



Initial Health Appointments (IHAs) are comprehensive visits for newly enrolled Medi-Cal members. Gold Coast Health Post (GCHP) primary care providers (PCPs) must complete an IHA for all newly linked members within 120 days of enrollment. Please see below for a complete list of IHA billing codes.

Member Population	Member Age	CPT Billing Codes	ICD-10 Reporting Codes
Pediatric New Patient	Newborn to 12 Months	99381	No Restriction
Pediatric New Patient	Child 1-4 Years	99382	No Restriction
Pediatric New Patient	Child 5-11 Years	99383	No Restriction
Pediatric New Patient	Child 12-17 Years	99384	No Restriction
Pediatric Established Patient	Newborn to 12 Months	99391	No Restriction
Pediatric Established Patient	Child 1-4 Years	99392	No Restriction
Pediatric Established Patient	Child 5-11 Years	99393	No Restriction
Pediatric Established Patient	Child 12-17 Years	99394	No Restriction
Adult Preventative Office Visit New Patient	18-39 Years	99385	No Restriction
Adult Preventative Office Visit Established Patient	18-39 Years	99395	No Restriction
Adult Preventative Office Visit New Patient	40-64 Years	99386	No Restriction
Adult Preventative Office Visit Established Patient	40-64 Years	99396	No Restriction
Adult Preventative Office Visit New Patient	65+ Years	99387	No Restriction
Adult Preventative Office Visit Established Patient	65+ Years	99397	No Restriction
Office Visit New Patient	Any Age	99202-99205	No Restriction
Office Visit Established Patient	Any Age	99212-99215, 99242-99245	CPT and an appropriate dx code: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z01.411, Z01.419 Z00.8, Z02.1 Z02.3, Z02.89
Hospital Care Initial	Any Age	99222-99223 Include Office Visit (99202-99205, 99211-99215) Within 30 Days of Discharge	No Restriction
Pregnant Women	Any Age	Any Age	Pregnancy Related Diagnosis
Pregnant or Postpartum Women	Any Age	Any Age	Pregnancy or Postpartum Related Diagnosis

## Reporting unsuccessful attempts to schedule members for an IHA

Members will be compliant for an IHA if the provider has documented the following:

- Three unsuccessful scheduling attempts.
  - » At least one telephone attempt.
  - » At least one written attempt (e.g., postcard, letter).
- Documentation of attempts must be maintained in the patient's medical record.

Coding combination required: **Procedure code:** 99499 **Modifier:** KX **ICD-10 Code:** Z00.00

No payment will be made for the claim as no services were rendered.