

# Chlamydia Screening

**Description:** Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Methods for identifying sexually active women:

- Claim/encounter data- ICD-10 code added for: pregnancy or sexual activity
- Pharmacy data- Prescribe contraceptives

**Initial Population:** Women 16-24 years of age seen in the reporting period

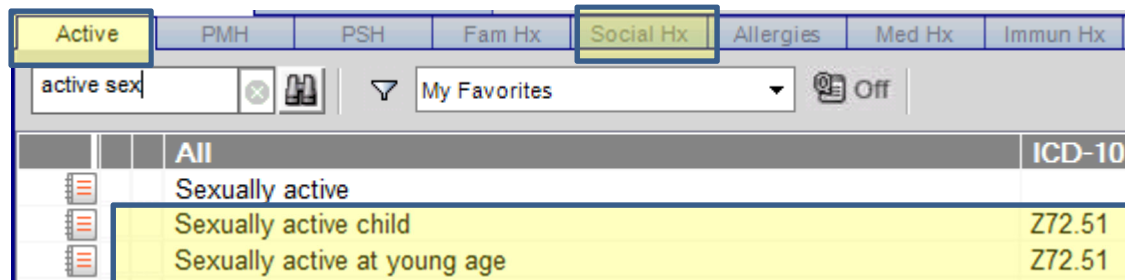
**Denominator:** Equals Initial Population

**Numerator:** Female patients between 16-24 with at least one chlamydia test during the measurement year

**Exclusions:** A pregnancy test during the measurement year **and** a prescription for isotretinoin **or** an x-ray on the date of the pregnancy test or the 6 days after the pregnancy test.

## Allscripts Chlamydia Screening Workflow

If it has been identified that the patient is sexually active, an ICD-10 code should be added to the chart and **don't forget to add the code to the encounter form (billing sheet)**. Codes can be found on the Active tab or the Social Hx tab.



	All	ICD-10
	Sexually active	
	Sexually active child	Z72.51
	Sexually active at young age	Z72.51

If the patient is not sexually active, no action is needed.

If the patient is sexually active, a chlamydia screening is needed.

### To Take Action:

Go to the **Labs** tab and search **Chlamydia**.

Problem - based Rx Med Admin Immun **Lab** Rad

To Be Done:    To Be Done

ch   My Favorites

- Chlamydia Antibody Panel, IgG
- Chlamydia Antibody Panel, IgG, IgM
- Chlamydia Antibody Panel, IgG, IgM, IgA
- Chlamydia Antibody Panel, IgM
- Chlamydia psittaci AB, IgG
- Chlamydia psittaci AB, IgM
- Chlamydia Trach/N. Gonorrhoeae
- Chlamydia Trachomatis Ab, IgA, IgG, IgM
- Chlamydia Trachomatis Ab, IgG
- Chlamydia Trachomatis Ab, IgM
- Chlamydia Trachomatis, Culture
- Chlamydia Trachomatis, DNA Probe ( Conjuncti...
- Chlamydia/Gonorrhoeae, Pharyngeal Swab ( C...
- Chlamydia/Gonorrhoeae, Rectal Swab ( CT GC)

There are several labs to choose from. Choose the correct one and click ok.

Depending on which lab was ordered, you may be required to fill out additional questions. Finish the required fields and commit the order.

**Chlamydia Trachomatis, Culture**

For:

Status:

To Be Done:

Record w/o Ordering

[Details](#) [Questions](#) [Add'l Details](#) [Charging](#) [Encounters](#) [History](#) [Annotations](#)

**Details**

Perform :

Send to Performing Location:

Ordered By:

Supervised By:   Authorization:

Managed By:

Performing Instructions:   (255 Chars remaining)

Patient Instructions:  (1000 Chars remaining)

Order Instructions:

**Questions**

Body Site? (Chlamydia Trachomatis Culture)