

Applicable To:

- Medicaid – Kentucky

Claims and Payment Policy: Chlamydia Screening

Policy Number: CP-117

Original Effective Date: 1/10/2019

Revised Effective Date(s): N/A

BACKGROUND

According to the Centers for Disease Control and Prevention (CDC), chlamydia is the most commonly reported sexually transmitted infection (STIs) in the United States. In 2012 alone, more than 1.4 million cases of chlamydia were reported by healthcare providers nationwide. Chlamydial infections are often asymptomatic in women; however, asymptomatic infection may lead to pelvic inflammatory disease (PID) and its associated complications, such as ectopic pregnancy, infertility, and chronic pelvic pain. Newborns of women with untreated infection may develop neonatal chlamydial pneumonia or chlamydial ophthalmia. Infection may lead to symptomatic urethritis and epididymitis in men. Chlamydial infection may facilitate Human immunodeficiency virus (HIV) transmission.

The United States Preventative Services Task Force (USPSTF) found adequate direct evidence that screening reduces complications of chlamydial infection in women who are at increased risk, with a moderate magnitude of benefit. The USPSTF concludes with moderate certainty that screening for chlamydia is associated with moderate net benefit in all sexually active women aged 24 years or younger and in older women who are at increased risk for infection. *Chlamydia trachomatis* infections should be diagnosed by using nucleic acid amplification tests (NAATs) because their sensitivity and specificity are high and they are approved by the U.S. Food and Drug Administration for use on urogenital sites, including male and female urine, as well as clinician-collected endocervical, vaginal, and male urethral specimens.

POSITION STATEMENT

A yearly screening for chlamydia **is a covered benefit** when the Member meets the following criteria:

- Female **AND**
- Age 24 and older ****AND**
- Member is sexually active or at increased risk for infection.

**** Recommendation applies to all sexually active adolescents and adult women, including pregnant women. WellCare recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11 years – 21 years.**

CODING & BILLING

The following list(s) of codes is provided for reference purposes only and may not be all inclusive.

The following **ICD-10 CM** codes are considered **covered** and **medically necessary**:

A74.9 Chlamydial infection, unspecified

CPP Guideline

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Pregnancy:

- O04.82-O04.089** Complications following (induced) termination of pregnancy
- O07.0-O07.4** Failed attempted termination of pregnancy
- O08.0-O08.9** Complications following ectopic and molar pregnancy
- O09.00-O09.83** Supervision of high risk pregnancy
- O10.011-O10.13** Pre-existing hypertensive heart disease
- O10.211-O10.23** Pre-existing hypertensive chronic kidney disease complicating pregnancy, childbirth and the puerperium
- O10.311-O10.33** Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, childbirth and the puerperium
- O10.411-O10.43** Pre-existing secondary hypertension complicating pregnancy, childbirth and the puerperium
- O10.911-O10.93** Unspecified pre-existing hypertension complicating pregnancy, childbirth and the puerperium
- O11.1-O11.9** Pre-existing hypertension with pre-eclampsia
- O12.00-O12.25** Gestational [pregnancy-induced] edema and proteinuria without hypertension
- O13.1-O13.9** Gestational [pregnancy-induced] hypertension without significant proteinuria
- O14.00-O14.95** Pre-eclampsia
- O15.00-O15.9** Eclampsia
- O16.1-O16.9** Unspecified maternal hypertension
- O20.0-O20.9** Hemorrhage in early pregnancy
- O21.0-O21.9** Excessive vomiting in pregnancy
- O22.00-O22.93** Venous complications and hemorrhoids in pregnancy
- O23.00-O23.93** Infections of genitourinary tract in pregnancy
- O24.011-O24.93** Diabetes mellitus in pregnancy, childbirth, and the puerperium
- O25.10-O25.3** Malnutrition in pregnancy, childbirth and the puerperium
- O26.00-O26.93** Maternal care for other conditions predominantly related to pregnancy
- O28.0-O28.9** Abnormal findings on antenatal screening of mother
- O29.011-O29.93** Complications of anesthesia during pregnancy
- O30.001-O30.93** Multiple gestation
- O31.00XO-O31.8XX9** Complications specific to multiple gestation
- O32.0XXO-O32.9XX9** Maternal care for malpresentation of fetus
- O33.0-O33.9** Maternal care for disproportion
- O34.00-O34.93** Maternal care for abnormality of pelvic organs
- O35.0XXO-O35.9XX9** Maternal care for known or suspected fetal abnormality and damage
- O36.011O-O36.93X9** Maternal care for other fetal problems
- O40.1XXO-O40.9XX9** Polyhydramnios
- O41.00XO-O41.93X9** Other disorders of amniotic fluid and membranes
- O42.011-O42.92** Premature rupture of membranes
- O43.011-O43.93** Placental disorders
- O44.00-O44.53** Placenta previa
- O45.001-O45.93** Premature separation of placenta [abruptio placentae]
- O46.001-O46.93** Antepartum hemorrhage, not elsewhere classified
- O47.00-O47.9** False labor before 37 completed weeks of gestation
- O48.0-O48.1** Late pregnancy
- O60.00-O60.03** Preterm labor
- O88.011-O88.819** Obstetric embolism
- O94** Sequelae of complication of pregnancy, childbirth, and the puerperium
- O98.011-O98.93** Maternal infectious and parasitic diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
- O99.011-O99.89** Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
- O9A.111-O9A.13** malignant neoplasm complicating pregnancy, childbirth and the puerperium

O94.211-O9A.23 Injury, poisoning and certain other consequences of external causes complicating pregnancy, childbirth and the puerperium
O9A.311-O9A.33 Physical abuse complicating pregnancy, childbirth and the puerperium
O9A.411-O9A.43 Sexual abuse complicating pregnancy, childbirth and the puerperium
O9A.511-O9A.53 Psychological abuse complicating pregnancy, childbirth and the puerperium
Z03.71-Z03.79 Encounter for medical observation for suspected diseases and conditions ruled out
Z29.13 Encounter for prophylactic Rho(D) immune globulin
Z32.2 Encounter for childbirth instruction
Z33.1 Pregnant state, incidental
Z34.00-Z34.93 Pregnant state
Z36.0-Z36.9 Encounter for antenatal screening of mother
Z3A.01-Z3A.49 Weeks of gestation

Screening:

Z00.00-Z00.01 Encounter for general adult medical examination
Z00.00, Z00.01 Screening – Adult
Z00.121, Z00.129 Screening – Child
Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission
Z11.59 Encounter for screening for other viral diseases

The following **CPT- 4** codes are considered covered and medically necessary:

- 86631** Antibody; Chlamydia
- 86632** Antibody; Chlamydia, IgM
- 87110** Culture, chlamydia, any source
- 87270** Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
- 87320** Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis
- 87490** Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
- 87491** Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
- 87492** Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
- 87801** Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
- 87810** Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis
- 36415** Collection of venous blood by venipuncture
- 36416** Collection of capillary blood specimen (eg, finger, heel, ear stick)

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

DEFINITIONS

Chlamydia	A common STD that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system. This can make it difficult or impossible for her to get pregnant later on. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb).
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<p>Sexually Transmitted Disease (STD)</p>	<p>Any of various diseases or infections that can be transmitted by direct sexual contact including some (such as syphilis, gonorrhea, chlamydia, and genital herpes) chiefly spread by sexual means.</p>
<p>HIV/AIDS</p>	<p>A retrovirus that infects and destroys helper T cells of the immune system causing a marked reduction in their numbers that is diagnostic of AIDS (acquired immunodeficiency syndrome), AIDS is the last stage of HIV infection that occurs when the body's immune system is badly damaged because of the virus.</p>
<p>Nucleic acid amplification tests (NAATs)</p>	<p>A nucleic acid test (NAT) or nucleic acid amplification test (NAAT) is a technique utilized to detect a particular nucleic acid, virus, or bacteria which acts as a pathogen in blood, tissue, urine, etc. The NAT system differs from other tests in that it detects genetic materials rather than antigens or antibodies. Detection of genetic materials allows an early diagnosis of a disease because the detection of antigens requires time for antigens to appear in the bloodstream.</p>

REFERENCES

- Centers for Disease Control and Prevention. Chlamydia – CDC Fact Sheet. <https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm>. Accessed September 23, 2019.
- Chlamydia and Gonorrhea: Screening. United States Preventive Services Task Force (USPSTF) Website. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening>. Updated September 2014. Accessed September 23, 2019.

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

Claims and Payment Policies (CPPs) are policies regarding claims or claim line processing and/or reimbursement related to the administration of health plan benefits. They are not recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for diagnosing, treating, and making clinical recommendations to the member. CPPs are subject to, but not limited to, the following:

- State and federal laws and regulations;
- Policies and procedures promulgated by the Centers for Medicare and Medicaid Services, including National Coverage Determinations and Local Coverage Determinations;
- The health plan's contract with Medicare and/or a state's Medicaid agency, as applicable;
- Other CPPs and clinical policies as applicable including, but not limited to, *Pre-Payment and Post-Payment Review*;
- The provisions of the contract between the provider and the health plan; and
- The terms of a member's particular benefit plan, including those terms outlined in the member's Evidence of Coverage, Certificate of Coverage, and other policy documents.

In the event of a conflict between a CPP and a member's policy documents, the terms of a member's benefit plan will always supersede the CPP.

The use of this policy is neither a guarantee of payment, nor a prediction of how a specific claim will be adjudicated. Any coding information is for informational purposes only. No inference should be made regarding coverage or provider reimbursement as a result of the inclusion, or omission, in a CPP of a CPT, HCPCS, or ICD-10 code. Always consult the member's benefits that are in place at time of service to determine coverage or non-coverage. Claims processing is subject to a number of factors, including the member's eligibility and benefit coverage on the date of service, coordination of benefits, referral/authorization requirements, utilization management protocols, and the health plan's policies. Services must be medically necessary in order to be covered.

References to other sources and links provided are for general informational purposes only, and were accurate at the time of publication. CPPs are reviewed annually but may change at any time and without notice, including the lines of business for which they apply. CPPs are available at www.wellcare.com. Select the "Provider" tab, then "Tools" and then "Payment Guidelines".

WellCare (Kentucky)

RULES, PRICING & PAYMENT COMMITTEE HISTORY AND REVISIONS

Date	Action
10/30/2019	<ul style="list-style-type: none">• Approved by RGC