**On-Site Trainings**

***for***

**Improving the Identification, Diagnosis, Documentation and Coding of Intrauterine Exposure and Neonatal Abstinence Syndrome (NAS) in Newborns**

The incidences of NAS, the condition that results when in utero exposure to certain substances is abruptly discontinued at delivery, has risen exponentially in West Virginia. Consequently, the cost associated with caring for these babies has skyrocketed. Despite the significant rise in incidence and cost, *accurate* information on statewide trends is not available. The data that is available is not consistent with what we have observed. A major contributing factor to the inadequacy of the data is the inconsistency in diagnosing and coding of intrauterine substance exposure and neonatal withdrawal within our hospitals. Inadequate identification and documentation makes it difficult to deliver the best care, measure interventions, and develop policy. In addition, it has an impact on hospital payments, since properly coding ensures the correct diagnosis-related group (DRG).

To address these inconsistencies and issues, the Partnership has developed a task force of leading neonatologists, pediatricians, perinatologists, and other obstetrical and pediatric providers in the state. The NAS task force has developed [standardized diagnostic criteria](http://www.wvperinatal.org/wp-content/uploads/2016/01/WVPP-Guidance-on-NAS-and-Intrauterine-Exposure-Coding.docx) for identifying babies affected by maternal substance use**.**

Workshops to discuss substance use in pregnancy, its effect on newborns, and utilization of uniform criteria to document intrauterine exposure and neonatal withdrawal are available free of charge for West Virginia hospitals. The workshops address strategies for improving the care of newborns with intrauterine exposure and those experiencing withdrawal, including:

* + - Methods for identifying at-risk infants;
    - Strategies for implementing the latest recommendations from the American Academy of Pediatrics;
    - Utilizing standardized guidelines for diagnosing substance exposure and neonatal withdrawal;
    - Coding information to ensure appropriate documentation for data and assignment to diagnosis related group (DRG); and
    - Overview of state and national efforts to address the issue.

In addition to obstetrical and pediatric clinicians, including physicians and nurses, medical coders are encouraged to participate in the workshops. It is of utmost importance that all who are involved, from the clinicians who treat these patients to the coding specialists translating the information documented in the medical record, are fully informed of this effort and understand the important role they play in helping improve our data collection, payment systems, and ability to care for these families.

For more information on scheduling a workshop at your facility, please contact Janine Breyel at [jbreyel@hsc.wvu.edu](mailto:jbreyel@hsc.wvu.edu) or (304) 216-3437.