



# Adolescent Medicine Management and Referral Guidelines

Provided by

**Adolescent Medicine**  
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**Pediatric/Adolescent Gynecology**  
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## 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