

Chlamydia

Key Information for Practitioners

Rationale for doing the test:

- Chlamydia is on the rise.
- Untreated, *C. trachomatis* infections can lead to serious complications such as PID (Pelvic Inflammatory Disease):
 - Up to 40% will develop PID
 - 20% with PID will become infertile
 - 18% will experience debilitating, chronic pelvic pain
 - 9% will have a life-threatening tubal pregnancy
 - Those with Chlamydia are five times more likely to become infected with HIV if exposed
- Pennsylvania rates 22nd in the nation for the number of reported positive Chlamydia screens.
- Chlamydia screening is recommended by the ACOG, US Preventive Task Force, CDC and by Gateway Health Plan'sSM preventive guideline.
- Screening is recommended annually for all sexually active females ages 16-25, all women at risk (a new sexual partner or multiple sexual partners) and all pregnant women.
- Annual treatment of Chlamydia infections and subsequent complications costs an average two billion dollars.
- Our members have the highest risk.

Expected Outcomes

- Early detection may lessen serious complications
- Improve the quality of care
- Address preventive measures at every visit

Testing and Claims Submission

- There are two ways to test for Chlamydia
 - Culture/infectious agent antigen detection swab
 - Urine test *see procedure below
- Use one of the following ICD Codes
 - V74.5 - screening exam for exposure to Chlamydia
 - V73.98 - screening for unspecified Chlamydia disease
 - V69.2 - high risk sexual behavior
 - Use one of the following CPT codes: 87270, 87320, 87490, 87491, 87492 or 87810 with the modifier 90 for any of the noted codes

*Urine Specimen Procedure for Chlamydia

- A urine specimen should come from the beginning of the urine stream
- The patient should not have voided within the previous hour
- At least 15-60 ml of urine is needed
- Send the urine to the lab in a urine transport tube
- Specimen must be refrigerated if not transported that day. May be refrigerated up to 6 days.