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

2017 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 reported once per performance period for patients seen during the performance period. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting:
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-based 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)

COPYRIGHT:
These performance measures were developed and are owned by the National Committee for Quality Assurance ("NCQA"). These performance measures are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures. NCQA holds a copyright in this measure and can rescind or alter this measure at any time. Users of the measure shall not have the right to alter, enhance, or otherwise modify the measure and shall not disassemble, recompile, or reverse engineer the source code or object code relating to the measure. Anyone desiring to use or reproduce the measure without modification for a noncommercial purpose may do so without obtaining any approval from NCQA. All commercial uses must be approved by NCQA and are subject to a license at the discretion of NCQA. Use by health care providers in connection with their own practices is not commercial use. A “commercial use” refers to any sale, license, or distribution of a measure for commercial gain, or incorporation of a measure into any product or service that is sold, licensed, or distributed for commercial gain, even if there is no actual charge for inclusion of the measure. ©2004-2016 National Committee for Quality Assurance, all rights reserved.

Performance measures developed by NCQA for CMS may look different from the measures solely created and owned by NCQA.

CPT® contained in the Measures specifications is copyright 2004-2016 American Medical Association.
2017 Registry Individual Measure Flow

#447: Chlamydia Screening and Follow Up

**Start**

**Denominator**

- Female Patients Who Turn 16 During the Measurement Period
  - No
  - Yes
    - Encounter as Listed in Denominator*
      - No
      - Yes
        - Documentation of a Chlamydia Screening Test With Proper Follow-up
          - No
          - Yes
            - Data Completeness Met + Performance Met G9820 or equivalent (4 patients) a

- Encounter During Year Prior as Listed in Denominator*
  - No
  - Yes
    - Documentation of Sexual Activity G9818 or equivalent
      - No
      - Yes
        - Denominator Exclusion
          - No
          - Yes
            - Patients Who Use Hospice Services Any Time During the Measurement Period G9819 or equivalent
              - Yes
              - No

**Numerator**

- Documentation of a Chlamydia Screening Test With Proper Follow-up
  - No
  - Yes
    - Data Completeness Met + Performance Not Met G9821 or equivalent (3 patients) c

- Data Completeness Not Met Quality-Data Code or equivalent not reported (1 patient) d

---

**SAMPLE CALCULATIONS:**

Data Completeness =

- Performance Met (a=4 patients) + Performance Not Met (c=2 patients) = 7 patients = 87.50%
- Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate =

- Performance Met (a=4 patients) / (d=8 patients) = 4 patients / 8 patients = 57.14%
- Data Completeness Numerator (7 patients) / 7 patients

*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Patient-process

1. The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specifications. V1

Version 1.1
12/15/2016
CPT only copyright 2016 American Medical Association. All rights reserved.
3 of 5
2017 Registry Individual Measure Flow
#447: Chlamydia Screening and Follow Up

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

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 8 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 4 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 3 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 reported. 1 patient has been subtracted from the Data Completeness numerator in the sample calculation.

**SAMPLE CALCULATIONS:**

<table>
<thead>
<tr>
<th>Data Completeness</th>
<th>Performance Met (a=4 patients)</th>
<th>Performance Not Met (c=2 patients)</th>
<th>Eligible Population / Denominator (d=6 patients)</th>
<th>= 6 patients</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Performance Rate</th>
<th>Performance Met (a=4 patients)</th>
<th>= 4 patients</th>
<th>= 57.14%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Completeness Numerator (7 patients)</td>
<td>= 7 patients</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Version 1.1

CPT only copyright 2016 American Medical Association. All rights reserved.

12/15/2016