



## HEDIS® Chlamydia Screening in Women (CHL) Coding Tip Sheet for Providers

As part of Community First Health Plans' ongoing efforts to improve care and ensure compliance with HEDIS® measures, we want to remind our network of Providers about the importance of accurate coding and documentation for **Chlamydia Screening in Women (CHL)**.

This measure tracks the percentage of sexually active women aged 16-24 who were screened for chlamydia during the measurement year. Accurate coding and documentation are essential for meeting HEDIS® requirements and ensuring proper reimbursement.

### Who To Screen

Clinical practice guidelines recommend routine chlamydia screening for (1) women aged 16-24 who are sexually active or (2) women who have been dispensed prescription contraceptives during the measurement year.

CONTRACEPTIVE MEDICATIONS LIST		
Description	Prescription	
Contraceptives	Desogestrel-ethinyl estradiol	Ethinyl estradiol-norelgestromin
	Dienogest-estradiol (multiphasic)	Ethinyl estradiol-norethindrone
	Drospirenone-ethinyl estradiol	Ethinyl estradiol-norgestimate
	Drospirenone-ethinyl estradiol-levomefolate (biphasic)	Ethinyl estradiol-norgestrel
	Ethinyl estradiol-ethynodiol	Etonogestrel
	Ethinyl estradiol-etonogestrel	Levonorgestrel
	Ethinyl estradiol-levonorgestrel	Medroxyprogesterone
		Norethindrone
Diaphragm	Diaphragm	
Spermicide	Nonoxynol 9	

## Recommended Screening Guidelines

**Annual screening** is recommended for all sexually active women under 25, and those with risk factors such as multiple partners or a history of sexually transmitted infections (STI).

## Testing Method

Ensure you document the method of testing (e.g., urine test, swab sample) and the associated CPT code for accurate reporting.

The following CPT codes are used for chlamydia screening and are essential for accurate billing:

<b>87110</b>	<b>87491</b>
<b>87320</b>	<b>87490</b>
<b>87810</b>	<b>87492</b>
<b>87270</b>	

## Common Billing Errors

To ensure accurate reporting, correct reimbursement and compliance, here are some common billing errors to avoid:

- **Incorrect Age Group:** Screening should be conducted for women aged 16-24 and older women with identified risk factors.
- **Incorrect Diagnosis Code:** Use Z11.3 for screening and Z00.00 or Z00.01 for routine exams.
- **Failure to Document:** Always document sexual activity/risk factors to justify need for screening.

## Conclusion

Chlamydia is the most commonly reported bacterial sexually transmitted disease in the United States. It occurs most often among adolescent and young adult females.<sup>1,2</sup> Untreated chlamydia infections can lead to serious and irreversible complications. This includes pelvic inflammatory disease (PID), infertility and increased risk of becoming infected with HIV.<sup>1</sup> Screening is important, as approximately 75% of chlamydia infections in women and 95% of infections in men are asymptomatic. This results in delayed medical care and treatment.<sup>3</sup>

By adhering to these guidelines and using the correct codes, we can ensure better health outcomes and HEDIS® compliance.

### References:

1. Centers for Disease Control and Prevention (CDC). 2014. "Sexually Transmitted Diseases: Chlamydia—CDC Fact Sheet." <http://www.cdc.gov/std/chlamydia/STDFact-chlamydia-detailed.htm>
2. National Chlamydia Coalition. 2010. "Research Briefs: Developments in STD Screening: Chlamydia Testing." 2010 Series, No. 1.
3. Meyers, D.S., H. Halvorson, S. Luckhaupt. 2007. "Screening for Chlamydial Infection: An Evidence Update for the U.S. Preventive Services Task Force." *Ann Intern Med* 147(2):135-42.