

CHL: Chlamydia Screening

Description

The percentage of members 16–24 years of age who were recommended for routine chlamydia screening, were identified as sexually active and had at least one test for chlamydia during the measurement year.

Tips to improve your HEDIS CHL rates

- Implement an “opt-out” screening strategy, performing chlamydia screening on all women aged 16–24, regardless of reported sexual activity.
- Use non-stigmatized language and integrate chlamydia screening into routine visits, such as well-child exams and well-woman exams.
- Screen during annual wellness visits, sports physicals, sick visits and any visit where oral contraceptives, STIs or urinary symptoms are discussed.
- Explain the importance of chlamydia testing, its potential complications if left untreated and the asymptomatic nature of the infection.
- Incorporate a sexual history into the History and Physical documentation in your EMR.
- Emphasize confidentiality.
- Ensure thorough and accurate documentation in the medical record, including the date of testing, results and follow-ups. Use the correct CPT codes to accurately capture the service.
- Understand that chlamydia screening may not be captured in a claim if the service is performed and billed under prenatal and postpartum global billing.
- Order a chlamydia screening for any visit where oral contraceptive, sexually transmitted diseases (STD) or urinary symptoms are discussed.

Exclusions

- Members in hospice
- Members who died during the measurement year
- Sex assigned at birth: (LOINC code 76689-9) Male (LOINC code LA2-8) any time in the member’s history

Measure codes

CPT: 87490, 87491, 87492, 87110, 87270, 87320, and 87810

The Dell Children’s Health Plan Quality team is here to help you if you have questions regarding codes for this or other measures. For more information about HEDIS® measure performance, contact the Dell quality team at QualityManagement@ascension.org.