

# Recognizing high-risk behaviors in your female patients—and screening accordingly

With rates of sexually transmitted infections (STIs) on the rise,<sup>1</sup> assessing your high-risk female patients is more important than ever. Yet, when it comes to identifying risk, research suggests patient discomfort and lack of time may be barriers to screening.<sup>2</sup>

- ~2.3 million cases of chlamydia, gonorrhea, and syphilis were diagnosed in the US in 2017, surpassing the record set in 2016<sup>1</sup>
- 22.8M females ages 25–65 are considered "high risk"<sup>3</sup>
- Left untreated, STIs may result in pelvic inflammatory disease, which can lead to infertility or ectopic pregnancy<sup>4</sup>
- Guidelines recommend screening for chlamydia and gonorrhea in women ages 25 and older at increased risk for infection<sup>5,6</sup>

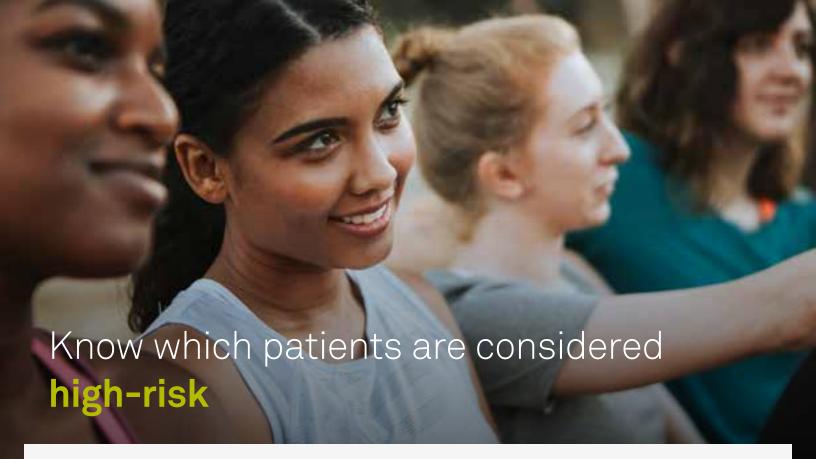
up to 90% of chlamydia cases



## Zero in on risk with comprehensive screening

Quest Diagnostics is dedicated to providing you with the information and tools you need to identify and care for your at-risk female patients, including comprehensive screening options for chlamydia, gonorrhea, and trichomoniasis.

Knowing who's at risk for STIs can help you protect your female patients' reproductive health for better outcomes.



Both the Centers for Disease Control and Prevention (CDC) and US Preventive Services Task Force (USPSTF) recommended screening for chlamydia and gonorrhea in sexually active women ages 25 and older if at increased risk for infection.<sup>5,6</sup> Trichomonas screening should also be considered.<sup>5</sup>

### USPSTF identifies risk factors as6:

- Inconsistent condom use among patients not in mutually monogamous relationships
- Multiple sex partners
- Previous or coexisting STI

- A new sex partner
- · A sex partner with concurrent partners
- Exchanging sex for money or drugs

## Asking the right questions to better assess risk

- Do you use condoms: never, sometimes, or always?
- 2 In the past 12 months, how many partners have you had sex with?
- Have you ever had an STI?
  Has a partner had an STI?

Address STI risk head-on, with accurate patient histories and guideline-recommended screening from Quest.



## Protecting the health of your female patients—with help from Quest

Quest Diagnostics is committed to helping you address the needs of your female patients. In addition to a comprehensive STI test menu, we offer:

- Quanum™ Lab Services Manager—an easy-to-use website where you can order tests and supplies, track order status, and view patient-specific test history
- Extensive plan coverage—Quest is an in-network, national lab provider with most major health plans, including UnitedHealthcare®, Aetna®, Cigna® and Humana®, helping you streamline practice workflow
- Patient engagement resources—including the MyQuest™ Patient Portal and app, which allows patients
  to review test results and schedule appointments, and educational brochures in multiple languages for your practice
- It's Best to Test—a program that provides materials and resources to help you easily integrate STI screening into your practice for sexually active female patients under age 25

Test Name	Test Code	CPT Code <sup>†</sup>
Chlamydia Trachomatis/Neisseria Gonorrhoeae RNA, TMA*	11363(X)	87491, 87591
SureSwab®, CT/NG, <i>T. vaginali</i> s	16492	87491, 87591, 87661
SureSwab®, <i>Trichomonas vaginalis</i> RNA, Qualitative, TMA	19550	87661

<sup>\*</sup>Panel components can be ordered separately: 11361, Chlamydia RNA, TMA, Urogenital (CPT: 87491) and 11362, Neisseria Gonorrhoeae RNA, TMA, Urogenital (CPT: 87591)

'The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

**Rely on Quest Diagnostics** to help you assess and care for your high-risk female patients. Contact your Quest sales representative or visit **QuestDiagnostics.com** to learn more.

#### References

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- 7. Korenromp EL, Sudaryo MK, de Vlas SJ, et al. What proportion of episodes of gonorrhea and chlamydia becomes symptomatic? *International journal of STD & AIDS*. 2002;13: 91-101.
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