

Q: What is NAS?

A: NAS is a group of withdrawal symptoms in newborns (neonate less than 28 days) after being exposed to medications or illicit drugs in utero, most commonly opioids (including opioid agonists used for treatment of opioid use disorder), benzodiazepines, and barbiturates.

Q: Where should cases be reported?

A: As of January 1, 2020, NAS cases should be reported to the Pennsylvania Department of Health Division of Newborn Screening and Genetics (DNSG) via the Internet Case Management System (iCMS).

Q: When should a NAS case be reported to the Department?

A: A case should be reported within four days of discharge or within 28 days of life, whichever comes first. It is not necessary to wait until ICD-10 codes have been assigned.

Q: Which types of cases are included in the reporting requirement?

A: Confirmed and probable cases identified using clinical and laboratory criteria as defined in the Council of State and Territorial Epidemiologists' (CSTE) Neonatal Abstinence Syndrome Standardized Case Definition should be reported within iCMS. Do not report suspect cases to iCMS. *Please note that maternal clinical evidence is defined as use in the four weeks prior to delivery, and maternal laboratory evidence is defined as detection from a screening or laboratory test performed in the four weeks prior to delivery.*

Q: What are the recommendations for classifying confirmed or probable NAS cases using ICD-10-CM codes?

A: It is recommended that P96.1 be the discharge code for neonates with clinical signs of withdrawal and confirmed neonatal or maternal laboratory results or maternal history.

Q: Is there a specific Finnegan score that requires reporting?

A: iCMS accepts any Finnegan scoring result. Facilities should assess the severity of the newborn based upon their designated NAS scoring tool and best practice standards. Cases should be reported regardless of the Finnegan score, per the provided CSTE definition.

Q: Do we only report cases where infants receive pharmacologic treatment?

A: No, it is understood 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: If newborns are transferred to a higher level of care hospital, which hospital reports the case?

A: The birth hospital should enter and save as much information in iCMS that is available utilizing NAS Case Notification Manual Entry. The receiving hospital should complete and submit the report. If a facility receives infants for continued treatment for NAS, that facility should also enter NAS case information. *Once a case is submitted, it can be updated with further information in iCMS at any time by the user.*

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

A: Yes, the outpatient provider should report the case by contacting the DNSG.

Q: What types of documents are to be uploaded into iCMS?

A: No documents are required to be uploaded at this time; however, documents that are pertinent to the NAS diagnosis, such as laboratory results, may be uploaded.

Q: Is a different log-in required if I have iCMS access to report hearing or critical congenital heart defects screening results?

A: Yes, at this time, a different log-in is required.

Q: Can more than one person report from the same hospital or report on behalf of a group of physicians or providers?

A: Yes, more than one staff member may be involved in reporting (record the contact in the case report form). In addition, a facility may have a newborn nursery, as well as a NICU, and reporting could involve multiple reporters.

Q: Can someone gain access to iCMS if they didn't attend the live training?

A: Yes, they can review the recorded Webinar and complete the questions.

Q: Are you able to view reported cases if you are a third-party?

A: No. Only individuals who submitted information related to that newborn can view the case.

Q: How do we know who the specific community health nurse (CHN) is for each case?

A: Check case demographics to see if a CHN is identified. If not, email Jordan Shover at joshover@pa.gov.

Q: How will this data be used?

A: Data will be used to guide the development of a long-term follow-up program; conduct a gap analysis/needs assessment of counties lacking resources to adequately provide care for newborns and their families; ensure every newborn receives a referral to Early Intervention for At-Risk tracking services and any other appropriate outpatient referral; and for continued surveillance of NAS cases, and reporting the total number of cases to the Opioid Command Center for the Governor through the duration of the Opioid Disaster Declaration.

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 or an entity identified in a Memorandum of Understanding, unless otherwise required by law.

Q: Is reporting to DOH under the Governor's Opioid Disaster Declaration related to, or separate from, Act 54 of 2018 (relating to Plans of Safe Care)?

A: The Governor's Opioid Disaster Declaration, which mandates reporting of NAS cases to the Department of Health, is completely separate from Act 54 of 2018 (specifically, 23 Pa.C.S. § 6386, which became effective on October 2, 2018). Act 54 of 2018 requires a notification to the Department of Human Services, not the Department of Health, when a medical provider, who is involved in the delivery or care of a child under one year of age, has determined based on standards of professional practice that the child was born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder. Therefore, both a report to the Department of Health and a notification to the Department of Human Services (using criteria established by each agency) is necessary. Questions regarding Act 54 of 2018 can be directed to Department of Human Services, Office of Children, Youth, and Families.