

Chlamydia Screening (CHL)

Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS®) rates. This tip sheet gives key details about the Chlamydia Screening (CHL) measure, best practices and more resources.



Measure

The percentage of women ages 16–24 who are identified as sexually active and who had at least one test for chlamydia as of December 31 of the measurement year.

Report two age stratifications and a total rate:

- 16–20
- 21–24
- Total

Exclusions

Exclude patients who qualified for the denominator based on a pregnancy test alone and met either of the following criteria.

On the date of the pregnancy test or six days after, the patient was:

- Prescribed isotretinoin.
- Received an X-ray.

Exclude patients who use hospice services or die at any time during the measurement year.

Highlights

- CHL can have no symptoms for several weeks.
- Routine screening with a swab test or first-void urine sample is key to detection.
- CHL spreads through unprotected vaginal, anal or oral sex.
- Symptoms can include vaginal discharge, a burning feeling when urinating and pain in the lower abdomen.
- CHL can cause permanent damage to a female reproductive system that can make it difficult to get pregnant later.
- A pregnant person can give the infection to their baby during childbirth.

Barriers

- Patients and parents of minors may view a CHL screening as a sensitive service. This can prevent talking with their doctor.
- Provider does not know if a patient is sexually active and when to initiate talks.
- Patient is not aware of screening guidelines and does not ask questions.
- Parents go with children to doctor visits and may not know their child is sexually active. Parents then refuse the screening.

Best practices

- Have a standing order in place for CHL screening.
- For patients who would benefit from an at-home chlamydia test, use the newly approved¹ chlamydia diagnostic test. Patient lab results are approved for HEDIS.
- Yearly screening for sexually active women ages 24 and younger, and in older women who are at an increased risk for infection.
- Use pharmacy data, claims and encounters to identify sexually active women.

(continued)

Best practices, continued

- Screen patients who use birth control.
- Talk about screening guidelines during annual checkups or other exams.
- Share the value of a CHL screening with the patient.
- Screen for both chlamydia and gonorrhea in pregnant women < 25 years of age and older pregnant women at increased risk.

CPT codes

Use the appropriate CPT code when billing for CHL screenings:

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| • 87110 | • 87490 | • 87810 |
| • 87270 | • 87491 | • 0353U |
| • 87320 | • 87492 | |

Resources

- U.S. Preventive Services Task Force:
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening#bootstrap-panel--6>
- Centers for Disease Control and Prevention: https://www.cdc.gov/chlamydia/about/?CDC_AAref_Val=https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm

¹FDA News Release, November 15, 2023. Source link: <https://www.fda.gov/news-events/press-announcements/fda-grants-marketing-authorization-first-test-chlamydia-and-gonorrhea-home-sample-collection>

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