Initial Health Appointment: Overview and Outreach

2025

Integrity

Accountability

Collaboration

Trust

Respect

Initial Health Appointment (IHA)

Purpose

- Establish relationship between patient and PCP
- Ensure timely patient visits that comprehensively assess and provide preventive and needed care
- Document patient outreach

Components

- History of patient's physical and mental health
- Risk assessment
- Assessment of need for preventive screenings or services
- Health education
- Diagnosis and plan for treatment of any diseases

Completed By

- Primary care physician (PCP)
- Nurse practitioner
- Physician assistant
- Obstetrician/gynecologist
- Certified nurse midwife

All newly enrolled Medi-Cal members must receive a comprehensive IHA within 120 days of enrollment.

Provider Responsibilities

The Provider must document the IHA, and all outreach attempts, in the patient's medical record. This includes appointment scheduling or the patient's refusal to schedule an appointment

The IHA must be provided in a way that is culturally and linguistically appropriate for the Member

PHM Monitoring Approach

GCHP will track primary care visits as a proxy for the IHA leveraging Managed Care Accountability Set (MCAS) measures specific to infant and child/adolescent well-child visits and adult preventive visits.

CPT or HCPCS codes within the PCP visit claims that specify an IHA was conducted will also be monitored.

Primary care visits and screenings will also be assessed including, but not limited to ACEs, depression, social determinants of health (SDOH), autism, vision, hearing, lead, and substance use disorder (SUD).

GCHP Quality Improvement (QI) department distributes monthly lists of newly assigned members

IHA monthly reports are to be used as a tool for provider sites to outreach and establish IHA with GCHP members

GCHP QI nurses will conduct quarterly IHA medical record reviews to monitor compliance and provide additional support

IHA Monthly Reports

Steps for IHA Outreach and Outreach Logs

1. GCHP provider clinic receives new member list.
- GCHP Reports GCHP-Reports@goldchp.org e-mails these lists on or by 11th day of each month

2. Columns for documenting outreach efforts.
- V: Date Letter Sent.
- W: Date 1st phone call
- X: Date 2nd phone call
- Y: Outcome Status Code, i.e., S, N, T, M, O, R, E
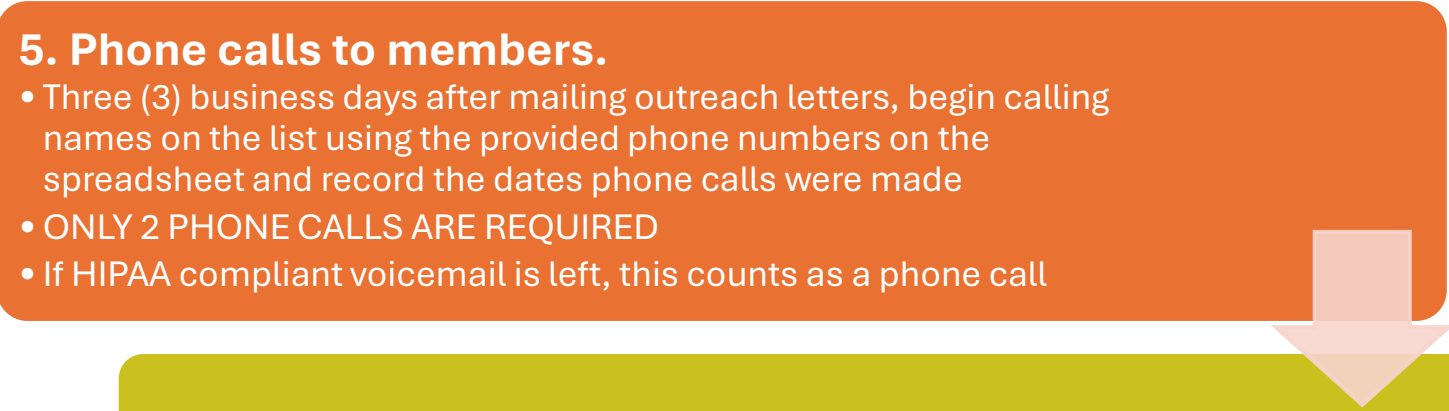
3. Review list for established members.
- If established, check for physical exam and all IHA components in last 12 months
- If no PE/IHA in last 12 months, send member an outreach letter and record date letter sent on spreadsheet
  - Outreach letter templates available in English and Spanish upon request
- Mark E for established members; outreach for these members are complete

4. For remaining names or members not established.
- Send outreach letter to member and record date letter sent
- If no address, proceed to making phone calls
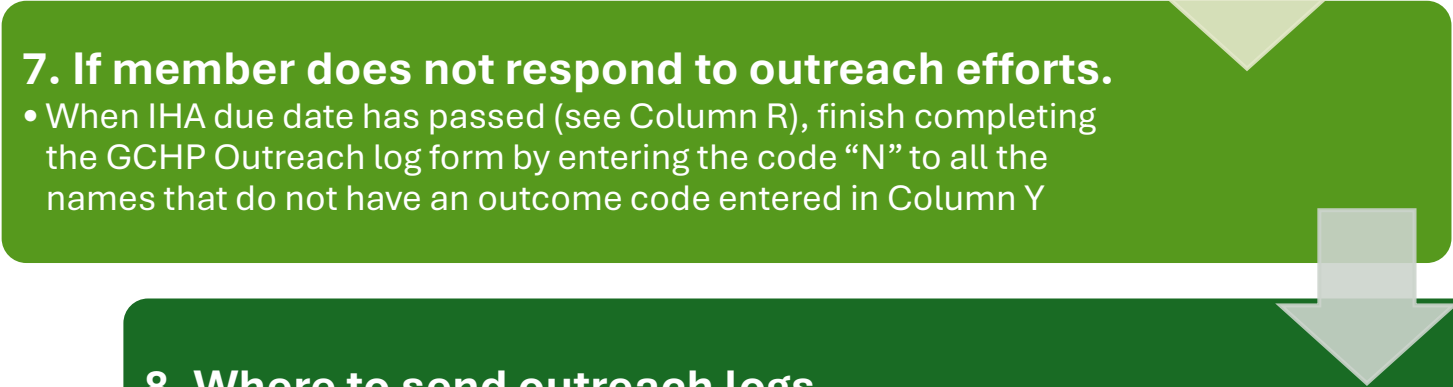
Steps for IHA Outreach and Outreach Logs

5. Phone calls to members.
- Three (3) business days after mailing outreach letters, begin calling names on the list using the provided phone numbers on the spreadsheet and record the dates phone calls were made
- ONLY 2 PHONE CALLS ARE REQUIRED
- If HIPAA compliant voicemail is left, this counts as a phone call

6. Document outcome status.
- After *three* attempts (one letter + two phone calls) to reach member, document outcome status

7. If member does not respond to outreach efforts.
- When IHA due date has passed (see Column R), finish completing the GCHP Outreach log form by entering the code "N" to all the names that do not have an outcome code entered in Column Y

8. Where to send outreach logs.
- Send your completed outreach log to Gold Coast Health Plan by fax: **805-248-7616** OR e-mail it to: **IHA@goldchp.org**

Outreach Log Sample

				R		V	W	X	Y
Member Name	Address	Phone Number	EFFECTIVE_DATE	IHA_DUE-BY	REPORT_DATE	Date letter sent	Date of 1st call	Date of 2nd call	Status Outcome code

Outcome Status Code and Legend:
S = Patient scheduled appointment for IHA
N = No response from letter or calls
T = Patient reports they are receiving services at a clinic outside of network
M = Patient moved to another clinic in the same network or clinic system
O = Other: no longer on Medi-Cal, moved out of the county, etc.
R = Refused the offer of an IHA or is not interested at this time
E = Already an established patient at your clinic

IHA Billing Codes List

Gold Coast Health Plan
A Public Entity

IHA BILLING CODE LIST

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.

Providers and their staff can contact GCHP's Quality Improvement (QI) Department for continuing education and training at QualityImprovement@goldchp.org.

IHA Resources

- [APL 22-030](#)

- [Bright Futures Periodicity Table](#)

- [United States Preventative Services Task Force](#)

- [DHCS PHM Policy Guide](#)

- [GCHP Initial Health Appointment](#)

- [IHA Billing Code List](#)

- For more information regarding translation, interpretation and accommodations for disability, staff can contact GCHP's Cultural and Linguistic Department at CulturalLinguistics@goldchp.org

Contact Us

Providers and their staff can e-mail **IHA@goldchp.org** for continuing education and training questions related to the IHA

If sending PHI that you are unable to send via secure e-mail, please fax us at **(805) 248-7616**