

# Chlamydia Screening in Women (CHL)

## Provider Tip Sheet

### What is being measured?

The percentage of women, 16-24 years of age, who were identified as sexually active and who had at least one test for chlamydia during the measurement year. This includes members who were prescribed contraception, even if the member is not sexually active.

### Why is this measure important?

Routine annual chlamydia screening is one of the most important preventative reproductive health measures for sexually active women. Chlamydia is the most commonly reported bacterial sexually transmitted disease in the United States and is most prevalent among adolescent and young adult females. Screening is vital, as approximately 75% of chlamydia infections in women are asymptomatic; untreated chlamydia can lead to serious complications, some of which are irreversible.<sup>2</sup>

### Eligible Population

Women who are between the ages of 16-24 by December 31st of the measurement year and are on any form of birth control (even if they are not sexually active) or who had a claim or encounter indicating sexual activity.

### When is the best time to screen for chlamydia?

The best time to conduct screenings is at the annual exam. NCQA recommends that chlamydia be included with the series of routine labs that are ordered during the annual physical visit.<sup>3</sup> The screening can be done during the annual exam or anytime the female patient is in the office to obtain:

- contraceptive prescriptions,
- pregnancy testing,
- an annual well-visit, or
- a urinalysis.

Members should be screened for chlamydia if they:

- disclose that they do not always use a condom,
- have a prior history of sexual abuse or assault, or
- have a prior history of sexually transmitted infections.

*Continued on page 2*

## CPT Codes

Description	CPT Code
Chlamydia culture (acceptable for urine analysis screening)	87110
Immunofluorescent infectious agent antigen detection	87270
Immunoassay infectious agent antigen detection	87320
Nucleic Acid infectious agent detection: direct probe technique	87490
Nucleic Acid infectious agent detection: amplified probe technique	87491
Nucleic Acid infectious agent detection: quantification technique	87492
Immunoassay infectious agent antigen detection with direct optical observation	87810

## Best Practices

- Recognize that the patient might be uncomfortable or nervous to discuss her sexual behavior. To help make her feel more comfortable. Consider saying, “I am going to ask you a few questions about sexual health. I ask everyone these questions because they are important in understanding your overall health. Everything you tell me is confidential. Will that be okay?”
- Let the patient know that conversations about sexual health can be difficult but are an important part of routine care.
- Use standardized, easy-to-understand language and terms to avoid confusion. If you are not familiar with a term your patient uses, ask for an explanation.<sup>3</sup>
- Briefly explain why you are asking certain questions if she seems reluctant to answer. Let her know, “At this point in the visit, I generally ask some questions about sexual health and discuss screenings for sexually transmitted infections, like chlamydia. Will that be okay?”
- Use the least invasive recommended laboratory technologies.
- Consider opt-out chlamydia and gonorrhea screening (i.e., the patient is notified that testing will be performed unless the patient declines, regardless of reported sexual activity).<sup>4</sup>
- Assess your own comfort level discussing sex with different patient groups and identify any biases that you may have. If you are uncomfortable talking about sex and sexuality, your patient will be too.
- Avoid making assumptions about your patient based on age, appearance, marital status, or any other factor. Unless you ask, you cannot know a person’s sexual orientation, behaviors, or gender identity.
- Be prepared to explain the rationale for the testing.
- Ask open-ended questions, using the CDC’s list of considerations (the five Ps): partners, prevention of pregnancy, protection from STDs, practices, and past history of STDs.<sup>5</sup>

## References

1. U.S. Preventive Services Task Force. (2021). [Chlamydia and Gonorrhea: Screening](#).
2. National Committee for Quality Assurance. (2003). [Chlamydia Screening in Women](#).
3. Reproductive Health National Training Center. (2020). [Chlamydia Screening Change Package](#).
4. National Chlamydia Coalition. (2021). [Opt-Out Screening](#).
5. Centers for Disease Control and Prevention. (2021). [Chlamydial Infection Among Adolescents and Adults](#).

## Support

We are committed to the care and well-being of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

Please view the Provider section of our website at [ambetterofnorthcarolina.com](https://ambetterofnorthcarolina.com) for additional tools and resources. You may also contact your [Provider Engagement Administrator](#) directly for support and education.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). This tip sheet has been updated with information from the release of the HEDIS® MY 2021 Volume 2 Technical Specifications by NCQA and is subject to change.

CPT codes, descriptions and other data only are copyright 2021 American Medical Association. All Rights Reserved.