

## Tips for Completing the New Member IHA

Patient office visits offer the chance for providers to complete the comprehensive Initial Health Appointment (IHA) and deliver needed preventive care and services to new patients. Use this guide for helpful tips to complete IHA requirements.



### Requirements

An IHA must be completed for all CalViva Health members and periodically re-administered according to requirements in the Population Health Management Program Guide and managed care plan contract requirements. An IHA:

- Must be performed by a provider within the primary care medical setting.
- Is not necessary if the member's primary care physician (PCP) determines that the member's medical record contains complete information that was updated within the previous 12 months.
- Must be provided in a way that is culturally and linguistically appropriate for the member.

The IHA must include the following:

- A history of the member's physical and mental 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.

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### Exceptions

The exceptions below must be documented in the patient's medical record, including all contacts, outreach attempts, appointment scheduling or the member's refusal to schedule an appointment.

- All elements of the IHA were completed within 12 months prior to the effective date of enrollment.
- Physicians or other providers of an established patient can add existing physical and mental health history to the IHA but must conduct an updated physical exam if one was not completed within the last 12 months.
- Member refuses an IHA.
- Evidence of:
  - Two call attempts and one written attempt to reach member,
  - Physician or other provider attempts to update member's contact information, and
  - Physician or other provider attempts to perform the IHA past the 120-day requirement until the IHA is completed.

Evidence of timely and accurate completion of the IHA is determined during the facility site review and medical record review periodic audits.

**Use the recommended service codes for an IHA.**

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**Service codes**

<b>Patient visit</b>	99203-99205 with diagnosis code: Z00.8	99381-99387 with a diagnosis code: Z00.00, Z00.01, Z00.110, Z00.121, Z00.129	Z1032, 59400, 59425, 59426, 59510, 59610, 59618 with any pregnancy-related diagnosis code
	99214-99215 with diagnosis code: Z00.8	99391-99397 with a diagnosis code: Z00.00, Z00.01, Z00.110, Z00.121, Z00.129	G0468
<b>Preventative care services</b>	Physicians and other providers should follow the CPT Evaluation & Management guidelines for coding preventive medicine services. Also refer to the American Academy of Pediatrics guidelines for coding pediatric preventive care services available at <a href="http://bit.ly/3mSV9W1">bit.ly/3mSV9W1</a> .		

**Preventative services**

**These preventative services may be ordered or performed during an IHA visit:**

- Alcohol and substance abuse screenings.
- Blood pressure monitoring.
- Body mass index testing.
- Bone density testing.
- Chlamydia screening.
- Cholesterol screening.
- Colorectal screening.
- Dental assessment.
- Depression screening.
- Diabetes testing.
- Flu shots.
- Health education counseling.
- Immunizations.
- Lead screening for children at ages 12 and 24 months.
- Mammograms.
- Nutritional assessment.
- Pap smears.
- Perinatal care.
- Physical exams.
- Smoking and tobacco cessation counseling.
- Tuberculosis testing.
- Vision and hearing screening.

**Best practices**

**These preventative services may be ordered or performed during an IHA visit:**

- Schedule appointments and reminders with your patients.
- Follow the American Academy of Pediatrics, Child Health and Disability Prevention Program and U.S. Preventive Services Task Force (USPSTF) preventive care standards and guidelines during patient visits. The guidelines are available at [bit.ly/AAP\\_Periodicity\\_Schedule](http://bit.ly/AAP_Periodicity_Schedule), [bit.ly/CHDPGuidelines](http://bit.ly/CHDPGuidelines) and [bit.ly/USPST\\_Recommendations](http://bit.ly/USPST_Recommendations).
- Bill the proper codes for the IHA.
- Follow medical record standards on documentation of all preventive care services, physical and behavioral health assessments, health education and counseling, referrals, and follow-up care and treatment provided to patients.
- Use the 120-day IHA provider reports to identify new members who need an IHA. This report is generated monthly and can be found online at [provider.healthnet.com](http://provider.healthnet.com) > Provider Reports > Initial Health Appointment (IHA) under Available Reports.
- If an established patient has changed plans, conduct an IHA and perform an updated physical exam.

## Best practices (cont.)

- Schedule appointments and reminders with your patients.
- Register with Cozeva® to access web-based care gap reports. Contact your Plan representative for information on how to sign up for the care gap report or how to review the reports.
- Follow up with identified high-risk behaviors and needed care.
- Review patient records to fill care gaps before the appointment with the patient.
- Document in the patient's medical record all contacts, outreach attempts, appointment scheduling or the member's refusal to schedule an appointment.