



**To:** IEHP Trading Partners  
**From:** IEHP – EDI Team  
**Date:** December 2, 2021  
**Subject:** IEHP Clean Claim Rules Implementation

## ACTION REQUIRED!

Inland Empire Health Plan (IEHP) is amending its Provider billing requirements (clean claim rules) related to 837p and 837i claim submissions. The goal of these changes is to improve claim payment efficiency and prevent unnecessary encounter rejections with our State and Federal agencies.

Listed below is a new edit that we would like for you to add to our existing claim file validation rules.

Form Locator #	Description	Loop, Segment / Data Element	Comments & Business Input
Box 18 To Date (for discharge date at header level) Box 24 Line 1-06 (for Service date at line level)	Discharge Date before Date of Service	Discharge Date: 2300 DTP03 (where DTP01 = '096') Service Date: 2400 DTP03 (where DTP01 = '472')	Regulatory rejections due to Discharge Date before Date of Service on <u>837 Professional claims only</u> and applies to POS (Place of Service) 21.

IEHP is requesting your feedback on your required timeline to code, test and implement these changes.

Your response should be emailed to Jose Lopez at [lopez-j3@iehp.org](mailto:lopez-j3@iehp.org) by December 17, 2021. Our goal is to implement this validation and to synchronize the edit rule with the Regulatory Rejection by December 28, 2021.

We are committed to providing quality service and appreciate your partnership and cooperation with this upcoming change.

If you have any questions, please do not hesitate to contact the IEHP EDI Team at [EDI@iehp.org](mailto:EDI@iehp.org) or contact Jose Lopez directly at (909) 890-5157.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: [www.iehp.org](http://www.iehp.org)  
[> For Providers > Plan Updates > Correspondence](#)