



Chlamydia Screening

Chlamydia is the most common sexually transmitted bacterial infection (STI) in the United States. The best way to detect chlamydia in its early stages is to conduct screenings at yearly physicals for patients who are sexually active.

When should I provide a chlamydia screening?

Providers should order an annual chlamydia screening for female patients between the ages of 15 (who turn age 16 by December 31 of the measurement year) and 24 who are present in the office for any of the following reasons:

- **Any time a urine screening is performed**
- Pregnancy testing
- Contraception services
- Annual gynecological exam
- Prior history of sexual abuse or assault
- Prior history of Sexually Transmitted Infections (STI)

Tell your patient this is a routine urine test. If they ask for more information, please provide it. Do not give them reasons to refuse the test. Upon recognizing a patient is at risk, the provider should offer STI prevention counseling and make a note in the chart to routinely test for chlamydia and other STIs.

Note: Member may be eligible for a monetary reward for completing the screening. For more information they can contact Member Services at the number on their ID card.

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**Quality care is a team effort.
Thank you for playing a starring role!**

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Missouri Care covers urine chlamydia screening

Missouri Care covers some types of chlamydia screenings. Please check with your Missouri Care representative for billing details. This includes traditional methods, as well as urine screening (simply bill with CPT code 87110). The advantage to urine screening is that it is quick and simple with less discomfort than other methods.

CPT Codes*

87110 (Urinalysis Screening), 87270, 87320, 87490, 87491, 87492, 87810

*females only

How can I provide a chlamydia screening?

C. trachomatis urogenital infection in women can be diagnosed by first catch urine or by collecting swab specimens from the endocervix or vagina.

Treatment

Treating infected patients prevents sexual transmission of the infection. In addition, treating all sexual partners of those testing positive for chlamydia can prevent reinfection. Treating pregnant women usually prevents transmission of *C. trachomatis* to infants during birth.

Recommended Regimes

Azithromycin 1 g orally in a single dose **OR** Doxycycline 100 mg orally twice a day for 7 days

Special Considerations

Pregnancy

Follow-Up

Except in pregnant women, **test of cure** (i.e., repeat testing 3-4 weeks after completing therapy) is not advised for persons treated with the recommended regimens, unless therapeutic compliance is in question, symptoms persist, or reinfection is suspected.



Safe Sex Education

Patients should be instructed to refer their sexual partners for evaluation, testing, and treatment if they had sexual contact with the patient during the 60 days preceding onset of the patient's symptoms or chlamydia diagnosis.

Consider using the CDC Expedited Partner Therapy (EPT) Program

The CDC recommends using the Expedited Partner Therapy (EPT) Program to prevent the spread of chlamydia to other partners or from going back and forth between partners. Providers are able to write prescriptions for partners without examining the partner. If the name of the partner is unknown, the prescription can be written for Expedited Partner Therapy. The partner is responsible for the payment of the medication, or will have to use their personal prescription drug coverage.

Please follow the links for more information:

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening>

<https://www.cdc.gov/std/tg2015/chlamydia.htm>

<https://www.cdc.gov/std/ept/default.htm>

*Not all drugs may be covered. If you have questions regarding the Missouri Care Formulary, please call your Missouri Care representative or go to www.wellcare.com/en/Missouri.