Promoting Adolescent Reproductive Health Project
Basic Tenets of Caring for Teens

1. Establish with families and teens the group's ***policy of confidentiality*** before the ***practice of confidentiality*** needs to be implemented.

2. Use as ICD-9 codes ***symptoms*** (i.e. dysmenorrhea, irregular menses) and ***general clinical findings*** (i.e. vaginal discharge, pyuria, urinary complaints or symptoms vulvitis) rather than trichomonas chlamydia, condyloma acuminata.

3. Consider ***"normalizing"*** screens for sexually transmitted infections (STIs) if questions regarding billing arise. "We routinely screen our teens to make sure we are not missing any problem that was not discussed or disclosed."

4. Make sure the other staff members (i.e. nurses, front desk, triaging) ***agree with and understand the policy of confidentiality***; identify a member of the staff with whom a sense of trust and accessibility is understood. "Alice is my nurse whom you can call or who will call you if there is a question about the results of your tests today. What is your cell phone number so that she might call you if there is a question about the test result? She would only talk to you about this result."

5. Consider implementing ***strategies*** in the office setting to reduce barriers to care for confidential visits as waving "co-pays" for teens presenting with problems related to reproductive health concerns.

6. Consider ***all barriers*** to getting care including transportation to get medication, cost and accessing of medication at pharmacy; after processing ability or non ability to access appropriate care outside of office setting including pharmacy and taking meds, sometimes teens will decide ***themselves*** to include a "trusted" family member.

Vignette One

Sally, a **16 year-old** female, comes in alone for a check up. She has not been seen in your practice setting in the **last two years**. She needs a **sports physical** to play basketball. Her history was **comprehensive** and included no positives except for having prolonged **heavy periods** with symptoms of **dysmenorrhea and migraine headaches**. Confidentially she reports that she has also become sexually active in the past 6 months with a history of a prior sexual intercourse once at age 13 years. She and her mom have discussed **birth control** and she would like to go on oral contraceptives to help her periods and for contraception. She also needs her third **hepatitis B shot** and a **PPD** for her new job in a day care setting. She has commercial insurance. Her physical exam was **comprehensive** and included a **pelvic exam including STIs screens and PAP test.** She had a **positive leukocyte esterase test** on her urine dip test.

- **What CPT® codes? ICD-9 diagnoses? Any modifiers?**

- Preventive medicine visit code **99394** and the appropriate office/outpatient visit code (**99212-99215**) for dysmenorrhea, migraine headaches and pyuria.
- The modifier **– 25** should be added to the office/outpatient visit to indicate that a significant, separate identifiable service was performed, related to problems identified on her history. Prescriptions were written.
- Her ICD-9 list should include in this order: well child (**V20.2**), dysmenorrhea (**625.3**), migraine headaches (**346.9**), pyuria (**791.9**)

- Other CPT codes with RVUs:
  - Vision screen (**99173**) for migraine headaches, wet mount (**87210**), pregnancy test (**81025**) and urine dipstick (**81002**) spun hematocrit (**85014**).
  - Third hepatitis shot (CPT: **90744**, ICD-9: **V05.3**) by the nurse (**90471**) as well as a PPD (CPT: **86580**, ICD-9: **V74.1**).
  - Return in 2 days to have her PPD read by the nurse (CPT: **99211**, ICD-9: **V74.1**).

Vignette Two

Jamie is a **17 year-old** patient who was seen **four months ago** for her **preventive** health care visit. At that time no positives were found on the screens except that she had a boyfriend with whom she stated she had not yet had sexual intercourse. She had been given information on **emergency contraception and condoms** with information on how to access medication if needed. Additionally general questions regarding contraception were discussed. She reappears in your office alone with complaints of **lower abdominal pain**, **dysuria** and **vaginal discharge**.

She has begun having intercourse in the past two months with intermittent condom use, and desires better **birth control**.
Her **last menstrual period** (**LMP)** was **three weeks ago** with her **last sexual contact two weeks** ago. She and her boyfriend have recently broken up.
Her physical exam was performed including her **first pelvic** because of the presenting symptom of abdominal pain and included STI screens. Her exam was consistent with **pelvic inflammatory disease (PID)**. Her urine dipstick was **positive for 2+ leukocyte esterase and nitrites**. Discussion of diagnosis and medication ensued for 20 minutes of the 40 minute visit.

- **What CPT® codes? ICD-9 diagnoses? Any modifiers?**
  - E&M code: **99215**
    - Prescriptions written for antibiotics and contraceptives.
    - Importance of follow-up appointment made.
    - Issues related to partner notification and concerns about infection were discussed.

  - What if the visit was 55 minutes or 70 minutes?

- Use of modifier **–21** (prolonged) or **99354** (30 minutes longer or total 70-99 minutes).

- **What CPT® codes? ICD-9 diagnoses? Any modifiers?**
  - ICD-9: Abdominal pain (**789.0**)
    Vaginal discharge (**623.4**)
    Dysuria (**788.1)**

- **Other CPT codes:**
  - Wet mount (**87210**)
  - Pregnancy test (**81025**)
  - Urine dipstick (**81002)**
  - Urine culture sent
  - Injection of ceftriaxone (**J0696**)*
  - Administration for ceftriaxone (**90782**)*
  - Consider if blood needs to be drawn (**36410** if performed by physician, **36415** if performed by nurse) blood count, differential, sedimentation rate, RPR HIV.

  *Must consider treatment strategies. Example: use of ceftriaxone in office would generate bill potentially but the medication to be used in conjunction with injectable as an outpatient i.e. doxycycline is very cheap at the pharmacy if the medication is going to be paid for by the teen; use of levofloxacin which does not require in the office injectable is very expensive at the pharmacy particularly if teen must pay for by self.

Vignette Three

Sophia is a **17 year-old** being followed in your office for her yearly exam and **irregular menses.** She was last evaluated two months ago when the history and exam for a **preventive health care** visit was completed and the additional issues of irregular menses and contraceptive needs confidentially were addressed. A prescription for the contraceptive patch was given.
She returns for follow-up but with a new complaint of **vaginal bumps**. These are described as non-painful, non-pruritic and present for the last month. She has not tried any medicine or treatment but knows the bumps are increasing in number. She has not had any other genitourinary symptoms or findings as urinary symptoms or vaginal discharge.

Other pertinents include a **negative history** for fever, malaise, abdominal pain or vomiting, or swelling/pain in the groin. She has been doing well with the **contraceptive patch** and her **LMP** was on time and was **two weeks ago**, lasting for 5 days with no symptoms. She has noted some minor skin irritation with the patch on her lower abdomen when she placed a patch on the same site two weeks in a row. Her social history includes

that this is her **only sexual partner** with whom she has been sexually active for the last 8 months. Condom use is reported as intermittent.

Her **physical exam** is limited to her vital signs, skin, groin, abdomen, external genitalia. All were negative except for visible **vaginal condyloma**.
For **10 minutes of the 25-minute visit**, STI treatment and follow-up were discussed, including issues related to partner notification. Patient obtained a prescription for imiquimod topical cream with instructions how to access at the pharmacy (i.e. insurance care, co-pay); application of medication was carefully reviewed.

- **What CPT® codes? ICD-9 diagnoses? Any modifiers?**
  - E&M code: **99212-99215**, usually **99214**.

Prescriptions were written to refill her contraceptive patch and imiquomod cream.
Follow-up appointment was made for four weeks with instructions to abstain and/or condom protect over the next weeks/months.

- ICD-9: Irregular menses (**626.4**)
  Vulvitis (**616.10**)

Other CPTs:

- Wet mount **87210**
- Urine dipstick **81002**
- Vaginal or urine NAAT sent for chlamydia and gonorrhea.
- Blood drawn (**36410** if performed by physician or **36415** if performed by nurse) for syphilis and HIV.