



# Annual Preventative Care Provider HEDIS Measure Tip

## Improving Quality Outcomes

Line of Business: ● Medicaid, ● Marketplace

### ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES (AAP)

#### Measure Description

The percentage of persons 20 years of age and older who had an ambulatory or preventive care visit.

#### Coding for Annual Preventative Visit

An adult annual preventive visit is a routine healthcare appointment focused on preventing illness, detecting health issues early, and promoting overall wellness. It is conducted once a year and is covered at no cost to the patient.

Description	Codes*
<b>New Patient</b>	<b>CPT: 99381 – 99387</b>
<b>Established Patient</b>	<b>CPT: 99391 – 99397</b>
<b>Diagnosis</b>	<b>ICD- 10CM – Z00.00</b> (Use applicable ICD-10 codes for general or preventive exams)

\*Codes subject to change

#### Coding for a Sick Visit on the Same Day as an Annual Preventative Exam

**Example:** A patient comes in for a scheduled annual preventative visit, but also presents with a new, significant problem like a rash. The provider can bill for the procedure and append Modifier 25 to an Evaluation and Management (E/M) code for the significant, separately identifiable work performed to diagnose and treat the rash.

Type of Visit	Codes	ICD 10 CM
<b>Annual Preventative Visit</b>	99391	Z00.00
<b>E/M Problem Oriented Exam</b>	99212 – 25	L25.9

#### Note: Key criteria for using Modifier – 25

- **Significant and Separate:** The E/M service must be more than what is typically included in the other procedure's global or pre/post-operative care. It must address a distinct issue or a condition that requires extra attention
- **Documentation:** The medical record must contain documentation that clearly supports the performance of a complete E/M service (history, exam, medical decision-making) that is distinct and separate from the procedure. This may include a separate paragraph to describe the additional E/M service.

## What's Included in an Annual Preventative Visit

- Annual Exam
- Height, weight, BMI
- Blood Pressure/ HTN screening
- Cardiovascular Screening
- Cancer Screenings (Skin, Colon, Breast, Cervical, etc.)
- Diabetes Screening
- Obesity Screening
- Medication Reconciliation
- Diet and physical activity
- Domestic Violence/abuse screening
- Anxiety/Depression Screening
- Alcohol, Tobacco and drug use
- GYN health referral
- Sexual Health (contraception and STDs)
- Lab tests and screening as applicable
- Immunizations as applicable

### The Importance of Screening for Social Determinants of Health (SDOH)

- **Identify Barriers to Treatment Adherence**
  - » Patients may not follow treatment plans due to economic instability, unsafe housing, or lack of education—factors that are invisible without SDOH screening.
  - » Addressing these barriers improves medication adherence, follow-up rates, and overall health outcomes.
- **Promote Health Equity**
  - » SDOH data helps identify health disparities across different populations and geographies.
  - » This information is vital for public health planning, resource allocation, and community interventions aimed at reducing inequities
  - » Accurate documentation using ICD-10 “Z” codes for SDOH helps practices track population needs

For detailed information on SDOH review our **HEDIS Measure Social Need Screening (SNS-E) Provider Guide for screening, and intervention on our website:** <https://www.pshpgeorgia.com/providers/quality-improvement/hedis.html>

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