



Inland Empire Health Plan



To: Skilled Nursing Facilities
From: IEHP – Provider Relations
Date: February 27, 2018
Subject: **Service Request Form for Skilled Nursing Facilities (SNF)**

Effective February 1, 2018, Inland Empire Health Plan (IEHP) will require that all Skilled Nursing Facilities utilize the attached **Service Request Form** when requesting any services that are not included in the per diem reimbursement for IEHP Members.

Examples of services required to use form:

- Request Durable Medical Equipment (DME) for Members at a **Skilled** level of care;
- Request Specialty Physician consults or Rehab Therapy for Members in **Custodial** level of care;

To confirm if a specific service will require the Service Request Form, please consult your IEHP Nurse Case Manager.

The completed form should be faxed or emailed to the IEHP Nurse Case Manager or Coordinator assigned to each facility.

For your convenience, an electronic copy of the Service Request Form is available on our Provider Portal at the following address: <https://ww3.iehp.org/en/providers/forms/um-forms/>.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at the following address: <https://ww3.iehp.org/en/providers/correspondence/>.

Should you have any comments and/or questions, please contact the Provider Relations Team at (909) 890-2054.

Enclosed: Service Request Template



Service Request Template

Date: _____

Member Name: _____

ID# _____

Requesting Provider: _____

Telephone: _____

Servicing Provider: _____

MD NPI# _____

Address: _____

Telephone: _____

Requested Service: _____

ICD/Diagnosis Code(s): _____ (Pertaining to Requested Services)

CPT/Procedure Code: _____ (Pls call MD office to obtain correct codes)

Add'l CPT/Procedure Code: _____

Note:

Please attach **MD order, facesheet, and any other pertinent information related to services request.**

To expedite approval/denial, please fill in all areas completely and attach all needed documents.

Please contact IEHP LTC Case Manager or Coordinator assigned to your facility with any questions or concerns.
Thank you.