

# Extragenital Testing for Chlamydia and Gonorrhea Resources for Medical Providers

Guidance from the STD Program at the Iowa Department of Public Health

## What is Extragenital Testing?

Extragenital testing is testing for chlamydia and gonorrhea at any body site other than the urethra, vagina, or cervix. It includes testing in the rectum or oropharynx, based on patient-reported exposure, regardless of condom use.

## Why is it important?

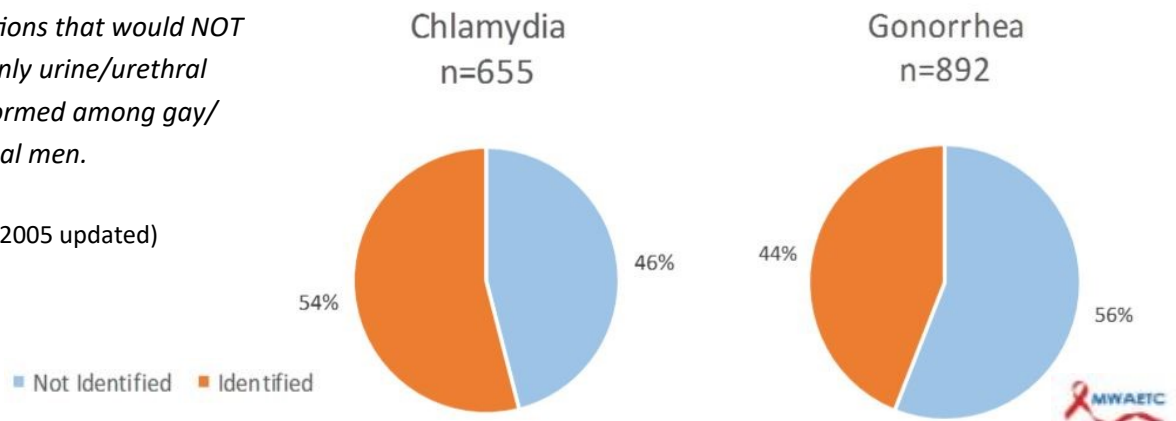
Testing for chlamydia and gonorrhea for only urine specimens misses 70-88% of infections in men who have sex with men (MSM). Studies across 11 STD clinics demonstrated that rectal chlamydia and gonorrhea infections do not cause concurrent urethral infections. (NCSD, 2017)

- Chlamydia and gonorrhea infections are common in MSM and are increasing each year.
- Rectal gonorrhea infections are asymptomatic 85% of the time, supporting the need for routine screening.
- Even among women, 30% of gonococcal (GC) infections and 14% of chlamydial (CT) infections would have been missed with urogenital testing only. (Johns Hopkins, 2018)
- Unlike MSM, age < 18 years of age was the strongest predictor of extragenital infection in women.
- Extragenital infections can be transmitted to others.
- Rectal infection is linked to an increased risk of HIV acquisition.
- Infections in the throat may be an important site for the development of drug resistant gonorrhea.

## Rectal and Pharyngeal Infections are Commonly Asymptomatic

*Proportion of infections that would NOT be identified if only urine/urethral screening is performed among gay/bisexual men.*

(Kent et al. CID 2005 updated)



## Taking a sexual history is important!

**If you don't ask, they might not tell. If you don't look, you won't find it.**

## Taking a Sexual History

- Identifying who should be tested at extragenital sites requires that a proper sexual history be obtained. This should include:
  - ◇ Gender of recent sex partners (Do you have partners that are men, women or both?)
  - ◇ Have you had receptive anal sex in the last 12 months?
  - ◇ Have you performed oral sex on your sex partners in the last 12 months?
- Asking about the number of partners and the frequency of condom use, although this will not affect which sites to test or what tests should be ordered.
- Use open-ended questions when possible.
- Use understandable, non-judgmental language.

## Screening Guidelines

The Iowa Department of Public Health recommends following this set of guidelines for extragenital screening:

- Rectal  
The patient (any gender) has had receptive anal intercourse with a male within the past year, regardless of condom use.
- Oropharyngeal  
The patient (any gender) had oral intercourse within the past year.

## Explanation of Lab Tests

- Nucleic Acid Amplification Test (NAAT) is a generic term for a molecular-based test to detect DNA or RNA organisms.
  - ◇ Even tiny amounts of DNA/RNA in the sample get amplified so they can be easily detected, which makes the test very sensitive. A viable organism is not required.
  - ◇ NAATs are usually bundled to test for both chlamydia and gonorrhea with a single specimen.
- A NAAT is the recommended test for rectal and oropharyngeal specimens. However, not all labs have the ability to do this testing; You should check with your laboratory to determine its capacity and procedures.
- Sample Collection
  - ◇ Specimens can be clinician or patient self-collected, depending on the validation of the laboratory.
  - ⇒ Self-collection, especially for rectal specimens, increases the uptake of testing. Self-collection can eliminate access barriers such as stigma, shame, and concerns about privacy and confidentiality.

## Billing

- Standard ICD10 code for STI screening: Z11.3
    - ◇ “Encounter for screening for infections with a predominantly sexual mode of transmission”  
CPT E/M code examples:
      - 99385 Preventive visit new patient age 18-39
      - 99402 Patient counseling 30 minutes
- CPT code for GC NAAT (regardless of collection site): 87591  
CPT code for CT NAAT (regardless of collection site): 87491

## Additional Resources

“Extragenital Testing – Resources for Providers and Laboratories pertaining to Extragenital STD Testing” <http://www.ncsddc.org/resource/extragenital/>

Recommendations for the Laboratory-based Detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* – 2014 <https://www.cdc.gov/std/tg2015/default.htm>

U.S. Preventative Services Task Force “Final Recommendation Statement” <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening>

National Network of STD Clinical Prevention Training Centers [www.NNPTC.org](http://www.NNPTC.org)

National Coalition for Sexual Health: A Providers Guide [www.ncshguide.org/providers](http://www.ncshguide.org/providers)

Iowa Department of Public Health: STD Program Resources <https://idph.iowa.gov/hivstdhep/std/resources>

Documentation & Coding <http://www.ncsddc.org/basics-coding-third-party-billing>

Adapted from National Coalition of STD Directors, April 2017 <http://www.ncsddc.org/resource/extragenital/>