



We heal and inspire the human spirit.

To: All IEHP Vision Providers

From: IEHP – Provider Relations

Date: January 7, 2025

Subject: REMINDER: Updated Vision Lab Form is Now Available

The updated **Vision Lab Form** has been posted to our website. **PLEASE NOTE:** The process is not changing.

Please utilize the fillable PDF form. Handwritten forms are not allowed!

With recent issues regarding the Vision Lab Form, here are a few things to remember to ensure this process goes smoothly:

Please note the following changes/updates:

1. Please use this form for **IEHP DualChoice (HMO D-SNP) and IEHP Covered (CCA)** lines of business only.
2. Be sure to include all demographic information for the Member.
3. The process for ordering glasses remains the same - the form has been updated for cosmetic and efficiency purposes, only.

NOTE: Continue to use PIA for all lab requests for Medi-Cal Members. Pre-approved exceptions to utilize Express Lens/Unique Optical will be considered on a case-by-case basis for:

- Replacement limit reached at PIA
- Prescription is too high for PIA
- PIA has delayed order
- PIA error, order has been lost

To request an exception, please email providerservices@iehp.org.

The new Vision Lab Form is available [here](http://www.providerservices.iehp.org) or: www.providerservices.iehp.org >

Resources > Resources for Providers > Forms > Vision

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

All IEHP communications can be found at: www.providerservices.iehp.org > News and Updates > Notices

VISION LAB ORDER FORM IEHP DualChoice (DSNP) & IEHP COVERED (CCA)									
Member First Name:		Member Last Name:		Member ID#:		Date of Birth:		Gender: Other	
Address			City		State		Zip Code		Auth #:
									Auth #:
Order Date:		Tray #:			Date Received:				
Side	SPHERE	CYLINDER	AXIS	PD		PRISM		BASE	
				FAR	NEAR				
R									
L									
CHECK APPROPRIATE LENS STYLE									
SINGLE VISION			BIFOCAL		TRIFOCAL		MATERIAL		
<input type="checkbox"/> SINGLE VISION V2100			<input type="checkbox"/> Round 22 V2200-28 <input type="checkbox"/> FLAT 28 V2200-28 <input type="checkbox"/> FLAT 35 V2200-35		<input type="checkbox"/> FLAT 7X28 50% Intermed V2300		<input type="checkbox"/> CR-39		
Side	ADD	SEG HEIGHT		FRAME DETAILS					
R				<input type="checkbox"/> Used Frame <input type="checkbox"/> New Frame <input type="checkbox"/> Frame Enclosed					
L				TINT: *Must include medical justification in special instructions					
				<input type="checkbox"/> UV V2755	<input type="checkbox"/> PNK 1 2 V2740	<input type="checkbox"/> BRN 1 2 3 V2740	<input type="checkbox"/> GRY 1 2 3 V2740	<input type="checkbox"/> V2799-SV	<input type="checkbox"/> V2799-BI
Frame Manufacturer				Frame Style				Frame Size	
								Eye Size	
								Bridge Size	
								Temple	
								Color	
Add Ons VER REQUIRED *** (Refer to IEHP COVERED CCA evidence of coverage for coverage limits)									
<input type="checkbox"/> VIP X/L Progressives V2781			<input type="checkbox"/> Multi-Layer-Layer Anti-Glare V2750			<input type="checkbox"/> Scratch Resist V2760		<input type="checkbox"/> 1.60 S0581-Sv/S0581-BI	
<input type="checkbox"/> Polycarbonate S0580-SV/S0580-BI			<input type="checkbox"/> Plastic Photochromic V2744			<input type="checkbox"/> Other		<input type="checkbox"/> 1.67 S0581-Sv/S0581-BI	
*Do not send case, straps, nor specialty attachments with frame(s)									
PROFESSIONAL SIGNATURE:				DATE OF SERVICE:		TELEPHONE:			
Ship To:				Special Instructions: Include medical justification for tint and/or special instructions for lab. *** (Refer to IEHP COVERED CCA evidence of coverage for coverage limits)					