# Cigna Medical Coverage Policy

**Subject** **Transvaginal Ultrasound, Non-Obstetrical**

**Effective Date** ..... **8/15/2014**
**Next Review Date** ..... **1/15/2015**
**Coverage Policy Number** ..... **0398**

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## Coverage Policy

**For information on obstetric ultrasonograpy, refer to the Cigna Coverage Policy Ultrasound In Pregnancy (including 3D and 4D Ultrasound).**

**For information on infertility-related ultrasonography, refer to the Cigna Coverage Policy Infertility Services.**

**Cigna covers non-obstetrical transvaginal ultrasound as medically necessary for the evaluation of suspected pelvic pathology or for screening or surveillance of a woman at increased risk for ovarian or endometrial cancer.**

**Cigna does not cover non-obstetrical transvaginal ultrasound for any other indication including but not limited to screening in the general population for ANY type of cancer because it is considered experimental, investigational or unproven.**

## General Background

Ultrasound imaging, also known as ultrasound scanning or sonography is a method of obtaining images from inside the human body through the use of high-frequency sound waves. The echoes of the sound waves are

recorded and displayed as a real-time, visual image. Pelvic ultrasound in females may be performed transabdominally or transvaginally. A transvaginal ultrasound (TVU, TVUS), also known as transvaginal sonography (TVS), involves the insertion of the transducer into the vagina. The images are obtained from different orientations to get the best views of the uterus and ovaries.

Transabdominal and transvaginal scanning are both useful in the evaluation and treatment of a number of pelvic pathologies. One of the more valuable roles of TVUS is evaluating unexplained bleeding in the postmenopausal woman. A thickened or highly echogenic endometrium in a postmenopausal patient can suggest the presence of polyps, abnormal endometrial histology such as adenomatous hyperplasia, or cancer. TVUS can provide information about the location of a pelvic mass relative to the ovary and uterus and provides higher resolution for better delineation of the internal architectural characteristics compared to a transabdominal ultrasound. TVUS also plays a role in evaluating patients with acute pelvic pain. Normal-appearing ovaries with no free intraperitoneal fluid on TVUS essentially eliminate a primary ovarian source for acute pain. The uterus can be evaluated sonographically, and pathologic causes of pelvic pain such as uterine fibroids, with or without degeneration, can be ruled out. TVUS is used in the evaluation of the infertile patient, particularly in the management of controlled ovarian hyperstimulation, which is necessary for modern assisted reproductive technology such as in vitro fertilization (IVF) (Gibbs, et al., 2008).

TVUS has also been investigated as a screening tool for cancer, primarily ovarian and endometrial, in women who are at average risk for malignancy. Screening and diagnostic methods for ovarian cancer include pelvic examination, CA 125 antigen as a tumor marker, TVUS, and, potentially, multimarker panels and bioinformatic analysis of proteomic patterns. TVUS is capable of detecting small ovarian masses and may distinguish some benign masses from some malignant adnexal masses, although it still only poorly predicts which masses are cancers and which are due to benign diseases of the ovary. As an independent test, TVUS has shown poor performance in the detection of ovarian cancer in average-risk or high-risk women (Fishman, et al., 2005).

According to the National Cancer Institute (NCI), routine screening for endometrial cancer has not been shown to be beneficial in the general population, but expert consensus suggests that it be considered in women who are members of high-risk Lynch syndrome (i.e., HNPCC) families. Some studies suggest that women with a clinical or genetic diagnosis of Lynch syndrome do not universally adopt intensive gynecologic screening (Yang, et al., 2006; Collins, et al., 2007). Despite absence of a survival advantage, a task force organized by the National Institutes of Health (NIH) has suggested annual endometrial sampling beginning at age 30 to 35 years for women in Lynch syndrome families. TVUS can also be considered annually to evaluate the ovaries (Lindor, et al., 2006; Vasen, et al., 2007) in this group. The published literature on TVUS for endometrial cancer screening has shown it to be insensitive and nonspecific, but because there may still be a role for TVUS in ovarian cancer screening, clinical practice guidelines have been reluctant to date to recommend against TVUS (NCI, 2011).

**U.S. Food and Drug Administration (FDA)**
A number of ultrasound devices and probes have received FDA approval. The FDA notes that these devices are considered prescription devices and are to be used only with a physician's order.

**Literature Review**
**Ovarian Cancer:** Large clinical trials have evaluated the efficacy of TVUS in screening for ovarian cancer. Buys et al. (2012) reported results of the Prostate, Lung, Colorectal and Ovarian Cancer Screening (PLCO) Trial, a randomized, controlled trial (n=78,216) conducted in the United States to determine the impact of screening on cause-specific mortality for several types of cancer, including ovarian cancer. Women aged 55 to 74 years were randomized to receive either annual screening with CA-125 testing for six years and TVUS for four years or usual medical care. After excluding women with a prior bilateral oophorectomy, 68,557 women remained in the analysis. Women were followed up for a maximum of 13 years, with a median follow-up of 12.4 years. Ovarian, primary peritoneal, and fallopian tube cancer were all considered ovarian cancer cases for this study. Among the 34,253 women in the intervention/screening group, 212 ovarian cancer cases and 118 ovarian cancer deaths were identified. Among the 34,304 women in the usual care group, there were 176 ovarian cancer cases and 100 ovarian cancer deaths. No reduction in ovarian cancer mortality was observed in the intervention group compared with those receiving usual care (relative risk [RR], 1.18 [95% CI, 0.82–1.71]). The trial concluded that screening women at average risk for ovarian cancer with CA-125 testing and TVUS did not reduce ovarian cancer mortality compared with usual care.

Other studies of average-risk populations have shown TVUS to produce a high number of false-positives (Partridge, et al 2009; Van Nagell, et al., 2007; Lacey, et al., 2006; Buys, et al., 2005). The CA-125 blood test also has a high false-positive rate. Although combining the two tests and stratifying women into risk groups based on family history does increase the positive predictive value somewhat, studies fail to demonstrate a beneficial effect of screening on mortality (Evans, et al., 2009; Van Nagell, et al., 2007; Hermsen, et al., 2007; Woodward, et al., 2007; Lacey, et al., 2006; Bosse, et al., 2006).

There is insufficient evidence in the published peer-reviewed medical literature to lend support to TVUS used as a screening tool for ovarian cancer.

**Endometrial Cancer:** Fewer large-scale studies have investigated TVUS as a possible screening test for endometrial cancer. Jacobs et al. (2011) conducted a nested case-control study of postmenopausal women (n=48,230) who underwent TVUS in the United Kingdom Collaborative Trial of Ovarian Cancer Screening (UKCTOCS) trial. The primary outcome measure was endometrial cancer and atypical endometrial hyperplasia. Performance characteristics of endometrial thickness and abnormalities for detection of endometrial cancer within one year of TVUS were calculated. Median follow-up was five-11 years. A total of 136 women with endometrial cancer or atypical endometrial hyperplasia within one year of TVUS were included in the primary analysis. The optimum endometrial thickness cutoff for endometrial cancer or atypical endometrial hyperplasia was 5-15 mm, with sensitivity of 80.5% and specificity of 86.2%. For the analysis of the women with endometrial cancer or atypical endometrial hyperplasia who reported no symptoms of postmenopausal bleeding before diagnosis and had an endometrial thickness measurement available (n=96), a cutoff of 5 mm achieved a sensitivity of 77.1% and specificity of 85.8%. Study results indicate that TVUS screening for endometrial cancer may have good sensitivity in postmenopausal women. However, the role of population screening for endometrial cancer remains uncertain.

In high-risk populations, other studies have indicated that TVUS failed to detect endometrial cancer; the efficacy of TVUS screening for endometrial cancer in high-risk women remains unproven by clinical trials (Renkonen-Sinisalo, et al., 2007; Rijcken, et al., 2003; Dove-Edwin, et al., 2002). Due to a low positive predictive value, TVUS has not been proven to be an effective screening procedure for detection of endometrial abnormality in average-risk women (Fleischer, et al., 2001).

**Professional Societies/Organizations**
**U.S. Preventive Services Task Force (USPSTF):** According to the 2012 USPSTF Addendum to Screening for Ovarian Cancer, this type of screening can lead to important harms, including major surgical interventions in women who do not have cancer. The harms of screening for ovarian cancer outweigh the benefits. The report further states that women with BRCA1 and BRCA2 genetic mutations, the Lynch syndrome (hereditary nonpolyposis colon cancer), or a family history of ovarian cancer are at increased risk for ovarian cancer. Women with an increased-risk family history should be considered for genetic counseling to further evaluate their potential risks. “Increased-risk family history” generally means having two or more first- or second-degree relatives with a history of ovarian cancer or a combination of breast and ovarian cancer; for women of Ashkenazi Jewish descent, it means having a first-degree relative (or two second-degree relatives on the same side of the family) with breast or ovarian cancer (USPSTF, 2012). This reaffirms the previous recommendation of the USPSTF that annual screening with transvaginal ultrasonography and serum CA-125 testing in women does not decrease ovarian cancer mortality (USPSTF, 2004).

**American Cancer Society (ACS):** The ACS Screening Guidelines (Smith, et al., 2011) state the following under the heading Testing for Early Ovarian Cancer Detection: Currently, there is no proven effective screening strategy for the early detection of ovarian cancer, and neither the ACS nor any other organization recommends screening asymptomatic women at average risk. Presently, several investigations are underway that may lead to a screening strategy for asymptomatic women, as well as more specific protocols for the evaluation of women who present with symptoms of ovarian cancer.

Under the heading Screening for Endometrial Cancer, the 2011 ACS Screening Guidelines state that in 2001, the ACS concluded that there was insufficient evidence to recommend screening for endometrial cancer in women at average risk or who were at an increased risk due to a history of unopposed estrogen therapy, tamoxifen therapy, late menopause, nulliparity, infertility or failure to ovulate, obesity, diabetes, or hypertension (Smith, et al., 2001). The ACS recommends that women at average and increased risk should be informed about the risks and symptoms (in particular, unexpected bleeding and spotting) of endometrial cancer at the

onset of menopause, and should be strongly encouraged to immediately report these symptoms to their physicians. Women at very high risk of endometrial cancer due to 1) known HNPCC genetic mutation carrier status; 2) a substantial likelihood of being a mutation carrier (i.e., a mutation is known to be present in the family); or 3) the absence of genetic testing results in families with a suspected autosomal dominant predisposition to colorectal cancer should consider beginning annual testing for early endometrial cancer detection at age 35 years. The evaluation of endometrial histology with endometrial biopsy is still the standard for determining the status of the endometrium. Women at high risk should be informed that the recommendation for screening is based on expert opinion, and they also should be informed about the potential benefits, risks, and limitations of testing for early endometrial cancer detection (Smith, et al., 2011).

**National Comprehensive Cancer Network® (NCCN®):** The NCCN publishes Clinical Practice Guidelines in Oncology™. The Genetic/Familial High-Risk Assessment: Breast and Ovarian guideline recommends at-risk patients who have not elected ovarian cancer risk reducing surgery to consider concurrent transvaginal ultrasound (preferably day 1–10 of cycle for premenopausal women) and CA 125 (preferably after day 5 of menstrual cycle in premenopausal women) every six months starting at age 30 or 5–10 years earlier than the earliest age of first diagnosis of ovarian cancer in the family, for the early detection of ovarian cancer (NCCN, 2013).

The NCCN also notes when investigating family histories, the maternal and paternal sides should be considered independently. Close relatives are considered to include first-, second-, and third-degree relatives.
A first-degree relative is defined as a blood relative with whom an individual shares approximately 50% of his/her genes, including the individual's parents, full siblings, and children. A second-degree relative is defined as a blood relative with whom an individual shares approximately 25% of his/her genes, including the individual's grandparents, grandchildren, aunts, uncles, nephews, nieces and half-siblings. A third-degree relative is defined as a blood relative with whom an individual shares approximately 12.5% of his/her genes, including the individual's great-grandparents and first-cousins. The early onset of breast or epithelial ovarian/fallopian tube/primary peritoneal cancers at any age also increases suspicion of HBOC. Other malignancies reported in some families with hereditary breast and ovarian cancer includes prostate, pancreatic, and melanoma (NCCN, 2013).

**National Cancer Institute (NCI):** The NCI states that there is "solid evidence to indicate that screening for ovarian cancer with the serum marker CA-125 and TVU does not result in a decrease in ovarian cancer mortality when compared with usual care, after a median follow-up of 12.4 years" (NCI, 2013c).

The NCI also states that there is inadequate evidence that screening by ultrasonography (e.g., endovaginal ultrasound or transvaginal ultrasound) reduces mortality from endometrial cancer. Most cases of endometrial cancer (85%) are diagnosed at low stage because of symptoms, and survival rates are high. Based on solid evidence, screening asymptomatic women will result in unnecessary additional biopsies because of false-positive test results. Risks associated with false-positive tests include anxiety and complications from biopsies (NCI, 2013a).

**American College of Obstetricians and Gynecologists (ACOG):** The ACOG Practice Bulletin on Hereditary Breast and Ovarian Cancer Syndrome (April, 2009) states "Available screening procedures have a limited ability to detect ovarian cancer at an early, more curable stage of disease, and patients should be informed that there is no evidence that screening has reduced the mortality or improved the survival associated with ovarian cancer in high-risk populations. Nevertheless, given the extremely high risk for ovarian cancer and fallopian tube cancer in women with mutations in BRCA1 or BRCA2, consensus groups have recommended periodic screening with CA 125 and transvaginal ultrasonography, beginning between the ages of 30 years and 35 years or 5–10 years earlier than the earliest age of first diagnosis of ovarian cancer in the family (Burke, et al., 1997; NCCN, 2013)".

**American College of Radiology (ACR):** The American College of Radiology Practice Guideline for the Performance of Pelvic Ultrasound in Females addresses tranvaginal ultrasound. One of the indications listed is "screening for malignancy in patients with an increased risk" (ACR, 2009). The ACR Appropriateness Criteria® For Ovarian Cancer Screening (2009) states "Women with an increased familial risk of ovarian cancer may understandably request screening. Such screening can be performed, but patients should be counseled that there currently is insufficient evidence to know if screening is effective, even when there is a known familial predisposition".

**Use Outside of the US**
The Australia and New Zealand Horizon Scanning Network's (ANZHSN) scanning program is a collaborative Commonwealth and State initiative guided by the Health Policy Advisory Committee on Technology (HealthPACT), which provides jurisdictions with evidence-based advice on emerging technologies. A 2007 ANZHSN Horizon Scanning prioritizing summary entitled Ovarian Cancer Symptom Index stated that "currently, there are no high-quality, standard screening techniques for the routine early detection of ovarian cancer. Current methods in use in Australia include bimanual pelvic examination, transvaginal ultrasound, and serum CA-1251 levels. There is only low quality evidence to support the use of these tests for the diagnosis of ovarian cancer and, currently, they do not meet the requirements for high quality screening tests" (ANZHSN, 2007).

**Summary**
Transvaginal ultrasound (TVUS) has an established role in the evaluation of gynecologic conditions such as unexplained post-menopausal bleeding, pelvic pain or masses, and infertility. Evidence in the published, peer-reviewed scientific literature indicates the clinical utility of TVUS for ovarian and endometrial, or any type of cancer screening in asymptomatic women in the general population is unknown. There is concern that high false-positive rates may cause unnecessary invasive procedures. Although clinical trials have not demonstrated any survival advantage, TVUS may be used as a screening tool in high-risk populations and as a surveillance tool in women with a personal history of breast, ovarian, endometrial, fallopian tube, primary peritoneal, or Lynch syndrome-associated cancer.

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## Coding/Billing Information

**Note:** 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement
3) ICD-10-ICD CM Procedure Codes are for informational purposes only and are not effective until 10/01/2015

**Covered when medically necessary:**

| **CPT®* Codes** | **Description** |
|---|---|
| 76830 | Ultrasound, transvaginal |

| **ICD-9-CM Diagnosis Codes** | **Description** |
|---|---|
| 179 | Malignant neoplasm of uterus, part unspecified |
| 182.0-182.8 | Malignant neoplasm of body of uterus |
| 183.0-183.9 | Malignant neoplasm of ovary and other uterine adnexa |
| 184.8 | Malignant neoplasm of other specified sites of female genital organs |
| 184.9 | Malignant neoplasm of female genital organ, site unspecified |
| 198.6 | Secondary malignant neoplasm of ovary |
| 198.82 | Secondary malignant neoplasm of genital organs |
| 198.89 | Secondary malignant neoplasm of other specified site |
| 218.0-218.9 | Uterine Leiomyoma |
| 219.0-219.9 | Other benign neoplasm of uterus |
| 220 | Benign neoplasm of ovary |
| 221.0-221.9 | Benign neoplasm of other female genital organs |
| 233.1 | Carcinoma in situ of cervix uteri |
| 233.2 | Carcinoma in situ of other and unspecified parts of uterus |
| 233.30-233.39 | Carcinoma in situ of other and unspecified female genital organs |
| 236.0 | Neoplasm of uncertain behavior of uterus |
| 236.2 | Neoplasm of uncertain behavior of ovary |

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| 236.3 | Neoplasm of uncertain behavior of other and unspecified female genital organs |
| 256.0-256.9 | Ovarian dysfunction |
| 614.0-614.9 | Inflammatory disease of ovary, fallopian tube, pelvic cellular tissue and perineum |
| 615.0-615.9 | Inflammatory diseases of uterus, except cervix |
| 616.0-616.9 | Inflammatory disease of cervix, vagina, and vulva |
| 617.0-617.9 | Endometriosis |
| 619.0-619.9 | Fistula involving female genital tract |
| 620.0-620.9 | Noninflammatory disorders of ovary, fallopian tube, and broad ligament |
| 621.0-621.9 | Disorders of uterus, not elsewhere classified |
| 625.0-625.9 | Pain and other symptoms associated with female genital organs |
| 626.0-626.9 | Disorders of menstruation and other abnormal bleeding from female genital tract |
| 627.0 | Premenopausal menorrhagia |
| 627.1 | Postmenopausal bleeding |
| 628.0-628.9 | Infertility, female |
| 789.00-789.09 | Abdominal pain |
| 789.30-789.39 | Abdominal or pelvic swelling, mass, or lump |
| 996.32 | Mechanical complication due to intrauterine contraceptive device |
| 996.65 | Infection and inflammatory reaction due to other genitourinary device, implant and graft |
| V10.05 | Personal history of malignant neoplasm of large intestine |
| V10.3 | Personal history of malignant neoplasm of breast |
| V10.41 | Personal history of malignant neoplasm of cervix uteri |
| V10.43 | Personal history of malignant neoplasm of ovary |
| V10.44 | Personal history of malignant neoplasm of other female genital organs |
| V16.0 | Family history of malignant neoplasm of gastrointestinal tract |
| V16.3 | Family history of malignant neoplasm of breast |
| V16.41 | Family history of malignant neoplasm, ovary |
| V16.49 | Family history of malignant neoplasm of other genital organ |
| V76.2 | Special screening for malignant neoplasm of cervix |
| V76.46 | Special screening for malignant neoplasm of ovary |
| V76.47 | Special screening for malignant neoplasm of vagina |
| V76.49 | Special screening for malignant neoplasms, other sites |
| V76.89 | Special screening for other malignant neoplasm |
| V84.01 | Genetic susceptibility to malignant neoplasm of breast |
| V84.02 | Genetic susceptibility to malignant neoplasm of ovary |
| V84.04 | Genetic susceptibility to malignant neoplasm of endometrium |
| V84.89 | Genetic susceptibility to malignant neoplasm of other disease |

| **ICD-10-CM Diagnosis Codes (Effective 10/01/2015)** | **Description** |
|---|---|
| C54.0-C54.9 | Malignant neoplasm of corpus uteri |
| C55 | Malignant neoplasm of ovary, site unspecified |
| C56.1-C56.9 | Malignant neoplasm of ovary |
| C57.00-C57.9 | Malignant neoplasm of other and unspecified female genital organs |
| C79.60-C79.62 | Secondary malignant neoplasm of ovary |
| C79.82 | Secondary malignant neoplasm of genital organs |
| C79.89 | Secondary malignant neoplasm of other specified sites |
| C79.9 | Secondary malignant neoplasm of unspecified site |
| D06.0-D06.9 | Carcinoma in situ of cervix utier |

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|---|---|
| D07.0-D07.2 | Carcinoma in situ of other and unspecified genital organs |
| D07.30 | Carcinoma in situ of unspecified female genital organs |
| D07.39 | Carcinoma in situ of other female genital organs |
| D25.0-D25.9 | Leiomyoma of uterus |
| D26.0-D26.9 | Other benign neoplasm of uterus |
| D27.0-D27.9 | Benign neoplasm of ovary |
| D28.0-D28.9 | Benign neoplasm of other and unspecified female genital organs |
| D39.0-D39.9 | Neoplasm of uncertain behavior of female genital organs |
| E28.0-E28.9 | Ovarian dysfunction |
| N70.01-N70.93 | Salpingitis and oophoritis |
| N71.0-N71.9 | Inflammatory disease of uterus, except cervix |
| N72 | Inflammatory disease of cervix uteri |
| N73.0-N73.9 | Other female pelvic inflammatory disorders |
| N74 | Female pelvic inflammatory disorders in diseases classified elsewhere |
| N76.0-N76.89 | Other inflammation of vagina and vulva |
| N80.0-N80.9 | Endometriosis |
| N81.0-N81.9 | Female genital prolapse |
| N82.0-N82.9 | Fistulae involving female genital tract |
| N83.0-N83.9 | Noninflammatory disorders of ovary, fallopian tube and broad ligament |
| N84.0-N84.9 | Polyp of female genital tract |
| N85.00-N85.9 | Other noninflammatory disorders of uterus, except cervix |
| N91.0-N91.5 | Absent, scanty and rare menstruation |
| N92.0-N92.6 | Excessive, frequent and irregular menstruation |
| N93.0-N93.9 | Other abnormal uterine and vaginal bleeding |
| N94.0-N94.9 | Pain and other conditions associated with female genital organs |
| N95.0 | Post menopausal bleeding |
| N95.1 | Menopausal and female climacteric states |
| N95.8 | Other specified menopausal and perimenopausal disorders |
| N95.9 | Unspecified menopausal and perimenopausal disorder |
| N97.0-N97.9 | Female infertility |
| R10.0-R10.9 | Abdominal and pelvic pain |
| R19.00-R19.09 | Intra-abdominal and pelvic swelling, mass and lump |
| T83.31XA-T83.39XS | Mechanical complication of intrauterine contraceptive device |
| T83.59XA-T83.59XS | Infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system, initial encounter |
| T83.6XXA-T83.6XXS | Infection and inflammatory reaction due to prosthetic device, implant and graft in genital tract, initial encounter |
| Z12.4 | Encounter for screening for malignant neoplasm of cervix |
| Z12.72 | Encounter for screening for malignant neoplasm vagina |
| Z12.73 | Encounter for screening for malignant neoplasm of ovary |
| Z12.79 | Encounter for screening for malignant neoplasm of other genitourinary organs |
| Z12.82 | Encounter for screening for malignant neoplasm of nervous system |
| Z12.89 | Encounter for screening for malignant neoplasm of other sites |
| Z15.01 | Genetic susceptibility to malignant neoplasm of breast |
| Z15.02 | Genetic susceptibility to malignant neoplasm of ovary |
| Z15.04 | Genetic susceptibility to malignant neoplasm of endometrium |
| Z15.09 | Genetic susceptibility to other malignant neoplasm |
| Z85.00-Z85.09 | Personal history of malignant neoplasm of digestive organs |
| Z85.3 | Personal history of malignant neoplasm of breast |
| Z85.40 | Personal history of malignant neoplasm of unspecified female genital organ |

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| Z85.41 | Personal history of malignant neoplasm of cervix uteri |
| Z85.42 | Personal history of malignant neoplasm of other parts of uterus |
| Z85.43 | Personal history of malignant neoplasm of ovary |
| Z85.44 | Personal history of malignant neoplasm of other female genital organ |
| Z85.0-Z85.9 | Family history of malignant neoplasm |

**Experimental/Investigational/Unproven/Not Covered:**

| CPT* Codes | Description |
|---|---|
| 76830 | Ultrasound, transvaginal |

| ICD-9-CM Diagnosis Codes | Description |
|---|---|
| 112.1 | Candidiasis of vulva and vagina |
| 285.9 | Anemia, unspecified |
| 599.0 | Urinary tract infection, site not specified |
| 599.70 | Hematuria, unspecified |
| 610.0-610.9 | Benign mammary dysplasia |
| 611.0-611.9 | Other disorders of breast |
| 623.5 | Leukorrhea, not specified as infective |
| 627.2 | Symptomatic menopausal or female climacteric states |
| 627.8 | Other specified menopausal and postmenopausal disorders |
| 627.9 | Unspecified menopausal and postmenopausal disorder |
| 733.00-733.09 | Osteoporosis |
| 733.90 | Disorder of bone and cartilage, unspecified |
| 780.79 | Other malaise and fatigue |
| 788.1 | Dysuria |
| 793.80-793.89 | Nonspecific (abnormal) findings on radiological examination of breast |
| V25.01 | General counseling and advice, prescription of oral contraceptives |
| V25.02 | General counseling and advice, initiation of other contraceptive measures |
| V25.09 | General counseling and advice, other |
| V25.40 | Surveillance of previously prescribed contraceptive methods, contraceptive surveillance unspecified |
| V25.41 | Surveillance of previously prescribed contraceptive methods, contraceptive pill |
| V49.81 | Asymptomatic postmenopausal status (age-related) (natural) |
| V70.0 | Routine general medical examination at a health care facility |
| V72.31 | Routine gynecological examination |
| V72.41 | Pregnancy examination or test, negative result |
| V72.60-V72.69 | Laboratory examination |
| V72.85 | Other specified examination |
| V73.0-V73.99 | Special screening examination for viral and chlamydial diseases |
| V74.0-V74.9 | Special screening examination for bacterial and spirochetal diseases |
| V75.0-V75.9 | Special screening examination for other infectious diseases |
| V76.0 | Special screening for malignant neoplasm of respiratory organs |
| V76.10 | Special screening for malignant neoplasm of breast; breast screening, unspecified |
| V76.11 | Special screening for malignant neoplasm of breast; screening mammogram for high-risk patient |
| V76.12 | Special screening for malignant neoplasm of breast, Other screening mammogram |
| V76.19 | Special screening for malignant neoplasm of breast; other screening breast examination |

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|---|---|
| V76.3 | Special screening for malignant neoplasm of bladder |
| V76.41 | Special screening for malignant neoplasm of rectum |
| V76.42 | Special screening for malignant neoplasm of oral cavity |
| V76.43 | Special screening for malignant neoplasm of skin |
| V76.50-V76.52 | Special screening for malignant neoplasm of intestine |
| V76.81 | Special screening for malignant neoplasm of nervous system |
| V77.0-V77.99 | Special screening for endocrine, nutritional, metabolic and immunity disorders |
| V78.0-V78.9 | Special screening for disorders of blood and blood-forming organs |
| V79.0-V79.9 | Special screening for mental disorders and developmental handicaps |
| V80.01-V80.3 | Special screening for neurological, eye and ear diseases |
| V81.0-V81.6 | Special screening for cardiovascular, respiratory and genitourinary diseases |
| V82.0-V82.9 | Special screening for other conditions |

| **ICD-10-CM Diagnosis Codes (Effective 10/01/2015** | **Description** |
|---|---|
| B37.3 | Candidiasis of vulva and vagina |
| D64.9 | Anemia, unspecified |
| M81.0 | Age-related osteoporosis without current pathological fracture |
| M81.6 | Localized osteoporosis [Lequesne] |
| M81.8 | Other osteoporosis without current pathological fracture |
| M85.9 | Disorder of bone density and structure, unspecified |
| N39.0 | Urinary tract infection, site not specified |
| N60.01 | Solitary cyst of right breast |
| N60.02 | Solitary cyst of left breast |
| N60.09 | Solitary cyst of unspecified breast |
| N60.11 | Diffuse cystic mastopathy of right breast |
| N60.12 | Diffuse cystic mastopathy of left breast |
| N60.19 | Diffuse cystic mastopathy of unspecified breast |
| N60.21 | Fibroadenosis of right breast |
| N60.22 | Fibroanenosis of left breast |
| N60.29 | Fibroadenosis of unspecified breast |
| N60.31 | Fibrosclerosis of right breast |
| N60.32 | Firbosclerosis of left breast |
| N60.39 | Fibrosclerosis of unspecified breast |
| N60.41 | Mammary duct ectasia of right breast |
| N60.42 | Mammary duct ectasia of left breast |
| N60.49 | Mammary duct ectasia of unspecified breast |
| N60.81 | Other benign mammary dysplasia of right breast |
| N60.82 | Other benign mammary dysplasia of left breast |
| N60.89 | Other benign mammary duct dysplasia of unspecified breast |
| N60.91 | Unspecified benign mammary dysplasia of right breast |
| N60.92 | Unspecified benign mammary dysplasia of right breast |
| N60.99 | Unspecified benign mammary dysplasia of unspecified breast |
| N61 | Inflammatory disorders of breast |
| N89.8 | Other specified noninflammatory disorders of vagina |
| R30.0 | Dysuria |
| R30.9 | Painful micturition, unspecified |
| R31.0 | Gross hematuria |
| R31.1 | Benign essential microscopic hematuria |
| R31.2 | Other microscopic hematuria |
| R31.9 | Hematuria, unspecified |

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| R53.81 | Other malaise |
| R53.82 | Chronic fatigue, unspecified |
| R53.83 | Other fatigue |
| R92.0 | Mammographic microcalcification found on diagnostic imaging of breast |
| R92.1 | Mammographic calcification found on diagnostic imaging of breast |
| R92.2 | Inconclusive mammogram |
| R92.8 | Other abnormal and inconclusive findings on diagnostic imaging of breast |
| Z00.00 | Encounter for general adult medical examination without abnormal findings |
| Z00.01 | Encounter for general adult medical examination with abnormal findings |
| Z01.411 | Encounter for gynecological examination (general) (routine) with abnormal findings |
| Z01.419 | Encounter for gynecological examination (general) (routine) without abnormal findings |
| Z11.0 | Encounter for screening for intestinal infectious diseases |
| Z11.1 | Encounter for screening for respiratory tuberculosis |
| Z11.2 | Encounter for screening for other bacterial diseases |
| Z11.3 | Encounter for screening for infections with a predominantly sexual mode of transmission |
| Z11.4 | Encounter for screening for human immunodeficiency virus [HIV] |
| Z11.51 | Encounter for screening for human papillomavirus (HPV) |
| Z11.59 | Encounter for screening for other viral diseases |
| Z11.6 | Encounter for screening for other protozoal intestinal disease |
| Z11.8 | Encounter for screening for other infectious and parasitic diseases |
| Z11.9 | Encounter for screening for infectious and parasitic diseases, unspecified |
| Z12.0 | Encounter for screening for malignant neoplasm of stomach |
| Z12.10 | Encounter for screening for malignant neoplasm of intestinal tract, unspecified |
| Z12.11 | Encounter for screening for malignant neoplasm of colon |
| Z12.12 | Encounter for screening for malignant neoplasm of rectum |
| Z12.13 | Encounter for screening for malignant neoplasm of small intestine |
| Z12.2 | Encounter for screening for malignant neoplasm of respiratory organs |
| Z12.31 | Encounter for screening mammogram for malignant neoplasm of breast |
| Z12.39 | Encounter for other screening for malignant neoplasm of breast |
| Z12.6 | Encounter for screening for malignant neoplasm of bladder |
| Z13.0 | Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism |
| Z13.1 | Encounter for screening for diabetes mellitus |
| Z13.21 | Encounter for screening for nutritional disorder |
| Z13.22 | Encounter for screening for metabolic disorder |
| Z13.220 | Encounter for screening for lipoid disorders |
| Z13.228 | Encounter for screening for other metabolic disorders |
| Z13.29 | Encounter for screening for other suspected endocrine disorder |
| Z13.4 | Encounter for screening for certain developmental disorders in childhood |
| Z13.5 | Encounter for screening for eye and ear disorders |
| Z13.6 | Encounter for screening for cardiovascular disorders |
| Z13.71 | Encounter for nonprocreative screening for genetic disease carrier status |
| Z13.79 | Encounter for other screening for genetic and chromosomal deficiencies |
| Z13.810 | Encounter for screening for upper gastrointestinal disorder |
| Z13.811 | Encounter for screening for lower gastrointestinal disorder |
| Z13.818 | Encounter for screening for intestinal infectious disease |
| Z13.820 | Encounter for screening for osteoporosis |
| Z13.828 | Encounter for screening for other musculoskeletal disorder |
| Z13.83 | Encounter for screening for respiratory disorder, NEC |
| Z13.84 | Encounter for screening for dental disorders |
| Z13.850 | Encounter for screening for traumatic brain injury |
| Z13.858 | Encounter for screening for other nervous system disorder |
| Z13.88 | Encounter for screening for disorder due to exposure to contaminants |
| Z13.89 | Encounter for screening for other disorder |
| Z13.9 | Encounter for screening, unspecified |

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| Z30.011 | Encounter for initial prescription of contraceptive pills |
| Z30.013 | Encounter for initial prescription of injectable contraceptive |
| Z30.014 | Encounter for initial prescription of intrauterine contraceptive device |
| Z30.018 | Encounter for initial prescription of other contraceptives |
| Z30.019 | Encounter for initial prescription of contraceptive, unspecified |
| Z30.02 | Counseling and instruction in natural family planning to avoid pregnancy |
| Z30.09 | Encounter for other general counseling and advice on contraception |
| Z30.40 | Encounter for surveillance of contraceptives, unspecified |
| Z30.41 | Encounter for surveillance of contraceptive pills |
| Z30.42 | Encounter for surveillance of injectable contraceptive |
| Z30.431 | Encounter for routine checking of intrauterine contraceptive device |
| Z30.49 | Encounter for surveillance of other contraceptives |
| Z30.8 | Encounter for other contraceptive management |
| Z30.9 | Encounter for contraceptive management, unspecified |
| Z32.02 | Encounter for pregnancy test, negative result |
| Z78.0 | Asymptomatic menopausal state |



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