Adolescent Medicine
Management and Referral Guidelines

Adolescent Medicine
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Pediatric/Adolescent Gynecology
Roshi Mansouri Zinn, MD, FACOG
General Referral Guidelines

- Patients referred to our office for medical or endocrine management of gynecologic problems may be seen by either Adolescent Medicine (Maria Monge, MD and Diane Rainosek, PPCNP-BC) or Pediatric/Adolescent Gynecology (Roshi Zinn, MD) as available
- If you prefer a specific provider, please note this on the referral
- Our office will triage surgical patients to Dr. Zinn and eating disorder patients to Dr. Monge if not noted on the referral
- Please see below for conditions seen and extended guidance on the management of menstrual irregularity and eating disorders
APPENDIX I
COMMON ADOLESCENT MEDICINE ICD -10 CODES AND DEFINITIONS

Adolescent Medicine OR Pediatric/Adolescent Gynecology:

Menstrual disturbances:
- Heavy menstrual bleeding with regular cycle: N92.0
- Heavy menstrual bleeding with irregular cycle: N92.1
- Primary amenorrhea: N92.0
- Primary oligomenorrhea: N91.3
- Secondary amenorrhea: N92.1
- Secondary oligomenorrhea: N92.4

Ovarian concerns:
- Polycystic Ovary Syndrome: E28.2
- Ovarian cysts (surgical management to Dr Zinn only)
- Premature ovarian insufficiency (failure): E28.3

Uterine Concerns:
- Primary dysmenorrhea: N94.4
- Secondary dysmenorrhea: N94.5
- Pelvic Pain: R10.2
- Premenstrual Tension Syndrome: N94.3
- Premenstrual Dysphoric Disorder: F32.81
- Endometriosis N80.0

Pubertal concerns
- Precocious puberty E30.1
- Delayed puberty E30.0
Vaginal Complaints:
- Vaginal discharge: N76.0
- Vulvovaginitis N76.0, N76.1, N76.2, N76.3

External Genital Abnormalities:
- Labial adhesions: N90.89
- Lichen sclerosus: L90.0
- Vulvar lesions N90.8, N 90.9
- Vulvar/Vaginal ulcers N76.5, N76.6

Sexually Transmitted Infections:
- Cervicitis: N72
- Pelvic inflammatory disease: N73.8, N73.9, N73.5
- Condyloma A63.0
- Screening for sexually transmitted infections: Z11.3

Complex hormonal/contraceptive management for **medical indications**:

Many adolescent females have complex medical needs that require careful consideration of hormonal medications for medical indications such as dysmenorrhea, irregular bleeding, etc.

Gynecologic care for children and young women with disabilities

Pelvic pain R10.2

Disorders of Sex Development
- Androgen insensitivity, complete or partial E34.51, E34.52
- Congenital adrenal hyperplasia E25.0
- Gonadal Dysgenesis Q99.1
- Turner Syndrome Q96.8
- Other DSD

Breast concerns:
- Breast mass: Fibroadenoma (D24), Other (N63)
Mastalgia: N64.4

**Female Athlete Triad:**
Nutritional deficiency (E63.1), Low bone density (M85.80), Menstrual irregularity (N91.3, N92.1, N92.4)

**LGBT and gender affirming medical care:**
Example: F64.1 and F64.2 (Gender Identity Disorder in children and adolescents)

**Adolescent Med ONLY**

**Chronic Fatigue Syndrome evaluation:**
Chronic fatigue R53.82

**Psychiatric Diagnoses Related to Eating Disorders:**
Anorexia Nervosa: F 50.0
Unspecified type: F50.00
Restricting type: F50.01
Binge eating/purging type: F50.01
Atypical Anorexia Nervosa: F50.8
Avoidant/Restrictive Food Intake Disorder: F50.8
Binge Eating Disorder: F50.8
Bulimia Nervosa: F50.2
Other Specified Feeding or Eating Disorder (ex. sub-threshold BN, AN): F50.8

**Medical complications of eating disorders: ICD-10**
Abnormal Weight Loss: R63.4
Imbalance of Constituents of Food Intake: E63.1
Protein Calorie Malnutrition: E44.0, E44.1, E43.0

**Pediatric/Adolescent Gynecology ONLY**

**Ovarian concerns**
Persistent, large, or painful ovarian cysts or masses N83.209
Risk of adnexal torsion or history of torsion N83.5

**Anatomic concerns**
Vaginal anomalies N89.5, Q52.12
Vaginal agenesis Q52.0
Vulvar and vaginal masses N89.8
Uterine or cervical anomalies Q51, Q51.2, Q51.9
Urethral prolapse N36.8

**Straddle injuries** S30.95XA

**Genital Trauma** S30.95XA
Definitions

Abnormal weight loss: Intentional or unintentional weight loss that is not expected
Anorexia Nervosa: Restrictive food intake leading to significantly low body weight; Intense fear of gaining weight or becoming fat or persistent behavior that interferes with weight gain, even though at a significantly low weight; Disturbance in the way in which one’s body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight
Atypical Anorexia Nervosa: Meets all criteria for Anorexia Nervosa but weight remains in normal range
Avoidant/Restrictive Food Intake Disorder: Lack of interest in food or concern about adverse consequences of not eating resulting in significant weight loss and nutritional deficiency which cannot be attributed to another cause; no weight or body shape concerns
Binge Eating Disorder: Eating significantly more food in a short period of time (2h maximum) than most people would eat under similar circumstances; at least 1x/week x 3 months; marked by feelings of lack of control; significant distress over pattern
Bulimia Nervosa: Recurrent episodes of binge eating followed by recurrent inappropriate compensatory behaviors to prevent weight gain including vomiting, laxatives, diuretics, enemas, fasting, excessive exercise; at least 1x/week for 3 months; self-evaluation is unduly influenced by body shape and weight.
Heavy menstrual bleeding with regular cycle: Menstrual bleeding occurs every 21-45 days with a fairly predictable pattern but is described as heavy by patient or lasts for longer than 7 days
Heavy menstrual bleeding without regular cycle: Menstrual bleeding does not occur with predictable pattern but when it occurs is described as heavy by patient or lasts for longer than 7 days
Imbalance of Constituents of Food Intake: Encompasses too little/too much overall or with respect to particular nutrients; a typical code that can be used for the medical complications of eating disorders
Other Specified Feeding or Eating Disorder: Includes sub-threshold disorders
Polycystic ovary syndrome: Typically diagnosed at least 2 years post-menarche; patients meet at least 2 of 3 of the following: irregular menses, laboratory or clinical evidence of hyperandrogenism, ovarian morphology abnormality on ultrasound (enlarged with volume of >10cc, multiple peripherally located follicles/classic “polycystic” appearance)
Primary dysmenorrhea: Menstrual cramps attributable to likely normal uterine activity
Primary amenorrhea: No menses by 15 years of age
Primary oligomenorrhea: Irregular menses that occur at least every 3 months from undetermined cause or hypothalamic immaturity
Protein Calorie Malnutrition: Quantification of malnutrition, typically reserved for patients who are underweight
Secondary amenorrhea: No menses for 3 months at any point after menarche
Secondary dysmenorrhea: Menstrual cramps attributable to other causes such as endometriosis
Secondary oligomenorrhea: Irregular menses that occur at least every 3 months from known cause, typically from anovulatory menstrual cycles