"UPDATE ON SEXUAL DYSFUNCTION"
BARBARA S. LEVY, MD (SEPTEMBER 2014)

Breast cancer survivors should try glycerin-containing products

Dr. Levy's well-written article on dyspareunia said everything I would tell a patient, until I had breast cancer and started estrogen antagonist therapy. Not only does the vagina lose elasticity but there is a similar sensation to spilling a strong acid on your skin in chemistry lab!

The silicone products Dr. Levy suggests may not be enough. Online support groups suggest a glycerin-containing product called "Probe Personal Lubricant." If women find it too slippery to handle, they can mix it with an unscented petroleum gel product, such as "Albolene" [Albolene Moisturizing Cleanser] or "Aquaphor" [Aquaphor Healing Ointment]. I cannot tell you how many marriages this has saved for my patients and our local breast cancer survivors.

Joan Eggert, MD, MPH
St. George, Utah

›› Dr. Levy responds

I thank Dr. Eggert for sharing her personal experience and offering readers excellent practical advice. There is no substitute for listening to our patients and modifying recommendations based on their input and feedback. This is an important part of continuous quality improvement and experiential learning. I truly appreciate the suggestion from someone far more expert than I.

I do want to express a concern about using a petroleum jelly or mineral oil–based product as a lubricant with condoms. Albolene and Aquaphor dissolve latex and increase the chance of rupture. I do not recommend their use when a woman is using a condom for birth control or prevention of sexually transmitted disease.

"THE FDA'S REVIEW OF THE DATA ON OPEN POWER MORCELLATION WAS 'INADEQUATE, IRRESPONSIBLE' AND A 'DISSERVICE TO WOMEN'"
WILLIAM H. PARKER, MD
(AUDIO COMMENTARY; NOVEMBER 2014)

Clarification requested

In the February issue of OBG Management, you quoted me as saying that the recent FDA analysis of power morcellation was inadequate. Actually, what I said was that the "FDA did an inadequate and irresponsible analysis and it has been a disservice to women." I didn't mince words when I spoke and I am appalled by the FDA's lack of rigor in this important matter.

William H. Parker, MD
Santa Monica, California

›› The editors respond

We thank Dr. Parker for expressing his concern to us. Although the full title of Dr. Parker's Web exclusive audio was included online, it was truncated in print due to space and may have not conveyed his full meaning to print readers. Dr. Parker's voice, and how it is portrayed within the journal's pages and online, is very important to us.

›› SHARE YOUR THOUGHTS!

Send your Letter to the Editor to:
rbarbieri@frontlinemedcom.com

Please include your name and the city and state in which you practice.

ANSWERING YOUR CODING QUESTIONS

A reader recently requested assistance for a specific coding challenge. We've asked our reimbursement specialist, Melanie Witt, RN, CPC, COBGC, MA, to provide her insight.

What billing code for patients with inconclusive viability?

Dr. Barbieri's editorial on suspected nonviable pregnancy ("Stop using the hCG discriminatory zone of 1,500 to 2,000 mIU/mL to guide intervention during early pregnancy," January 2015) and other recent articles help guide our trainees to not "pull the trigger," so to speak, so quickly on early pregnancies with uncertain viability. It confirms our teaching to be patient and let the pregnancy develop, or not, especially when patients are stable.

I find billing for these encounters to be difficult, however. What do you recommend as the billing code for patients with inconclusive viability—V23.87? Is there anything other than a V-code?

Rana Snipe Berry, MD
Indianapolis, Indiana

Ms. Witt responds

Currently there is only one ICD-9-CM code that describes uncertain fetal viability: **V23.87** (Pregnancy with inconclusive fetal viability). *This code represents the supervision of a high-risk pregnancy for this reason, and it helps to explain additional testing that may be required. Unlike other "V" codes that many payers ignore, the V codes for pregnancy care, whether for routine supervision, high-risk supervision, or antenatal screening, are accepted by payers as reasons for care.*