

Initial Health Appointment Tip Sheet

DHCS Requirement: New members receive a comprehensive Initial Health Appointment (IHA) within 120 days of enrollment with SFHP. Note: *As of January 1, 2023, the Staying Healthy Assessment (SHA) form is no longer required.*

Documentation Requirements

For children and youth (i.e., individuals under age 21), Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screenings will continue to be covered in accordance with the American Academy of Pediatrics (AAP)/Bright Futures periodicity schedule, as referenced in APL 23-005.

Providers accountable for providing all preventive screenings for adults and children as recommended by the United States Preventive Services Taskforce (USPSTF) but will no longer require all these elements to be completed during the initial appointment, so long as members receive all required screenings in a timely manner consistent with USPSTF guidelines.

The IHA will require a:

- history of the member's physical and behavioral health
- an identification of risks
 - an assessment of need for preventive screens or services
- health education
- the diagnosis and plan for treatment of any diseases.

Implementation Checklist

1. Contacting newly Linked members

- Identify the list of newly linked SFHP members monthly.
- Assign a person (e.g., office manager or call center manager) to ensure new members are contacted.
- Explain to your patients why this visit is important and reassure them that the cost of the visit is covered by SFHP.
- Use texting and IVR (robo-calls) to remind patients of their visit 1-2 days before the visit

2. Preparing for IHA visits

- If using an EHR system:
 - Create a template for IHAs. Required elements include:
 - history of the member's physical and behavioral health
 - an identification of risks
 - an assessment of need for preventive screens or services
 - health education
 - the diagnosis and plan for treatment of any diseases.
- If using paper charts, create new patient paperwork packets specifically for IHAs.
- IHAs require an extended visit. Establish a routine for scheduling IHAs when the most support staff is available or limit the number of IHAs scheduled per hour.

- Suggestions for helping IHA visits go smoothly:
 - Call patients in advance and fill out their initial health history and any behavioral health, ACEs or other screening over the phone or via your patient portal.
 - Assign two medical assistants per provider for IHA visits.
 - Brainstorm with your teams to come up with ideas on how they can assist with IHAs.

3. Ensuring accurate billing

- Have a billing team member review your IHA billing practices.
- Ensure that you are using the correct CPT and ICD 10 codes to reflect the components of the visit. (See full IHA code list)

Coding Requirements

When billing for IHAs, PCPs should use the appropriate CPT codes:

Member Population	CPT Billing Codes	ICD-10 Reporting Codes
Preventive visit, new patient	99381-99387	No restriction
Preventive visit, established patient	99391-99397	No restriction
Preventive visit, established patient	G0438, G0439	No restriction
Office visit, new patient	99204-99205	No restriction
Office visit, established patient	99215	CPT and appropriate diagnosis code: V70.8, V70.9, or diagnoses codes below
Office Visit, Diagnosis code	No specific requirements	Appropriate diagnosis code: V20.2, V70.0, V70.3, V70.5, V70.6, Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z01.70, Z00.71, Z00.8, Z02.1, Z02.89, Z00.110, Z00.111, Z00.411, Z00.419, Z02.9
Prenatal care, diagnosis code	No specific requirements	Pregnancy related diagnosis: Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93
Prenatal care, procedure codes	CPT: 99500, 59425, 59426 HCPS: Z1032, Z1034, Z1038, Z6500	No restriction

IHA 12 months prior to Medi-Cal enrollment

All elements of the IHA must be completed and if the members plan PCP did perform the IHA in the 12 months prior to enrollment, the PCP must record that the findings have been reviewed and updated in the members' medical record.

Refusal

A member or member's parent(s) may refuse the IHA appointment, in this case documentation of refusal should be in members medical record along with any attempts to schedule the IHA.

Missed Appointment

Should a member miss a scheduled appointment, rescheduling is recommended, and the documentation must live in the member's medical record.

Best Practices

- Use IHAs as a tool to improve your **SFHP Performance Improvement Program (PIP)**. All billing codes that qualify for IHAs also give you credit for the following CBI measure:
- IHA visits are an opportune time to complete preventative health screenings, including:
 - Well infant visits
 - Cervical cancer screening.
 - Diabetic health screenings.
 - Immunizations.
 - Depression screening.
- Talk to your patients about your clinic's scheduling availability (e.g., same-day appointments, after-hours availability, etc.) and what to do when they get sick.
- Inform about after hours calls to the SFHP TelaDoc® services at 1(800) 835-2362
- Refer members to Care Management services, including Complex Case Management and Care Coordination, by calling the intake line at (415) 615-4515 or email us at caremanagement_referrals@sfhp.org.
- Refer for transportation to SFHP at (415)-547-7807 or email: nemt@sfhp.org.
- SFHP interpreting services are available please call Customer Service at 1(415) 547-7800 with any questions.

Resources

[APL 22-030 \(ca.gov\)](#)

[APL 23-005 \(ca.gov\)](#)