Quality ID #205: Sexually Transmitted Infection (STI) Testing for People with HIV

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients 13 years of age and older with a diagnosis of HIV who had tests for syphilis, gonorrhea, and chlamydia performed within the performance period.

INSTRUCTIONS:

Reporting Frequency:
This measure is to be submitted a minimum of once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:
This measure is intended to reflect the quality of services provided for the primary management of patients with HIV. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:
This measure contains one strata defined by a single submission criteria.
This measure produces a single performance rate.

Implementation Considerations:
For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient for the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

Telehealth:
TELEHEALTH ELIGIBLE: This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
All patients 13 years of age and older at the start of the performance period with a diagnosis of HIV before the end of the performance period with an eligible encounter during the performance period.

DENOMINATOR NOTE:
**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 MIPS CQMs.*

Denominator Criteria (Eligible Cases):
Patients aged ≥ 13 years at the start of the performance period
AND
Diagnosis for HIV before the end of the performance period (ICD-10-CM): B20, B97.35, Z21, O98.711, O98.712, O98.713, O98.719, O98.72, O98.73
AND
Patient encounters during the performance period (CPT or HCPCS): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99244*, 99245*, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381*, 99382*, 99383*, 99384*, 99385*, 99386*, 99387*, 99391*, 99392*, 99393*, 99394*, 99395*, 99396*, 99397*, 99429*, G0402, G0438, G0439

NUMERATOR:
Patients who were tested for each of the following at least once during the performance period: syphilis, gonorrhea, and chlamydia.

NUMERATOR NOTE:
Submit G9228 when results are documented for all of the 3 screenings.

Numerator Options:

Performance Met:	Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings) (G9228)
OR	
Performance Not Met:	Chlamydia, gonorrhea, and syphilis not screened, reason not given (G9230)

RATIONALE:
In 2024, the combined total number of cases of chlamydia, gonorrhea, and syphilis declined 9% from 2023, down a third consecutive year. There were still more than 2.2 million reported STIs in 2024, and compared to a decade ago, overall cases are 13% higher; congenital syphilis is nearly 700% higher (CDC, 2025). CDC data from 2023 indicates that 46% of people with HIV were tested for chlamydia, gonorrhea, and syphilis in the 12-month period (CDC, 2024). In 2022, men who have sex with men accounted for 45% of all make primary and secondar syphilis and approximately 36% of men who have sex with men with primary and secondary syphilis also had HIV (CDC, 2023). Chlamydia and gonorrhea infections among women can result in pelvic inflammatory disease, ectopic pregnancy, and infertility. This measure will help providers focus their attention and quality improvement efforts towards testing and treating sexually transmitted infections in patients with HIV, thus reducing the complications to long-term syphilis infection and reducing STI incidence (Patel et al., 2012).

CLINICAL RECOMMENDATION STATEMENTS:
"At the initial HIV care visit, providers should screen all sexually active persons for syphilis, gonorrhea, and chlamydia, and perform screening for these infections at least annually during the course of HIV care. Specific testing includes syphilis serology and nucleic acid amplification test (NAAT) for *N. gonorrhoeae* and *C. trachomatis* at the anatomic site of exposure…. More frequent screening for syphilis, gonorrhea, and chlamydia (e.g., every 3 or 6 months) should be tailored to individual risk behavior and the local prevalence of specific STIs.

“Rectal and pharyngeal testing by NAAT for gonorrhea and chlamydia is recognized as an important sexual health consideration for [men who have sex with men] MSM…. Pharyngeal infections with gonorrhea or chlamydia might be a principal source of urethral infections…. Approximately 70% of gonococcal and chlamydial infections might be missed if urogenital-only testing is performed among [men who have sex with men] MSM because most pharyngeal and rectal

infections are asymptomatic. Self-collected swabs have been reported to be an acceptable means of collection for pharyngeal and rectal specimens, which can enhance patient comfort and reduce clinical workloads.

"For women, *C. trachomatis* urogenital infection can be diagnosed by vaginal or cervical swabs or first-void urine. For men, *C. trachomatis* urethral infection can be diagnosed by testing first-void urine or a urethral swab. NAATs are the most sensitive tests for these specimens and are the recommended test for detecting *C. trachomatis* infection. NAATs that are FDA cleared for use with vaginal swab specimens can be collected by a clinician or patient in a clinical setting. Patient-collected vaginal swab specimens are equivalent in sensitivity and specificity to those collected by a clinician using NAATs, and this screening strategy is highly acceptable among women.

"Recent studies have demonstrated that among men, NAAT performance on self-collected meatal swabs is comparable to patient-collected urine or provider-collected urethral swabs. Patient collection of a meatal swab for *C. trachomatis* testing might be a reasonable approach for men who are either unable to provide urine or prefer to collect their own meatal swab over providing urine.

"Rectal and oropharyngeal *C. trachomatis* infection among persons engaging in receptive anal or oral intercourse can be diagnosed by testing at the anatomic exposure site…. Data indicate that NAAT performance on self-collected rectal swabs is comparable to clinician-collected rectal swabs, and this specimen collection strategy for rectal *C. trachomatis* screening is highly acceptable among men. Self-collected rectal swabs are a reasonable alternative to clinician-collected rectal swabs for *C. trachomatis* screening by NAAT, especially when clinicians are not available or when self-collection is preferred over clinician collection. Annual screening for rectal *C. trachomatis* infection should be performed among men who report sexual activity at the rectal site. Extragenital chlamydial testing at the rectal site can be considered for females on the basis of reported sexual behaviors and exposure through shared clinical decision-making by the patient and the provider. The majority of persons with *C. trachomatis* detected at oropharyngeal sites do not have oropharyngeal symptoms." (Workowski, 2021)

REFERENCES:

Centers for Disease Control and Prevention. *Sexually Transmitted Infections Surveillance 2024 (Provisional).* Atlanta: U.S. Department of Health and Human Services; 2025.

Centers for Disease Control and Prevention. Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection—Medical Monitoring Project, United States, 2022 Cycle (June 2022–May 2023). HIV Surveillance Special Report 36. https://stacks.cdc.gov/view/cdc/159149. Published July 2024. Accessed November 2025.

Centers for Disease Control and Prevention. *Sexually Transmitted Infections Surveillance 2023.* Atlanta: U.S. Department of Health and Human Services; 2025.

Patel, et all. Routine Brief Risk-Reduction Counseling With Biannual STD Testing Reduces STD Incidence Among HIV-Infected Men Who Have Sex With Men in Care. Sex Transm Dis. 2012 June; 39(6): 470–474.doi:10.1097/OLQ.0b013e31824b3110

Workowski, KA, Bachmann, LH, Chan, PA, Johnston CM, Muzny, CA, Park, I, Reno, H, Zenilman, JA, & Bolan, GA. "Sexually Transmitted Infections Treatment Guidelines, 2021" (PDF). MMWR Recomm Rep 2021; 70(No. RR-4): 16, 26, 66. Available online. Accessed October 2025.

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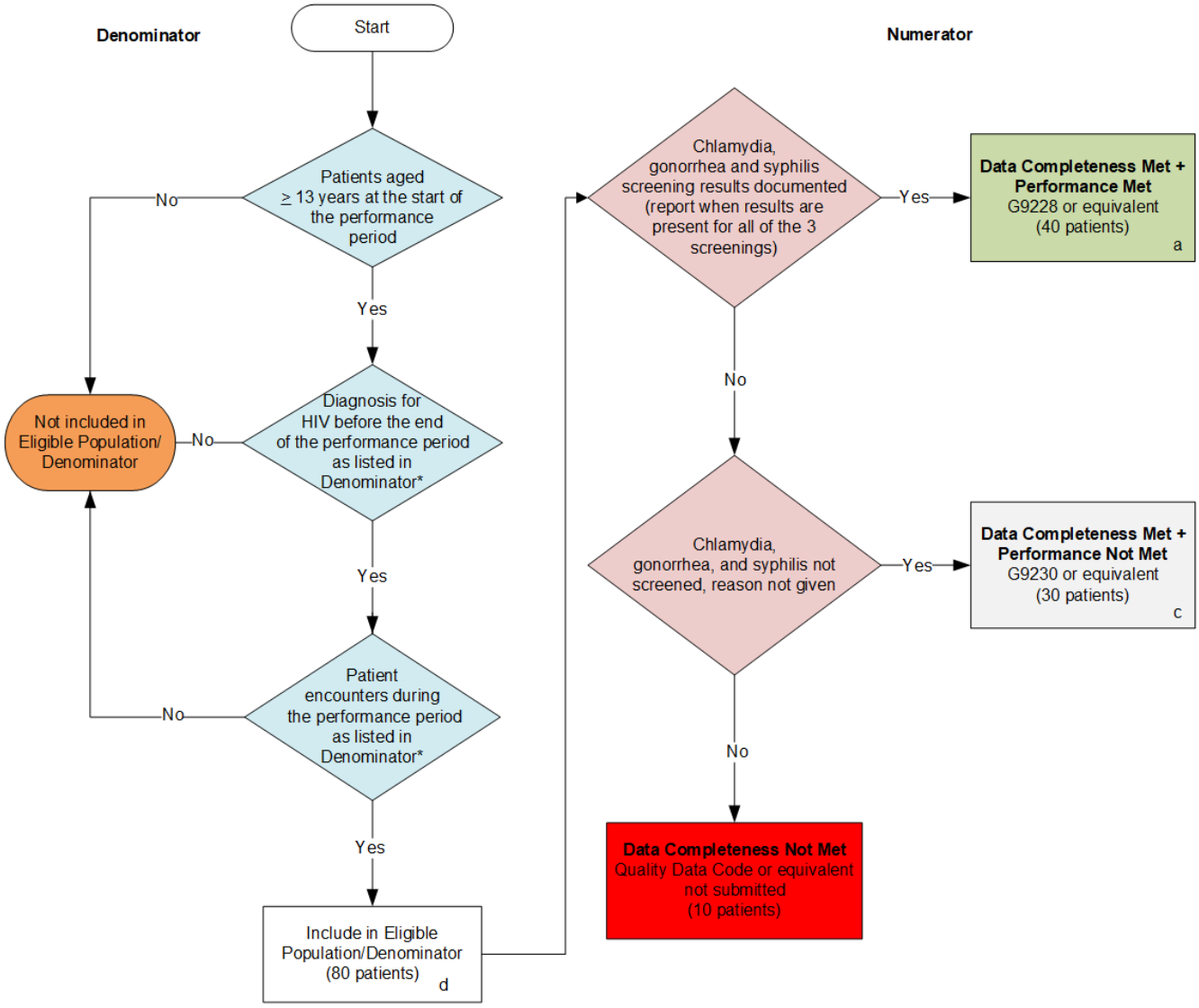
2026 Clinical Quality Measure Flow for Quality ID #205: Sexually Transmitted Infection (STI) Testing for People with HIV

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*



SAMPLE CALCULATIONS

Data Completeness=
Performance Met (a=40 patients) + Performance Not Met (c=30 patients) = 70 patients = **87.50%**
Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=
Performance Met (a=40 patients) = 40 patients = **57.14%**
Data Completeness Numerator (70 patients) = 70 patients

*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Process

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2026 Clinical Quality Measure Flow Narrative for Quality ID #205: Sexually Transmitted Infection (STI) Testing for People with HIV

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check *Patients aged greater than or equal to 13 years at the start of the performance period:*
    a. If *Patients aged greater than or equal to 13 years at the start of the performance period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged greater than or equal to 13 years at the start of the performance period* equals Yes, proceed to *Diagnosis for HIV before the end of the performance period as listed in Denominator**.
3. Check *Diagnosis for HIV before the end of the performance period as listed in Denominator*.*
    a. If *Diagnosis for HIV before the end of the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for HIV before the end of the performance period as listed in Denominator** equals Yes, proceed to *Patient encounters during the performance period as listed in Denominator**.
4. Check *Patient encounters during the performance period as listed in Denominator**:
    a. If *Patient encounters during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient encounters during the performance period as listed in Denominator** equals Yes, include in *Eligible Population/Denominator*.
5. Denominator Population:
    - 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.
6. Start Numerator
7. Check *Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings)*:
    a. If *Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings)* equals Yes, include in *Data Completeness Met and Performance Met*.
        - *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.
    b. If *Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings)* equals No, proceed to *Chlamydia, gonorrhea, and syphilis not screened, reason not given*.
8. Check *Chlamydia, gonorrhea, and syphilis not screened, reason not given*:
    a. If *Chlamydia, gonorrhea, and syphilis not screened, reason not given* equals Yes, include in *Data Completeness Met and Performance Not Met*.

- *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.

b. If *Chlamydia, gonorrhea, and syphilis not screened, reason not given* equals No, proceed to *Data Completeness Not Met*.

9. Check *Data Completeness Not Met*:

- If *Data Completeness Not Met*, 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 equals Performance Met (a equals 40 patients) plus Performance Not Met (c equals 30 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

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 specification.