

Billing for Confidential Adolescent Health Services

Background

Primary care providers play a key role in adolescent sexual and reproductive health as part of preventive care and health care maintenance. Recent data obtained from confidential surveys of teens attending high schools in the United States indicates that nearly 50% have experienced sexual intercourse and about one third in the last 3 months. For high school seniors two thirds state sexual intercourse has occurred. Preventing unintended pregnancy among adolescent patients can help protect health and result in improved social outcomes. Several safe and highly effective methods of contraception are available to prevent unintended adolescent pregnancy. Screening for sexually transmitted infections (STIs) particularly in asymptomatic patients is a basic, effective tool used to identify unrecognized conditions so that treatment can be offered before symptoms or serious sequelae of asymptomatic infection develop.

All 50 states and the District of Columbia explicitly allow minors to consent for their own health services for sexually transmitted infections (STIs). About one fourth of states require that minors be a certain age (generally 12-14 yrs) before they are allowed to consent for their own care for STIs. No state requires parental consent for STI care or requires that providers notify parents that an adolescent minor child has received STI services, except in limited or unusual circumstances.

Minors' right to consent for contraceptive services varies from state to state. Nearly one half of states and the District of Columbia explicitly authorize all minors to consent for their own contraceptive services; and one half of states permit minors to consent for their own contraceptive services under specific circumstances, such as being married, a parent, currently or previously pregnant, over a certain age, or a high school graduate, or per physician's discretion. Five states have no explicit policy on minors' right to consent for contraceptive services. Two states require parental consent for family planning services provided to minors with state funds. However, in all states, minors may give their own consent and receive confidential family planning services that are funded by the *federal Title X Family Planning Program* or *Medicaid*. In addition, the constitutional right of privacy has been found to cover minors' access to contraceptives.

The confidentiality of medical information and records of a minor who has consented for his/her own reproductive health care is governed by numerous federal and state laws. Laws in some states explicitly protect the confidentiality of STI or contraceptive services for which minors have given their own consent and do not allow disclosure of the information without the minor's consent. In other states, laws grant physicians discretion to disclose information to parents. Title X and Medicaid both provide *confidentiality protection* for family planning services provided to minors with funding from these programs.

Federal regulations issued under the Federal Health Insurance Portability and Accountability Act of 1996, known as the *HIPAA* Privacy Rule, defer to state and "other applicable laws" with respect to the question of whether parents' have access to information about care for which a minor has given consent. Thus both the state laws that either prohibit or permit disclosure of confidential information *and* the federal Title X and Medicaid laws that protect the confidentiality of family planning services for adolescents are important under the HIPAA Privacy Rule in determining when confidential information about reproductive health services for minors can be disclosed to parents. In addition, in specific situations, *laws may require either that physicians disclose information to parents or deny them access to information*, depending on whether there is a risk of substantial harm to the minor or another person.

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Providers may elect to **establish a policy** of discussing with their adolescent patients when medical records and other information will be disclosed and developing a mechanism to alert office staff as to what information in the chart is confidential.

Billing for confidential services is a complex problem. In many commercial health plans, an explanation of benefit (EOB) is sent home to the primary insured or the primary beneficiary listing services rendered by the provider and reimbursed by the health plan. An EOB documenting that reproductive health services were rendered to their adolescent dependent that is received by a parent may disclose confidential services. In addition, co-payments automatically generated with certain billing codes for office visits and medications can be a barrier for adolescents receiving care, including treatment.

Providers should become familiar with local low- or no-cost family planning and STI clinical services in the case where parental disclosure of sexual health care services through billing is an unacceptable option for the adolescent patient. Many family planning programs now offer male sexual health care services.

Chlamydia trachomatis Screening

Chlamydia trachomatis infection is a major health problem for adolescents and young adults. Studies in primary care and family planning clinics show infection rates of 5% to 14% for those aged 15 to 19 and 3% to 12% for those aged 20 to 24. Up to 70% of genital chlamydial infections in females are asymptomatic and undetected. Since untreated chlamydial infection may result in pelvic inflammatory disease and its sequelae, including infertility, ectopic pregnancy, and chronic pelvic pain, screening asymptomatic young women for chlamydia is a simple, cost-effective intervention that significantly reduces the incidence of adverse sequelae.

Routine chlamydia screening for sexually active adolescent and young adult females is recommended by several national organizations, including the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the U.S. Preventive Services Task Force.

In 2000, the National Committee for Quality Assurance (NCQA), a private, not-for-profit organization that monitors the quality of health plans, introduced a new Health Plan Employer Data and Information Set (HEDIS) performance measure to evaluate the proportion of sexually active adolescent and young adult female members of Medicaid and commercial health plan tested annually for chlamydia. HEDIS is a set of performance measures voluntarily reported by health plans and used by NCQA to measure the **quality of care** and level of service in health plans. The HEDIS Chlamydia Screening Measure estimates the proportion of sexually active female plan members age 15 to 25 years who were continually enrolled in the previous year who had at least one test for chlamydia during that year. Since introducing this measure, most Medicaid and commercial health plans have reported persistently **low proportion** of eligible females who were chlamydia-tested; in 2004, approximately 46-49% of eligible Medicaid plan enrollees and approximately 32% of eligible commercial plan enrollees were tested. The Medicaid and commercial health plans' reported the proportion of eligible chlamydia-tested has been substantially lower compared to their other reports of preventive and therapeutic services measured by HEDIS.

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Resources:

Minors Right to Consent for Reproductive Health Care:

Boonstra H Nash E. Minor and the right to consent to health care. *The Guttmacher Report on Public Policy*. 2000 3(4):4-8.

The Guttmacher Institute. *Minors' access to STD services*. *State Policies in Brief*. Available at: www.guttmacher.org/statecenter/spibs/spib_MASS.pdf

The Guttmacher Institute. *Minors' access to contraceptive services*. *State Policies in Brief*. Available at: www.guttmacher.org/statecenter/spibs/spib_MACS.pdf

English A, Kenney, KE. *State Minor Consent Laws: A Summary*, 2nd ed. Chapel Hill, NC: Center for Adolescent Health & the Law, 2003.

Feierman J, Lieberman D, Schissel A, Diller R, Kim J, Chu Y. *Teenagers, health care and the law*. New York, New York: New York Civil Liberties Union, 2002.

Toolkits:

(1) Chlamydia Tool Kits include sexual history taking tools, chlamydia screening and treatment guidelines, information on various chlamydia diagnostic tests, partner management recommendations, patient informational tools, and information on minors' rights to consent for sexual health care. Two CDC supported chlamydia tool kits available on line.

- Massachusetts Prevention Training Center chlamydia tool kit (www.mass.gov/Eeohhs2/docs/dph/cdc/std/chlamydia_toolkit.doc) or (www.mass.gov/Eeohhs2/docs/dph/cdc/std/chlamydia_toolkit.pdf)
- California Prevention Training Center chlamydia tool kit (www.stdhivtraining.net/educ/training_module/tools.html)

(2) Adolescent health services

The San Francisco-based Adolescent Health Working Group has developed provider tool kits for confidential care, sexual health care, and general adolescent health care (www.ahwg.net/resources/toolkit.htm), with tools for confidential history taking, counseling, patient educational tools, and special emphasis given confidential care delivery.

Continuing Medical Education:

(1) CDC-funded Prevention Training Center (PTC) on-line modules and case series and PTC courses are available at: www.cdc.gov/std/training/onlinetraining.htm.

(2) An online chlamydia course, sponsored by the California PTC, is designed for providers who care for women of reproductive age, including adolescents. This CME includes a chlamydia tool kit. Available at: www.stdhivtraining.net/educ/training_module/index.html.

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Locating Reproductive Health Care Services

Planned Parenthood Federation of America: 850 affiliate health centers provide confidential care to female and male Medicaid recipients, participate in local managed health care programs, and offer low-cost sliding scale fees to those paying out of pocket. Locate clinic at www.plannedparenthood.org or 1-800-230-7526.

Local health departments often support no- or low-cost STI clinics.

Other Resources:

(1) Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines. MMWR 2006;55(No. RR-11). Available at: www.cdc.gov/STD/treatment/

Coding for Adolescent Reproductive Health Services

NOTE: This resource contains comprehensive listings of codes that may not be utilized by your practice on a regular basis. We recommend that you identify the codes most relevant to your practice and include those on your encounter form/billing sheet.

CPT (Procedure) Codes

Preventive Medicine Service Codes

99384/99385 Use for initial comprehensive preventive medicine evaluation and management (E/M) in new* patients, including age and gender appropriate history, examination, and counseling/anticipatory guidance/risk factor reduction interventions

99394/99395 Use for periodic comprehensive preventive medicine E/M in established patients, including age and gender appropriate history, examination, and counseling/anticipatory guidance/risk factor reduction interventions

Preventive Medicine Counseling Codes

99401/99402/9403/99404 Use for individual preventive medicine counseling and/or risk factor reduction that occurs during *a separate encounter* in patients without established symptoms or illness

99411/99412 Use for group preventive medicine counseling and/or risk factor reduction that occurs during *a separate encounter* in patients without established symptoms or illness

Office or Other Outpatient Service Codes

99201/99202/99203/99204/99205: Use for new* patients only; require 3 of 3 key components** or greater than 50 percent of the visit spent in counseling or coordinating care***

99212/99213/99214/99215: Use for established patients; require 2 of 3 key components** or greater than 50 percent of the visit spent in counseling or coordinating care***

Office or Other Outpatient Consultation Codes

99241/99242/99243/99244/99245 Use for new or established patients; appropriate to report if another physician or other appropriate source (ie, school nurse, psychologist) requests an opinion regarding a patient. Require 3 of 3 key components** or greater than 50 percent of the visit spent in counseling or coordinating care***.

NOTE: Use of the consultation codes *requires* the following (the "three Rs"):

- a) Written or verbal **request** for consultation is documented in the patient chart
- b) Consultant's opinion as well as any services ordered or **rendered** are documented in the patient chart
- c) Consultant's opinion and any services that are performed are prepared in a *written report*, which is sent to the requesting physician or other appropriate source

Prolonged Physician Service Codes

99354/99355 Use for *outpatient face-to-face* prolonged services

99358/99359 Use for *non-face-to-face* prolonged services in *any setting*

- Used when a physician provides prolonged services beyond the usual service (ie, beyond the typical time)
- The face-to-face prolonged physician service codes (99354-99355) can only be reported in conjunction with codes that contain "typical times" as part of their descriptors (eg, 99201-99215, 99241-99245); they cannot be reported with the Preventive Medicine Service or Preventive Medicine Counseling codes
- Time spent does not have to be continuous
- Codes are "add-on" codes, meaning they are reported separately in addition to the appropriate code for the service provided (eg, office or other outpatient E/M codes, 99201-99215)
- If the physician spends at least 30 and no more than 74 minutes over the typical time associated with the reported E/M code, report 99354 (for face-to-face contact) or 99358 (for non-face-to-face contact). Codes 99355 (each additional 30 minutes of face-to-face prolonged service) and 99359 (each additional 30 minutes of non-face-to-face prolonged service) are used to report each additional 30 minutes of service beyond the first 74 minutes.

*A new patient is defined as one who has not received any professional services from a physician, or another physician of the same specialty who belongs to the same group practice, within the past 3 years {*Principles of CPT Coding* {fourth edition}, American Medical Association, 2005}

**Key components = history, physical examination, and medical decision making

***Time can be used as the key factor in determining a level of service when counseling and/or coordinating care constitute more than 50% of the encounter

- Prolonged services of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes are *not reported separately*

Case Management Services Codes

99361/99362 Use to report a medical conference among the physician and an interdisciplinary team of health professionals to coordinate activities of patient care (patient not present)

99371/99372/99373 Use to report telephone calls made by the physician to patient/parent or for consultation or medical management or for coordinating medical management with other health care professionals

Modifiers

The CPT code set uses modifiers as an integral part of its nomenclature. A modifier provides a means by which a physician can indicate that a service or procedure was altered by specific circumstances but not changed in definition or code. The modifiers most commonly used in providing adolescent reproductive health services include:

| | |
|----|--|
| 21 | Prolonged E/M services |
| 24 | Unrelated E/M service by same physician during a postoperative period |
| 25 | Significant, separately identifiable E/M service by same physician on the same day of the procedure or other service |
| 32 | Mandated services |
| 52 | Reduced services |
| 53 | Discontinued procedure |
| 57 | Decision for surgery |
| 76 | Repeat procedure by same physician |
| QW | CLIA waived test |

Miscellaneous Service Codes[§]

| | |
|-------|--|
| 99000 | Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory |
| 99050 | Service(s) provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service [†] |
| 99051 | Service(s) provided in office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service [†] |
| 99058 | Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service [†] |
| 99071 | Educational supplies, such as books, tapes, and pamphlets, provided by the physician for the patient's education at cost to the physician |
| 99078 | Physician educational services rendered to patients in a group setting |
| 99080 | Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form |

[§]Since these codes have limited guidelines and no published values, interpretation, coverage, and payment are determined at the contractual level

[†]*Codes are "add-on" codes, meaning they are reported separately in addition to the appropriate code for the basic service (eg, 99213) provided*

Emergency Department Service Codes

99281/99282/99283/99284/99285 Use to report E/M services provided in the emergency department (ED)

- An emergency department is defined as an organized hospital-based facility for the provision of unscheduled episodic services to patients who present for immediate medical attention; the facility must be available 24 hours a day
- If the attending ED physician requests that the primary care physician see a patient in the ED, report an office or other outpatient consultation code (99241-99245) instead of an ED code

Health and Behavior Assessment/Intervention Codes

- | | |
|-------------|---|
| 96150/96151 | Use to report health behavior assessment/re-assessment |
| 96152/96153 | Use to report health behavior intervention (individual/group) |
| 96153/96154 | Use to report health behavior intervention (family with patient/family without patient) |
- Vignette: A 15-year-old patient who has recently been diagnosed with HIV is referred for behavioral distress associated with repeated treatments. Previously unsuccessful approaches had included pharmacologic treatment of anxiety. The patient is assessed using standardized questionnaires.
 - Used to report services provided by *non-physician providers*. If physicians provide these services, report evaluation and management codes.

- Primary purpose is not psychiatric diagnosis but rather as a way for non-physician providers (eg, psychologists, social workers, nurses) to report behavioral assessments and/or interventions with patients who have medical (not psychiatric) illness.
- Health behavior assessment/intervention procedures are used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems
- Describe services offered to patients who present with primary physical illnesses, diagnoses, or symptoms and may benefit from assessments and interventions that focus on the biopsychosocial factors related to the patient's health status
- These services do *not* represent preventive medicine counseling and risk factor reduction interventions
- These services are offered to patients who present with established illness or symptoms, who are not diagnosed with mental illness, and may benefit from evaluations that focus on the biopsychosocial factors related to the patient's physical health status
- Focus of the assessment is not on mental health but on the biopsychosocial factors important to physical health problems and treatments
- Focus of the intervention is to improve the patient's health and well-being utilizing cognitive, behavioral, social, and/or psychophysiological procedures designed to ameliorate specific disease-related problems
- For patients who require psychiatric services as well as health behavior assessment/intervention on the same date of service, report the predominant service provided; do not report these codes in conjunction with psychiatric codes 90801-90899
- Cannot be reported on the same date of service as evaluation and management codes

Education and Training for Patient Self-Management Codes[‡]

98960 Use to report education and training for patient self-management to an individual patient

98961/98962 Use to report education and training for patient self-management to a group of patients

- Used to report services provided by *non-physician providers*. If physicians provide these services, report evaluation and management codes or 99078
- Used to report educational and training services prescribed by a physician and provided by a qualified, nonphysician healthcare professional using a standardized curriculum for treatment of established illness(s)/disease(s) or to delay comorbidity(s)
- Standardized curriculum must be used in order to report these codes but can be modified as necessary for the clinical needs, cultural norms, and health literacy of the patient(s)
- For health and behavior assessment/intervention that is not part of a standardized curriculum, see codes 96150-96155 (listed above)
- Purpose is to teach the patient/caregiver how to effectively self-manage the patient's illness(s)/disease(s) or delay disease comorbidity(s) in conjunction with the patient's professional healthcare team
- Education and training related to subsequent reinforcement or due to changes in the patient's condition or treatment plan are reported in the same manner as the original education and training
- The type of education and training provided for the patient's clinical condition will be identified by the appropriate diagnosis code(s) reported
- The qualifications of the nonphysician healthcare professionals and the content of the educational and training program must be consistent with guidelines or standards established or recognized by a physician society, nonphysician healthcare professional society/association, or other appropriate source

[‡]*The Education and Training for Patient Self-Management codes have an effective date of January 1, 2006. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that "the version of the medical data code sets specified in the implementation specifications must be the version that is valid at the time the health care is furnished." This means that HIPAA covered entities must start recognizing the new codes as of January 1, 2006. However, physicians should contact their carriers regarding coverage for the new codes.*

Common Procedures

11975 Insertion, implantable contraceptive capsules

11976 Removal, implantable contraceptive capsules

11977 Removal with reinsertion, implantable contraceptive capsules

17000 Destruction, all benign or premalignant lesions other than skin tags or cutaneous vascular proliferative lesions; first lesion

17003 Destruction, all benign or premalignant lesions other than skin tags or cutaneous vascular proliferative lesions; second through 14 lesions, each

36410 Venipuncture, age 3 years or older, necessitating physician's skill, for diagnostic or therapeutic purposes (not to be used for routine venipuncture)

36415 Collection of venous blood by venipuncture (routine venipuncture)

51701 Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)

56441 Lysis of labial adhesions

57170 Diaphragm or cervical cap fitting with instructions

57410 Pelvic exam under anesthesia

58999 Unlisted procedure, female genital system (nonobstetrical) [Report for vaginal foreign body removal]

Injection Codes

- 90471 Immunization administration; one vaccine
- 90472 Immunization administration; each additional vaccine
- 90633 Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
- 90649 Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use (NOTE: Code released July 1, 2005 and implemented January 1, 2006; product has not yet received FDA approval)
- 90744 Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
- 90772 Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
- J0696 Injection, ceftriaxone sodium, per 250 mg (Rocephin)
- J1055 Injection, medroxyprogesterone acetate for contraceptive use, 150 mg (Depo-Provera)
- J2550 Injection, promethazine HCl, up to 50 mg (Phenergan)

Laboratory Codes[◇]

- 81000 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
- 81001 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
- 81002 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
- 81003 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
- 81025 Urine pregnancy test, by visual color comparison methods
- 82044 Albumin; urine, microalbumin, semiquantitative (eg, reagent strip assay)
- 82270 Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided three cards or single triple card for consecutive collection)
- 86701 Antibody; HIV-1
- 86703 Antibody; HIV-1 and HIV-2; single assay
- 87210 Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KPH preps)
- 87220 Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)
- 99000 Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory

[◇]*For more information, see Lab Addendum*

ICD-9-CM (Diagnosis) Codes

- *Before a condition is diagnosed*, do not use "rule out" codes as the diagnosis; use as many diagnosis codes that apply to document the patient's complexity and report the patient's symptoms and/or adverse environmental circumstances
- *Once a definitive diagnosis is established*, report the appropriate definitive diagnosis code(s) as the primary code, plus any other symptoms that the patient is exhibiting as secondary diagnoses
- Counseling diagnosis codes can be used when patient is present or when counseling the parent/guardian(s) when the patient is not physically present

"V" codes are used to deal with occasions when circumstances other than a disease or injury are recorded as "diagnoses" or "problems." While some carriers may request supporting documentation for the reporting of V codes, others may not pay for them at all. In the latter case, a numeric ICD-9-CM code must be listed as the primary diagnosis.

| | | | | | |
|----------|--|--------|----------|--|--------|
| A | Abdominal Pain | 789.00 | C | Counseling, Pregnancy | V26.4 |
| | Abdominal Tenderness | 789.60 | | Counseling, STD Prevention | V65.45 |
| | Abnormal Findings, w/o Diagnosis (Examination, Laboratory Test) | 796.4 | | Counseling, Substance Use/Abuse | V65.42 |
| | Abnormal Periods (Grossly) | 626.9 | | Counseling, Victim of Abuse NEC | V62.89 |
| | Abnormal Urination NEC | 788.69 | | Crabs, Genital | 132.2 |
| | Abuse Child/Adolescent | 995.50 | | Cramps, Lower Abdominal | 729.82 |
| | Abuse Physical | 995.54 | | Cyst, Ovary | 620.2 |
| | Abuse Sexual/Rape | 995.53 | | Cystitis | 595.9 |
| | Alleged Rape | V71.5 | D | Delayed Puberty | 259.0 |
| | Amenorrhea/Ovarian | 256.8 | | Dermatitis, Atopic | 691.8 |
| | Amenorrhea/Primary, Secondary | 626.0 | | Dermatitis, Contact, Unspecified | 692.9 |
| | Anal Fissure, Tear | 565.0 | | Diabetes Mellitus, w/o Mention of Complication: | |
| | Anemia, Iron Deficiency | 280.1 | | Type II/Unspecified, Not Stated as Uncontrolled | 250.00 |
| | Anemia, Unspecified | 285.9 | | Type II/Unspecified, Uncontrolled | 250.02 |
| | Annual Pelvic/Pap | V72.31 | | Diarrhea | 787.91 |
| | Aphthous Ulcer/Stomatitis | 528.2 | | Diarrhea/Dysentery/Infections | 009.2 |
| | Alleged Sexual Assault | V71.5 | | Difficulty Walking | 719.7 |
| B | Bacterial Vaginosis | 616.10 | | Disturbance, Sleep | 780.59 |
| | Balanitis | 607.1 | | Dizziness | 780.4 |
| | Bartholin Gland, Cyst | 616.2 | | DUB | 626.8 |
| | Bartholin's Gland, Abscess | 616.3 | | Dysmenorrhea | 625.3 |
| | Bloating, Abdominal Pain | 787.3 | | Dysuria | 788.1 |
| | Boil, Carbuncle | 680.9 | E | Elevated Blood Pressure w/o Hypertension | 796.2 |
| | Breast Asymmetry | 611.9 | | Emergency Contraceptive Counseling & Rx | V25.03 |
| | Breast Lump/Mass | 611.72 | | Enuresis | 788.36 |
| | Breast Pain | 611.71 | | Epididymitis | 604.90 |
| | Breast, Problem | 611.79 | | Erythema, First Degree | 949.1 |
| C | Candidal Vulvovaginitis | 112.1 | | Exam for Alleged Rape | V71.5 |
| | Cellulitis/Abscess | 682.9 | | Exanthem (Rash) | 782.1 |
| | Cervicitis, Chlamydial | 099.53 | | Excessive Beginning Periods | 626.3 |
| | Cervicitis, Gonococcal | 098.15 | | Excessive Bleeding, Menses | 626.2 |
| | Cervicitis, Unspecified | 616.0 | F | Fatigue | 780.79 |
| | Chlamydia Urethritis (STD) | 099.41 | | Folliculitis | 704.8 |
| | Condyloma Acuminatum | 078.11 | | Follow-up Exam After STD Treatment | V67.59 |
| | Conjunctivitis, Acute | 372.00 | | Follow-up Exam, Pap Smear | V67.01 |
| | Contact/Exposure to STD | V01.6 | | Follow-up Exam/Recheck | V58.89 |
| | Contraception, Emergency | | | Follow-up, Unspecified | V67.9 |
| | Counseling & Prescription | V25.03 | | Foreign Body, Vagina | 939.2 |
| | Contraception, Initiation, Non-Oral (Injection, Device) | V25.02 | | Foreign Body, Penis | 939.3 |
| | Contraception Surveillance | V25.40 | G | Galactorrhea | 611.6 |
| | Contraceptive Counseling/Family | V25.09 | | Gastritis, Acute | 535.50 |
| | Contraceptive Initiation, Oral | V25.01 | | Gastroenteritis | 558.9 |
| | Contraceptive Maintenance, Oral | V25.41 | | Gastroenteritis, Infection | 009.0 |
| | Contraceptive Management NEC (Depo-Provera) | V25.49 | | Genital Herpes | 054.10 |
| | Contraceptive Monitoring, Oral (Includes Repeat Prescription) | V25.41 | | Genital Pain, Female | 625.9 |
| | Counseling, Health Problems in Family | V61.49 | | Genital Pain, Male | 608.9 |
| | Counseling, Explanation/Medication | V65.49 | M | Menometrorrhagia | 626.2 |
| | Counseling, HIV | V65.44 | | Menstruation, Normal Cycle | 626.5 |
| | Counseling, Other | V65.40 | | Menstruation, Pubertal | 626.3 |
| | Counseling, Parent-Child Conflict | V61.20 | | Menstruation, Pubertal | 626.3 |
| | Counseling, Phase of Life Problem | V62.89 | | Menstruation, Pubertal | 626.3 |
| E | Glucose Fasting Test, | | | Menstruation, Pubertal | 626.3 |

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|----------|------------------------------|-------------|----------|------------------------|
| | Impaired | 790.21 | | |
| | Glucose Tolerance Test, | | | |
| | Impaired (Oral) | 790.22 | | |
| | Glycosuria | 791.5 | | |
| | Gonococcal Cervicitis | 098.15 | | |
| | Gonorrhea, Acute Urethritis, | | | |
| | Vulvovaginitis | 098.0 | | |
| | Gynecological Exam (Pap) | V72.31 | | |
| | Gynecomastia | 611.1 | | |
| H | Hematuria (Gross) | 599.7 | | |
| | Hemorrhoids | 455.6 | | |
| | Hernia, Inguinal | 550.90 | | |
| | Hepatitis, Unspecified, | | | |
| | w/o Coma | 070.9 | | |
| | Hepatitis w/ Infectious | | | |
| | Mononucleosis | 075 + 573.1 | | |
| | Herpes, Genital | 054.10 | | |
| | Herpes, Labialis (Simplex) | 054.9 | | |
| | Herpes Zoster/Shingles | 053.9 | | |
| | Herpetic Gingivostomatitis | 054.2 | | |
| | Hidradenitis (Suppurative) | 705.83 | | |
| | Hirsutism | 704.1 | | |
| | HIV Counseling | V65.44 | | |
| | HIV Infection w/o Sx | V08 | | |
| | Hives/Urticaria | 708.9 | | |
| | Homeless | V60.0 | | |
| | Human Papilloma Virus (HPV) | 079.4 | | |
| | Hydrocele | 603.9 | | |
| | Hyperinsulinemia | 251.1 | | |
| | Hypothyroidism | 244.9 | | |
| I | Immunization | V06.9 | | |
| | Imperforate Hymen | 752.42 | | |
| | Infectious Mononucleosis | 075 | | |
| | Infrequent, Menses | 626.1 | | |
| | Injury, Penis | 959.13 | | |
| | Injury, Vaginal | 959.14 | | |
| | Irregular, Menses, Periods | 626.4 | | |
| | Irritable Bowel Syndrome | 564.1 | | |
| L | Labial Adhesion | 623.2 | | |
| | Laceration, Penis | 878.0 | | |
| | Laceration, Vaginal | 878.6 | | |
| | Lice, Pubic | 132.2 | | |
| | Lymphadenitis, Unspecified | 289.3 | | |
| | Lymphadenopathy | 785.6 | | |
| M | Malnutrition (Calories), | | | |
| | Unspecified | 263.9 | | |
| | Mass, Breast | 611.72 | | |
| | Mass, Scrotum | 608.89 | | |
| | Mastalgia | 611.71 | | |
| | Medical Examination for | | | |
| | Camp/School | V70.3 | | |
| | Menorrhagia (Primary) | 626.2 | | |
| S | Scabies | 133.0 | U | Underweight |
| | Screen for: | | | 783.22 |
| | | | | Urethral Discharge |
| | | | | 788.7 |
| | | | | Urethritis, Gonococcal |
| | | | | 098.0 |
| | | | | Urethritis, STD |
| | | | | 099.40 |

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|--------------------------------|--------|
| Chlamydia & Viral Disease | V73.88 |
| Thyroid | V77.0 |
| Sebaceous Skin Cyst | 706.2 |
| Scrotal/Testicular Mass | 608.89 |
| Short Stature | 783.43 |
| Skin Infection, Unspecified | 686.9 |
| Somatization Disorder | 300.81 |
| Sport/Job/Camp Physical | V70.3 |
| Sleep Disturbance | 780.59 |
| STD, Contact | V01.6 |
| STD, Counseling | V65.45 |
| STD, Follow-up Exam | V67.59 |
| STD, Screening | V75.9 |
| STD, Unspecified | 099.9 |
| Stress, Acute | 308.3 |
| Syphilis, Genital (Primary) | 091.0 |



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| Testicle Torsion | 608.2 |
| Throat Pain | 784.1 |
| Thyroid Enlargement | 240.9 |
| Tonsillitis, Acute | 463 |
| Trichomonal, Vulvovaginitis | 131.01 |