



To: All Direct PCPs and Specialists
From: IEHP – Provider Relations
Date: April 21, 2020
Subject: Updates to IEHP eReferral form regarding Place of Service

Inland Empire Health Plan (IEHP) has updated its Web Portal and will require Providers to verify the Place of Service (POS) when requesting for the following CPT codes:

25606	27822
19301	49568
25608	63030
25609	63045
26615	S2900

If you choose a POS that is **not** Inpatient with one of the CPT codes above, you will see a red notification that states: **“The requested procedure is typically performed at a Place of Service (POS) 21 Inpatient Hospital. Please confirm the POS before continuing.”** This will prompt you to verify the POS before moving forward with the referral form.

CPT Codes

<p>*CPT 1:</p> <div style="border: 1px solid #ccc; padding: 2px; display: flex; align-items: center;"> 25606 ✕ </div> <p style="font-size: 0.8em; color: #d9534f; margin-top: 5px;">The requested procedure is typically performed at a Place of Service (POS) 21 Inpatient Hospital. Please confirm the POS before continuing.</p> <p style="font-size: 0.8em; color: #007bff; margin-top: 2px;">Percutaneous Skeletal Fixation Of Distal Radial Fracture Or Epiphyseal Separation</p>	<p>Modifier:</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>	<p>*Qty:(numeric only)</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
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As a reminder, all communications sent by IEHP can also be found on our Provider portal at: www.iehp.org > For Providers > Plan Updates > Correspondence.

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.