



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
Initial Health Appointment (IHA) The Initial Health Appointment (IHA) is a required service for all new Medi-Cal and Medicare Advantage members. It is a comprehensive evaluation of the member's health status, including a physical examination, a review of medical history, and a discussion of the member's health needs and goals. The IHA is required to be completed within 120 days of a member's enrollment. The IHA is reviewed as part of DHCS Medical Record Review and Medicare compliance. Provider Pearls: The IHA is a required service for all new Medi-Cal and Medicare Advantage members. It is a comprehensive evaluation of the member's health status, including a physical examination, a review of medical history, and a discussion of the member's health needs and goals. The IHA is required to be completed within 120 days of a member's enrollment. The IHA is reviewed as part of DHCS Medical Record Review and Medicare compliance. Provider Pearls: The IHA is a required service for all new Medi-Cal and Medicare Advantage members. It is a comprehensive evaluation of the member's health status, including a physical examination, a review of medical history, and a discussion of the member's health needs and goals. The IHA is required to be completed within 120 days of a member's enrollment. The IHA is reviewed as part of DHCS Medical Record Review and Medicare compliance.	Initial Health Appointment (IHA) The Initial Health Appointment (IHA) is a required service for all new Medi-Cal and Medicare Advantage members. It is a comprehensive evaluation of the member's health status, including a physical examination, a review of medical history, and a discussion of the member's health needs and goals. The IHA is required to be completed within 120 days of a member's enrollment. The IHA is reviewed as part of DHCS Medical Record Review and Medicare compliance. Provider Pearls: The IHA is a required service for all new Medi-Cal and Medicare Advantage members. It is a comprehensive evaluation of the member's health status, including a physical examination, a review of medical history, and a discussion of the member's health needs and goals. The IHA is required to be completed within 120 days of a member's enrollment. The IHA is reviewed as part of DHCS Medical Record Review and Medicare compliance.	Preventive Screenings by Category Preventive screenings are services that are designed to detect and prevent disease. They are an important part of a comprehensive health care plan. The following are the categories of preventive screenings: 1. Cancer Screenings: Cancer screenings are services that are designed to detect and prevent cancer. They include mammograms, PSA tests, and colonoscopies. 2. Cardiovascular Screenings: Cardiovascular screenings are services that are designed to detect and prevent heart disease. They include blood pressure checks, cholesterol tests, and stress tests. 3. Diabetes Screenings: Diabetes screenings are services that are designed to detect and prevent diabetes. They include blood sugar tests and A1C tests. 4. Bone Density Screenings: Bone density screenings are services that are designed to detect and prevent osteoporosis. They include bone density scans.	Preventive Screenings by Category Preventive screenings are services that are designed to detect and prevent disease. They are an important part of a comprehensive health care plan. The following are the categories of preventive screenings: 1. Cancer Screenings: Cancer screenings are services that are designed to detect and prevent cancer. They include mammograms, PSA tests, and colonoscopies. 2. Cardiovascular Screenings: Cardiovascular screenings are services that are designed to detect and prevent heart disease. They include blood pressure checks, cholesterol tests, and stress tests. 3. Diabetes Screenings: Diabetes screenings are services that are designed to detect and prevent diabetes. They include blood sugar tests and A1C tests. 4. Bone Density Screenings: Bone density screenings are services that are designed to detect and prevent osteoporosis. They include bone density scans.

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@sfp.org.