



# Ambulatory Care (AMB)

HEDIS® Measurement Year 2022

**Measure description: This measure summarizes utilization of ambulatory care in the following categories:**

- **Outpatient Visits**
  - The measure AMB-Outpatient captures outpatient care on an ambulatory basis, including telehealth. Count multiple codes with the same practitioner on the same date of service as a single visit. Count visits with different providers on the same date of service as different visits.
- **ED Visits**
  - The measure AMB-ED captures the utilization of ambulatory care services in the Emergency Room. Measure is specific to the Medicaid line of business. Count each visit to an ED once, regardless of the intensity or duration of the visit. Count multiple ED visits on the same date of service as one visit.

**Note: AMB-ED Utilization is an inverse measure. Lower is better.**

## Eligible population

All ages

## Exclusions – AMB-ED

Claims and encounters that indicate the encounter for mental health or chemical dependency. Any of the following meet the criteria for exclusions:

- A principal diagnosis of mental health or chemical dependency
- Psychiatry
- Electroconvulsive therapy

## Strategies for increasing access to care

- Request AAP gaps in care lists for your group. Provider rosters can change throughout the year and newly assigned members need to have care initiated.
- Try other appointment scheduling methods (i.e., email or online portals). Long wait times on the phone may cause patients to seek care elsewhere.
- Keep a few open appointment slots each day to see patients the day they call.
- Offer evening and weekend hours to accommodate all patient schedules.

## Strategies for decreasing ED utilization

- Include as part of the health care team patient advocates or family members to support the patients' health goals and advise practices. This extra support could decrease exacerbations in conditions leading to ED Utilization.
- Where available, utilize patient navigators for high ED utilizers.
  - Assist members with appointment scheduling.
  - Help patients go through the screening and diagnosis processes, treatment courses, and may attend follow-ups with patients.
  - Help facilitate communication between patients and their providers so health care decisions regarding can be made.
- Assess need for assistance with substance abuse addiction or mental illness.
- Identify the underlying problem for ED use
- Increase the availability of outpatient appointments with your practice:
  - Keep open appointment slots each day to see patients the day they call.
  - Offer evening and weekend hours to accommodate all patient schedules. Sometimes patients use the ED when they cannot see their PCP.

Our special programs help members deal with chronic diseases or high-risk factors. Our care managers will give member resources to help. Members will also get one on one health coaching and special care. Please refer members to Member Services for more information:

- Medallion 4.0/FAMIS Member Services:

**1-800-279-1878 (TTY 711)**

- CCC Plus – Member Services:

**1-855-652-8249 (TTY 711)**

## What You Can Do – Coding for Telehealth

- Synchronous telehealth visits: Requires real-time interactive audio and video tele-communications. A measure specification that is silent about telehealth includes synchronous telehealth. This is because tele-health is billed using standard CPT and HCPCS codes for professional services in conjunction with a telehealth modifier and/or a telehealth POS code.
- Telephone visits: A measure will indicate when telephone visits are eligible for use by referencing the Telephone Visits Value Set.
- Asynchronous e-visits: Sometimes referred to as an e-visit or virtual check-in, is not “real-time” but still requires two-way interaction between the member and provider.

## Codes

Telehealth Modifier: 95, GT Telehealth POS: 02

Telephone Visit CPT: 98966-98968, 99441-99443

Online Assessment CPT: 989-98972, 99421-99423, 99444, 99458

Online Assessment HCPCS: G2010, G2012, G2061-G2063