Facility Site Review Provider Pearls
May 2026

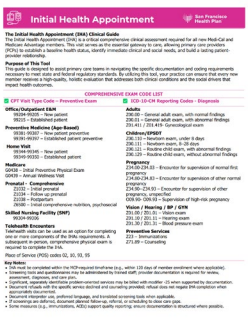
IHA Excellence: Coding and the Initial Health Appointment (IHA)

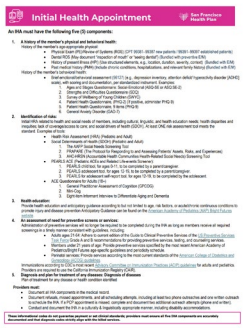
This month's Provider Pearl is about Initial Health Appointment (IHA) coding. Completion rates for the IHA remain an important focus area. The IHA is required to be completed within 120 days of a member's enrollment, and it is reviewed as part of DHCS Medical Record Review and Medicare compliance.

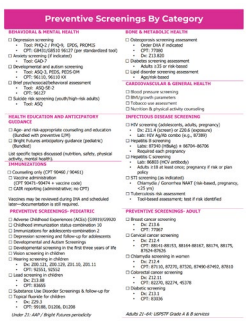
A new IHA Clinical Guide with Coding Tips has been developed to support primary care teams and billing staff in navigating the specific documentation and coding requirements necessary to meet state and federal regulatory standards. A common compliance gap occurs when an Initial Health Appointment (IHA) is completed and clinically documented, but the preventive visit and corresponding diagnosis codes are not submitted, resulting in the encounter not being captured as an IHA.

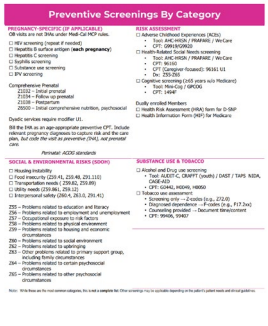
Accurate coding is essential to ensure visits are properly reflected in Medi-Cal and Medicare Advantage reporting and that providers receive appropriate credit for required IHA services already performed. By using the IHA Clinical Guide below, practices can promote consistent documentation and billing practices while ensuring new members receive a high-quality, comprehensive evaluation that addresses both clinical needs and the social drivers impacting health outcomes.

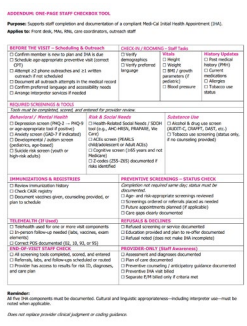
IHA Clinical Guide
with Coding Tips.pdf


Initial Health Appointment


Initial Health Appointment


Preventive Screenings By Category


Preventive Screenings By Category



References

California Department of Health Care Services (DHCS), *All Plan Letter (APL) 26-001: Initial Health Appointment.* January 7, 2026. (Primary governing guidance defining the IHA, required components, documentation standards, timeliness, and allowable settings-including telehealth).

California Code of Regulations (CCR), Title 22, §53851(b)(1). Regulatory authority requiring Medi-Cal managed care plans and providers to complete and document an Initial Health Appointment for newly enrolled members.

DHCS CalAIM.,*Population Health Management (PHM) Policy Guide.* (Establishes expectations for risk assessment, preventive screening status review, health education, care planning, and culturally and linguistically appropriate services as part of the IHA.)

If you have any questions, your FSR team is here to help. Please find contact information below.

"Provider Pearls" are monthly articles written with the intent to help you prepare for the California Department of Health Care Services (DHCS) FSR review processes.
For any questions about the Facility Site Review or Medical Record Review processes or tools, please contact fsr@sfhp.org.