The Evolving Well Woman Visit

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• There are no relevant financial relationships with any commercial interests to disclose
Learning Objectives

• List the STD screening tests that should be offered to a mutually monogamous 28 year old woman
• Explain the difference between “reproductive life plan” and pregnancy intention counseling
• List 2 benefits and 2 harms of screening clinical breast examination
• List 2 benefits and 2 harms of screening pelvic exams
Marisella

- 28 year old G$_2$P$_0$TAB$_2$ established client seen for a well woman visit
- In a monogamous relationship for the past two years
- Feeling well; no c/o vaginal discharge, abnormal bleeding, dyspareunia
- Last cervical cytology was 2 years ago in another city
- Currently using OCs; requests a year’s supply

Which screening tests does the USPSTF recommend?
What is the most important question to ask her?
Well Woman Visit: 28 Year Old Female

- Clinical breast exam
- Cervical cytology
- Bimanual pelvic exam
- Chlamydia + Gonorrhea NAAT
- HIV-1 serology
- HSV-2 serology
- Syphilis (VDRL or RPR)
- Hepatitis B serology
- Fasting blood glucose
- Fasting lipid profile
The most important question to ask?

- Do you have a primary care (or women’s health) provider?
  - When did you see her (or him)?
  - Which tests were performed? Results?
- Why is this so important?
  - Tailor the content of today’s visit
    - Comprehensive well woman visit, or
    - Family Planning health screening visit
  - Offer necessary services not yet performed
  - Avoid duplication of services already received
  - Minimize fragmentation of care
Historical Perspective

• “Check-ups” recommended in U.S. since the 1920s
• Now antiquated terms
  – Annual physical
  – Annual visit
  – Check-up visit
• Currently referred to as ...
  – USPSTF: Periodic health screening visit
  – CPT: Preventive medicine visit
  – ACOG: Well woman visit (WWV)
The Well Woman Visit

• **Major health objectives**
  – Anticipatory guidance
  – Screening for asymptomatic conditions
  – Increase the client’s sense of well-being
  – Promote the clinician-client relationship
  – Positive action toward self-maintenance of health

• **In a family planning context**
  – Support the correct and consistent use of her chosen contraceptive method
  – Clarify the client’s reproductive Intentions
  – Optimize reproductive health
Who Defines Well Woman Services?

- **US Preventive Services Taskforce**
  - Primary care specialty societies (ACP, AAFP)
  - Most health plan guidelines
- **ACOG**: “Primary and Preventive Care” guidelines
- **ACS**: Cancer screening guidelines
- **OPA/CDC**: Providing Quality FP Services (QFP)
- **ACA**: Women’s Preventive Services
  - Benefits without cost-sharing; not practice guidelines
<table>
<thead>
<tr>
<th></th>
<th>Comment</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Recommend</td>
<td>Offer or provide</td>
</tr>
<tr>
<td>B</td>
<td>Recommend</td>
<td>Offer or provide</td>
</tr>
<tr>
<td>C</td>
<td>Recommend against providing routinely</td>
<td>Offer only if other considerations to support the service in an individual patient</td>
</tr>
<tr>
<td>D</td>
<td>Recommend against</td>
<td>Discourage the use of this service</td>
</tr>
<tr>
<td>I</td>
<td>Evidence is insufficient</td>
<td>Benefits/harms can not be determined</td>
</tr>
</tbody>
</table>
## Well-Woman Recommendations

Annual assessments provide an excellent opportunity to counsel patients about preventive care and to provide or refer for recommended services. These assessments should include screening, evaluation and counseling, and immunizations based on age and risk factors. The interval for individual services varies.

These recommendations, based on age and risk factors, serve as a framework for care which may be provided by a single physician or a team of health care professionals. The scope of services provided by obstetrician-gynecologists in the ambulatory setting will vary from practice to practice. The recommendations should serve as a guide for the obstetrician-gynecologist and others providing health care for women and should be adapted as necessary to meet patients’ needs. *This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.*

Access recommendations on screening, laboratory testing, evaluation & counseling, or immunizations for a specific age range below:

<table>
<thead>
<tr>
<th>Ages 13–18:</th>
<th>Ages 19–39:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>Screening</td>
</tr>
<tr>
<td>Laboratory and other tests</td>
<td>Laboratory and other tests</td>
</tr>
<tr>
<td>Evaluation &amp; counseling</td>
<td>Evaluation &amp; counseling</td>
</tr>
<tr>
<td>Immunizations</td>
<td>Immunizations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ages 40–64:</th>
<th>Ages 65 Years and older:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>Screening</td>
</tr>
<tr>
<td>Laboratory and other tests</td>
<td>Laboratory and other tests</td>
</tr>
<tr>
<td>Evaluation &amp; counseling</td>
<td>Evaluation &amp; counseling</td>
</tr>
<tr>
<td>Immunizations</td>
<td>Immunizations</td>
</tr>
</tbody>
</table>
Well Woman Visits

• Is a physical exam necessary with *every* WWV?
  – As needed for scheduled screening tests
  – Diagnostic exam when symptoms or signs present
  – Some visits will consist solely of counseling and education without an exam beyond a BP check

• *Is a yearly* health screening visit advised if no tests are due?
  – USPSTF: every 1-3 years, depending upon health status and risk behaviors of the client
  – ACOG: perform annually
Filling The “Gaps”

- Pregnancy testing and counseling
- Achieving pregnancy
- Basic infertility
- Preconception health
- Preventive health screening of women and men
- Contraceptive counseling, incl reproductive life plan
**Core Family Planning Services**

**Discuss and counsel**

- Reproductive life plan
- Safe and effective contraceptive use
- Screen for reproductive coercion, BC sabotage
- Sexual behaviors and STI risk screening
- Screen for tobacco, alcohol, and drug use
- Family history of breast and ovarian cancer
## “Other” Preventive Health Services

<table>
<thead>
<tr>
<th>Discuss and counsel</th>
<th>Interventions unrelated to core family planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Healthy diet counseling</td>
<td></td>
</tr>
<tr>
<td>• Dental health</td>
<td></td>
</tr>
<tr>
<td>• Injury prevention</td>
<td></td>
</tr>
<tr>
<td>• Breast cancer preventive medication</td>
<td></td>
</tr>
<tr>
<td>• Tobacco and drug use cessation interventions</td>
<td></td>
</tr>
<tr>
<td>• Vaccinations: DTaP booster, influenza, rubella</td>
<td></td>
</tr>
<tr>
<td>Screening</td>
<td>• Colorectal cancer screening</td>
</tr>
<tr>
<td></td>
<td>• DM, hyperlipidemia screening (unrelated to BCM)</td>
</tr>
<tr>
<td></td>
<td>• Skin cancer screening (high risk)</td>
</tr>
<tr>
<td></td>
<td>• Thyroid disease (high risk)</td>
</tr>
</tbody>
</table>
## Routine STI Screening in Women

<table>
<thead>
<tr>
<th>Age</th>
<th>18-20</th>
<th>21-24</th>
<th>25-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT (Both)</td>
<td>Annually</td>
<td></td>
<td>Targeted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GC (Both)</td>
<td>Annually</td>
<td></td>
<td>Targeted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td>Once, then Hi risk only</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td>Hi Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vag trich</td>
<td>Hi Risk, HIV +</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Hi Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Once, then HR</td>
</tr>
</tbody>
</table>

Both: CDC+USPSTF  
CDC: Centers for Disease Control  
USPSTF: US Prev Services Task Force
Increased Risk for Ct/ GC

- Previous or concurrent STI
- New or multiple sex partners
- A sex partner with concurrent partners
- A sex partner with an STI
- Inconsistent condom use among persons who are not in mutually monogamous relationships
- Exchanging sex for money or drugs
Targeted Ct, GC Screening: Risk Factors

Ct and GC screening in women 25 years and older, and PSP is low (Ct is <3% and GC is <1%)

- History of GC, chlamydia, or PID in the past 2 years
- More than 1 sexual partner in the past year
- New sexual partner within 90 days
- Reason to believe that a sex partner has had other partners in the past year
# Routine Metabolic Screening

<table>
<thead>
<tr>
<th>Age</th>
<th>18-19</th>
<th>20-25</th>
<th>26-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td>≤Q2 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td>≤Q2 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T2DM</td>
<td>Hi Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HTN [B]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lipids</td>
<td>Q5 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hi Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **BP**: Blood Pressure
- **BMI**: Body Mass Index
- **T2DM**: Type 2 Diabetes Mellitus
- **Lipids**: Lipid Panel
- **HTN**: Hypertension

**Risk Levels**:
- **Hi Risk**
- **HTN [B]**
- **HTN [A]**

**Screening Intervals**:
- **≤Q2 yrs**
- **Q3y**
- **Q5 yrs**

**Notes**:
- ATP: Adult Treatment Panel
- CHD: Coronary Heart Disease
- T2DM: Type 2 Diabetes Mellitus
- USPSTF: US Preventive Services Task Force
- HTN: Hypertension
### Exams and Tests Needed Before Contraceptive Method Initiation

<table>
<thead>
<tr>
<th>Examination</th>
<th>Needed for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure</td>
<td>OC, patch, ring</td>
</tr>
<tr>
<td>Weight (BMI) (weight [kg]/ height [m]^2)</td>
<td>Hormonal methods</td>
</tr>
<tr>
<td>Bimanual examination, cervical inspection</td>
<td>IUC, cap, diaphragm</td>
</tr>
<tr>
<td>Clinical breast examination</td>
<td>None</td>
</tr>
<tr>
<td>Glucose, Lipids</td>
<td>None</td>
</tr>
<tr>
<td>Liver enzymes</td>
<td>None</td>
</tr>
<tr>
<td>Cervical cytology (Papanicolaou smear)</td>
<td>None</td>
</tr>
<tr>
<td>STD screening with laboratory tests</td>
<td>None</td>
</tr>
<tr>
<td>HIV screening with laboratory tests</td>
<td>None</td>
</tr>
</tbody>
</table>
Four Controversies in the Well Woman Visit

1. Reproductive goals counseling
2. Cervical cancer screening
3. Screening clinical breast exam (SCBE)
4. Screening pelvic exam (SPE)
In the beginning, there was...

Reproductive Life Plan

“Plan” does not resonate with some women for cultural, religious, or socio-economic reasons
Reproductive Life Plan Questions

• Do you hope to have any (more) children?
• How many children do you hope to have?
• How long do you plan to wait until you become pregnant?
• How much space between your pregnancies?
• What do you plan to do until you are ready?
• What can I do today to help you achieve your plan?
One Key Question®

Would You Like to Become Pregnant in the Next Year?

Do I want to become pregnant in the next year?
A Multidimensional Concept

- **Plans**: Decisions about when to become pregnant and formulation of actions
- **Intentions**: Timing-based ideas about if/when to get pregnant; can include “wants”
- **Feelings**: Emotional orientation towards pregnancy
- **Desires**: Strength of inclination to get pregnant or avoid pregnancy

A. Aiken, MD
A Multidimensional Concept

**Plans ≠ Intentions ≠ Desires ≠ Feelings**

- All different concepts
- Women may find all or only some meaningful
- Often appear inconsistent with each other

A. Aiken, MD
Desires May be Ambivalent or Indifferent

Miller, Barber, & Gatny, 2013, *Population Studies*
Evolution if “One Key Question”

Would you like to become pregnant in the next year?

Do I want to become pregnant in the next year?
Ask*: “Would you like to become pregnant in the next year?”

- **YES**: Pro-natal
- **OK EITHER WAY**: Indifferent
- **UNSURE**: Ambivalent
- **NO**: Anti-natal
# PATH (Pregnancy Attitudes, Timing, and How Important Is Pregnancy Prevention)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Question</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy Attitude</td>
<td>• Do you think you might like to have (more) children at some point?</td>
<td>If not, discuss F,M sterilization</td>
</tr>
<tr>
<td>Timing</td>
<td>• When do you think that might be? • Would you like to become pregnant in the next 12 months?</td>
<td>Discuss LARC vs. SARC vs. NFP</td>
</tr>
<tr>
<td>Resolve</td>
<td>• How important is it to you to prevent pregnancy until then?</td>
<td>Educate and counsel re: tiered effectiveness</td>
</tr>
</tbody>
</table>

SARC (short acting reversible contraceptives): OC, patch ring, injections, barriers
## 2016 Cervical Cancer Screening Guidelines

<table>
<thead>
<tr>
<th></th>
<th>Under 21 y.o.</th>
<th>21-29 y.o.</th>
<th>30-65 y.o.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>USPSTF 2012</strong></td>
<td>[D]</td>
<td>Cytology every 3 yrs</td>
<td>Co-test: every 5 or Cytology: every 3 yrs</td>
</tr>
<tr>
<td><strong>Triple A 2012</strong></td>
<td>None</td>
<td>Cytology every 3 yrs</td>
<td>Co-test: every 5 or Cytology: every 3 yrs</td>
</tr>
<tr>
<td><strong>ACOG 2016</strong></td>
<td>“Avoid”</td>
<td>Cytology every 3 yrs</td>
<td>Co-test: every 5 or Cytology: every 3 yrs</td>
</tr>
</tbody>
</table>

**Co-test:** cervical cytology plus high risk HPV test (hr-HPV)

**Cytology:** cervical cytology (Pap smear) alone
Primary hr-HPV Screening (14 types)

- hPV 16 or 18 +
  - Colposcopy

- 12 other hr-HPV +
  - Cytology
    - ASC-US
    - NILM
    - Follow-up 12 mo

- Negative
  - Routine Screening

If HPV testing alone
- Screening should not be initiated before 25 years of age
- Screen *no sooner* than every 3 years

Advantages
- Better sensitivity than cytology alone
- Less expensive than co-testing (no cytology for most)
- Highly adaptable to low-resource countries

Disadvantages
- Less specificity than cytology alone...more colposcopies

Draft Recommendation Statement for Cervical Cancer Screening

• hr-HPV alone replaces co-testing in women 30-65 y.o.
• hr-HPV alone every 5 years, rather than every 3 years
• Rationale
  – Co-testing increases follow-up tests by 2-fold and does not increase detection of CIN 3 vs. hr-HPV alone
  – 5-year interval: best balance of benefits and harms

2017
Implications: 2017 USPSTF Cervical Cancer Screening Recommendations

- ACOG, ACS & ASCCP haven’t changed recommendations yet, but may do so
- Fewer cervical cytology tests, since co-testing option deleted in women ≥ 30 years of age
- More colposcopies, as women ≥30 years of age move away from cytology alone and toward 1º HPV screening
- Health plans may consider limiting the use of co-tests to surveillance after abnormal cytology or treatment
## Breast Cancer Screening Guidelines

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast Self Exam (BSE)</strong></td>
<td>[D]</td>
<td>Breast self-awareness</td>
<td>Not recommended</td>
</tr>
<tr>
<td><strong>Clinical Breast Exam (CBE)</strong></td>
<td>[I]</td>
<td>Shared decision (SD)</td>
<td>Not recommended</td>
</tr>
</tbody>
</table>
• 45-54: every year  
• 55+: biennial  
• Life expectancy >10 yrs: biennial |
Ovarian Cancer Screening

- Recommends against screening for ovarian cancer in asymptomatic women  Grade [D]
- Applies to asymptomatic women who are not known to have a high-risk hereditary cancer syndrome
The SPE Debate: Terms

• **Screening Pelvic Exam (SPE)**
  – External inspection, speculum and bimanual exam at the time of a WWV in an asymptomatic patient

• **Diagnostic Pelvic Exam**
  – Pelvic exam for the purpose of evaluating symptoms, signs, or other abnormal findings (lab, imaging)

• **Cervical cytology sampling**
  – Speculum used for the purpose cervical sampling
Potential benefits

- Find an asymptomatic condition that is a health risk
  - Ovarian cancer
  - Benign neoplasm that could tors
- Find a symptomatic condition that the patient is unwilling to disclose or does not recognize as a problem
  - Urinary incontinence, pelvic organ prolapse
  - Sexual issues (genitourinary syndrome of menopause)
  - High grade squamous lesion (HSIL) of vulva
Other Potential Benefits: What Does the Evidence Say?

- Asymptomatic BV: not recommended CDC
- Asymptomatic trichomoniasis: targeted screening only
- VIN/vulvar cancer: no studies
- Fibroids: no studies
- Urinary incontinence: determine by history
- GU syndrome of menopause: determine by history
SPE: American College of Physicians

- Accuracy for detecting ovarian cancer is low
- No studies have assessed benefit for other conditions (PID, benign conditions, or other gyn cancers)
- Outcomes are not improved
- Harms: unnecessary laparoscopies or laparotomies, fear, anxiety, embarrassment, pain, discomfort
- Adds unnecessary costs
ACP recommends **against** performing SPE in asymptomatic, non-pregnant adult women

Many clinicians include SPE as part of the WWV, and because it is **low-value care**, it should be omitted
For women age 21 years and older (Qualified)

- External exam may be performed annually
- Inclusion of speculum exam, bimanual exam, or both, in otherwise healthy women should be a shared, informed decision between patient and provider

“Qualified” recommendations rely primarily on expert consensus
Screening Pelvic Exam

[ I ] Recommendation

Current evidence is insufficient to assess the balance of benefits and harms of performing SPE

“...clinicians are encouraged to consider risk factors for various gynecologic conditions and the patient’s values and preferences, and engage in shared decision making to determine whether to perform a pelvic exam”
Should I Do a Screening Pelvic Exam...

- **ACOG**: We think we know....do it. But discuss it first
- **ACP**: We know...don’t do it
- **USPSTF**: We don’t know, but you may want to discuss it

George Sawaya MD, Oct 2017
SPE: What Do We Tell Patients?

Active

• “3 national guidelines: each one is different”
• All 3 agree that there is *no evidence* of benefit
• Evidence of harms: “false alarms” and complications

Passive

• It is reasonable to say nothing about the SPE, and only respond to questions or to a request for an exam
Marisella

- 28 year old G₂P₀TAB₂ established client has completed her well woman visit
- BP and BMI recorded
- Screening breast exam performed (at patient request)
- Declined screening pelvic exam
- Dispensed 13 cycles of oral contraceptives
- Face-to-face time: 30 min. Counseling time: 22 minutes

How should her visit be coded on the encounter form?
# Code Numbers Tell A Story

<table>
<thead>
<tr>
<th>Encounter content</th>
<th>Code book</th>
</tr>
</thead>
<tbody>
<tr>
<td>What</td>
<td></td>
</tr>
<tr>
<td>• Services performed</td>
<td>• CPT</td>
</tr>
<tr>
<td>• Drugs, supplies provided</td>
<td>• HCPCS II</td>
</tr>
<tr>
<td>Why</td>
<td></td>
</tr>
<tr>
<td>• Diagnoses</td>
<td>• ICD-10-CM</td>
</tr>
<tr>
<td>Additional Explanation</td>
<td>• CPT</td>
</tr>
<tr>
<td>• Modifier</td>
<td></td>
</tr>
</tbody>
</table>

- To establish medical necessity, for every *what* there must be a *why*
- Unusual circumstances explained with *modifier*
Two Methods to Calculate Evaluation and Management (E/M) Level

- **Composite of 3 key components**

*Or*

- **TIME, when greater than 50% of face-to-face clinician time is spent in counseling / coordination of care**

- **1 method doesn’t fit all visits**
## Problem Oriented E/M: Face-to-Face Time “Midpoints”

<table>
<thead>
<tr>
<th>New</th>
<th>Time (typical)</th>
<th></th>
<th>Established</th>
<th>Time (typical)</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>≤ 15</td>
<td>(10)</td>
<td>99211</td>
<td>≤ 7 (5)</td>
</tr>
<tr>
<td>99202</td>
<td>16-25</td>
<td>(20)</td>
<td>99212</td>
<td>8-12 (10)</td>
</tr>
<tr>
<td>99203</td>
<td>26-37</td>
<td>(30)</td>
<td>99213</td>
<td>13-20 (15)</td>
</tr>
<tr>
<td>99204</td>
<td>38-53</td>
<td>(45)</td>
<td><strong>99214</strong></td>
<td>21-33 (25)</td>
</tr>
<tr>
<td>99205</td>
<td>&gt; 53</td>
<td>(60)</td>
<td>99215</td>
<td>&gt;33 (40)</td>
</tr>
</tbody>
</table>
**E/M: Preventive Medicine Services**

- Preventive medicine visit

<table>
<thead>
<tr>
<th>Age</th>
<th>New patient</th>
<th>Established</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-17 yrs old</td>
<td>99384</td>
<td>99394</td>
</tr>
<tr>
<td>18-39 yrs old</td>
<td>99385</td>
<td><strong>99395</strong></td>
</tr>
<tr>
<td>40-64 yrs old</td>
<td>99386</td>
<td>99396</td>
</tr>
<tr>
<td>65 yo or older</td>
<td>99387</td>
<td>99397</td>
</tr>
</tbody>
</table>
E/M: Preventive Medicine Services

• Components
  – Age + gender appropriate history + exam (as indicated)
  – Counseling, anticipatory guidance, risk reduction
  – Order lab, diagnostic procedures
  – Address insignificant or trivial problem(s)

• F-to-F time, physical exam components are not used

• Indicate immunizations with separate codes

• If additional work-up for pre-existing or new problem, may add problem-oriented E/M (-25)
# Case Study: General Answer

<table>
<thead>
<tr>
<th>CPT code</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Procedure</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Supplies</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Drug</strong></td>
<td>S4993 (OC) x13 units</td>
</tr>
<tr>
<td><strong>Lab</strong></td>
<td>None; lab will bill for HIV test</td>
</tr>
<tr>
<td><strong>E/M</strong></td>
<td>• 99395 (preventive svc, 18-39 yo) or • 99214 (problem visit, 25 min)</td>
</tr>
</tbody>
</table>
Which E/M Code to Use?

• For this patient, does the payer cover 99395?
  – Preventive medicine services [check-up visit]

• If so, what are the comparative reimbursement rates?
  – Code for the higher supported code

• If *only* problem oriented visit codes (99204, 99214) are covered, code for the higher E/M level
  – 3 key components, or
  – Time
The Well Woman Visit: *Take It Home*

- WWV shifted from exam room to consultation room
  - Less physical assessment, more counseling

  - Reproductive intentions discussions
  - Family planning method discussions
  - Screening breast and pelvic exam
  - Age to begin mammography
The Well Woman Visit: Take It Home

- Debate continues regarding the value, timing, and components of the WWV, especially the
  - Cervical cancer screening: tests used and intervals
  - Screening breast exam
  - Screening pelvic exam

- Not all recommended components must be performed at the same visit or by the same provider

- ACA *still* removes most out-of-pocket costs for WWV
How Can My Practice Prepare?

• Ask every patient if she also sees a PCP

• Determine the screening policies for your practice
  – Seek consistency among your providers
  – Make sure that all staff are aware of your policy

• Inform your clients of changes that apply to them
  – During transition, leave decisions to patient
  – Inform clients with a personal letter or newsletter

• Keep track of benefit changes made by your payers
  – Few have changed screening benefits yet
There’s An App for That!
ARHQ ePSS
Electronic Preventive Services Selector

Enter the following information to retrieve recommendations from the USPSTF Preventive Services Database.

Age: 28 Year(s)

Sex: Female

Pregnant

Tobacco User: Yes

Sexually Active: Yes

Reset Start
Well Woman Visit Practice Guidelines

Resources

- Advisory Committee on Immunization Practices (ACIP)
- The American Congress of Obstetricians and Gynecologists (ACOG)
- American Academy of Pediatrics (AAP)
- American Sexual Health Association (ASHA)
- American Society for Colposcopy and Cervical Pathology (ASCCP)
- Association of Reproductive Health Professionals (ARHP)
- Centers for Disease Control and Prevention (CDC)
- National Association of Nurse Practitioners in Women’s Health (NPWH)
- National Osteoporosis Foundation (NOF)
These include services that are considered to be beneficial to reproductive health, are closely linked to family planning services, & are appropriate to deliver in the context of a family planning visit but that do not contribute directly to achieving or preventing pregnancy.
References


References


References

References


- Sawaya GF. Screening Pelvic examinations: the emperor’s new clothes, now in 3 sizes? JAMA Intern Med 2017;177:467–46.