

Measure Requirements

Members who had at least one visit with a primary care physician (PCP) office between January 1, 2024, and December 31, 2024. Please refer to the HEDIS® measure Adults' Access to Preventive/Ambulatory Health Services (AAP) or the *Gap Closures Guide - Adults* for more details related to this measure.



Member Requirements

Medicare Advantage HMO and PPO members who are either capitated or attributed through claims to a practice for 11 consecutive months within the measurement year (2024).



QPM Targets	
Band 1	98.03% – 100%
Band 2	97.48% – 98.02%
Band 3	96.91% – 97.47%
Band 4	96.01% – 96.90%
Band 5	<96.01%

See payment details in section 5 of guide.

Options to close Care Gaps

- **Option 1:** Claim/encounter submission with appropriate coding.

Preventative & Ambulatory Visit codes								
CPT® codes	99202	99213	99244	99345*	99382	99391	99397*	99412
	99203	99214	99245	99347*	99383	99392	99401	99429
	99204	99215	99341*	99348*	99384*	99393	99402	99483
	99205	99241	99342*	99349*	99385*	99394*	99403	
	99211	99242	99343*	99350*	99386*	99395*	99404	
	99212	99243	99344*	99381	99387*	99396*	99411	
ICD-10CM codes	Z00.00	Z00.01	Z00.8					
Outpatient service codes								
HCCPS codes	G0402	G0438	G0439	G0463	T1015			

* Codes are eligible to be paid above capitation to Health Maintenance Organization Point-of-Service (HMO-POS) primary care providers (PCP). Review the full policy on the Medical and Claim Payment Policy Portal.

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