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Quick Reference: 3 Gyn Conditions, Coding Resource, and Documentation Pearls

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Condition	Clinical Pearls	CPT / ICD-10 Codes	Documentation Tips
Abnormal Uterine Bleeding (AUB)	<ul style="list-style-type: none"> • Use PALM-COEIN classification systematically — PALM (structural: Polyp, Adenomyosis, Leiomyoma, Malignancy) and COEIN (nonstructural: Coagulopathy, Ovulatory dysfunction, Endometrial, Iatrogenic, Not classified). • Endometrial sampling is mandatory in patients ≥45 with AUB and in younger patients with significant unopposed estrogen exposure (obesity, anovulation, PCOS/PMOS). • The LNG-IUD is the most effective long- 	<p>99203-99204 (new E/M) 99213-99215 (est E/M visit)</p> <p>58100 (procedure: endometrial biopsy) 58300 (procedure: IUD insertion)</p> <p>N92.0 (excessive w/ reg cycle), N92.1 (excessive w/ irreg cycle), N92.4 (excessive premenopausal) N93.8/N93.9 (unspecified AUB)</p>	<ul style="list-style-type: none"> • Quantify bleeding using FIGO System 1 (freq, duration, regularity, volume) • Document PALM-COEIN category. • Document explicit indication for endometrial biopsy (if applicable). • QoL burden • SDM of treatment options and patient values • Counseling and/or information provided to patient <p><u>Screeners (free & accessible):</u> Bleeding disorder screening: ISTH-BAT or Self-BAT (English & French only) https://cdn.ymaws.com/www.isth.org/resource/resmgr/ssc/isth-ssc_bleeding_assessment.pdf or self-administered online https://letstalkperiod.ca/self-bat/</p>

	term medical treatment for heavy menstrual bleeding.		
Endometriosis	<ul style="list-style-type: none"> • A clinical diagnosis is sufficient to start empiric treatment — laparoscopy is not required. • Symptom-based assessment plus physical exam is sufficient to initiate hormonal therapy. • Transvaginal ultrasound is the recommended initial imaging. Pelvic MRI is suggested for further characterization of deep endometriosis. • Continuous combined hormonal contraceptives or progestins are first-line. 	<p>99203-99204 (new E/M visit) 99213-99215 (est E/M visit)</p> <p>N80.00 (endometriosis of the uterus, unspecified) N80.1 (endometriosis of the ovary) N80.3 (endometriosis of the peritoneum) N94.4 (primary dysmenorrhea, no underlying disorder)/N94.5 (secondary dysmenorrhea from other pelvic disorder) N94.12 (deep dyspareunia) R10.2 - Pelvic and perineal pain</p>	<ul style="list-style-type: none"> • Document all symptom domains. • Document rationale for empiric treatment vs referral to obstetrician/gynecologist • QoL burden • SDM of treatment options and patient values • Counseling or information provided to patient <p><u>Screeners (free and accessible):</u> Track Pain scale: VAS 0-10 or Numerical Rating Scale (NRS)</p>
Polyendocrine Metabolic Ovarian Syndrome (PMOS)	<ul style="list-style-type: none"> • Diagnosis requires 2 of 3 Rotterdam criteria after excluding other causes. • Screen for metabolic and psychological comorbidities 	<p>99213-99215 (est E/M visit)</p> <p>E28.2 (PCOS) E28.1 (androgen excess w/o PMOS) N92.6 (irregular menstruation or oligo) L68.0 (hirsutism),</p>	<ul style="list-style-type: none"> • Document which Rotterdam criteria are met (ovulatory dysfunction, hyperandrogenism, polycystic ovaries). • Document excluded diagnoses. • Document metabolic screening performed. • Document shared decision-making discussion and patient values

	<p>at diagnosis.</p> <ul style="list-style-type: none">• COCs are first-line for menstrual irregularity and hyperandrogenism.• Metformin is first-line for metabolic features.	<p>L70.0 acne vulgaris, E88.81 metabolic syndrome E88.819 insulin resistance N97.0 anovulatory infertility</p>	<p><u>Screeners (free and accessible):</u> GAD-7/PHQ-9 Hirsutism: Ferriman-Gallwey scoring system</p>
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References

1. Wouk N, Helton M. Abnormal Uterine Bleeding in Premenopausal Women. *Am Fam Physician*. 2019;99(7):435-443.
2. Jain V, et al. Contemporary Evaluation of Women and Girls With AUB: FIGO Systems 1 and 2. *Int J Gynaecol Obstet*. 2023;162 Suppl 2:29-42.
3. ACOG Practice Bulletin No. 128: Diagnosis of Abnormal Uterine Bleeding in Reproductive-Aged Women. *Obstet Gynecol*. 2012;120(1):197-206.
4. Bradley LD, Gueye NA. Medical Management of AUB in Reproductive-Aged Women. *Am J Obstet Gynecol*. 2016;214(1):31-44.
5. Diagnosis of Endometriosis. ACOG Committee on Clinical Practice Guidelines. *Obstet Gynecol*. 2026;147(3):432-448.
6. As-Sanie S, et al. Endometriosis. *JAMA*. 2025;334(1):64-78.
7. Teede HJ, et al. Recommendations From the 2023 International Evidence-Based Guideline for PCOS. *J Clin Endocrinol Metab*. 2023;108(10):2447-2469.