinence Syndrome (NAS) Coding Examples

Baby A: Baby A was born by NSVD to a mother with inadequate prenatal care. He was estimated to be early term, weighing 2700 grams. APGAR were 8 and 9. Around 12 hours of life, Baby A became jittery and inconsolable. The umbilical cord segment sent for testing was positive for opiates and cannabis. Baby A was eventually treated with methadone for the withdrawal symptoms and was discharged on day of life 15.

Codes applied: P96.1, P04.14, P04.81

ICD-10 Diagnostic Codes:

- **P96.1:** Neonatal withdrawal symptoms from maternal use of drugs of addiction
- **P04.14:** Newborn affected by maternal use of *opiates*
- **P04.81:** Newborn affected by maternal use of *cannabis*
- **P96.2:** Withdrawal symptoms from therapeutic use of drugs in newborn

Baby B: Baby B was born via repeat cesarean delivery to a mother who began medication-assisted treatment using methadone for opioid use disorder around 14 weeks gestation. Baby B was born at 38 weeks gestation weighing 3215 grams with APGARS 7 and 10. Baby B was closely monitored with Finnegan scoring throughout hospitalization. Baby B roomed-in with Mom B and was provided with non-pharmacologic treatment measures. Although occasionally showing signs of withdrawal (jitteriness, tremors, and hyperactive reflexes), Finnegan scores were consistently <8, and Baby B was discharged home with the mother on Day of life 8.

Codes applied: P96.1, P04.14

Baby C: Baby C was born via vaginal delivery to a mother who had been on medication-assisted treatment with buprenorphine since week 26 gestation. Baby C was born at 39 weeks and 6 days gestation, weighing 3600 grams. APGARS were 9 and 9. Baby C did not show any signs of opioid withdrawal, despite the umbilical cord testing positive for opiates. Baby C was discharged home with mom on DOL 5.

Code applied: P04.14

Baby D: Baby D was born at 40 weeks via a vaginal delivery and uneventful hospitalization. The infant was formula fed and discharged home with his mother at 30 hours of age. The mother made an unanticipated appointment with the infant's nurse practitioner two days later with the chief complaint: "I think we need to change Adam's formula because he is throwing up, has diarrhea, and is fussy." The nurse practitioner recognized that a formula-fed infant exhibiting these symptoms about 3 days after birth has a high likelihood of neonatal abstinence syndrome, and she called the birth hospital to ask that the retained umbilical cord be sent for testing. She inquired about maternal drug use which the mother denied. She changed the infant to a lactose-free formula and gave the mother instructions for non-pharmacologic modifications (swaddling, dark and quiet environment, etc.) while waiting for the results of the umbilical cord testing. A few days later, the umbilical cord testing came back with results consistent with opioid exposure. As the nurse practitioner is a mandatory reporter, a referral was made to the county DHS office.

Codes applied: P96.1, P04.14

Baby E: Baby E was born at 39 weeks and 3 days via vaginal delivery with a fetal diagnosis of congenital diaphragmatic hernia. There is no indication that Mom E may have misused any substances during the pregnancy. Toxicology screens are negative. Shortly after birth, the newborn required ECMO and surgical repair. Throughout his lengthy hospitalization, Baby E received multiple doses of morphine as well as a continuous fentanyl drip. While weaning the fentanyl, Baby E exhibited mild signs of withdrawal such as irritability, increased muscle tone, and hyperactive reflexes.

Code applied: P96.2

A note for providers: It is very important that the documentation clearly indicate whether or not a baby is experiencing withdrawal. Merely listing the symptoms is not enough information. There should be clear documentation by the provider that the symptoms are likely related to maternal use of substances.

For more information: The accompanying [Guide to Coding NAS and Substance Exposure](#) document contains more information on applying codes for both substance exposure and presence of withdrawal symptoms.

For more information on this guidance or on the OMNO initiative, visit opqic.org/omno or contact OPQIC at info@opqic.org.