Measure: chlamV73

Client
HEALTH BENCHMARKS, INC. STANDARD ALGORITHM
Implemented for Blue Cross Blue Shield of Texas

Measure Title
CHLAMYDIA SCREENING FOR WOMEN

Disease State
Sexually transmitted disease

Indicator Classification
Screening

Strength of Recommendation
A (for women 24 years and younger)
C (for women 25 years)

Organizations Providing Recommendation
American Academy of Family Physicians
Centers for Disease Control and Prevention
U.S. Preventive Services Task Force (USPSTF)

Clinical Intent
To ensure that sexually active women 16-25 years of age had at least one screening test for chlamydia during the measurement year.

Physician Specialties (suggested)
Family Practice, Internal Medicine, Obstetrics-Gynecology

Background

Disease Burden
- Women between the age of 15 and 24 years account for more than 70% of all reported cases of *Chlamydia trachomatis* in the US.[1]
- *Chlamydia trachomatis* genitourinary infection results in insidious and often chronic unrecognized disease and is a major cause of tubal infertility, chronic pelvic pain, pelvic inflammatory disease (PID), and ectopic pregnancy. In addition, *Chlamydia* infection also increases the risk for contracting HIV and developing cervical carcinoma. [2-11]
- *Chlamydia* infections are also related to adverse pregnancy outcomes, including miscarriage, premature rupture of membranes, preterm labor, low birth weight, infant mortality, neonatal *Chlamydial* infection, and postpartum endometritis.[12]
- In 2004, 929,462 *Chlamydial* infections were reported to CDC from 50 states and the District of Columbia. Under-reporting is substantial because most people with *Chlamydia* are not aware of their infections, with only 32% tested for the disease[6, 13] Testing is not often done if patients are treated for their symptoms. An estimated 2.8 million Americans are infected with *Chlamydia* each year. Women are frequently re-infected if their sex partners are not treated.[14]

Reason for Indicated Intervention or Treatment
- Screening young, asymptomatic, sexually active women for *Chlamydia* is an effective method for decreasing reproductive morbidity such as pelvic inflammatory disease, infertility, and ectopic pregnancy.[6, 15] Furthermore, in young, pregnant women early detection and treatment will reduce complications for both the mother and newborn.[5]
Evidence Supporting Intervention or Treatment

- Screening 100 percent of sexually active women aged 18-24 would prevent an estimated 140,113 cases of PID each year.[6]
- Screening women at increased risk for *Chlamydia* improves health outcomes.[12]
- Annual *Chlamydia* screening of sexually active women age 16-25 has been shown to be cost effective compared to other screening regimens.[16]

Clinical Recommendations

- Screening for *Chlamydia* infection in asymptomatic sexually active female adolescents 24 years and younger is recommended by the Centers for Disease Control and Prevention, the American Academy of Family Physicians, and the U.S. Preventive Services Task Force (USPSTF).[17, 18]
- The U.S. Services Preventive Task Force does not recommend Routine screening of women 25 years and older.[18]

Source

Healthcare Effectiveness Data and Information Set (HEDIS®) 2008 Technical Specification

Denominator Definition

Continuously enrolled, sexually active women ages 16-25 by the end of the measurement year.

Denominator Codes

Women who were sexually active during the measurement year:

**ICD-9 diagnosis code(s):** 042, 054.10, 054.11, 054.12, 054.19, 078.1x, 078.8x, 079.4, 079.51-079.53, 079.88, 079.98, 091.xx-098.xx, 093.10, 093.11, 094.15-098.19, 098.2, 098.30, 098.31, 098.35-098.8x, 099.9x, 131.xx, 614.xx-616.xx, 622.3x, 623.4x, 626.7x, 628.xx, 630.xx-677.xx, 795.0x, 996.32, V01.6x, V02.7x, V02.8x, V08.xx, V15.7, V22.xx-V28.xx, V45.5x, V61.5x-V69.2x, V72.3x, V72.4x, V73.88, V73.98, V74.5x, V74.5x, V76.2x

**ICD-9 surgical proc code(s):** 69.01, 69.02, 69.51, 69.52, 69.7, 72.xx-75.xx, 97.24, 97.71, 97.73

**HCPCS code(s):** G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, H1000, H1001, H1003-H1005, P3000, P3001, Q0091, S0180, S0199, S4981, S8055

**UB revenue code(s):** 0112, 0122, 0132, 0142, 0152, 0720-0722, 0724, 0729, 0923, 0925

**Injection of contraceptives, sexually transmitted diseases, a child delivery, prenatal care, or postpartum care**

CPT-4 code(s): 11975-11977, 57022, 57170, 58300, 58301, 58600, 58605, 58611, 58615, 58700, 58974, 58976, 59000, 59001, 59012, 59015, 59020, 59025, 59030, 59050, 59051, 59070, 59072, 59074, 59076, 59100, 59105, 59120, 59121, 59130, 59135, 59136, 59140, 59150, 59151, 59160, 59200, 59300, 59320, 59325, 59350, 59400, 59409, 59410, 59412, 59414, 59421, 59425, 59426,
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Evidence of a pregnancy test
CPT-4 code(s): 81025, 84702, 84703
UB revenue code(s): 0925
LOINC code(s): 2106-3, 2107-1, 2110-5, 2111-3, 2112-1, 2113-9, 2114-7, 2115-4, 2118-8, 2119-6, 19080-1, 19180-9, 20415-6, 20994-0, 21198-7, 25372-4, 25373-2, 34670-0 (if applicable)

Contraceptive prescription
Drug list: desogestrel-ethinyl estradiol, drospirenone-ethinyl estradiol, diaphragm, ethinyl estradiol-ethynodiol, ethinyl estradiol-ethynodiol, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norelgestromin, ethinyl estradiol-norethindrone, ethinyl estradiol-norgestimate, ethinyl estradiol-norgestrel, etonogestrel, levonorgestrel-medroxyprogesterone, mestranol-norethindrone, nonynol 9, octoxynol

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<thead>
<tr>
<th>Denominator Exclusion Definition</th>
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<tbody>
<tr>
<td>Women who qualified for the denominator only by a pregnancy test during the measurement year when it is followed either by a prescription for Accutane (isotretinoin) or an x-ray within 0-7 after the pregnancy test.*</td>
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</tbody>
</table>
*Note: Members may have more than one pregnancy test during the measurement year. If one or more pregnancy test is NOT followed by an Accutane prescription or an x-ray, the member is not excluded. For example, if a woman receives two pregnancy tests during the first 358 days of the measurement year and each pregnancy test is followed by an Accutane prescription in the 0-7 days after the pregnancy test, the member is excluded. If a women receives three pregnancy tests during the first 358 days of the measurement year and only two of the tests are followed by an x-ray in the 0-7 days after each pregnancy test, the women is NOT excluded from the denominator because one of the pregnancy tests was not followed by an Accutane prescription or an x-ray.

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<tr>
<th>Denominator</th>
<th>Pregnancy test</th>
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<td>Exclusion Codes</td>
<td>CPT-4 code(s): 81025, 84702, 84703</td>
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<td>UB revenue code(s): 0925</td>
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</tr>
<tr>
<td>Numerator</td>
<td>Women who had either an x-ray or Accutane prescription within 0-7 days after the pregnancy test</td>
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<tr>
<td>Definition</td>
<td>Accutane (isotretinoin)</td>
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<tr>
<td>Numerator Codes</td>
<td>Screening for chlamydia</td>
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<td>LOINC code(s): 557-9, 560-3, 4993-2, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 14463-4, 14464-2, 14467-5, 14470-9, 14471-7, 14474-1, 14509-4, 14510-2, 14513-6, 16600-9, 16601-7, 16602-5, 20993-2, 21189-6, 21190-4, 21191-2, 21192-0, 21613-5, 23838-6, 31771-9, 31772-7, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43406-8 <em>(if available)</em></td>
</tr>
<tr>
<td>Physician Attribution</td>
<td>Score all physicians (in the selected specialties) who saw the member during the measurement year.</td>
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</tbody>
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