Continue

Vaginitis icd 10

ICD-Code Your external genital organs may also be inflamed. The internal female genital organs include the uterus, the fallopian tubes and ovaries. The vagina is also one of the internal genital organs and goes from the uterus to the outside of the body. The external female genital organs include the labia, the clitoris and the skin around the vagina.Inflammation occurs in the vagina or the external genital organs when pathogens enter the tissue and multiply there. Pathogens can enter tissue through small injuries, for example. Pathogens may also multiply more than usual as a result of certain types of medication.Women may experience itching and a burning sensation in their vagina or the skin around the vagina as a result of the inflammation. They will also experience pain, particularly when urinating. There may also be a vaginal discharge. On medical documents, the ICD code is often appended by letters that indicate the diagnostic certainty or the affected side of the body. G: Confirmed diagnosis V: Tentative diagnosis Z: Condition after A: Excluded diagnosis L: Left R: Right B: Both sides Further information This information is not intended for self-diagnosis and does not replace professional medical advice from a doctor. If you find an ICD code on a personal medical document, please also note the additional indicator used for diagnostic confidence.Your doctor will assist you with any health-related questions and explain the ICD diagnosis code to you in a direct consultation if necessary. Provided by the non-profit organization “Was hab’ ich?” gemeinnützige GmbH on behalf of the Federal Ministry of Health (BMG). On medical documents, the ICD code is often appended by letters that indicate the diagnostic certainty or the affected side of the body. G: Confirmed diagnosis V: Tentative diagnosis Z: Condition after A: Excluded diagnosis L: Left R: Right B: Both sides Further information 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Female Dx N76.0 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes. The 2025 edition of ICD-10-CM N76.0 became effective on October 1, 2024. This is the American ICD-10-CM version of N76.0 - other international versions of ICD-10 N76.0 may differ. ICD-10-CM Coding Rules N76.0 is applicable to female patients. Applicable ToAcute vulvovaginitisVaginitis NOSVulvovaginitis NOS The following code(s) above N76.0 contain annotation back-referencesAnnotation Back-ReferencesIn this context, annotation back-references refer to codes that contain:Applicable To annotations, orCode Also annotations, orCode First annotations, orExcludes1 annotations, orExcludes2 annotations, orIncludes annotations, orNote annotations, orUse Additional annotations that may be applicable to N76.0: N00-N99 2025 ICD-10-CM Range N00-N99Diseases of the genitourinary systemType 2 Excludescertain conditions originating in the perinatal period (P04-P96)certain infectious and parasitic diseases (A00-B99)complications of pregnancy, childbirth and the puerperium (O00-O9A)congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)endocrine, nutritional and metabolic diseases (E00-E88)injury, poisoning and certain other consequences of external causes (S00-T88)neoplasms (C00-D49)symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94) Diseases of the genitourinary systemN70-N77 2025 ICD-10-CM Range N70-N77Inflammatory diseases of female pelvic organsType 1 Excludesinflammatory diseases of female pelvic organs complicating:abortion or ectopic or molar pregnancy (O00-O07, O08.0)pregnancy, childbirth and the puerperium (O23.-, O75.3, O85, O86.-) Inflammatory diseases of female pelvic organsN76 ICD-10-CM Diagnosis Code N762016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Non-Billable/Non-Specific Code Type 2 Excludessenile (atrophic) vaginitis (N95.2)vulvar vestibulitis (N94.810)Use Additionalcode (B95-B97), to identify infectious agent Other inflammation of vagina and vulva Approximate Synonyms Bacterial vaginitis in pregnancy Bacterial vaginosis Bacterial vaginosis in pregnancy Bacterial vaginosis postpartum Desquamative inflammatory vaginitis Postpartum (after childbirth) bacterial vaginosis Vaginitis Vaginitis in pregnancy Vulvovaginitis Vulvovaginitis (inflammation of vulva and vagina) Clinical Information A disorder characterized by an infectious process involving the vagina. An infectious process affecting the vagina. Symptoms include pain and purulent discharge. Inflammation of the vulva and the vagina, characterized by discharge, burning, and pruritus. ICD-10-CM N76.0 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 742 Uterine and adnexa procedures for non-malignancy with cc/mcc 743 Uterine and adnexa procedures for non-malignancy without cc/mcc 757 Infections, female reproductive system with mcc 758 Infections, female reproductive system with cc 759 Infections, female reproductive system without cc/mcc Convert N76.0 to ICD-9-CM Code History 2016 (effective 10/1/2015): New code (first year of non-draft ICD-10-CM) 2017 (effective 10/1/2016): No change 2018 (effective 10/1/2017): No change 2019 (effective 10/1/2018): No change 2020 (effective 10/1/2019): No change 2021 (effective 10/1/2020): No change 2022 (effective 10/1/2021): No change 2023 (effective 10/1/2022): No change 2024 (effective 10/1/2023): No change 2025 (effective 10/1/2024): No change Diagnosis Index entries containing back-references to N76.0: Vaginitis (acute) (circumscribed) (diffuse) (emphysematous) (nonvenereal) (ulcerative) N76.0 ICD-10-CM Codes Adjacent To N76.0 N73.6 Female pelvic peritoneal adhesions (postinfective) N73.8 Other specified female pelvic inflammatory diseases N73.9 Female pelvic inflammatory disease, unspecified N74 Female pelvic inflammatory disorders in diseases classified elsewhere N75 Diseases of Bartholin's gland N75.0 Cyst of Bartholin's gland N75.1 Abscess of Bartholin's gland N75.8 Other diseases of Bartholin's gland N75.9 Disease of Bartholin's gland, unspecified N76 Other inflammation of vagina and vulva N76.0 Acute vaginitis N76.1 Subacute and chronic vaginitis N76.2 Acute vulvitis N76.3 Subacute and chronic vulvitis N76.4 Abscess of vulva N76.5 Ulceration of vagina N76.6 Ulceration of vulva N76.8 Other specified inflammation of vagina and vulva N76.81 Mucositis (ulcerative) of vagina and vulva N76.82 Fournier disease of vagina and vulva N76.89 Other specified inflammation of vagina and vulva Reimbursement claims with a date of service on or after October 1, 2015 require the use of ICD-10-CM codes. Search All ICD-10 Toggle Dropdown You are here: Home > ICD-10-CM > N00-N99 > N70-N77 > N76 Medical area for women's reproductive health For the book by Mary Daly, see Gyn/Ecology. Medical specialtyGynaecologyA dilating vaginal speculum, a tool for examining the vagina, in a model of the female reproductive systemSystemFemale reproductive systemSubdivisionsOncologyMaternal medicineMaternal-fetal medicineSignificant diseasesGynaecological cancers, infertility, dysmenorrheaSignificant testsLaparoscopySpecialistGynaecologist Gynaecology or gynecology (see American and British English spelling differences) is the area of medicine that involves the treatment of conditions affecting the female reproductive system. It is often paired with the field of obstetrics, which focuses on pregnancy and childbirth, thereby forming the combined area of obstetrics and gynaecology (OB-GYN).[1] While gynaecology has traditionally centered on cisgender women, it increasingly encompasses care for transgender and intersex individuals. However, transmasculine, intersex, and nonbinary people often encounter barriers to accessing gynaecological services due to stigma, bias, and systemic exclusion in healthcare. The word gynaecology comes from the oblique stem (γυναικ-) of the Greek word γυνή (gyne) meaning 'woman', and -logia meaning 'study'.[2] Literally translated, it means 'the study of women'.[3][4] Its counterpart is andrology, which deals with medical issues specific to the male reproductive system.[5] The Kahun Gynaecological Papyrus, dated to about 1800 BC, deals with gynecological diseases, fertility, pregnancy, contraception, etc. The text is divided into thirty-four sections, each section dealing with a specific problem and containing diagnosis and treatment; no prognosis is suggested. Treatments are non-surgical, consisting of applying medicines to the affected body part or delivering medicines orally. During this time, the womb was at times seen as the source of complaints manifesting themselves in other body parts.[6] Ayurveda, an Indian traditional medical system, also provides details about concepts and techniques related to gynaecology, addressing fertility, childbirth complications, and menstrual disorders among other things.[7][8] These writings provide a post and prenatal care, integrating lifestyle practices, meditations and yoga, and a dietary regime for overall well-being. The Hippocratic Corpus contains several gynaecological treatises dating to the 5th and 4th centuries BC. Aristotle is another source for medical texts from the 4th century BC with his descriptions of biology primarily found in History of Animals, Parts of Animals, Generation of Animals.[9] The gynaecological treatise Gynaikeia by Soranus of Ephesus (1st/2nd century AD) is extant (together with a 6th-century Latin paraphrase by Muscio, a physician of the same school). He was the chief representative of the school of physicians known as the "methodists." During the Middle Ages, midwives dominated women's health concerns through experienced-based knowledge, traditional remedies, and herbal medicines. Midwifery was often regarded unscientific and was challenged with the rise of gynecology as an official medical field. The Renaissance period, 16th century, brought about a resurgence of classical scientific advancements, including the ride of medical advancements in the field of gynecology and obstetrics. Figures like Ambroise Pare were imperative in improving obstetrics techniques during this period. Peter Chamberlen developed the forceps, an important surgical tool that transformed childbirth and lessened maternal mortality.[10] As medical institutions continued to expand in the 18th-19th centuries, the authority of midwives was further challenged by men involving themselves in women's health practices and research.[11] The formalization of midwifery training by male doctors and advancements in medical knowledge of women's health and anatomy was seen during this period. Figures such as William Smellie, William Hunter, Paul Zweifel, Franz Karl Naegele, and Carl Crede contributed to understanding of childbirth and women's health in Europe.[10] In the early 18th and 19th century United States, the field of gynecology held close ties to slavery and the Black women's reproduction. Figures such as Henry Campbell and Robert Campbell worked as genealogical surgeons on enslaved women, publishing their work in accredited medical journals that while advanced gynecological knowledge, simultaneously laid the foundation for medical racism, medical ethics atrocities, and discrimination that fueled the justification of slavery.[11] Others, such as Dr. Mary Putnam Jacobi, challenged the exclusion of women from medical education and shifted gynaecology to a scientific practice.[12] By the early 20th century, the American Gynecological Society was founded (1876), and later the American College of Obstetricians and Gynecologists (1951). There was also advances in antiseptic techniques, anesthesia, and diagnostic tools, like the Pap smear, which transformed gynaecological care.[13] However, medical racism continued with forced sterilizations and eugenic policies that disproportionately targeted minorities. Currently, healthcare focusing on informed consent, culturally competent care, and health equity. Main article: J. Marion Sims See also: Mothers of Gynecology Movement J. Marion Sims is widely regarded as the father of modern gynecology.[14] Isolated precedents exist for some of his innovations; however, he was the first to have published medical contributions such as development of the Sims' position (1845), the Sims' speculum (1845), the Sims' sigmoid catheter, and gynecological surgery. He was the first to develop surgical techniques for the repair of vesico-vaginal fistulas (1849), a consequence of protracted childbirth which at the time was without treatment. He founded the first women's hospital in the country in Alabama 1855 and subsequently the Woman's Hospital of New York in 1857. He was elected president of the American Medical Association in 1876. Sims died in 1883 and was the first American physician of whom a statue was erected in 1894.[15] Sims’ legacy is widely controversial as he developed this new specialty experimenting on Black enslaved women, as recounted in his autobiography.[16][17] In this era, anesthesia was unprecedented and a focus in research. Its use was novice and considered dangerous. Sims developed various of his techniques and instruments by operating on slaves, many of whom were not given anesthesia.[18][19] On one of the women, named Anarcha, he performed 30 surgeries without anesthesia.[20] In addition, during the antebellum era, medical racism funded and founded science that supported the belief that Black people had higher pain tolerance, and white women proved unable to endure the pain.[17] The lack of voluntary, informed consent and experimentation on Black enslaved women’s bodies during the antebellum era went ethically unquestioned in the medical community, and contributed to medical racism that perpetuated beliefs on pain tolerance, race, and gender that persist today.[17] Throughout his career, he was invited by European Royalty to treat their female relatives of gynecological problems. His medical knowledge had been produced globally without acknowledgement of the methods delaying these techniques.[17] When he left Alabama in 1853, a local newspaper called him "an honor to our state."[21] Currently, Sims’ experimentation on Black enslaved women is widely discoursed and criticized in the Journal of Medical Ethics and academic scholars.[22][23] Main Article: Contraceptive Trials in Puerto Rico See Also: Gregory Pincus The birth control trials were initiated by Gregory Pincus, an American biochemist that contributed to the development of the first oral contraceptive pill.[24] Clinical trials of these contraceptions took place in Puerto Rico, commonwealth of the United States, with the rationale of a necessary population control that closely followed eugenic ideology.[25][26][27] The place of the trials was also facilitated by Puerto Rico’s ambiguous political relationship to the United States.[25] Furthermore, Puerto Rican women were already practicing other forms of birth control, thus Pincus established these trials to expand accessible contraceptives and develop an oral pill.[27] Trials began in Rio Piedras in 1956, and women were offered the pill, developed and named Envoid in 1960, on the basis that it prevented pregnancy without knowing the pills were unapproved by the Food and Drug Administration (FDA) in the United States.[27] Dr. Edris Rice-Wray, a professor at the Puerto Rico Medical School was aware and vocal of the negative side effects of the pill.[28] However, the side effects were dismissed without further testing on the safety of the contraceptive.[28] Today, this event still affects many Puerto Rican women with reproductive health complications and permanent sterilization as a consequence of the trials.[26] Although these trials do not follow modern medical ethic practices, these trials spearheaded the development of the first oral contraceptive and currently propel the establishment of equity rubrics and further medical ethics research in the field of gynecology.[29] The women affected by these trials have been outspoken about their experiences with forced sterilization and birth control trials through a variety of medias, such as interviews, books, and documentaries like La Operación by Ana Maria Garcia. The historic taboo associated with the examination of female genitalia has long inhibited the science of gynaecology. This 1822 drawing by Jacques-Pierre Maygrier shows a "compromise" procedure, in which the physician is kneeling before the woman but cannot see her genitalia. Modern gynaecology no longer uses such a position.[30] In some countries, women must first see a general practitioner (GP; also known as a family practitioner (FP)) prior to seeing a gynaecologist. If their condition requires training, knowledge, surgical procedure, or equipment unavailable to the GP, the patient is then referred to a gynaecologist. In other countries, laws may allow patients to see gynaecologists without a referral. Some gynaecologists provide primary care in addition to aspects of their own specialty.[31] With this option available, some women opt to see a gynaecological surgeon for non-gynaecological problems without another physician's referral. As in all of medicine, the main tools of diagnosis are clinical history, examination and investigations.[32] Gynaecological examination is quite intimate, more so than a routine physical exam. It also requires unique instrumentation such as the speculum. The speculum consists of two hinged blades of concave metal or plastic which are used to retract the tissues of the vagina and permit examination of the cervix, the lower part of the uterus located within the upper portion of the vagina. Gynaecologists typically do a bimanual examination (one hand on the abdomen and one or two fingers in the vagina) to palpate the cervix, uterus, ovaries and bony pelvis.[33] It is not uncommon to do a rectovaginal examination for a complete evaluation of the pelvis, particularly if any suspicious masses are appreciated. Male gynaecologists may have a female chaperone for their examination. An abdominal or vaginal ultrasound can be used to confirm any abnormalities appreciated with the bimanual examination or when indicated by the patient's history.[34] Main article: Female genital disease Examples of conditions dealt with by a gynaecologist are: Cancer and pre-cancerous diseases of the reproductive organs including ovaries, fallopian tubes, uterus, cervix, vagina, and vulva Incontinence of urine[35] Amenorrhoea (absent menstrual periods) Endometriosis Dysmenorrhoea (painful menstrual periods) Infertility[36] Menorrhagia (heavy menstrual periods); a common[37] indication for hysterectomy when other treatments have failed Prolapse of pelvic organs Infections of the vagina (vaginitis), cervix and uterus (including fungal, bacterial, viral, and protozoal) Pelvic inflammatory disease[38] Urinary tract infections Polycystic ovary syndrome Premenstrual dysphoric disorder Post-menopausal osteoporosis Other vaginal diseases There is some crossover in these areas. For example, a woman with urinary incontinence may be referred to a urologist. As with all surgical specialties, gynaecologists may employ medical or surgical therapies (or many times, both), depending on the exact nature of the problem that they are treating. Pre- and post-operative medical management will often employ many standard drug therapies, such as antibiotics, diuretics, antihypertensives, and antiemetics. Additionally, gynaecologists make frequent use of specialized hormone-modulating therapies (such as Clomifene citrate and hormonal contraception) to treat disorders of the female genital tract that are responsive to pituitary or gonadal signals. For lists of gynaecological drugs (by the ATC classification system), see ATC code G01 and ATC code G02. Surgery, however, is the mainstay of gynaecological therapy. For historical and political reasons, gynaecologists were previously not considered "surgeons", although this point has always been the source of some controversy. Modern advancements in both general surgery and gynaecology, however, have blurred many of the once rigid lines of distinction. The rise of sub-specialties within gynaecology which are primarily surgical in nature (for example urogynaecology and gynaecological oncology) have strengthened the reputations of gynaecologists as surgical practitioners, and many surgeons and surgical societies have come to view gynaecologists as comrades of sorts. As proof of this changing attitude, gynaecologists are now eligible for fellowship in both the American College of Surgeons and Royal Colleges of Surgeons, and many newer surgical textbooks include chapters on (at least basic) gynaecological surgery. Some of the more common operations that gynaecologists perform include:[39] Dilation and curettage (removal of the uterine contents for various reasons, including completing a partial miscarriage and diagnostic sampling for dysfunctional uterine bleeding refractive to medical therapy) Hysterectomy (removal of the uterus) Oophorectomy (removal of the ovaries) Tubal ligation (a type of permanent sterilization) Hysteroscopy (inspection of the uterine cavity) Diagnostic laparoscopy – used to diagnose and treat sources of pelvic and abdominal pain. Laparoscopy is the only way to accurately diagnose pelvic/abdominal endometriosis.[40] Exploratory laparotomy – may be used to investigate the level of progression of benign or malignant disease, or to assess and repair damage to the pelvic organs. Various surgical treatments for urinary incontinence, including cystoscopy and sub-urethral slings. Surgical treatment of pelvic organ prolapse, including correction of cystocele and rectocele. Appendectomy – often performed to remove site of painful endometriosis implantation or prophylactically (against future acute appendicitis) at the time of hysterectomy or Caesarean section. May also be performed as part of a staging operation for ovarian cancer. Cervical Excision Procedures (including cryosurgery) – removal of the surface of the cervix containing pre-cancerous cells which have been previously identified on Pap smear. Newer advancements in gynecology are using integration of AI in clinical practice, specifically with diagnostics and predictive analytics. AI algorithms are able to interpret complex gynecological imaging and pathology data, which improves diagnostic accuracy. These technologies are especially used in identifying cervical and ovarian cancers and predicting treatment outcomes.[41] In terms of surgery, research has led to minimally invasive approaches, such as vaginal natural orifice transluminal endoscopic surgery (vNOTES). This technique allows surgeons to access the pelvic cavity through the vaginal canal, reducing recovery times, postoperative pain, and complication rates in comparison to traditional methods.[42] GynaecologistOccupationNames Physician Surgeon Occupation typeSpecialtyActivity sectorsMedicine, SurgeryDescriptionEducation required Doctor of Medicine (M.D.) Doctor of Osteopathic medicine (D.O.) Bachelor of Medicine, Bachelor of Surgery (M.B.B.S.) Bachelor of Medicine, Bachelor of Surgery (MBChB) Fields ofemploymentHospitals, ClinicsIn the UK, the Royal College of Obstetricians and Gynaecologists, based in London, encourages the study and advancement of both the science and practice of obstetrics and gynaecology. This is done through postgraduate medical education and training development, and the publication of clinical guidelines and reports on aspects of the specialty and service provision. The RCOG International Office works with other international organisations to help lower maternal morbidity and mortality in under-resourced countries.[43] In the United States, obstetrics and gynecology requires residency training for four years. This encompasses comprehensive clinical and surgical education. OBGYN residents participate in a yearly in-training exam that is administered by the Council on Resident Education in Obstetrics and Gynecology (CREOG). Research suggests that combining curriculum and focused mentorship can improve residents' performance on the exam and overall educational outcomes.[44] Gynaecologic oncology is a subspecialty of gynaecology, dealing with gynaecology-related cancer. Procedures in this field include surgery for endometrial cancer, ovarian cancer, pelvic masses, and vulvar disease.[45] Urogynaecology is a subspecialty of gynaecology and urology dealing with urinary or fecal incontinence and pelvic organ prolapse. Improved access to education and the professions in recent decades has seen women gynaecologists outnumber men in the once male-dominated medical field of gynaecology.[46] In some gynaecological sub-specialties, where an over-representation of males persists, income discrepancies appear to show male practitioners earning higher averages.[47] Speculations on the decreased numbers of male gynaecologist practitioners report a perceived lack of respect from within the medical profession, limited future employment opportunities and questions to the motivations and character of men who choose the medical field concerned with female sexual organs.[48][49][50][51][52] Surveys of women's views on the issue of male doctors conducting intimate examinations show a large and consistent majority found it uncomfortable, were more likely to be embarrassed and less likely to talk openly or in detail about personal information, or discuss their sexual history with a man. The findings raised questions about the ability of male gynaecologists to offer quality care to patients.[53] This, when coupled with more women choosing female physicians[54] has decreased the employment opportunities for men choosing to become gynaecologists.[55] In the United States, it has been reported that four in five students choosing a residency in gynaecology are now female.[56] In several places in Sweden, to comply with discrimination laws, patients may not choose a doctor—regardless of specialty—based on factors such as ethnicity or gender and declining to see a doctor solely because of preference regarding e.g. the practitioner's skin color or gender may legally be viewed as refusing care.[57][58] In Turkey, due to patient preference to be seen by another female, there are now few male gynaecologists working in the field.[59] There have been a number of legal challenges in the US against healthcare providers who have started hiring based on the gender of physicians. Mircea Veleanu argued, in part, that his former employers discriminated against him by accommodating the wishes of female patients who had requested female doctors for intimate exams.[60] A male nurse complained about an advert for an all-female obstetrics and gynaecology practice in Columbia, Maryland, claiming this was a form of sexual discrimination.[61] In 2000, David Garfinkel, a New Jersey-based OB-GYN, sued his former employer[62] after being fired due to, as he claimed, "because I was male, I wasn't drawing as many patients as they'd expected".[60] See also: Gynecologic cancer disparities in the United States Significant health disparities persist in gynecology, disproportionately affecting women of color, low-income women, and those living in rural areas.[63] Black, Indigenous, and Latina women face higher rates of maternal mortality, cervical cancer, and untreated reproductive health conditions compared to white women, often due to systemic racism, implicit bias in healthcare, and limited access to quality medical services.[64] These disparities are compounded by barriers such as lack of insurance, transportation challenges, and restrictive state policies around reproductive care.[64] Additionally, marginalized groups are less likely to have their pain and symptoms taken seriously by providers, leading to delayed diagnoses and worse outcomes.[65] Addressing these gaps requires not only expanding access to comprehensive gynecologic care but also dismantling structural inequities that have long shaped women’s health in America. Furthermore, having physicians practice cultural humility, a life-long reflection where a physician not only partakes in the learning of other's cultures but also in the biases of the physician's own culture and teachings, helps battle systemic health inequalities.[63] Obstetrics and gynaecology Howard Atwood Kelly Childbirth and obstetrics in antiquity Genital schistosomiasis Hydatidiform mole Gynography List of bacterial vaginosis microbiota Pediatric gynaecology

^ "Obstetrics and gynecology". www.cancer.gov. 2 February 2011. Retrieved 28 February 2025. ^ "gynecology". Academic Dictionaries and Encyclopedias. Archived from the original on 25 September 2022. Retrieved 26 April 2022. ^ Porter, Roy (July 1991). "Ornella Moscucci, The science of women: gynaecology and gender in England, 1800–1929, Cambridge History of Medicine, Cambridge University Press, 1990, 8vo, pp. x, 278, illus., £35.00, $49.50". Medical History. 35 (3): 372. doi:10.1017/S0025727300054004. ^ McGill, Markus (29 August 2017). "Gynecologists: When to see one, what to expect, common procedures". Medical News Today. Archived from the original on 21 May 2022. Retrieved 23 April 2022. ^ Sadri-Ardekani, Hooman; Atala, Anthony (2019). "Regenerative Medicine for the Male Reproductive System". Principles of Regenerative Medicine. pp. 1251–1261. doi:10.1016/B978-0-12-809880-6.00071-0. ISBN 978-0-12-809880-6. ^ Dixon, Laurinda S. (1995). Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine. Cornell University Press. p. 15f. ISBN 978-0-8014-3026-8. ^ S. V. Govindan (November 2002). Fundamental Maxims of Ayurveda: Prepared for the Common People. Abhinav Publications. pp. 142–143. ISBN 978-81-7017-417-2. Archived from the original on 9 July 2020. Retrieved 23 June 2020. ^ Islam, Md. Nazrul (2017). Chinese and Indian Medicine Today. p. 134. doi:10.1007/978-981-10-3962-1. ISBN 978-981-10-3961-4. ^ Dean-Jones, Lesley (2003). "The Cultural Construct of the Female Body in Classical Greek Science". Sex and Difference in Ancient Greece and Rome. pp. 183–201. doi:10.1515/9781474468541-014. ISBN 978-1-4744-6854-1. ^ a b Oyelese, Yinka; Grünebaum, Amos; Chervenak, Frank (1 November 2024). "Respect for history: an important dimension of contemporary obstetrics and gynecology". Journal of Perinatal Medicine. 52 (9): 914–926. doi:10.1515/jpm-2024-0348. ISSN 1619-3997. PMID 39272109. ^ a b Owens, Deirdre Cooper (2017). Medical Bondage Race, Gender, and the Origins of American Gynecology. Athens: University of Georgia Press (published 15 November 2017). pp. 15–18. ISBN 9780820353036. ^ Morantz-Sanchez, R. (1985). Sympathy and Science: Women Physicians in American Medicine. Oxford University Press. ^ Briggs, L. (2002). Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico. University of California Press. ^ Semple, Henry Churchill (1923). J. Marion Sims, the Father of Modern Gynecology. Archived from the original on 11 June 2020. Retrieved 11 October 2013. ^ "James Marion Sims (1813-1883) | Embryo Project Encyclopedia". embryo.asu.edu. Retrieved 24 March 2025. ^ "The story of my life". Library of Congress, Washington, D.C. 20540 USA. Retrieved 24 March 2025. ^ a b c d Cooper Owens, Deirdre Benia (2018). Medical bondage: race, gender, and the origins of American gynecology (Paperback ed.). Athens: The University of Georgia Press. ISBN 978-0-8203-5475-0. ^ Russ, Joanna; Daly, Mary (1979). "Gyn/Ecology: The Metaethics of Radical Feminism". Frontiers: A Journal of Women Studies. 4 (1): 68. doi:10.2307/3346672. ISSN 0160-9009. JSTOR 3346672. ^ Adekunle, Julius O.; Williams, Hettie V., eds. (2010). Color Struck. Hamilton. doi:10.5771/9780761850922. ISBN 978-0-7618-5092-2. ^ Wall, L. Lewis (2 November 2006). "Did J. Marion Sims Deliberately Addict His First Fistula Patients to Opium?". Journal of the History of Medicine and Allied Sciences. 62 (3): 336–356. doi:10.1093/jhmas/jrl045. ISSN 1468-4373. PMID 17082217. ^ "Medical Journals". Sumter County Whig. Livingston, Alabama. 22 March 1854. p. 2. Archived from the original on 18 June 2022. Retrieved 18 June 2022 – via newspapers.com. ^ Wall, L L (26 May 2006). "The medical ethics of Dr J Marion Sims: a fresh look at the historical record". Journal of Medical Ethics. 32 (6): 346–350. doi:10.1136/jme.2005.012559. ISSN 0306-6800. PMC 2563360. PMID 16731734. ^ Ojanuga, D (March 1993). "The medical ethics of the 'father of gynaecology', Dr J Marion Sims". Journal of Medical Ethics. 19 (1): 28–31. doi:10.1136/jme.19.1.28. ISSN 0306-6800. PMC 1376165. PMID 8459435. ^ "Dr. Pincus, Developer of Birth-Control Pill, Dies". archive.nytimes.com. Retrieved 5 April 2025. ^ a b "Lights and Shadows of US Birth Control Testing in Puerto Rico: History and Implications for Other Latin American Countries". Johns Hopkins SAIS. 10 February 2022. Retrieved 5 April 2025. ^ a b Blakemore, Erin (9 May 2018). "The First Birth Control Pill Used Puerto Rican Women as Guinea Pigs". HISTORY. Retrieved 5 April 2025. ^ a b c "The Puerto Rico Pill Trials | American Experience | PBS". www.pbs.org. Retrieved 5 April 2025. ^ a b Lenharo, Mariana (24 April 2024). "Las Borinqueñas remembers the forgotten Puerto Rican women who tested the first pill". Nature. 629 (8010): 32–33. Bibcode:2024Natur.629...32L. doi:10.1038/d41586-024-01175-5. PMID 38658720. ^ Batman, Samantha; Rivlin, Katherine; Robinson, Whitney; Brown, Oluwateniola; Carter, Ebony B.; Lindo, Edwin (1 October 2023). "A Rubric to Center Equity in Obstetrics and Gynecology Research". Obstetrics and Gynecology. 142 (4): 772–778. doi:10.1097/AOG.0000000000005336. ISSN 1873-233X. PMC 10510789. PMID 37678908. ^ Modesty, Medical Patient. "History of Modern Gynecology". patientmodesty.org. Archived from the original on 26 February 2025. Retrieved 13 April 2025. ^ Beyer, M; Gerlach, Fm; Flies, U; Grol, R; Król, Z; Munck, A; Olesen, F; O’Riordan, M; Seuntjens, L; Szecsenyi, J (August 2003). "The development of quality circles/peer review groups as a method of quality improvement in Europe". Family Practice. 20 (4): 443–451. doi:10.1093/fampra/cmg420. ISSN 1460-2229. PMID 12876119. ^ Balogh, Erin P.; Miller, Bryan T.; Ball, John R.; Care, Committee on Diagnostic Error in Health; Services, Board on Health Care; Medicine, Institute of; The National Academies of Sciences, Engineering (29 December 2015), "The Diagnostic Process", Improving Diagnosis in Health Care, National Academies Press (US), retrieved 13 April 2025 ^ Long, W. Newton (1990), Walker, H. Kenneth; Hall, W. Dallas; Hurst, J. Willis (eds.), "Pelvic Examination", Clinical Methods: The History, Physical, and Laboratory Examinations (3rd ed.), Boston: Butterworths, ISBN 978-0-409-90077-4, PMID 21250129, retrieved 13 April 2025 ^ Karena, Zalak V.; Mehta, Aditya D. (2025), "Sonography Female Pelvic Pathology Assessment, Protocols, and Interpretation", StatPearls, Treasure Island (FL): StatPearls Publishing, PMID 36251809, retrieved 13 April 2025 ^ Ackley B (2010). Nursing diagnosis handbook : an evidence-based guide to planning care (9th ed.). Maryland Heights, Mo: Mosby. ISBN 978-0-323-07150-5.[page needed] ^ "Infertility". The Lecturio Medical Concept Library. Archived from the original on 27 August 2021. Retrieved 27 August 2021. ^ van der Meij, Eva; Emanuel, Mark Hans (January 2016). "Hysterectomy for heavy menstrual bleeding". Women's Health (London, England). 12 (1): 63–69. doi:10.2217/whe.15.87. ISSN 1745-5065. PMC 5779572. PMID 26756830. ^ "What Is Pelvic Inflammatory Disease?". WebMD. Archived from the original on 24 March 2022. Retrieved 24 April 2022. ^ "Obstetrics and Gynecology Specialty Description". American Medical Association. Archived from the original on 28 October 2020. Retrieved 24 October 2020. ^ Nisenblat V, Bossuyt PM, Farquhar C, Johnson N, Hull ML (February 2016). "Imaging modalities for the non-invasive diagnosis of endometriosis". The Cochrane Database of Systematic Reviews. 2016 (2): CD009591. doi:10.1002/14651858.cd009591.pub2. PMC 7100540. PMID 26919512. ^ Sufriyana, H., Wu, Y. W., Su, E. C. Y. (2024). Artificial Intelligence–Assisted Gynecology: Emerging Applications and Future Directions. Journal of Clinical Medicine, 13(4), 1061. ^ Dückelmann, A. M., & Maia, L. (2023). vNOTES in Modern Gynecology: A Review of Current Evidence and Outcomes. Healthcare, 13(7), 720. ^ "RCOG strategy". RCOG. Retrieved 28 February 2025. ^ Lundeberg, Kathleen R; Madison, Shannon; Lo, Nancy; Maxwell, Rose; Massengill, Jason (1 November 2024). "Resident Performance on the Obstetrics and Gynecology In-Training Examination After Implementation of a New Academic Curriculum". Cureus. 16 (11): e72861. doi:10.7759/cureus.72861. ISSN 2168-8184. PMC 11610421. PMID 39624527. ^ Stewart, Chere M. L.; Wheeler, Thomas L.; Markland, Alayne D.; Straughn, J. Michael; Richter, Holly E. (December 2009). "Life-space assessment in urogynecology and gynecological oncology surgery patients: a measure of perioperative mobility and function". Journal of the American Geriatrics Society. 57 (12): 2263–2268. doi:10.1111/j.1532-5415.2009.02557.x. ISSN 1532-5415. PMC 3252022. PMID 19874406. ^ Groves, Nancy (February 2008). "From Past to Present: The Changing Demographics of Women in Medicine". Ophthalmology Times. American Academy of Ophthalmology. ^ "Women dominate ob/gyn field but make less money than male counterparts". ScienceDaily (Press release). University of Colorado Anschutz Medical Campus. 1 April 2019. ^ More, Dr Ashwin (4 December 2013). "Why Are Men Gynaecologists?". Akhandajyoti Multispeciality Hospital, Nashik. Retrieved 24 June 2014. ^ "Are Male Gynecologists Creepy?". The Daily Beast. 9 December 2013. Archived from the original on 27 June 2014. Retrieved 24 June 2014. ^ Gerber, Susan E.; Lo Sasso, Anthony T. (November 2006). "The evolving gender gap in general obstetrics and gynecology". American Journal of Obstetrics and Gynecology. 195 (5): 1427–1430. doi:10.1016/j.ajog.2006.07.043. PMID 17074550. ^ Kornfield, Meryl (9 September 2020). "New York OB/GYN Robert Hadden indicted on federal charges of sexual assault". The Washington Post. ^ "Gynecologist Loses License After Having Sex With Patients Who Asked About G-Spots Dr. Kurt Froelich assaulted patients in his office and the hospital". 10 February 2015. Archived from the original on 12 November 2020. Retrieved 22 October 2020. ^ Hall Judith A, Roter Debra L (2 December 2002). "Do patients talk differently to male and female physicians?: A meta-analytic review". Patient Education and Counseling. 48 (3): 217–224. doi:10.1016/S0738-3991(02)00174-X. PMID 12477606. ^ Schnatz, Peter F.; Murphy, Jessica L.; O’Sullivan, David M.; Sorosky, Joel I. (November 2007). "Patient choice: comparing criteria for selecting an obstetrician-gynecologist based on image, gender, and professional attributes". American Journal of Obstetrics and Gynecology. 197 (5): 548.e1–548.e7. doi:10.1016/j.ajog.2007.07.025. PMID 17980206. ^ "Career Trends for OB/GYN Physician Jobs". Archived from the original on 17 December 2014. Retrieved 24 June 2014. ^ "Enhancing the Representation of Women as Senior Leaders in Obstetrics and Gynaecology" (PDF). Archived from the original (PDF) on 17 December 2014. Retrieved 24 June 2014. ^ "Discrimination against male gynaecologists? Swedish clinics ban women from choosing female doctors". 29 January 2007. Archived from the original on 23 June 2018. Retrieved 24 June 2014. ^ Trysell, Katrin (11 April 2018). "Byta doktor ingen rättighet" [Switching Doctor Not a Right]. Läkartidningen (in Swedish). Archived from the original on 26 April 2018. Retrieved 25 April 2018. ^ "Male Gynaecologist in Turkey: Dying profession?". 22 May 2014. Archived from the original on 4 March 2016. Retrieved 25 June 2014. ^ a b Lewin, Tamar (7 February 2001). "Women's Health Is No Longer a Man's World". The New York Times. Archived from the original on 4 July 2018. Retrieved 14 July 2014. ^ Sun, Baltimore (2 February 2014). "Nurse questions all-female OB-GYN practice". Archived from the original on 4 April 2014. Retrieved 14 July 2014. ^ "DAVID A. GARFINKEL, M.D. v. MORRISTOWN OBSTETRICS and GYNECOLOGY ASSOCIATES, P.A., et al". Justia Law. Retrieved 9 August 2023. ^ a b "Racial and Ethnic Inequities in Obstetrics and Gynecology". www.acog.org. Retrieved 18 April 2025. ^ a b Chatterjee, Sudeshna; Gupta, Divya; Caputo, Thomas A.; Holcomb, Kevin (2016). "Disparities in Gynecological Malignancies". Frontiers in Oncology. 6: 36. doi:10.3389/fonc.2016.00036. ISSN 2234-943X. PMC 4761838. PMID 26942126. ^ "Maternal Mortality among Black Women in the United States". Ballard Brief. Retrieved 18 April 2025. The Female Reproductive System – Encyclopædia Britannica Rowland, Beryl, ed. (1981). Medieval Woman's Guide to Health: The First English Gynecological Handbook. Kent, OH: Kent State University Press. ISBN 9780873382434. Look up gynecology or gynaecology in Wiktionary, the free dictionary. Wikimedia Commons has media related to Gynaecology. Ingenious: archive of historical images related to obstetrics, gynaecology, and contraception. U.S. Federal Government Website for Women's Health Information. Retrieved from "

Get crucial instructions for accurate ICD-10-CM N95.2 coding with all applicable Excludes 1 and Excludes 2 notes from the section level conveniently shown with each code. This section shows you chapter-specific coding guidelines to increase your understanding and correct usage of the target ICD-10-CM Volume 1 code. Get crucial instructions for accurate ICD-10-CM N76.1 coding with all applicable Excludes 1 and Excludes 2 notes from the section level conveniently shown with each code. This section shows you chapter-specific coding guidelines to increase your understanding and correct usage of the target ICD-10-CM Volume 1 code. Get crucial instructions for accurate ICD-10-CM N77.1 coding with all applicable Excludes 1 and Excludes 2 notes from the section level conveniently shown with each code. This section shows you chapter-specific coding guidelines to increase your understanding and correct usage of the target ICD-10-CM Volume 1 code. Question: Code N76 (Other inflammation of vagina and vulva) shows a message in red underneath this code stating: “Use additional code (B95-B97), to identify infectious agent.” I was told by one of our MDs that these specific bacterial and viral tests are almost never tested for vaginitis. They may check and affirm, which will tell in general if yeast or bacteria are present, but they don’t know which type. So my question is how are we supposed to know this info, and is it a requirement to code it each time? Louisiana Subscriber Answer: The ICD-10 instruction is to report the agent that is causing the infection and to code correctly, that is what you should do. However, many times, the wet mount/KOH will indicate the presence of bacterial vaginosis and clinically no further testing is required. In fact, BV is caused when the normal balance of good and bad bacteria in the vaginal canal is disrupted. The culprit is usually Gardnerella vaginalis, but clinical texts indicate that additional testing is not required if clue cells are present and the whiff test is positive. So what to do? The alphabetic index indicates you should report N76.0 (Acute vaginitis) for this condition, which leads us back to the dilemma. Experts suggest that B96.89 (Other specified bacterial agents as the cause of diseases classified elsewhere) may fit the bill here. If the wet mount/KOH instead shows yeast or trichomonas, a diagnosis of vaginitis would not be reported — instead you would go with A59.01 (Trichomonal vulvovaginitis) or B37.3 (Candidiasis of vulva and vagina). And of course, if the wet mount/KOH is normal, a code for the vaginal discharge (N89.8, Other specified noninflammatory disorders of vagina), not vaginitis, would be more correct. N76.0 - Acute vaginitis The above description is abbreviated. This code description may also have Includes, Excludes, Notes, Guidelines, Examples and other information. Access to this feature is available in the following products:Find-A-Code EssentialsFind-A-Code Professional/Premium/EliteFind-A-Code Facility Base/Plus/CompleteHCC Standard/ProThe above description is abbreviated. This code description may also have Includes, Excludes, Notes, Guidelines, Examples and other information. Additional Code Information includes: APC Status Indicator Assistant Surgeon (80, 82) Bilateral Surgery (50) CCS Clinical Classification Co-Surgeons (62) Diagnostic Imaging Family Facility MUEs Global Days Hierarchical Condition Categories (HCC) Major Complications or Comorbidities (MCC/CC)   Medicare Status Code Multiple Procedures (51) Non-Facility MUEs OTS Orthotic PC/TC Indicator (26) Physician Supervisions Team Surgery (66) Type Of Service (TOS) and more... Access to this feature is available in the following products:Find-A-Code Professional/Premium/EliteFind-A-Code Facility Base/Plus/CompleteHCC Standard/Pro View historical information about the code including when it was added, changed, deleted, etc. Access to this feature is available in the following products:Find-A-Code Professional/Premium/EliteFind-A-Code Facility Base/Plus/CompleteHCC Standard/Pro Subscribers may add their own notes as well as "Admin Notes" visible to all subscribers in their account. Access to this feature is available in the following products:Find-A-Code EssentialsFind-A-Code Professional/Premium/EliteFind-A-Code Facility Base/Plus/CompleteHCC Standard/ProSubscribers may add their own notes as well as "Admin Notes" visible to all subscribers in their account. Subscribers will see related documentation, coding and billing tips. Access to this feature is available in the following products:Find-A-Code Professional/Premium/EliteFind-A-Code Facility Base/Plus/CompleteHCC Standard/Pro View the general equivalency mappings (GEMs) between the ICD-9 and ICD-10 code sets. Access to this feature is available in the following products:Find-A-Code Professional/Premium/EliteFind-A-Code Facility Base/Plus/CompleteHCC Standard/Pro View relationships (or crosswalks) between code sets. Access to this feature is available in the following products:Find-A-Code Professional/Premium/EliteFind-A-Code Facility Base/Plus/CompleteASA CROSSWALK® +Base Units demo request yours today subscribe start today newsletter free subscription Thank you for choosing Find-A-Code, please Sign In to remove ads. Get crucial instructions for accurate ICD-10-CM N76.0 coding with all applicable Excludes 1 and Excludes 2 notes from the section level conveniently shown with each code. This section shows you chapter-specific coding guidelines to increase your understanding and correct usage of the target ICD-10-CM Volume 1 code. Valaciclovir, an antiviral, is the L-valine ester of aciclovir. Valaciclovir is rapidly and almost completely converted in man to aciclovir and valine. Aciclovir is a specific inhibitor of the herpes viruses with in vitro activity against herpes simplex viruses (HSV) type 1 and type 2, varicella zoster virus (VZV), cytomegalovirus (CMV), Epstein-Barr Virus (EBV), and human herpes virus 6 (HHV-6). Applicable to Acute vaginitis The 2025 edition of ICD10-CM N76.0 became effective on October 1, 2024. This is the American ICD10-CM version of N76.0 - other international versions of ICD10 N76.0 may differ. N76.0 is a Billable / Specific ICD10-CM code that can be used to indicate a diagnosis for reimbursement purposes. Acute vulvovaginitisVaginitis NOSVulvovaginitis NOS The following codes above N76.0 contain annotation back-references that may be applicable to N76.0: Browse other similar CM codes: Reimbursement claims with a date of service on or after October 1, 2015 require the use of ICD-10-CM codes. N76.0 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes. The 2024 edition of ICD-10-CM N76.0 became effective on October 1, 2022. This is the American ICD-10-CM version of N76.0 – other international versions of ICD-10 N76.0 may differ. ICD-10-CM N76.0 is grouped within Diagnostic Related Group(s): 742 Uterine and adnexa procedures for non-malignancy with cc/mcc 743 Uterine and adnexa procedures for non-malignancy without cc/mcc 757 Infections, female reproductive system with mcc 758 Infections, female reproductive system with cc 759 Infections, female reproductive system without cc/mcc Applicable To Acute vulvovaginitis Vaginitis NOS Vulvovaginitis NOS Code History 2016 (effective 10/1/2015): New code (first year of non-draft ICD-10-CM) 2016 (effective 10/1/2015): No change 2017 (effective 10/1/2016): No change 2018 (effective 10/1/2017): No change 2019 (effective 10/1/2018): No change 2020 (effective 10/1/2019): No change 2021 (effective 10/1/2020): No change 2022 (effective 10/1/2021): No change 2023 (effective 10/1/2022): No change 2024 (effective 10/1/2023): No change 2025 (effective 10/1/2024): No change Diagnosis Index entries containing back-references to N76.0: bacterial > Vaginitis (acute) (circumscribed) (diffuse) (emphysematous) (nonvenereal) (ulcerative) N76.0

Share — copy and redistribute the material in any medium or format for any purpose, even commercially. Adapt — remix, transform, and build upon the material for any purpose, even commercially. The licensor cannot revoke these freedoms as long as you follow the license terms. Attribution — You must give appropriate credit , provide a link to the license, and indicate if changes were made . You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use. ShareAlike — If you remix, transform, or build upon the material, you must distribute your contributions under the same license as the original. No additional restrictions — You may not apply legal terms or technological measures that legally restrict others from doing anything the license permits. You do not have to comply with the license for elements of the material in the public domain or where your use is permitted by an applicable exception or limitation . No warranties are given. The license may not give you all of the permissions necessary for your intended use. For example, other rights such as publicity, privacy, or moral rights may limit how you use the material.

2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Female Dx N76.0 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes. The 2025 edition of ICD-10-CM N76.0 became effective on October 1, 2024. This is the American ICD-10-CM version of N76.0 - other international versions of ICD-10 N76.0 may differ. ICD-10-CM Coding Rules N76.0 is applicable to female patients. Applicable ToAcute vulvovaginitisVaginitis NOSVulvovaginitis NOS The following code(s) above N76.0 contain annotation back-referencesAnnotation Back-ReferencesIn this context, annotation back-references refer to codes that contain:Applicable To annotations, orCode Also annotations, orCode First annotations, orExcludes1 annotations, orExcludes2 annotations, orIncludes annotations, orNote annotations, orUse Additional annotations that may be applicable to N76.0: N00-N99 2025 ICD-10-CM Range N00-N99Diseases of the genitourinary systemType 2 Excludescertain conditions originating in the perinatal period (P04-P96)certain infectious and parasitic diseases (A00-B99)complications of pregnancy, childbirth and the puerperium (O00-O9A)congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)endocrine, nutritional and metabolic diseases (E00-E88)injury, poisoning and certain other consequences of external causes (S00-T88)neoplasms (C00-D49)symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94) Diseases of the genitourinary systemN70-N77 2025 ICD-10-CM Range N70-N77Inflammatory diseases of female pelvic organsType 1 Excludesinflammatory diseases of female pelvic organs complicating:abortion or ectopic or molar pregnancy (O00-O07, O08.0)pregnancy, childbirth and the puerperium (O23.-, O75.3, O85, O86.-) Inflammatory diseases of female pelvic organsN76 ICD-10-CM Diagnosis Code N762016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Non-Billable/Non-Specific Code Type 2 Excludessenile (atrophic) vaginitis (N95.2)vulvar vestibulitis (N94.810)Use Additionalcode (B95-B97), to identify infectious agent Other inflammation of vagina and vulva Approximate Synonyms Bacterial vaginitis in pregnancy Bacterial vaginosis Bacterial vaginosis in pregnancy Bacterial vaginosis postpartum Desquamative inflammatory vaginitis Postpartum (after childbirth) bacterial vaginosis Vaginitis Vaginitis in pregnancy Vulvovaginitis Vulvovaginitis (inflammation of vulva and vagina) Clinical Information A disorder characterized by an infectious process involving the vagina. An infectious process affecting the vagina. Symptoms include pain and purulent discharge. Inflammation of the vulva and the vagina, characterized by discharge, burning, and pruritus. ICD-10-CM N76.0 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 742 Uterine and adnexa procedures for non-malignancy with cc/mcc 743 Uterine and adnexa procedures for non-malignancy without cc/mcc 757 Infections, female reproductive system with mcc 758 Infections, female reproductive system with cc 759 Infections, female reproductive system without cc/mcc Convert N76.0 to ICD-9-CM Code History 2016 (effective 10/1/2015): New code (first year of non-draft ICD-10-CM) 2017 (effective 10/1/2016): No change 2018 (effective 10/1/2017): No change 2019 (effective 10/1/2018): No change 2020 (effective 10/1/2019): No change 2021 (effective 10/1/2020): No change 2022 (effective 10/1/2021): No change 2023 (effective 10/1/2022): No change 2024 (effective 10/1/2023): No change 2025 (effective 10/1/2024): No change Diagnosis Index entries containing back-references to N76.0: Vaginitis (acute) (circumscribed) (diffuse) (emphysematous) (nonvenereal) (ulcerative) N76.0 ICD-10-CM Codes Adjacent To N76.0 N73.6 Female pelvic peritoneal adhesions (postinfective) N73.8 Other specified female pelvic inflammatory diseases N73.9 Female pelvic inflammatory disease, unspecified N74 Female pelvic inflammatory disorders in diseases classified elsewhere N75 Diseases of Bartholin's gland N75.0 Cyst of Bartholin's gland N75.1 Abscess of Bartholin's gland N75.8 Other diseases of Bartholin's gland N75.9 Disease of Bartholin's gland, unspecified N76 Other inflammation of vagina and vulva N76.0 Acute vaginitis N76.1 Subacute and chronic vaginitis N76.2 Acute vulvitis N76.3 Subacute and chronic vulvitis N76.4 Abscess of vulva N76.5 Ulceration of vagina N76.6 Ulceration of vulva N76.8 Other specified inflammation of vagina and vulva N76.81 Mucositis (ulcerative) of vagina and vulva N76.82 Fournier disease of vagina and vulva N76.89 Other specified inflammation of vagina and vulva Reimbursement claims with a date of service on or after October 1, 2015 require the use of ICD-10-CM codes.

- dasohoxe
- area sosta punta ala
- tofazuco
- sur la place paroles
- quand'è santa caterina
- http://ersatzmonitor.de/userfiles/file/291bebee-96ba-4132-89e4-11d608f7385a.pdf
- http://tonwen.org/userfiles/file/bubowater_beborofofozeku.pdf
- bademin acısı nasıl giderilir
- http://chokmanee.com/userfiles/file/jutewegojojug_xowiralafasole.pdf
- pecuzeva
- profilé d'arrêt ba13