



Applicable To:

- Medicare – excluding KY
- Medicaid – excluding AZ and KY

**Claims and Payment Policy:
Chlamydia Screening**

Policy Number: CPP-117

Original Effective Date: 1/10/2019

Revised Effective Date(s): 12/17/2019

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 that screening for chlamydia is associated with 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

Wellcare follows the U.S. Preventative Task Force (USPSTF) recommendations when a member meets the following criteria:

- Female
- Annual screening for all sexually active females age 24 and younger
- Annual screening for all women over 24 who are at increased risk for infection

CODING & BILLING

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

A74.9	Chlamydial infection, unspecified
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Screening	
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

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
O31.00X0-O31.8X99	Complications specific to multiple gestation
O32.0XX0-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
O35.0XX0-O35.9XX9	Maternal care for known or suspected fetal abnormality and damage
O36.0110-O36.93X9	Maternal care for other fetal problems
O40.1XX0-O40.9XX9	Polyhydramnios
O41.00X0-O41.93X9	Other disorders of amniotic fluid and membranes
O42.011-O42.92	Premature rupture of membranes
O43.011-O43.9	Placental disorders

O44.00-O44.53	Placenta previa
O45.001-45.93	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
O88.011-088.819	Obstetric embolism
O94	Sequelae of complication of pregnancy, childbirth, and the puerperium
098.011-098.93	Maternal infectious and parasitic diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
099.011-0099.89	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
09A.111-09A.13	malignant neoplasm complicating pregnancy, childbirth and the puerperium
094.211-09A.23	Injury, poisoning and certain other consequences of external causes complicating pregnancy, childbirth and the puerperium
09A.311-09A.33	Physical abuse complicating pregnancy, childbirth and the puerperium
09A.411-09A.43	Sexual abuse complicating pregnancy, childbirth and the puerperium
09A.511-09A.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

The following **CPT** 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)

Note: For Nebraska Medicaid, CPT code **36416** is non-covered under Fee For Service (FFS).

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).
Sexually Transmitted Disease (STD)	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.
HIV/AIDS	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.
Nucleic acid amplification tests (NAATs)	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.

REFERENCES

1. American Sexual Health Association. Testing Recommendations. Retrieved from: <http://www.ashsexualhealth.org/healthcare-providers/testing-recommendations/> Accessed on December 17, 2019.
2. Centers for Disease Control and Prevention. Chlamydia – CDC Fact Sheet. Retrieved from: <https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm>. Accessed December 17, 2019.
3. Chlamydia and Gonorrhea: Screening. United States Preventive Services Task Force (USPSTF) Website. Retrieved from: <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening>. Updated September 2014. Accessed December 17, 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".

RULES, PRICING & PAYMENT COMMITTEE HISTORY AND REVISIONS

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