



L.A. Care
HEALTH PLAN®

For All of L.A.

May 21, 2024

RE: Initial Health Appointment (IHA) for Newly Enrolled Medi-Cal Members

Dear Participating Physician Group,

L.A. Care Health Plan (L.A. Care) appreciates the primary care you provide our members. The purpose of this letter is to provide additional information regarding the requirement to complete Initial Health Appointment (IHA) for your assigned members who are enrolled in Medi-Cal through L.A. Care. As you know, the IHA allows a member and their Primary Care Physician (PCP) to meet, identify, and address current care needs and form a working partnership toward managing the member's health.

The Department of Health Care Services (DHCS) requirements for IHA were updated in January 2023. The updated APL 22-030 removed the Individual Health Education Behavioral Assessment (IHEBA)/Staying Healthy Assessment (SHA) requirement. However, appropriate risk assessments and screenings should still be completed and documented. The IHA must be completed within 120 days of enrollment in a primary care setting and a culturally and linguistically appropriate manner for the member and can be completed over multiple visits and include:

- Complete or detailed initial physical and mental health history**
- Identification of risks**
- Age appropriate assessment for preventive screens or services (see below FAQ for quality measures)**
- Health education**
- Diagnoses and plan for treatment of any diseases and/or abnormal lab results/assessment findings**

All components of the IHA must be documented in the member's medical record.

To support this effort, L.A. Care provides the following monthly reports in the IHA-Reports section of the Provider Portal (PPGs will be notified via email and can down-stream to providers):

- A list of members assigned to your medical group or practice this month for whom an IHA is required.
- A list of members assigned to your medical group or practice with an IHA due within the past 120 days OR over-due.

Please use these lists to outreach and facilitate primary care with these members to meet the IHA requirement within the 120-day timeframe. In addition, document all member outreach and member's refusals and/or missed appointments in the member's chart, as these efforts reflect your best steps toward compliance.

Additional information about the IHA requirements may be found in the appendices of this document. Should you have any questions about the enclosed list or IHA, please contact your L.A. Care Account Manager or IHA@lacare.org.

Thank you,

L.A. Care Health Plan

Enclosures: Appendices

1. IHA Frequently Asked Questions (FAQ)
2. IHA Code List

NOTE: This letter is for your information only. While it is not necessary to respond or fax any member medical records in response to this letter, please be able to provide medical records if/when requested.

IHA Frequently Asked Questions:

1) What is the timeframe for completing an IHA?

Each month, L.A. Care provides a list of newly enrolled members due for an IHA to the members' respective Primary Care Providers (PCPs) and a list of all members due or over-due for an IHA. While all new members are encouraged to schedule their IHA when they join the Plan, PCPs must contact members to schedule the IHA. IHAs must be completed within the timeframes required by the State and L.A. Care. The PCP ensures an IHA is performed within 120 days of enrollment. The IHA can be completed in one or multiple visits. The member's PCP does not need to complete the IHA if the member's medical record contains complete IHA information updated within the previous 12 months.

2) Who can complete the IHA?

A provider must complete the IHA within the primary care medical setting. That could be the member's PCP, but it also could be one of the following:

- General Practitioner
- Board Certified Specialists who provide primary care services such as:
 - Internal Medicine
 - Pediatrics
 - OB/GYN
 - Family Practice
- Perinatal Care Providers
- Non-physician mid-level practitioners
 - Nurse Practitioners
 - Certified Nurse Midwives
 - Physician Assistants

3) Can the IHA be completed via a virtual visit?

One or more components of the IHA can be completed via telehealth. However, not all components may be achieved via telehealth.

4) Are there any exceptions to completing the IHA?

Yes.

- If the member's PCP determines that all of the components of the IHA are complete in the member's medical record within the previous 12 months, that meets the requirements
- The member disenrolled before IHA could be performed
- The member or appropriate delegate, e.g., Parent/guardian refuses an IHA, and this is documented in the member's medical record
- The member does not schedule an IHA or show up to a planned IHA, and the provider makes reasonable attempts to outreach to the member and documents in the member's medical record

5) What is needed for a complete IHA?

Per Department of Health Care Services (DHCS) requirements, APL 22-030, the IHA must be provided in a primary care settings in a manner culturally and linguistically appropriate for the member and include:

- 1) Comprehensive physical and mental health history
- 2) Identification of risks
- 3) Assessment for preventive screens or services (e.g., immunization records, laboratory testing such as blood lead screening for applicable members)
- 4) Health education
- 5) Diagnoses and Plan of Treatment for any diseases

Note: The following Managed Care Accountability Set (MCAS) Quality Measures when addressed and documented also serve to complete an IHA:

- Depression screening and follow-up for adolescents and adults
- Child and adolescent well care visits
- Childhood immunization status combination 10
- Developmental screening in the first three years of life
- Immunizations for adolescents-combination 2
- Lead screening in children
- Topical fluoride for children
- Well-child visits in the first 30 months of life -0 to 15 months – Six (6) or more
- Well-child visits in the first 30 months of life-15 to 30 months –Two (2) or more
- Chlamydia screening in women
- Breast cancer screening
- Cervical cancer screening
- Adults' access to preventive/ambulatory health services

6) Do providers need to submit proof of each completed or met IHA?

Not currently. However, providers must document the IHA components within the member's medical record. They are encouraged to submit the appropriate encounter and ICD-10 and CPT codes for any screening or treatment provided to capture the IHA. In addition, providers will be required to provide evidence when requested for monitoring or auditing to prove completion of IHA components in a file review or proof of exclusions met through documented outreach, etc. Please share the enclosed code sheet with office staff involved with claim or encounter submission. Telehealth codes may be used as well, where appropriate. CPT codes are available for assessing health/nutrition (96156), psychosocial status (96152), and individual or group counseling. Please use these in addition to regular Evaluation and Management (E&M) codes. The enclosed table outlines descriptions and codes for each specific purpose and age group.

7) How can L.A. Care help?

For questions about IHAs contact IHA@lacare.org.

For more information on the Health Education programs available through L.A. Care, please call the L.A. Care's Health Education & Cultural and Linguistic Department at (855) 856-6943 or email to healthed_info_mailbox@lacare.org.

IHA Code List
Effective January 2023

The following CPT and ICD codes, in general, indicate completed IHA:

- **ICD-10:** Z00.00, Z00.01, Z00.1, Z00.11, Z00.12, Z00.121, Z00.129, Z00.8, Z71.89, Z34.90-Z34.93
- **CPT:** 59400, 59425, 59426, 59510, 59610, 59618, 96156, 96156-52, 96156-TS, 96158, 96159, 96164, 96165, 99203, 99204, 99205, 99213, 99214, 99215, 99244, 99245, 99304, 99305, 99306, 99460-99461, 99463
- **HCPCS:** G0466-G0470
- Telehealth codes need to be submitted per originating and distant site factors
 - <https://www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx>
 - [List of Telehealth Services | CMS](#)

Federally Qualified Health Centers (FQHCs) have specific rules. When submitting telehealth services claims, use Place of Service (POS) “02-Telehealth,” to indicate you furnished the billed service as a professional telehealth service from a distant site. Modifiers may be needed as well.

The table below lists additional codes by Member age:

Member Age and Subject	Initial Health Assessment Criteria	Timeline	Billing Codes
0 – 18 months	<ul style="list-style-type: none"> ➤ All elements of a periodic health assessment: <ul style="list-style-type: none"> ● Health and Developmental History and Language Needs ● Comprehensive physical exam ● Anticipatory guidance and health education ➤ Behavioral Health Assessment 	The IHA must be performed within 120 days of enrollment or within the period established by the American Academy of Pediatrics (AAP) for ages two (2) and younger, whichever is sooner.	<p>ICD-10 Codes Z00.1, Z00.11, Z00.121, Z00.129</p> <p>CPT- Codes 99203-99205 99213-99215 99460-99461, 99463</p>
19 months – 20 years	<ul style="list-style-type: none"> ➤ All elements of a periodic health assessment: <ul style="list-style-type: none"> ● Health and Developmental History and Language Needs ● Comprehensive physical exam ● Anticipatory guidance and health education ➤ Behavioral Health Assessment 	The IHA is required to be performed within 120 days of enrollment.	<p>ICD-10 Codes Z00.121, Z00.129</p> <p>CPT Codes 99203-99205 99213-99215</p>

Member Age and Subject	Initial Health Assessment Criteria	Timeline	Billing Codes
21 years and older	<ul style="list-style-type: none"> ➤ A comprehensive history and physical examination, including an initial preventive medicine evaluation ➤ Behavioral Health Assessment 	The IHA is required to be performed within 120 days of enrollment.	<p><u>ICD-10 Codes</u> Z00.00, Z00.01</p> <p><u>CPT-Codes</u> 99203-99205, 99213-99215</p>
Pregnant Women	<ul style="list-style-type: none"> ➤ A comprehensive initial prenatal visit must be initiated immediately after enrollment or discovering that the member is pregnant. ➤ Providers are encouraged to follow the American College of Obstetricians and Gynecologists (ACOG) and Comprehensive Perinatal Services Program (CPSP) preventive care screening guidelines. 	<p>The IHA is required to be performed within 120 days of enrollment.</p> <p>The initial prenatal visit will also serve as the IHA for these members if performed within 120 days of enrollment.</p> <p><i>Note: Prior authorization is not required for essential obstetrical services.</i></p>	<p><u>CPT Codes</u> 59400, 59425, 59426, 59510, 59610, 59618</p>
All age of members	<ul style="list-style-type: none"> ➤ Health/Nutrition Assessment (IEP/IFSP initial/triennial and annual assessments and non-IEP initial assessments ➤ Psychosocial Status Assessments and Re-assessments ➤ Individual and group psychological counseling sessions 	The IHA is required to be performed within 120 days of enrollment.	<p><u>ICD-10 Codes</u> Z00.8, Z34.90-Z34.93</p> <p><u>CPT Codes:</u> 96156, 96156-52, 96156-TS, 96158, 96159, 96164</p> <p><u>HCPCS Codes:</u> G0466-G0470</p>