Initial Health Appointment

San Francisco Health Plan

The Initial Health Appointment (IHA) Clinical Guide
The Initial Health Appointment (IHA) is a critical comprehensive clinical assessment required for all new Medi-Cal and Medicare Advantage members. This visit serves as the essential gateway to care, allowing primary care providers (PCPs) to establish a baseline health status, identify immediate clinical and social needs, and build a lasting patient-provider relationship.

Purpose of This Tool
This guide is designed to assist primary care teams in navigating the specific documentation and coding requirements necessary to meet state and federal regulatory standards. By utilizing this tool, your practice can ensure that every new member receives a high-quality, holistic evaluation that addresses both clinical conditions and the social drivers that impact health outcomes.

COMPREHENSIVE EXAM CODE LIST

☑ CPT Visit Type Code – Preventive Exam

Office/Outpatient E&M
- 99204-99205 – New patient
- 99215 – Established patient

Preventive Medicine (Age-Based)
- 99381-99387 – New patient preventive
- 99391-99397 – Established patient preventive

Home Visit
- 99344-99345 – New patient
- 99349-99350 – Established patient

Medicare
G0438 – Initial Preventive Physical Exam
G0439 – Annual Wellness Visit

Prenatal - Comprehensive
- Z1032 – Initial prenatal
- Z1034 – Follow up prenatal
- Z1038 – Postpartum
- Z6500 – Initial comprehensive nutrition, psychosocial

Skilled Nursing Facility (SNF)
- 99304-99306

Place of Service (POS) codes 31 or 32

Telehealth Encounters
Telehealth visits can be used as an option for completing one or more components of the IHAs requirements. A subsequent in-person, comprehensive physical exam is required to complete the IHA.

Place of Service (POS) codes 02, 10, 93, 95

☑ ICD-10-CM Reporting Codes - Diagnosis

Adults
Z00.00 – General adult exam, with normal findings
Z00.01 – General adult exam, with abnormal findings
Z01.411 / Z01.419- Gynecological exam

Children/EPSDT
Z00.110 – Newborn exam, under 8 days
Z00.111 – Newborn exam, 8–28 days
Z00.121 – Routine child exam, with abnormal findings
Z00.129 – Routine child exam, without abnormal findings

Pregnancy
Z34.00-Z34.03 – Encounter for supervision of normal first pregnancy
Z34.80-Z34.83 – Encounter for supervision of other normal pregnancy
Z34.90--Z34.93 – Encounter for supervision of other pregnancy, unspecified
O09.90- O09.93 – Supervision of high-risk pregnancy

Vision / Hearing / BP / GYN
Z01.00 / Z01.01 – Vision exam
Z01.10 / Z01.11 – Hearing exam
Z01.30 / Z01.31 – Blood pressure exam

Preventive Services
Z23 – Immunizations
Z71.89 – Counseling

Key Notes:
- IHA must be completed within the MCP-required timeframe (e.g., within 120 days of member enrollment where applicable).
- Screening tools and questionnaires may be administered by trained staff; provider documentation is required for review, assessment, diagnoses, and care plan**.**
- Significant, separately identifiable problem-oriented services may be billed with modifier -25 when supported by documentation.
- Document refusals with the specific service declined and counseling provided; refusal does not negate IHA completion when appropriately documented.
- Document interpreter use, preferred language, and translated screening tools when applicable.
- If screenings are deferred, document planned follow-up, referral, or scheduling to close care gaps.
- Some measures (e.g., immunizations, ACEs) support quality reporting; ensure documentation is structured where possible.

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An IHA must have the following five (5) components:

1. **A history of the member's physical and behavioral health:**
   History of the member's age-appropriate physical:
   - Physical Exam (PE)/Review of Systems (ROS) (CPT 99381–99387 new patients / 99391–99397 established patients)
   - Dental ROS (May document "inspection of mouth" or "seeing dentist") (Bundled with preventive E/M)
   - History of present illness (HPI) (Use structured elements, e.g., location, duration, severity, context) (Bundled with E/M)
   - Past medical history (PMH) (Include chronic conditions, hospitalizations, and relevant family history) (Bundled with E/M)

   History of the member's behavioral health:
   - Brief emotional/behavioral assessment (96127) (e.g., depression inventory, attention deficit/ hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument. Examples:
     1. Ages and Stages Questionnaire: Social-Emotional (ASQ-SE or ASQ:SE-2)
     2. Strengths and Difficulties Questionnaire (SDQ)
     3. Survey of Wellbeing of Young Children (SWYC)
     4. Patient Health Questionnaire, (PHQ-2) (If positive, administer PHQ-9)
     5. Patient Health Questionnaire, 9 items (PHQ-9)
     6. General Anxiety Disorder (GAD-7)
2. **Identification of risks:**
   Initial HRA related to health and social needs of members, including cultural, linguistic, and health education needs; health disparities and inequities; lack of coverage/access to care; and social drivers of health (SDOH). At least ONE risk assessment tool meets the standard. Examples of tools:
   - Health Risk Assessment (HRA) (Pediatric and Adult)
   - Social Determinants of Health (SDOH) (Pediatric and Adult)
     1. The AAFP Social Needs Screening Tool
     2. PRAPARE (The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences)
     3. AHC-HRSN (Accountable Health Communities Health-Related Social Needs) Screening Tool
   - PEARLS ACE (Pediatric ACEs and Related Life-events Screener):
     1. PEARLS child tool, for ages 0-11, to be completed by a parent/caregiver.
     2. PEARLS adolescent tool, for ages 12-19, to be completed by a parent/caregiver.
     3. PEARLS for adolescent self-report tool, for ages 12-19, to be completed by the adolescent.
   - ACE Questionnaire for Adults (18+)
     1. General Practitioner Assessment of Cognition (GPCOG)
     2. Mini-Cog
     3. Eight-item Informant Interview to Differentiate Aging and Dementia
3. **Health education:**
   Provide health education and anticipatory guidance according to but not limited to age, risk factors, or acute/chronic continuous conditions to promote injury and disease prevention Anticipatory Guidance can be found on the American Academy of Pediatrics (AAP) Bright Futures website.
4. **An assessment of need for preventive screens or services:**
   Administration of preventive services will no longer be required to be completed during the IHA as long as members receive all required screenings in a timely manner consistent with guidelines, including:
   - Adults ages 21-64: Adhere to current edition of the Guide to Clinical Preventive Services of the US Preventive Services Task Force Grade A and B recommendations for providing preventive services, testing, and counseling services.
   - Members under 21 years of age: Provide preventive services specified by the most recent American Academy of Pediatrics/Bright Futures age-specific guidelines and periodicity schedule.
   - Perinatal services: Provide services according to the most current standards of the American College of Obstetrics and Gynecology (ACOG) guidelines.

   Immunizations according to CDC's most recent Advisory Committee on Immunization Practices (ACIP) guidelines for adults and pediatrics. Providers are required to use the California Immunization Registry (CAIR).
5. **Diagnosis and plan for treatment of any diseases: Diagnosis of diseases**
   Plan of treatment for any disease or health condition identified

Providers must:
- Document all IHA components in the medical record.
- Document refusals, missed appointments, and all scheduling attempts, including at least two phone outreaches and one written outreach to schedule the IHA. If a PCP appointment is missed, complete and document two additional outreach attempts (phone and written).
- Conduct and document the IHA in a culturally & linguistically appropriate manner, including disability accommodation.

These informational codes do not guarantee payment or set clinical standards; providers must ensure all five IHA components are accurately documented and that diagnosis codes strictly align with the billed services.

Preventive Screenings By Category

BEHAVIORAL & MENTAL HEALTH

☐ Depression screening
- Tool: PHQ-2 / PHQ-9, EPDS, PROMIS
- HCPCS: Screening for depression is documented as being (G8431, positive)(G8510, negative) and a follow-up plan is documented

☐ Anxiety screening (if indicated)
- Tool: GAD-7

☐ Developmental and autism screening
- Tool: ASQ-3, PEDS, PEDS-DM
- CPT: 96110, 96110 KX

☐ Brief psychosocial/behavioral assessment
- Tool: ASQ-SE-2
- CPT: 96127

☐ Suicide risk screening (youth/high-risk adults)
- Tool: ASQ

HEALTH EDUCATION AND ANTICIPATORY GUIDANCE

☐ Age- and risk-appropriate counseling and education (Bundled with preventive E/M)
☐ Bright Futures anticipatory guidance (pediatric) (Bundled)

List specific topics discussed (nutrition, safety, physical activity, mental health).

IMMUNIZATIONS

☐ Counseling only (CPT 90460 / 90461)
☐ Vaccine administration (CPT 90471–90474 + vaccine code)
☐ CAIR reporting (administrative; no CPT)

Vaccines may be reviewed during IHA and scheduled later—documentation is still required.

PREVENTIVE SCREENINGS- PEDIATRIC

☐ Adverse Childhood Experiences (ACEs) (G9919/G9920
☐ Childhood immunization status combination 10
☐ Immunizations for adolescents-combination 2
☐ Depression screening and follow-up for adolescents
☐ Developmental and Autism Screenings
☐ Developmental screening in the first three years of life
☐ Vision screening in children
☐ Hearing screening in children
- Dx: Z00.121, Z00.129, Z01.10, Z01.11
- CPT: 92551, 92552

☐ Lead screening in children
- Dx: Z13.88
- CPT: 83655

☐ Substance Use Disorder Screenings & follow-up for
☐ Topical fluoride for children
- Dx: Z29.3
- CPT: 99188, D1206, D1208

Under 21: AAP / Bright Futures periodicity

BONE & METABOLIC HEALTH

☐ Osteoporosis screening assessment
- Order DXA if indicated
- CPT: 77080
- Dx: Z13.820

☐ Diabetes screening assessment
- Adults ≥35 or risk-based

☐ Lipid disorder screening assessment
- Age/risk-based

CARDIOVASCULAR & GENERAL HEALTH

☐ Blood pressure screening
☐ BMI/growth parameters
☐ Tobacco use assessment
☐ Nutrition & physical activity counseling

INFECTIOUS DISEASE SCREENING

☐ HIV screening (adolescents, adults, pregnancy)
- Dx: Z11.4 (screen) or Z20.6 (exposure)
- Lab: HIV Ag/Ab combo (e.g., 87389)

☐ Hepatitis B screening
- Labs: 87340 (HBsAg) ± 86704–86706
- Required each pregnancy

☐ Hepatitis C screening
- Lab: 86803 (HCV antibody)
- Adults ≥18 at least once; pregnancy if risk or plan policy

☐ STI screening (as indicated)
- Chlamydia / Gonorrhea NAAT (risk-based, pregnancy, <25 yrs)

☐ Tuberculosis risk assessment
- Tool-based assessment; test if risk identified

PREVENTIVE SCREENINGS- ADULT

☐ Breast cancer screening
- Dx: Z13.6
- CPT: 77067

☐ Cervical cancer screening
- Dx: Z12.4
- CPT: 88141-88153, 88164-88167, 88174, 88175, 87624-87626

☐ Chlamydia screening in women
- Dx: Z12.4
- CPT: 87110, 87270, 87320, 87490-87492, 87810

☐ Colorectal cancer screening
- Dx: Z12.11
- CPT: 82270, 82274, 45378

☐ Diabetic screening
- Dx: Z13.1
- CPT: 83036

Adults 21–64: USPSTF Grade A & B services

Preventive Screenings By Category

PREGNANCY-SPECIFIC (IF APPLICABLE)

OB visits are not IHAs under Medi-Cal MCP rules.

☐ HIV screening (repeat if needed)
☐ Hepatitis B surface antigen (**each pregnancy**)
☐ Hepatitis C screening
☐ Syphilis screening
☐ Substance use screening
☐ IPV screening

Comprehensive Prenatal
- Z1032 – Initial prenatal
- Z1034 – Follow up prenatal
- Z1038 – Postpartum
- Z6500 – Initial comprehensive nutrition, psychosocial

Dyadic services require modifier U1.

Bill the IHA as an age-appropriate preventive CPT. Include relevant pregnancy diagnoses to capture risk and the care plan, *but code the visit as preventive (IHA), not prenatal care.*

Perinatal: ACOG standards

RISK ASSESSMENT

☐ Adverse Childhood Experiences (ACEs)
- Tool: AHC-HRSN / PRAPARE / We Care
- CPT: G9919/G9920

☐ Health-Related Social Needs screening
- Tool: AHC-HRSN / PRAPARE / We Care
- CPT: 96160
- CPT (Caregiver-focused): 96161 U1
- Dx: Z55-Z65

☐ Cognitive screening (≥65 years w/o Medicare)
- Tool: Mini-Cog / GPCOG
- CPT: 1494F

Dually enrolled Members
☐ Health Risk Assessment (HRA) form for D-SNP
☐ Health Information Form (HIF) for Medicare

SOCIAL & ENVIRONMENTAL RISKS (SDOH)

☐ Housing instability
☐ Food insecurity (Z59.41, Z59.48, Z91.110)
☐ Transportation needs (Z59.82, Z59.89)
☐ Utility needs (Z59.861, Z59.12)
☐ Interpersonal safety (Z60.4, Z63.0, Z91.41)

Z55 – Problems related to education and literacy
Z56 – Problems related to employment and unemployment
Z57 – Occupational exposure to risk factors
Z58 – Problems related to physical environment
Z59 – Problems related to housing and economic circumstances
Z60 – Problems related to social environment
Z62 – Problems related to upbringing
Z63 – Other problems related to primary support group, including family circumstances
Z64 – Problems related to certain psychosocial circumstances
Z65 – Problems related to other psychosocial circumstances

SUBSTANCE USE & TOBACCO

☐ Alcohol and Drug use screening
- Tool: AUDIT-C, CRAFFT (youth) / DAST / TAPS NIDA, CAGE-AID
- CPT: G0442, H0049, H0050

☐ Tobacco use assessment
- Screening only → Z-codes (e.g., Z72.0)
- Diagnosed dependence → F-codes (e.g., F17.2xx)
- Counseling provided → Document time/content
- CPT: 99406, 99407

Note: While these are the most common categories, this is **not a complete list**. Other screenings may be applicable depending on the patient's patient needs and clinical guidelines.

ADDENDUM: ONE-PAGE STAFF CHECKBOX TOOL

Purpose: Supports staff completion and documentation of a compliant Medi-Cal Initial Health Appointment (IHA).

Applies to: Front desk, MAs, RNs, care coordinators, outreach staff

BEFORE THE VISIT – Scheduling & Outreach

- ☐ Confirm member is new to plan and IHA is due
- ☐ Schedule age-appropriate preventive visit (correct CPT)
- ☐ Attempt ≥2 phone outreaches and ≥1 written outreach if not scheduled
- ☐ Document all outreach attempts in the medical record
- ☐ Confirm preferred language and accessibility needs
- ☐ Arrange interpreter services if needed

CHECK-IN / ROOMING – Staff Tasks

- ☐ Verify demographics
- ☐ Verify preferred language

Vitals

- ☐ Height
- ☐ Weight
- ☐ BMI / growth parameters (if pediatric)
- ☐ Blood pressure

History Updates

- ☐ Past medical history (PMH)
- ☐ Current medications
- ☐ Allergies
- ☐ Tobacco use status

REQUIRED SCREENINGS & TOOLS

Tools must be completed, scored, and entered for provider review.

Behavioral / Mental Health

- ☐ Depression screen (PHQ-2 → PHQ-9 or age-appropriate tool if positive)
- ☐ Anxiety screen (GAD-7 if indicated)
- ☐ Developmental / autism screen (pediatrics, age-based)
- ☐ Suicide risk screen (youth or high-risk adults)

Risk & Social Needs

- ☐ Health-Related Social Needs / SDOH tool (e.g., AHC-HRSN, PRAPARE, We Care)
- ☐ ACEs screen (PEARLS child/adolescent or Adult ACEs)
- ☐ Cognitive screen (≥65 years and not Medicare)
- ☐ Z-codes (Z55–Z65) documented if risks identified

Substance Use

- ☐ Alcohol & drug use screen (AUDIT-C, CRAFFT, DAST, etc.)
- ☐ Tobacco use screening (status only, if no counseling provided)

IMMUNIZATIONS & REGISTRIES

- ☐ Review immunization history
- ☐ Check CAIR registry
- ☐ Document vaccines given, counseling provided, or plan to schedule

PREVENTIVE SCREENINGS – STATUS CHECK

Completion not required same day; status must be documented.

- ☐ Age- and risk-appropriate screenings reviewed
- ☐ Screenings ordered or referrals placed as needed
- ☐ Future appointments planned (if applicable)
- ☐ Care gaps clearly documented

TELEHEALTH (If Used)

- ☐ Telehealth used for one or more visit components
- ☐ In-person follow-up needed (labs, vaccines, exam elements)
- ☐ Correct POS documented (02, 10, 93, or 95)

REFUSALS & DECLINES

- ☐ Refused screening or service documented
- ☐ Education provided and plan to re-offer documented
- ☐ Refusal noted (does not make IHA incomplete)

END-OF-VISIT STAFF CHECK

- ☐ All screening tools completed, scored, and entered
- ☐ Referrals, labs, and follow-ups scheduled or routed
- ☐ Provider has access to results for risk ID, diagnoses, and care plan

PROVIDER-ONLY (Staff Awareness)

- ☐ Assessment and diagnoses documented
- ☐ Plan of care documented
- ☐ Preventive counseling / anticipatory guidance documented
- ☐ Preventive IHA visit billed
- ☐ Separate E/M billed only if criteria met

Reminder:
All five IHA components must be documented. Cultural and linguistic appropriateness—including interpreter use—must be noted when applicable.

Does not replace provider clinical judgment or coding guidance.

Central California Alliance for Health

Note: Will not include CPT codes 99213/99203

Contra Costa Health

Gold Coast Health Plan
A Public Entity

health net

Note: Will include CPT codes- 99202, 99211, and 99212

L.A. Care Health Plan

Partnership HealthPlan of California
A Public Agency

San Francisco Health Plan

To better support our providers, seven health plans have collaborated to develop this unified Initial Health Appointment (IHA) Clinical Guide. By aligning our requirements, we aim to reduce administrative confusion and provide a consistent framework for IHA coding practices and capture of the essential IHA components.