

# ACOG Committee Opinion

Committee on  
Adolescent Health



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The initial reproductive health visit.  
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## The Initial Reproductive Health Visit

*ABSTRACT: The American College of Obstetricians and Gynecologists (ACOG) recommends that the first visit to the obstetrician-gynecologist take place between the ages of 13 and 15 years (1). This visit will provide health guidance, screening, and preventive health care services and provide an excellent opportunity for the obstetrician-gynecologist to start a physician-patient relationship. This visit generally does not include an internal pelvic examination.*

### Timing of the Initial Visit

The first visit to the obstetrician-gynecologist for screening and the provision of preventive health care services and guidance should take place between the ages of 13 and 15 years (1, 2). From a developmental standpoint, patients of this age may manifest characteristics of early, middle, or late adolescence. An attempt to determine the patient's developmental stage is helpful during the interview and evaluation because characteristics, such as body image, peer influence, and identity development vary by stage. The scope of the initial visit to the obstetrician-gynecologist will depend on the individual's need, medical history, and her physical and emotional development; however, this visit should not be viewed by the parent or guardian, primary health care provider, or obstetrician-gynecologist as the right time for the first internal pelvic examination, unless indicated.

If feasible, the obstetrician-gynecologist may attempt to concentrate adolescent office visits on a separate office day or time on the schedule. Many adolescents prefer after-school appointments. This will enhance the individual adolescent's understanding of the practitioner's interest in her specific concerns. Also, nonpregnant adolescents often are intimidated by a reception area full of obstetric patients. It also may be helpful to include age-appropriate and culturally inclusive reading materials and audiovisual aids in the reception area and examination rooms. Having one or two rooms where adolescents are seen and examined allows for the removal or de-emphasizing of materials and equipment that may make adolescents uncomfortable when they are being seen.

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## Confidentiality

It is helpful to discuss issues of confidentiality with both the adolescent and her parent or guardian (3). Lack of confidentiality often is a barrier to the delivery of health care services, especially reproductive health care, for adolescents. To overcome this obstacle, obstetrician–gynecologists should initiate a discussion of this topic at the initial visit and advise the adolescent and her parent or guardian of relevant state and local statutes. The importance of open communication between the health care provider, patient, and parents or guardians should be emphasized. Parents or guardians and adolescents should be informed of any restrictions on the confidential nature of the physician–patient relationship. For example, the physician should explain that if the patient discloses any evidence or risk of bodily harm to herself or others, confidentiality will be breached (4). Furthermore, state laws mandate the reporting of physical or sexual abuse of minors. Physicians should be familiar with state and local statutes regarding the rights of minors to health care services and the federal and state laws that affect confidentiality. For a listing of state laws that is updated monthly, go to [www.guttmacher.org/statecenter/spibs/index.html](http://www.guttmacher.org/statecenter/spibs/index.html) and consult with your state medical society.

## The Initial Visit

The primary goal of the initial reproductive health visit is to provide preventive health care services, including educational information and guidance, rather than problem-focused care. The visit also allows patients and parents or guardians the chance to visit the office, meet the physician or health care provider, alleviate fears, and develop trust. After greeting the adolescent and parent or guardian, a thorough explanation of the scope of the visit and confidentiality issues should be provided while the patient is dressed and an adult is present.

The scope of the visit will vary based on the needs of the individual and her parents or guardians. Discussions regarding such topics as adolescent development, normal menses, sexual orientation and gender identity, healthy eating habits, safety and injury prevention, and date rape prevention are important.

Conversations regarding normal pubertal development and menstruation can be reassuring both to parents or guardians and patients because frequently neither appreciates the parameters of normal. The

use of visual materials, such as models, diagrams, and charts is strongly encouraged for teaching about anatomy and physiology of the reproductive tract. Because menarche and subsequent menses are physiologically and emotionally important milestones in an adolescent's development, it is beneficial to educate patients and their parents or guardians regarding expectations for both menarche, if it has not yet occurred, and normal menstrual variation. Adolescents who have been provided such information seem to experience less anxiety when bleeding occurs (5). Discussions regarding appropriate menstrual flow, menstrual hygiene, and duration and frequency of bleeding can help the adolescent assess what constitutes normal menstrual cycles or patterns of bleeding and avoid delays in evaluation of adolescents with patterns outside the normal range. Initiation of a menstrual diary during adolescence can help identify bleeding patterns that fall outside of established parameters so they may be evaluated and possible abnormalities detected. In addition, assessment for dysmenorrhea and discussion about treatment options is important so that patients do not experience significant morbidity from menstrual cramps.

Inclusion of topics, such as prevention of pregnancy and sexually transmitted diseases (STDs) is important for adolescent females because more than 85% of them will have had some form of sexual contact (vaginal, anal, oral, or same-sex) by age 19 years (6); nearly one third of all ninth graders report having had sexual intercourse, and more than 60% of all twelfth graders report having had sexual intercourse (7). Informing adolescents about the proper use of condoms, other contraceptive options, and the availability and proper use of emergency contraception is important.

Many adolescents will engage in unhealthy and risky behaviors, such as tobacco, alcohol, and other substance use, and these issues should be identified and addressed. Data from the 2003 Youth Risk Behavior Surveillance Report indicate that many adolescents will begin engaging in risk-taking behaviors by age 13 years. For example, 27.8% of adolescents report alcohol use before age 13 years (7). Screening for eating disorders and other weight issues, blood pressure problems, and mental health disturbances, such as anxiety, depression, and physical, sexual, and emotional abuse is important as is a review of immunization status and the provision of appropriate vaccinations. Screening for many of the previously mentioned issues can be facilitated by

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use of a questionnaire as an alternative to direct interviewing. (See ACOG resources for information on the ACOG Adolescent Visit Record and ACOG Adolescent Visit Questionnaire.) For more information on these topics, refer to the Primary and Preventive Health Care for Female Adolescents chapter of the American College of Obstetricians and Gynecologists' book, *Health Care for Adolescents*.

## Examination

An internal pelvic examination generally is unnecessary during the initial reproductive health visit; a general physical examination, including a visual breast examination and external genital examination, may be done because it allows assessment of secondary sexual development, reassurance, and education. A "teaching" external-only genital examination can provide an opportunity to familiarize adolescents with normal anatomy, assess adequacy of hygiene, and allow the health care provider an opportunity to visualize the perineum for any anomalies. If the patient has had sexual intercourse, screening for STDs is important. Urine-based STD screening is an efficient means for accomplishing such screening without a speculum examination. Because ACOG currently recommends that female adolescents have their first Pap test approximately 3 years after the onset of vaginal intercourse or no later than age 21 years, some adolescents may visit the gynecologist several times before a speculum or manual pelvic examination is indicated. The delay allows the development of a comfortable physician-patient relationship, in addition to adequate patient preparation (8).

An age-appropriate pelvic examination may be performed if issues or problems are discovered in the medical history (eg, pubertal aberrancy, abnormal bleeding, or abdominal or pelvic pain). If a speculum or bimanual examination is necessary, a thorough explanation and patient consent should always precede the procedure. It is helpful to provide the adolescent with written information regarding the first physical pelvic examination if it is to occur (see "Resources"). When choosing a speculum for the examination, the patient's age, developmental status, hymenal opening, and sexual experience should influence the decision. A Huffman speculum (1/2 in. × 4 in.) or a Pederson speculum (7/8 in. × 4 in.) usually is preferred in this population. If a Pap test will be performed, the reason for this test and the steps

necessary to obtain the sample should be clearly explained. Many adolescents and their mothers are unaware of the difference between a Pap test and a pelvic examination for any other reason (9).

## Current Procedural Terminology Coding\*

To decrease or avoid claim rejections, delays, and denials, the physician's office will be well served by developing a series of resources for accurate coding and billing to be used by health care providers and administrative personnel for the initial reproductive health visit. These resources should contain the "covered benefits" of the office's most frequently billed third-party payers. It also should include the copayment amounts for the different beneficiaries.

### Preventive Medicine Services

Code 99384 is used for the initial comprehensive preventive medicine evaluation and management of a new patient aged 12–17 years. It covers the history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s) and laboratory or diagnostic procedures. It is important to note that laboratory services, radiologic services, immunizations, and other procedures and screening tests that are identified with their own code are separately reported.

Code 99394 is used for a preventive visit by an established patient, aged 12–17 years. Annual gynecologic visits may be included in this category. Different payers may vary in their definition of an annual gynecologic visit; however, a pelvic and breast examination and a Pap test are included in this nomenclature. It is important to note, however, that a Pap test will likely not be a part of many of the initial visits.

The previously mentioned services are reported for evaluation and management (E/M) services provided to asymptomatic patients and may be used only once a year. The length of time is not reported for these visits. It is important to remember that E/M guidelines do not apply to preventive services codes (see Table 1).

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### Individual Counseling in Preventive Medicine

Code 99401 is used for preventive medicine counseling or risk factor reduction intervention(s) or both provided to an individual as a separate procedure that lasts approximately 15 minutes. This code cannot be used at the same time as the code for an E/M visit. As the time spent on counseling increases to 30 minutes, 45 minutes, and 60 minutes, the code changes to 99402, 99403, and 99404, respectively (see Table 2).

### Preventive Services and a Problem-Oriented Visit

When preventive and problem-oriented care are provided in the same visit, two separate codes are necessary:

1. The preventive medicine code
2. The code for added level of E/M service with modifier -25. Check payer for local use of modifiers.

It is important to note that some insurers may not accept preventive and problem-oriented codes during the same encounter. For more information, refer to the *ACOG Tool Kit for Teen Care*.

**Table 1.** Coding Preventive Medicine Visits\*

Description of Preventive Visit	E/M Code
New patient visit, age 12–17 years	99384
New patient visit, age 18–39 years	99385
Established patient visit, age 12–17 years	99394
Established patient visit, age 18–39 years	99395

\* Rules: Comprehensive history and comprehensive examination suitable for the age group are required. Counseling is preventive in nature. Sometimes during preventive medicine services, a significant, separately identifiable problem or symptom also is evaluated. In these cases, both a problem E/M service and a preventive medicine service may be reported. Modifier -25 is added to problem E/M service. Counseling is included in the comprehensive preventive medicine individual counseling service. The preventive counseling codes may be reported only at a separate encounter.

**Table 2.** Coding Individual Preventive Counseling or Risk Factor Reduction Intervention(s)

Counseling Time	E/M Code
15 minutes	99401
30 minutes	99402
45 minutes	99403
60 minutes	99404

### Conclusion

The initial visit provides an excellent venue for the obstetrician–gynecologist to start a physician–patient relationship, build trust, and counsel patients and parents or guardians regarding healthy behaviors while dispelling myths and fears. It also will assist an adolescent in establishing a “health home” and negotiating entry into the health care system when she has a specific health care need. Health care for the adolescent should include review of normal menstruation, diet and exercise, healthy sexual decision-making, the development of healthy, safe relationships, immunizations, and injury prevention. Preventive counseling also is beneficial for parents or guardians or other supportive adults and can include discussions regarding physical, sexual, and emotional development; signs and symptoms of common conditions affecting adolescents; and encouragement of lifelong healthy behaviors. The initial reproductive health visit does not include an internal pelvic examination unless indicated by the medical history.

### References

1. American College of Obstetricians and Gynecologists. Primary and preventive health care for female adolescents. In: *Health Care for Adolescents*. Washington, DC: ACOG; 2003. p. 1–24.
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6. Mosher WD, Chandra A, Jones J. Sexual behavior and selected health measures: men and women 15–44 years of age. United States, 2002. *Adv Data* 2005;362:1–55.
7. Grunbaum JA, Kann L, Kinchen S, Ross J, Hawkins J, Lowry R, et al. Youth risk behavior surveillance - United States, 2003 [published errata appear in *MMWR Morb Mortal Wkly Rep* 2004;53:536. *MMWR Morb Mortal Wkly Rep* 2005;54:608]. *MMWR Surveill Summ* 2004; 53:1–96.
8. Cervical cancer screening in adolescents. ACOG Committee Opinion No. 300. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2004;104:885–9.
9. Blake DR, Weber BM, Fletcher KE. Adolescent and young adult women’s misunderstanding of the term Pap smear. *Arch Pediatr Adolesc Med* 2004;158:966–70.

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## Resources

### *ACOG Resources*

American College of Obstetricians and Gynecologists. ACOG Adolescent Visit Record and ACOG Adolescent Visit Questionnaire. Washington, DC: ACOG; 2003.

American College of Obstetricians and Gynecologists. Birth control (Especially for teens). ACOG Patient Education Pamphlet AP112. Washington, DC: ACOG; 2005.

American College of Obstetricians and Gynecologists. Growing up (Especially for teens). ACOG Patient Education Pamphlet AP041. Washington, DC: ACOG; 1997.

Primary and preventive care: periodic assessments. ACOG Committee Opinion No. 292. *Obstet Gynecol* 2003;102:1117-24.

American College of Obstetricians and Gynecologists. Tool kit for teen care. Washington, DC: ACOG; 2003.

American College of Obstetricians and Gynecologists. You and your sexuality (Especially for teens). ACOG Patient Education Pamphlet AP042. Washington, DC: ACOG; 1996.

American College of Obstetricians and Gynecologists. Your first ob-gyn visit (Especially for teens). ACOG Patient Education Pamphlet AP150. Washington, DC: ACOG; 2001.

### *Other Resources*

The following lists are for information purposes only. Referral to these sources and web sites does not imply the endorsement of ACOG. These lists are not meant to be comprehensive. The exclusion of a source or web site does not reflect the quality of that source or web site. Please note that web sites are subject to change without notice.

American Academy of Family Physicians  
11400 Tomahawk Creek Parkway  
Leawood, KS 66211-2672  
Tel: (913) 906-6000 or 800-274-2237  
Web: <http://www.aafp.org>

American Academy of Pediatrics  
141 Northwest Point Boulevard  
Elk Grove Village, IL 60007-1098  
Tel: (847) 434-4000  
Fax: (847) 434-8000  
Web: <http://www.aap.org>

American Medical Association  
515 North State Street  
Chicago, IL 60610  
Tel: (312) 464-5000 or 800-621-8335  
Web: <http://www.ama-assn.org>  
and  
<http://www.ama-assn.org/ama/pub/category/3116.html>  
(for information on coding resources)

Society for Adolescent Medicine  
1916 NW Copper Oaks Circle  
Blue Springs, MO 64015  
Tel: (816) 224-8010  
Fax: (816) 224-8009  
Web: <http://www.adolescenthealth.org>

The Society of Obstetricians and Gynecologists of Canada  
780 Echo Drive  
Ottawa ON  
Canada K1S 5R7  
Tel: (613) 730-4192; 800-561-2416  
Fax: (613) 730-4314  
Web: <http://www.sexualityandu.ca>

### *Resources for Your Patients and Their Parents or Guardians*

Center for Young Women's Health  
333 Longwood Avenue, 5th floor  
Boston, MA 02115  
Tel: (617) 355-CYWH (2994)  
Fax: (617) 730-0192  
Web: <http://www.youngwomenshealth.org>

Go Ask Alice! (by Columbia University Health Education Program)  
Lerner Hall  
2920 Broadway, 7th Floor  
MC 2608  
New York, NY 10027  
Tel: (212) 854-5453  
Fax: (212) 854-8949  
Web: <http://www.goaskalice.columbia.edu>

National Women's Health Information Center (by DHHS Office on Women's Health)  
8270 Willow Oaks Corporate Drive  
Fairfax, VA 22031  
Tel: 800-994-WOMAN (9662)  
Web: <http://www.4woman.gov>  
and  
[www.4girls.gov](http://www.4girls.gov)