

**Quality ID #447: Chlamydia Screening and Follow Up - National Quality Strategy Domain:  
Community/Population Health**

**2018 OPTIONS FOR INDIVIDUAL MEASURES:  
REGISTRY ONLY**

**MEASURE TYPE:**

Process

**DESCRIPTION:**

The percentage of female adolescents 16 years of age who had a chlamydia screening test with proper follow-up during the measurement period

**INSTRUCTIONS:**

This measure is to be submitted **once per performance period** for patients seen during the performance period. This measure may be submitted by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**Measure Submission:**

The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry submissions; however, these codes may be submitted for those registries that utilize claims data.

**DENOMINATOR:**

Sexually active female adolescents who turned 16 years of age during the measurement period with a visit during the measurement period and a visit in the year prior to the measurement period

***DENOMINATOR NOTE:*** Evidence of sexual activity includes any of the following:

- Documentation of sexual activity
- Prescription for contraception
- Treatment or Screening for sexually transmitted disease
- Pregnancy- Pelvic examination

*\*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for registry-based measures.*

**Denominator Criteria (Eligible Cases):**

Female Patients who turn 16 years of age during the measurement period

**AND**

**Patient Encounter during the performance period (CPT):** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99394, 99395

**AND**

**Patient Encounter during year prior to the performance period (CPT):** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384\*, 99385\*, 99394\*, 99395\*

**AND**

**Documentation of sexual activity:** G9818

**AND NOT**

**DENOMINATOR EXCLUSION:**

**Patients who use hospice services any time during the measurement period: G9819**

**NUMERATOR:**

Adolescents who had documentation of a chlamydia screening test with proper follow-up during the measurement period

**Numerator Instructions:** Documentation must include a note indicating the date and each of the following:  
A chlamydia test result AND for abnormal or indeterminate results, evidence of confirmatory testing, referral or treatment.

**Numerator Options:**

***Performance Met:***

Documentation of a chlamydia screening test with proper follow-up (**G9820**)

**OR**

***Performance Not Met:***

No documentation of a chlamydia screening test with proper follow-up (**G9821**)

**RATIONALE:**

Chlamydia trachomatis is the most common sexually transmitted bacterial infection in the U.S., resulting in over 1.4 million cases each year (USPSTF 2014, CDC 2014). Chlamydia infections are often asymptomatic, but, if left untreated, can lead to serious and irreversible complications (USPSTF 2014, CDC 2014).

Women are particularly vulnerable when infected with chlamydia. Left untreated, chlamydia can cause pelvic inflammatory disease (PID), which can lead to chronic pelvic pain or infertility. Pregnant women may also transmit the infection to their infant, potentially resulting in neonatal pneumonia (CDC 2014).

**CLINICAL RECOMMENDATION STATEMENTS:**

U.S. Preventive Services Task Force (USPSTF) (2014):

The USPSTF recommends screening for chlamydia in sexually active females aged 24 years or younger and in older women who are at increased risk for infection. (B recommendation)

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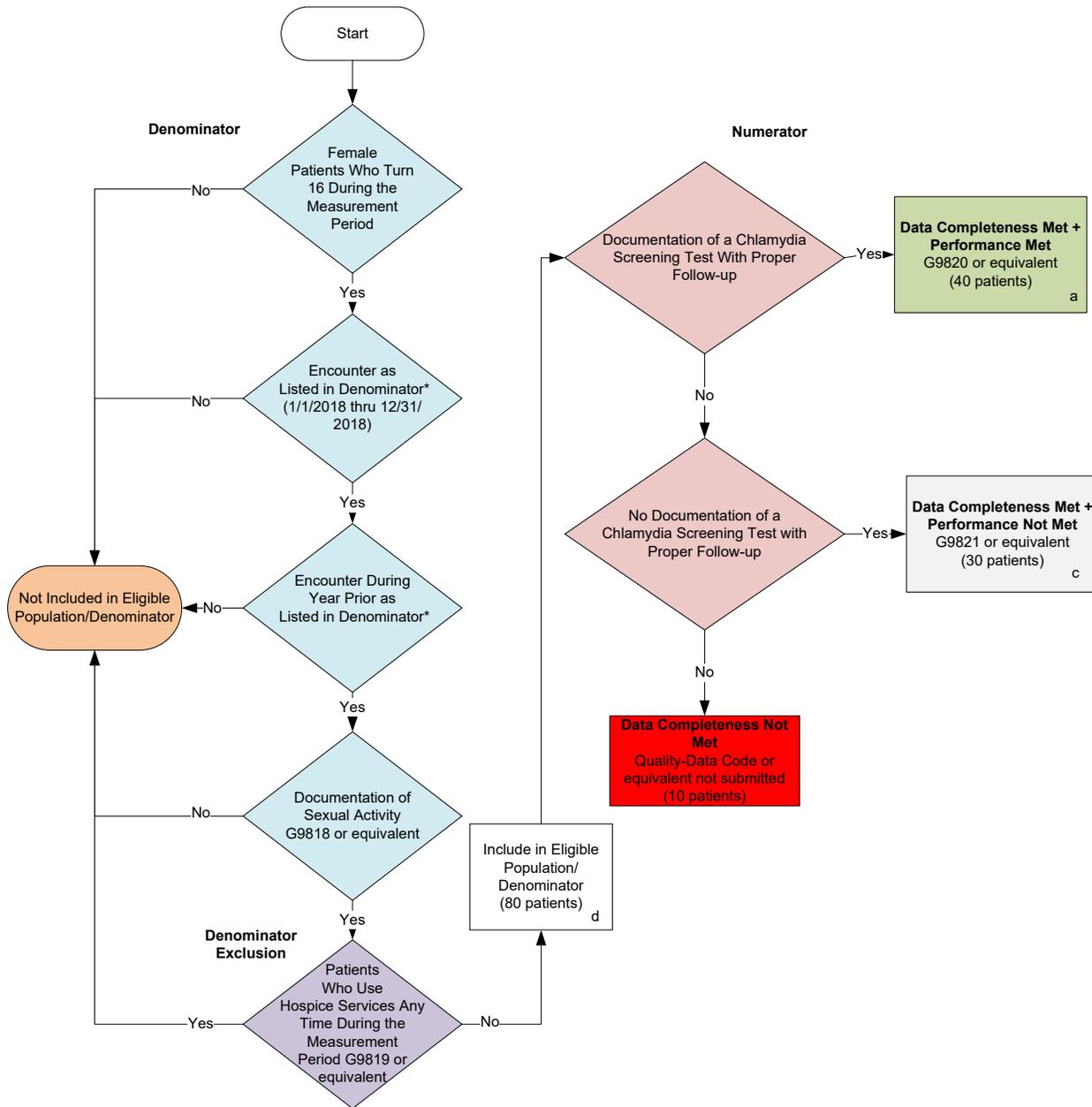
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## 2018 Registry Flow for Quality ID #447: Chlamydia Screening and Follow Up



**SAMPLE CALCULATIONS:**

**Data Completeness=**  

$$\frac{\text{Performance Met (a=40 patients) + Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$

\*See the posted Measure Specification for specific coding and instructions to submit this measure.  
 NOTE: Submission Frequency: Patient-process

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**2018 Registry Flow For Quality ID  
#447: Chlamydia Screening and Follow Up**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

1. Start with Denominator
2. Check Patient Age:
  - a. If Female Patient s Who Turn 16 During the Measurement Period equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Female Patient s Who Turn 16 During the Measurement Period equals Yes, proceed to check Patient Encounter
3. Check Encounter Performed:
  - a. If Encounter Performed as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Encounter Performed as Listed in the Denominator equals Yes, proceed to check Encounter Performed During Year Prior as Listed in Denominator
4. Check Encounter Performed During Year Prior as Listed in Denominator:
  - a. If Encounter Performed During Year Prior as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Encounter Performed as Listed in the Denominator equals Yes, proceed to Documentation of Sexual Activity.
5. Check Documentation of Sexual Activity:
  - a. If Documentation of Sexual Activity equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Documentation of Sexual Activity equals Yes, proceed to check Patients Who Use Hospice Services Any Time During the Measurement Period
6. Check Patients Who Use Hospice Services Any Time During the Measurement Period:
  - a. If Patients Who Use Hospice Services Any Time During the Measurement Period equals No, include in the Eligible population.
  - b. If Patients Who Use Hospice Services Any Time During the Measurement Period equals Yes, do not include in Eligible Patient Population. Stop Processing.
7. Denominator Population:
  - a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
8. Start Numerator

9. Check Documentation of a Chlamydia Screening Test With Proper Follow-up:
  - a. If Documentation of a Chlamydia Screening Test With Proper Follow-up equals Yes, include in Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in Sample Calculation.
  - c. If Documentation of a Chlamydia Screening Test With Proper Follow-up equals No, proceed to No Documentation of a Chlamydia Screening Test With Proper Follow-up
10. Check No Documentation of a Chlamydia Screening Test With Proper Follow-up:
  - a. If No Documentation of a Chlamydia Screening Test With Proper Follow-up equals Yes, include in Data Completeness Met and Performance Not Met.
  - b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.
  - c. If No Documentation of a Chlamydia Screening Test With Proper Follow-up equals No, proceed to Data Completeness Not Met.
11. Check Data Completeness Not Met:
  - a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Performance Met (a=40 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$