



Inland Empire Health Plan

REFERRAL FORM INSTRUCTIONS

IEHP Direct referral forms have a new look. Now you can use one form for all IEHP Direct referrals.

Open Access to OB/GYN Services

Members can be referred for the following OB/GYN services without prior authorization:

- Consultation or follow-up (OB/GYN only)
- Well-Woman Exam
- In-office procedures to include: colposcopy, biopsy, repeat pap smear, insertion of an IUD
- Tubal ligation
- Total OB Care (Members must deliver at an IEHP Direct network hospital)
- Members must be treated by an IEHP Direct network Specialist or a Family Planning Office

The contracted laboratory must be used for all laboratory testing (no prior authorization required).
Use of any other laboratory requires prior authorization.

To save you time, here are other types of services that do not require authorizations from IEHP Direct

Prior authorization is NOT required from IEHP Direct for the following services:

- Plain-film x-rays including chest, extremities, spine, skull
- UGI/Barium swallow/Barium enema
- Mammograms
- EKGs
- Sigmoidoscopy
- OB Ultrasound (one study)
- All non-OB Ultrasounds done in a facility***
- Any pathology
- OB/GYN*
- Routine laboratory services
(Example: CBC, Chemistry, UA, etc.)
(**Contracted lab only)

* Women have open access to OB/GYN service with an IEHP Direct OB/GYN provider or Family Practitioner who is eligible to provide such services. Typical conditions for which a woman can directly access these physicians include: amenorrhea, breast lump, estrogen replacement, family planning/birth control, menorrhagia, Well Woman exams (including pap and breast exam), and pelvic pain.

** Prior Authorization from IEHP Direct required for laboratories other than the contracted laboratory.

*** Requests for both pelvic and trans-vaginal ultrasounds on the same day of services requires prior authorization

Prior authorization is NOT required from IEHP Direct for all common "Floor Stock" injectable medications, including:

- Ampicillin
- Betamethasone
- Cefazolin
- Cimetidine
- Dexamethasone
- Diphenhydramine
- Epinephrine
- Furosemide
- Gentamicin
- Glycopyrrolate
- Hydrocortisone
- Hydroxyzine
- Lidocaine
- Penicillin G
- Prochlorperazine
- Promethazine
- Cefotaxime - Restricted to use after first-line Tx failure
- Ceftazidime - Restricted to use after first-line Tx failure
- Ceftriaxone - Restricted to use after first-line Tx failure; can be used as first-line Tx for meningitis

For the listed injectables, submit a claim to the IEHP Claims Dept.
All other injectable medications require a Pharmacy Exception Request (PER) form. Fax PER forms to 909-890-2058.

Referrals that are not prioritized are handled as "routine." Referrals designated as urgent must include the supporting documentation regarding the reason the standard time frame for issuing a determination could seriously jeopardize the life or health of the Member or the Member's ability to regain maximum function.

- Check appropriate box in Section #1B to let IEHP Direct know whether referral is urgent or routine
- Complete General Information in Section #2, including a complete description of clinical reason for the referral
- Have referring physician sign form in Section #2; prior to submitting referral PCP must review any referral from mid-level practitioner
- Complete service/procedure description in Section #3, including CPT Code
- Fax completed form to IEHP Direct at 909-890-5751

If you have a question regarding the status of a referral or would like to request criteria used in making an authorization decision, please call IEHP Direct at 866-725-4347.



REFERRAL FORM

Date: _____

1A. Open Access to OB/GYN Services

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- a. Consultation or follow-up (OB/GYN only)
- b. Well-Woman Exam
- c. In-office procedures to include: colposcopy, biopsy, repeat pap smear, insertion of an IUD
- d. Tubal ligation
- e. Total OB Care (Members must deliver at an IEHP Direct network hospital)
- f. Members must be treated by an IEHP Direct network specialist or a Family Planning Office
- g. A contracted laboratory must be used for all laboratory testing (no prior authorization required) - Use of any other laboratory requires prior authorization
- h. For more information regarding contracted providers, please call (866) 725-4347

1B. Referrals

Auth/Tracking Number: _____

Auth/Expiration Date: _____

Contact IEHP if extension is required.

- Urgent/Expedited** - Decision within 72 hours
- Routine**
- Retro**
- Patient Request**

2. General Information

Member Name (please print)				DOB		ID#	
Plan (select one)	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Healthy Families	<input type="checkbox"/> Healthy Kids	<input type="checkbox"/> Non-State Programs	<input type="checkbox"/> Open Access	<input type="checkbox"/> Medicare	
Address			City		Zip	Phone	
Diagnosis (required)						ICD-9 Code (REQUIRED)	

Clinical justification for referral and description of procedure requested if any (required) (attach clinical information)

Referred to (must refer to a specialist within network)			Specialty		NPI#		Phone	
Address			City		Zip	Fax		
Referring Provider (please print)					Phone		Fax	
Address					City		Zip	
Referring Provider Signature (REQUIRED)					NPI#		Date	

3. Service Required

Service Required (check one)	<input type="checkbox"/> Consult	<input type="checkbox"/> Follow-up	<input type="checkbox"/> DME	<input type="checkbox"/> Home Health	<input type="checkbox"/> Other
Service Location/Facility			<input type="checkbox"/> Office	<input type="checkbox"/> Outpatient	<input type="checkbox"/> Inpatient
Procedure requested (Submit supportive documentation with claim to justify Evaluation and Management (E&M) code if this service will occur the same day as procedure.)					CPT Code (REQUIRED)
Facility Address			Phone		Fax

4. Completed by IEHP

Date Additional Information Required		Date Additional Information Received		<input type="checkbox"/> Approved	<input type="checkbox"/> Modified	<input type="checkbox"/> Other
Medical Reviewer Comments						
Medical Reviewer Signature (Circle Title: MD, DO, RN, LVN, Coordinator)				Date		Criteria utilized in making this decision is available upon request by calling IEHP (866) 725-4347.

UPON ACCEPTANCE OF REFERRAL AND TREATMENT OF THE MEMBER, THE PHYSICIAN/PROVIDER AGREES TO ACCEPT IEHP CONTRACTED RATES. This referral/authorization verifies medical necessity only. Payment for services are dependent upon Member's eligibility at the time services are rendered.

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