

# Helping you with HEDIS® ...



# Chlamydia Screening in Women

**Chlamydia Screening for HEDIS® looks for one Chlamydia test per year for women 16-24 years of age identified as sexually active.**

## WHAT YOUR PROVIDER OFFICE NEEDS TO KNOW

If HealthPlus receives a claim from any provider that identifies your patient as sexually active, you will receive notification via an Action Report if Chlamydia screening is needed.

“Sexually active” women are identified by two types of claims data:

- Pharmacy data – those members who were dispensed prescription contraceptives, and/or
- Encounter data – may include members who had at least one related encounter with a physician or clinic (may include public health clinics)

## CHLAMYDIA FACTS

- Patients usually are asymptomatic
- Untreated Chlamydia can lead to infertility
- Antibiotic treatment cures Chlamydia
- Diagnosis is easy and non-invasive
- Pelvic exam is NOT needed for diagnosis
- Urine screening is non-threatening, accurate and can be collected in your office

## “HOW CAN I IMPROVE MY HEDIS® SCORES?”

One simple way ... perform Chlamydia screening each year on every 16 - 24 year old female identified as sexually active.

Screening your at-risk patients provides them quality medical care while at the same time helps you meet the HEDIS® measure. Use your Action Reports as reminders of which members are due for Chlamydia screening.

Most HEDIS® measurements use claims information (“administrative data”) for evaluating HEDIS® performance. Diagnoses and/or procedure codes are often used. *If a service is not billed or submitted correctly, the service may not be captured for HEDIS® nor reflected in performance scores.*

Common laboratory billing codes accepted by HEDIS®

**CPT:** 87110, 87270, 87320, 87490, 87491, 87492, 87810

## PATIENT TIPS

- Add Chlamydia screening as standard lab for women 16-24 years of age
- Provide your patients the choice of Chlamydia screening by urine testing
- Perform Chlamydia screening for sexually active females once per year
- Explain the complications of undiagnosed and untreated sexually transmitted infections (STIs)
- Take a confidential sexual history with adolescent patients
- Offer educational resources to your adolescent patients

## “WHY ARE PATIENTS ON MY ACTION REPORT WHOM I DO NOT KNOW AS BEING SEXUALLY ACTIVE?”

It could be that a claim was received for contraceptives that your patient obtained at a public health facility, or perhaps had a pregnancy test performed at an urgent care center where adolescents often seek treatment. If you ever have any questions about your Action Report, please contact Fran Neely, BSN, MS, in Medical Services at (810) 496-8477.

# Chlamydia Fact Sheet

## Is Chlamydia a Problem in Your Population?

- Chlamydia is the most common bacterial STD in the U.S. with approximately 3 million new cases each year.
- According to the CDC, 5% – 15% of women of reproductive age are infected with Chlamydia.
- As of 2004, Michigan has a rate of >300.0 cases per 100,000 as reported by the National Committee for Quality Assurance (NCQA).

## Financial Benefits of Chlamydia Screening

- Health care costs attributable to Chlamydia and its complications exceed \$3.5 billion per year in the United States.
- The CDC estimates that every dollar spent on Chlamydia testing and treatment saves \$12 in complications arising from untreated Chlamydia.
- Universal screening of sexually active women ages 18-24 would prevent an estimated 140,113 cases of PID each year and result in a savings of \$45 for every woman screened.

According to *The State of Health Care Quality 2004*

## Chlamydia Tests

- Chlamydia tests involve testing a sample of body fluid or urine to determine whether *C. trachomatis* are present.
- Several types of tests can be used to detect a Chlamydia infection.
- Tests with lower sensitivity may not identify those women who are actually infected, or may erroneously classify uninfected women as infected.

Test	Advantages	Disadvantages	Codes
Culture	<ul style="list-style-type: none"> <li>• Specificity nears 100%, thereby reducing the potential for false positive results</li> </ul>	<ul style="list-style-type: none"> <li>• Requires a skilled laboratorian, is labor-intensive and expensive</li> <li>• Sensitivity is about 80%</li> <li>• Cervical specimens only</li> </ul>	87110
DNA Probe	<ul style="list-style-type: none"> <li>• More stable transport of specimens</li> <li>• Less expensive than culture</li> </ul>	<ul style="list-style-type: none"> <li>• Cervical specimens only</li> <li>• Sensitivity is about 65%</li> </ul>	88271 (non-HEDIS®)
EIA	<ul style="list-style-type: none"> <li>• Less technically demanding than culture</li> <li>• Less expensive</li> </ul>	<ul style="list-style-type: none"> <li>• Cervical specimens only</li> <li>• Sensitivity is about 60%</li> </ul>	87320
Nucleic acid amplification	<ul style="list-style-type: none"> <li>• 90% or greater sensitivity and specificity</li> <li>• Can use either urine or cervical swabs as specimens</li> </ul>	<ul style="list-style-type: none"> <li>• More expensive than DNA Probe or EIA</li> </ul>	87491

## Who Should be Tested?

- Sexually active women 25 years or younger
- Women who seek care for the following:
  - pregnancy testing
  - sexually transmitted diseases/or history
  - contraceptive services
  - gynecological services
  - history of sexual assault or abuse
  - vague comments of sexual relations

*Resources available on request*