

Initial Health Appointment Reference Guide for PCPs

What is the Initial Health Appointment?

The Initial Health Appointment (IHA) is a comprehensive assessment completed during the member's first visit with their selected or assigned primary care provider (PCP). The Department of Health Care Services (DHCS) requires that all newly enrolled members be offered and provided access to an IHA within the first 120 days of their enrollment date. The IHA must be provided in a way that is culturally and linguistically appropriate for the member. For members under the age of 21, the IHA should be offered within 120 days following the date of enrollment or within the most recent Bright Futures periodicity timelines, established by the American Academy of Pediatrics for ages 2 and younger, whichever is less.

Components of a Complete IHA:

The IHA must be completed by the PCP within the primary care medical setting and include the following:

- Comprehensive history, which includes history of present illness, past medical history, social history and review of organ systems
- Assessing and identifying risks, age-appropriate preventive screenings, and referrals to appropriate services
- Comprehensive physical and mental status exam
- The diagnosis, health education and a plan for treatment of any disease

Identifying Members in Need of an IHA

Every month, CalOptima Health provides a list of new members due for IHA to each health network to distribute to the assigned PCP. Providers are required to complete the IHA on each new member.

Codes for Documenting the IHA

- IHA completion is documented using Current Procedural Terminology (CPT) codes, listed in the below table.
- Document support codes to show additional components covered using IHA Visit Supplemental Codes.
- In addition to submitting appropriate codes, make sure to document primary care visits, child and adult preventive services, referrals for screenings and labs in the member file.
- The IHA is a preventive service, paid under current contract.

Tips for Meeting the IHA Requirement:

- Complete the IHA within 120 days of member's effective date with CalOptima Health, and code for all applicable services.
- You may complete and code for the IHA as applicable during a sick visit.
- The IHA can be administered over the course of multiple visits, provided that all components are completed within 120 days.

What Provider Offices Need to Know:

- Use standardized documentation to make it is easier to gather and track information.
- Send in complete and accurate CPT codes.
- **Contact members shown on your monthly new member lists whom you have not yet seen.** Document all outreach attempts to schedule the IHA in the member chart.
- If a member, parent, guardian or case worker submits a request for preventive services, an appointment must be made for a visit to take place within 10 working days.
- Members with unsuccessful IHA completions require a minimum of three documented outreach attempts. Examples could include a phone call, letter or postcard.

Table: IHA Visit Primary Codes

Main CPT Code	Can be pair with ICD-10 Code	Code Description
99202	Z00.00, Z00.01, Z00.8, Z00.121, Z00.129	OFFICE OUTPATIENT NEW 20 MINUTES
99203		OFFICE OUTPATIENT NEW 30 MINUTES
99204		OFFICE OUTPATIENT NEW 45 MINUTES
99205		OFFICE OUTPATIENT NEW 60 MINUTES
99211		OFFICE OUTPATIENT VISIT 5 MINUTES
99212		OFFICE OUTPATIENT VISIT 10 MINUTES
99213		OFFICE OUTPATIENT VISIT 15 MINUTES
99214	Z00.00, Z00.01, Z00.8, Z00.121, Z00.129	OFFICE OUTPATIENT VISIT 25 MINUTES
99215		OFFICE OUTPATIENT VISIT 40 MINUTES
99242		OFFICE CONSULT NEW/EST PT 30 MIN
99243		OFFICE CONSULT NEW/EST PT 40 MIN
99244		OFFICE CONSULTATION NEW/ESTAB PT 60 MIN
99381	Z00.00, Z00.01, Z00.110, Z00.121, Z00.129	INITIAL PREVENTIVE MEDICINE NEW PT <1 YEAR
99382		INITIAL PREVENTIVE MEDICINE NEW PT AGE 1–4 YRS
99383		INITIAL PREVENTIVE MEDICINE NEW PT AGE 5–11 YRS
99384		INITIAL PREVENTIVE MEDICINE NEW PT AGE 12–17 YR
99385		INITIAL PREVENTIVE MEDICINE NEW PT AGE 18–39 YRS
99386		ADULT PREVENTIVE VISIT NEW PT 40–64 YRS
99387		ADULT PREVENTIVE VISIT NEW PT 65+ YRS
99391		PERIODIC PREVENTIVE MED EST PT <1 YR
99392		PERIODIC PREVENTIVE MED EST PT 1–4 YRS
99393		PERIODIC PREVENTIVE MED EST PT 5–11 YRS
99394		PERIODIC PREVENTIVE MED EST PT 12–17 YRS
99395		PERIODIC PREVENTIVE MED EST PT 18–39 YRS
99396		ADULT PREVENTIVE VISIT EST PT 40–64 YRS
99397		ADULT PREVENTIVE VISIT EST PT 65+ YRS
99461		1ST CARE PR DAY NML NB XCPT HOSP/BIRTHING CNTR
Z00.00		ENCNTR ADULT MEDICAL EXAM W/O ABNRML FNDGS
Z00.01		ENCNTR ADULT MEDICAL EXAM W/ ABNRML FNDGS
Z00.8		ENCNTR FOR OTHER GENERAL EXAMINATION
Z00.121		ENCNTR, ROUTINE CHILD HEALTH EXAM W/ABNRML FNDGS
Z00.129		ENCNTR, ROUTINE CHILD HEALTH EXAM W/O ABNRML FNDGS
Z00.110		HEALTH EXAM FOR NEWBORN UNDER 8 DAYS OLD
Z1032		INITIAL ANTEPARTUM OFFICE VISIT (SUBJECT TO 20% CUTBACK WHEN BILLED WITH PLACE OF SERVICE CODE 22 HOSPITAL OUTPATIENT)
Z6500		INITIAL COMPREHENSIVE NUTRITION PSYCHOSOCIAL & HEALTH EDU ASSESMENTS& DEVELOP CARE PLAN

99304		INITIAL NURSING FACILITY CARE/DAY 25 MINS
99305		INITIAL NURSING FACILITY CARE/DAY 35 MINS
99306		INITIAL NURSING FACILITY CARE/DAY 45 MINS
99341		HOME VISIT NEW PATIENT LOW SEVERITY 20 MINS
99342		HOME VISIT NEW PATIENT MOD SEVERITY 30 MINS
99344		HOME VISIT NEW PATIENT HI SEVERITY 60 MINS
99345		HOME VISIT NEW PT UNSTABL/SIGNIF NEW PROB 75 MIN
99347		HOME VISIT EST PT SELF LIMITED/MINOR 15 MINS
99348		HOME VISIT EST PT LOW-MOD SEVERITY 25 MINS
99349		HOME VISIT EST PT MOD-HI SEVERITY 40 MINS

Initial Health Appointment Visit Supplemental Codes

Code Type	Code	Code Description
ACEs Screening	G9919	ACEs SCREENING, HIGH RISK
	G9920	ACEs SCREENING, LOWER RISK
Health Assessment Depression	90832	PSYTX PT&/FAMILY 30 MIN
	90837	PSYTX PT&/FAMILY 60 MIN
	90853	GROUP PSYCHOTHERAPY
	96156	HLTH BHV ASSMT/REASSESSMENT
	96164	HLTH BHV IVNTJ GRP 1ST 30
	96165	HLTH BHV IVNTJ GRP EA ADDL
	96167	HLTH BHV IVNTJ FAM 1ST 30
	96168	HLTH BHV IVNTJ FAM EA ADDL
	96170	HLTH BHV IVNTJ FAM WO PT 1ST
	96171	HLTH BHV IVNTJ FAM W/O PT EA
	G8431	POS CLIN DEPRES SCR N F/U
	G8510	PT INGELIG NEG SCR N DEPRES
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVAL	
Behavioral Assessment	69127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT
Vision and Hearing	92551	OFFICE OUTPATIENT NEW 20 MINUTES
	92552	OFFICE OUTPATIENT NEW 30 MINUTES
	NOTE: Vision screening for children can also be billed with preventive codes (99381–99385 and 99391–99395)	
Developmental Autism	96110	DEVELOPMENTAL SCREEN
	96112	DEVEL TST PHYS/QHP 1ST HR
	96113	DEVEL TST PHYS/QHP EA ADD
Substance Abuse	80305	DRUG TEST PRSMV DIR OPT O
	80306	DRUG TEST PRSMV INSTRMNT
	80307	DRUG TEST PRSMV CHEM ANLY
	99406	TOBACCO USE CESSATION INTERMEDIATE 3–10 MINS
	99407	TOBACCO USE CESSATION INTENSIVE >10 MINUTES
	G0442	ANNUAL ALCOHOL MISUSE SCREENING 15 MINUTES
	H0049	ALCOHOL AND/OR DRUG SCREENING
	H0059	ALCOHOL AND/OR DRUG SRVCS, BRIEF INTERVENTION, PER 15 MINS
NOTE: Tobacco use counseling can also be billed with preventive codes (99381–99387 and 99391–99397)		
CPSP (Perinatal)	Z6200	INITIAL NUTRITIONAL ASSESSMENT/DEVELOPMENT; 30 MINS
	Z6202	SUBSEQUENT NUTRITIONAL ASSESSMENT/DEVELOPMENT; EA SUBSEQUENT 15 MIN
	Z6300	INIT PSYCHOSOCIAL ASSESS/DEVEL FIRST 30 MIN
	Z6400	NEW CLIENT ORIENTATION EA 15 MIN
	Z6402	INITIAL HEALTH ED ASSESS/DEVELOP 30 MIN
	Z6404	SUB HEALTH ED ASSESS/DEVELOP 15 MIN