

Adults Access to Preventive/Ambulatory Health Services (AAP)

Patient Profile

MVP members 20 years and older who had an ambulatory or preventive care visits.

Measure Details:

- Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year.
- Commercial members who had an ambulatory or preventive care visit during the measurement year or two years prior to the measurement year.



How to Implement Best Practices and Improve Performance

- This measure assesses whether adult MVP members had a preventive or ambulatory visit with their provider. Health care visits are an opportunity for individuals to receive preventive services and counseling on topics such as diet and exercise as well as a time to address acute issues or manage chronic conditions.
- This measure allows the use of synchronous telehealth (which requires real-time interactive audio and video telecommunications), telephone visits and online assessments. To bill for telehealth, use the appropriate CPT/HCPCS codes along with the telehealth modifier and POS codes.
- Whether in person or telehealth, give your patients instructions on what to have for their visit, such as:
 - Medication names, dosage, frequency, prescribing provider and pharmacy name
 - Specialists or other providers they've seen, type of care received, and/or tests or screenings completed
 - If possible, implement a process to receive this patient information prior to the visit, such as an online patient portal or mailed-in form
- Use your Gap in Care Reports to manage total populations, assess those who still need health care services and outreach accordingly:
 - Call or send letters to members who still need to schedule a visit
 - For those who have an appointment scheduled, send out reminder cards and/or call to confirm the scheduled date and time
 - Evaluate any barriers to scheduling visits such as office hour availability or work/school schedules and incorporate flexible scheduling
- Use all touchpoint/contacts with your patients as an opportunity to go over other preventive services they may need to follow-up, such as:
 - Colon Cancer Screening: at-home screening versus colonoscopy
 - Breast Cancer Screening
 - Cervical Cancer Screening
 - Diabetic Screening such as HbA1c
 - New measure effective 2020, Medicare members living with diabetes need microalbumin screening for nephropathy and Commercial and Medicaid members living with diabetes need a glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) during the measurement year.

Information related to all 2021 HEDIS measures has been extracted from the NCQA 2021 HEDIS Technical Specifications Volume 2.

2021 Coding for Adults Access to Preventive/Ambulatory Health Services (AAP)

Codes for AAP	Use of these codes will make the member a pass for AAP
Ambulatory Visits	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99483
	HCPCS: G0402, G0438-G0439, G0463, T1015
	ICD-10 CM: Z00.00-Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
	UB Rev: 0510-0517, 0519-0523, 0526-0529, 0982-0983
Online Assessment	CPT: 98969, 99444
Other Ambulatory Visits	CPT: 92002, 92004, 92012, 92014, 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337
	HCPCS: S0620- S0621
	UB Rev: 0524-0525
Telephone Visit	CPT: 98966-98968, 99441-99443
Telehealth Modifier	Modifier: 95, GT
Telehealth POS	POS: 02
Exclusion from AAP	The following codes excludes members from passing AAP
Hospice Encounter	HCPCS: G9474-79, Q5003-8, Q5010, S9126, T2042-46
	UBREV: 0115, 0125, 0135, 0145, 0155, 0235, 0650-52, 0655-59
Hospice Intervention	CPT: 99377-78
	HCPCS: G08182