Health Benchmarks®
Clinical Quality Indicator Specification 2009

Client HEALTH BENCHMARKS, INC. STANDARD ALGORITHM

Measure Title CHLAMYDIA SCREENING FOR WOMEN

Disease State Sexually transmitted disease Indicator Classification1 Screening

Strength of Recommendation2 A (for women 24 years and younger)

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 16-24 years of age had at least one screening test for chlamydia during the measurement year.

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
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).
- The U.S. Services Preventive Task Force does not recommend Routine screening of women 24 years and older.

Source

Healthcare Effectiveness Data and Information Set (HEDIS®) 2009 Technical Specification for Physician Measurement

Denominator

<table>
<thead>
<tr>
<th>Denominator</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Denominator</td>
<td>Continuously enrolled, sexually active women ages 16-24 by the end of the measurement year.</td>
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<tr>
<td>Encounters/Claims Criteria</td>
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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 days after the pregnancy test.*

*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

Denominator Exclusion

Denominator Exclusion Definition

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 days after the pregnancy test.*

*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.

### Denominator Exclusion Claims

**CPT-4 code(s):** 70010-76499, 81025, 84702, 84703

**UB revenue code(s):** 032x, 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 available)*

### Numerator

**Definition:** Women who underwent screening for chlamydia (i.e. chlamydia trachomatis tests, chlamydia species test, chlamydia trachomatis and neisseria gonorrhoeae tests) during the measurement year.

**CPT-4 code(s):** 87110, 87270, 87320, 87490-87492, 87810

**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, , , 21189-6, 21190-4, 21191-2, 21192-0, 21163-5, 23838-6, 31771-9, 31772-7, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43406-8, 44806-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45074-2, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 50387-0 *(if available)*

### Physician Attribution

**Description:** Score all physicians (in the selected specialties) who saw the member during the measurement year.

### References

Indictor Classification (Adapted from HEDIS® technical specifications)

Diagnosis
Measures applicable to patients receiving diagnostic workups for a symptom or condition that delineate appropriate laboratory or radiological testing to be performed (e.g. evaluation of thyroid nodule; pregnancy test in patients with vaginal bleeding or abdominal pain)

Effectiveness of Care

Prevention
Measures applicable to asymptomatic individuals that are designed to prevent the onset of the targeted condition (e.g. immunizations).

Screening
Measures applicable to asymptomatic patients who have risk factors or pre-clinical disease, but in whom the condition has not become clinically apparent (e.g. pap smears; screening for elevated blood pressure).

Disease Management
Measures applicable to individuals diagnosed with a condition that are part of the treatment or management of the condition (e.g. cholesterol reduction in patients with diabetes; radiation therapy following breast conserving surgery; appropriate follow-up after acute event).

Medication Monitoring
Measures applicable to patients taking medications with narrow therapeutic windows and/or potential preventable significant side effects or adverse reactions (e.g. thyroid stimulating hormone (TSH) testing after levothyroxine dose change; hepatic enzyme monitoring for patients using antimycotic pharmacotherapy).

Medication Adherence
Measures applicable to patients taking medications for chronic conditions that are designed to assess patient adherence to medication (e.g. adherence to lipid lowering medication).

Utilization
Measures applicable to patients receiving treatment for a symptom or condition that advocate appropriate utilization of laboratory and pharmaceutical resources (e.g. conservative use of imaging for low back pain; inappropriate use of antibiotics for viral upper respiratory infection).
Strength of Recommendation Based on a Body of Evidence

**FIGURE 2.** Algorithm for determining the strength of a recommendation based on a body of evidence (applies to clinical recommendations regarding diagnosis, treatment, prevention, or screening). While this algorithm provides a general guideline, authors and editors may adjust the strength of recommendation based on the benefits, harms, and costs of the intervention being recommended. (USPSTF = U.S. Preventive Services Task Force)