The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

250 Washington Street, Boston, MA 02108-4619



MARYLOU SUDDERS

Secretary

Monica Bharel

Commissioner

**Tel: 617-624-6000**

**www.mass.gov/dph**

CHARLES D. BAKER

Governor

KARYN E. POLITO

Lieutenant Governor

**Circular Letter:** **DHCQ 16-4-658**

**TO:** Acute Care Hospitals

**FROM:** Monica Bharel, MD, MPH, Commissioner

Department of Public Health

**DATE:** April 14, 2016

**RE:** Reporting of Newborn Substance Exposure and Hospitalizations Caused by Ingestion of a Controlled Substance

The purpose of this Circular Letter is to provide guidance to acute care hospitals, consistent with the privacy protections offered by federal and state laws, in order to establish the systematic, monthly reporting of infants identified as having been exposed to controlled substances and hospitalizations caused by ingestion of controlled substances. This guidance is provided in accordance with section 16(b) of chapter 38 of the General Laws, as included by section 11 of chapter 258 of the acts of 2014, *An Act to Increase Opportunities for Long-Term Substance Abuse Recovery*, and further amended by section 10 of chapter 52 of the acts of 2016, *An Act Relative to Substance Abuse, Treatment, Education and Prevention*, which reads as follows:

*SECTION 16….. (b) Acute hospitals, as defined in* [*section 64 of chapter 118E*](https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter118E/Section64)*, shall file a monthly report regarding the exposure of children to controlled substances with the commissioner of public health in a manner to be determined by the commissioner of public health. This report shall include, but not be limited to: (i) the number of infants born in the previous month identified by the hospital as having been exposed to a schedule I through schedule II, inclusive, controlled substance, under* [*chapter 94C*](https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter94C)*, and those controlled substances in schedule III, under chapter 94C, that the drug formulary commission established in section 13 of chapter 17 has determined have a heightened level of public health risk due to the drugs’ potential for abuse and misuse, and (ii) the number and specific causes of hospitalizations of children under the age of 11 caused by ingestion of a schedule I through schedule II, inclusive, controlled substance, under said* [*chapter 94C*](https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter94C)*, and those controlled substances in schedule III, under chapter 94C, that the drug formulary commission established in section 13 of chapter 17 has determined have a heightened level of public health risk due to the drugs’ potential for abuse and misuse.*

**Reporting Overview:**

All data required under section 16 must be reported to the Department of Public Health (DPH) through the Health Care Facilities Reporting System (HCFRS) in the aggregate, on a monthly basis, within 60 days of the close of the reporting month. For example: data for the month of January, for which the reporting period closes on January 31st, is due no later than the following March 31st.

Specific instructions for reporting and an illustration of the HCFRS portal specific to this data reporting are included as the attached document **“Instructions for Reporting Newborn Exposures and Hospitalizations Caused by Ingestion in Children Under 11”**.

In order to ensure consistency and accuracy in reporting, all data required under section 16 is based upon International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) definitions.

1. Infants born in the past month exposed to controlled substances:

On a monthly basis, a hospital must capture and report all instances of infant exposure and overdose by providing the following ICD-10-CM codes:

* Related to a mother’s drug dependence:
	+ F11.20 – drug dependence to opioids
	+ F13.20 – drug dependence to benzodiazepines
* Related to newborn exposure:
	+ P96.1 – neonatal abstinence syndrome
	+ P04.49 –affected by maternal use of drugs of addiction

A hospital must report the total number of births, living or dead, where the gestational age is estimated to be 24 weeks or greater as the denominator for this measure. If the hospital does not have labor and delivery services and there were no births, then report zero in this field.

1. Hospitalizations caused by ingestion in children under age 11:

On a monthly basis, a hospital must capture and report the number and specific causes of hospitalizations caused by ingestion of controlled substances by providing the following ICD-10 codes:

* For all emergency department (ED) visits, observation stays and hospital discharges:
	+ T40.0(x1-x4) – opium-caused ingestions
	+ T40.1(x1-x4) – heroin-caused ingestions
	+ T40.2(x1-x4) – opioid-caused ingestions
	+ T40.3(x1-x4) – methadone-caused ingestions
	+ T40.4(x1-x4) – synthetic narcotics-caused ingestions
	+ T40.691-T40.694 – other narcotic-caused ingestions
	+ T40.601-T40.604 – unspecified narcotic-caused ingestions
	+ T42.4(x1-x4) – benzodiazepine-based tranquilizers-caused ingestions

A hospital must distinguish between those cases where these ICD-10 codes were the primary code and where they were coded as related to the hospitalization or a secondary diagnosis or greater.

A hospital must report the number of ED visits, observation stays and inpatient hospitalizations of children under the age of 11 as the denominator for this measure.

**Best Practice Guidance:**

In 2013, DPH issued circular letter, 13-5-586, [Guidelines for Community Standard for Maternal/Newborn Screening For Alcohol/Substance Use](http://www.mass.gov/eohhs/docs/dph/quality/hcq-circular-letters/2013/dhcq-1305586.pdf) , which summarizes the consensus approach to screening pregnant women and their newborns for exposure to drugs during pregnancy.

It can also be found at: <http://www.mass.gov/eohhs/docs/dph/quality/hcq-circular-letters/2013/dhcq-1305586.pdf>

Data reporting should begin for the month of April 2016. Hospital organizations should submit their data for each hospital site via HCFRS, no later than June 30, 2016.

Questions on compliance with these requirements may be directed to Katherine Fillo, Manager of Quality Improvement, Bureau of Health Care Safety and Quality, Department of Public Health, katherine.fillo@state.ma.us.