

# Finger Lakes Regional Perinatal Data System

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## 01/12/2011 Coders Meeting Summary

Due to heavy snow only one hospital was represented at the January Coders meeting (St James Mercy). Four additional regional hospitals participated via conference call (Nicolas Noyes, Unity, Geneva General, and Highland Hospital).

### I. Introduction:

Welcome to the meeting.

### II. Statewide Perinatal Data System Update:

No discussion

### III. Coding Issues:

- Infant feeding
  - Reviewed new guidelines related to infant feeding. Changes in this field were made to match the national birth certificate and to be in compliance with a new JCAHO initiative.
  - It was mentioned that some hospitals may not be recording water given to infants. It is expected that these hospitals will have a higher exclusive breast feeding rate.
- First trimester screening
  - Code MSAFP, triple screen, quad screen first trimester screening, sequential screening, etc as MSAFP. (Essentially all early screening other than CVS and amnio.)
- Online documentation
  - Online guidance was to be disabled because it has not been updated on a regular basis. There has not been sufficient resources to keep written and on-line help information in sync. When referencing a NYS definition be sure to use the guidelines –not the online documentation.
- Insurance fields: HMO or other managed care
  - The term managed care is used to describe a variety of techniques intended to reduce the cost of providing health benefits and improve the quality of care ("managed care techniques") A health maintenance organization (HMO) is a type of managed care organization
  - Information is included in this packet related to the coding of MVP and Blue Cross Blue Shield policies

### IV. Coder fax

- August Coder Fax
  - Discussed the fact that vacuum was used for maternal exhaustion but was coded as failure to progress – not exactly the same thing. Alternately could code 'Other' which really gives us no information. Dr Glantz's comments: *The problem is that the certificate requires choosing diagnostic labels that work better for cesareans than for assisted vaginal deliveries. I've never actually written "failure to progress" (FTP) as an indication for vacuum or forceps. There*

*are some women who become exhausted or frustrated and can't/won't push effectively, even though the baby and pelvis seem fine and if she could push more, she probably could deliver spontaneously. In these "Other" might be the better coding. On the other hand, some women are pushing reasonably well but taking a long time to bring the head to a deliverable station; perhaps the head is in an odd position (OP, asynclitic, etc), or sometimes the baby is big but you think it probably will fit. These might be coded as FTP. I don't know whether these musing will help the coders, but if they can discern the subtext from the delivery note, this is how I would code them.*

- Discussed the coding of 'Local' anesthesia. Polocaine had been used to repair a laceration.
- September Coder Fax
  - Discussed the use of terbutaline. It was used to stop contractions but is not coded as tocolysis in the Obstetric Procedures field because it was not used to stop "preterm" labor. See NYS guidelines.
  - Reminded that with an Apgar of '1' at 1 min and 3 at 5 min the coder should know to look for use of assisted ventilation.
- November Coder Fax
  - No issues

**V. Meeting Closure:**

Our next meeting is **March 9, 2011** Rochester, NY Corporate Woods 120 Corporate Woods.

If you have any topics you would like presented or discussed please let us know.