

# Chlamydia Screening



## Measure Description:

- The percentage of sexually active women ages 16-24 who had at least one test for chlamydia during the measurement year.
- The measure promotes early detection and treatment of chlamydia to prevent complications like infertility, using administrative or hybrid data.
- This measure is identical to the CMS Child Core Set (CHL-CH) and Adult Core Set (CHL-AD) specifications and the 2025 DOI Primary Care APM measure, with payment tied to the overall rate.
- Sexual activity is identified via claims for contraception, pregnancy, or STD testing; screening can be urine or vaginal.
- Reportable via claims or EHR, with emphasis on annual screening per CDC guidelines.

## Numerator:

- Women in the denominator who had at least one chlamydia test during CY2026.
- Tests must be documented in claims or EHR; rate calculated as the percentage screened, with payment based on the total rate for ages 16-24.
- Hybrid allows chart review for undocumented tests.

## Denominator:

- All women ages 16-24 as of December 31, 2026, who were identified as sexually active during the measurement year.
- Members must be enrolled in Medicaid for at least one day in CY2026 to be included.
- No exclusions for specific conditions, but hospice care excludes members (see Exclusions section).

## Services to Support Chlamydia Screening:

- Outpatient or preventive care visits, where screening can be performed or referred.
- Community health centers or women's health clinics for screenings in underserved areas.
- Laboratory services for chlamydia testing processing (urine or vaginal).
- Telehealth consultations for screening education and follow-up on results.
- Pharmacy services for related treatment if positive, though not direct for screening.

## Best Practices:

- Screen all sexually active women 16-24 annually per CDC guidelines, integrating reminders into EHR for due dates during preventive visits.
- Use urine or vaginal swabs for non-invasive testing to improve patient acceptance and completion rates.
- Educate patients on chlamydia risks and screening benefits using the "Teach Back Method" to confirm understanding, such as asking them to repeat back why annual testing is important.
- Document sexual activity and test results in structured EHR fields to facilitate data capture and hybrid reporting, avoiding free-text notes.
- Partner with community programs for free or low-cost testing, targeting high-risk groups like teens or those with multiple partners.
- Conduct outreach to patients due for screening via phone, text, or portal messages, offering flexible scheduling or home kits if available.

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- Common miss: No test despite sexual activity indicators – always use CPT 87491 in claims and confirm activity codes like contraception.
- Submit claims promptly with CPT codes to ensure screenings are captured in administrative data, reducing the need for chart reviews during audits.
- Monitor practice performance using EHR dashboards or RAE reports to identify gaps in rates and target interventions (e.g., higher misses in adolescents).
- Collaborate with RAE quality teams for resources like free testing kits, training on guidelines, or incentives to improve equity in chlamydia screening access.

### CY 2026 Payment Thresholds

Level	Required Rate	Payout %	Description
Basecamp	≥45%	33%	Entry-level target for basic compliance; focus on reminders to achieve this.
Tree Line	≥50%	67%	Mid-level target; emphasize outreach for overdue patients.
Summit	≥56%	100%	High-performance target; use EHR tools and partnerships to maximize rates.

For the full list of codes, please see Appendix A on the following page.

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## Appendix A

Codes to Identify Chlamydia Tests(NUMERATOR-CPT)	
Code	Description
87110	Culture, presumptive, pathogenic organisms, screening only
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
87320	Infectious agent antigen detection by immunoassay technique; Chlamydia trachomatis
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis

Codes for Sexual Activity Indicators(DENOMINATOR-CPT/ICD-10)	
Code Type	Codes
CPT	99201-99215 (office visits with contraception or STD codes), 81025 (pregnancy test), 87081 (STD culture), 86631 (antibody testing)
ICD-10	Z30.011 (encounter for initial prescription of contraceptive pills), Z32.01 (encounter for pregnancy test, result positive), Z11.3 (encounter for screening for infections with a predominantly sexual mode of transmission)

Codes for Hospice Exclusions (UBREV)	
Code	Description
0651	Hospice routine home care (per diem)
0652	Hospice continuous home care (per hour)
0655	Hospice inpatient respite care (per diem)
0656	Hospice general inpatient care (non-respite) (per diem)
0657	Hospice physician services
0658	Hospice room and board nursing facility (per diem)
0659	Hospice other (per diem)