IEHP
Inland Empire Health Plan

Alert!

To: Direct Ophthalmologists & PCPs

From: Provider Relations

Date: September 11, 2026

Subject: **LIVE MONDAY: Change to Authorization Process for Ophthalmology Services**

Effective **Monday, September 14, 2026**, we will initiate a pilot project to remove the prior authorization (PA) requirement for certain low-acuity ophthalmological services and procedures with low denial rates.
Consult codes and ancillary items will still require PA.

How Does the Referral Process Change?

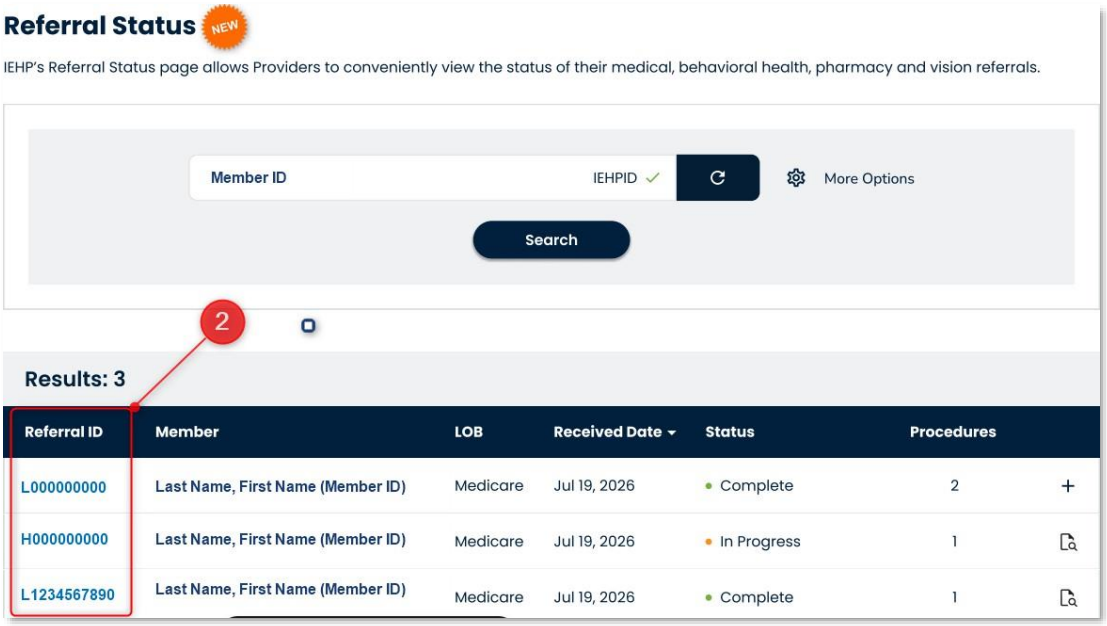
Please continue to submit referral requests via the Secure Provider Portal.

Upon submission, a submission report can be viewed or printed, indicating which services have no authorization required and those pending the current review process.

Referral Status Changes

1. **A new column will be added to the Referral Status tab > Procedures**

2. When viewing referral statuses, new Referral ID indicators will appear:

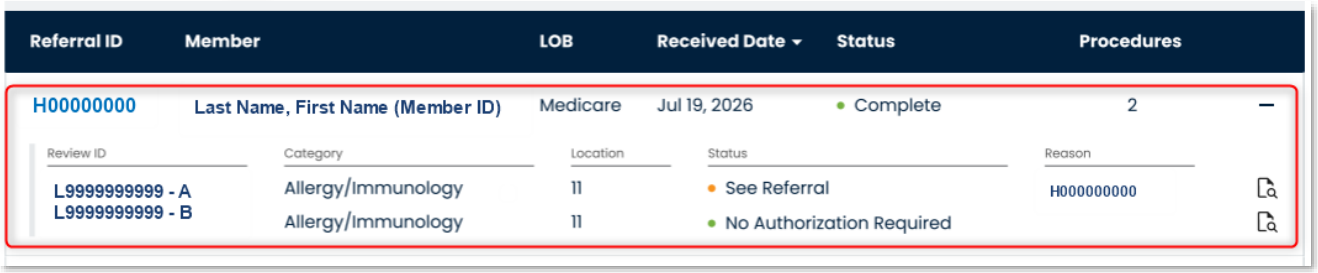


L-Referral ID:
Serves as a confirmation code. When a referral has been submitted with procedure codes that do not require a PA, the authorization will reflect **Complete** – *No Authorization Required*.

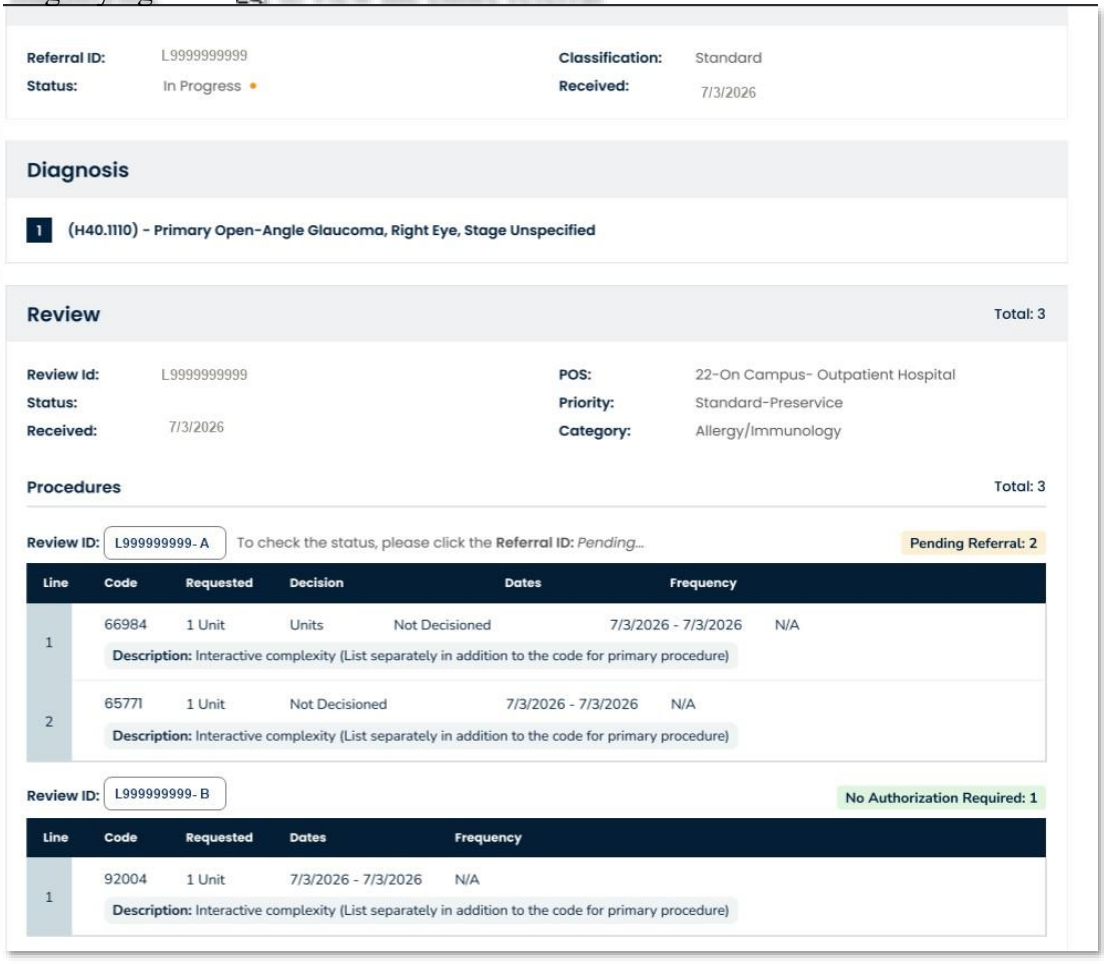
H-Referral ID:
When a referral includes a procedure code requiring a PA, that has not yet been decisioned. The authorization will reflect **In Progress** – *Pending Decision*.

H-Referral ID and L-Referral ID:
When a referral is submitted with multiple procedure codes—where some codes are included on the grid, and others are not —the submission will generate both an L Referral ID and an H Referral ID.

3. Open the referral [+] to see the details:



4. Click the magnifying to view the entire referral



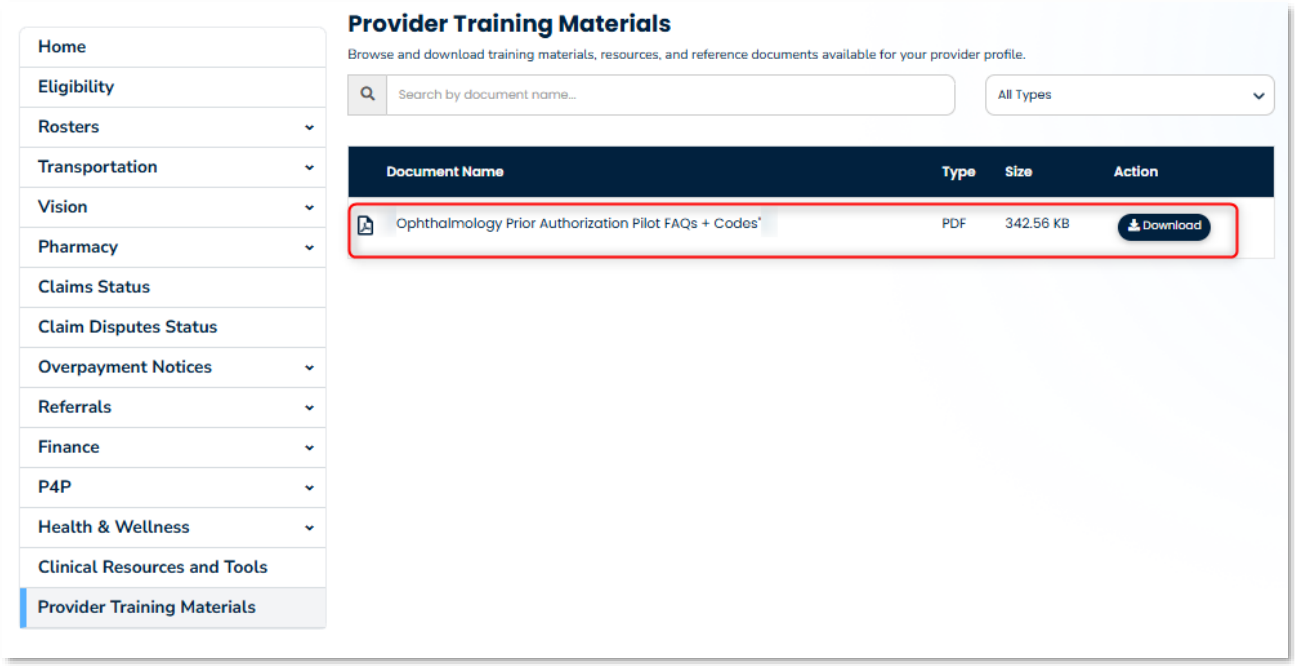
***Disclaimer:** The images included are a sample representation for illustrative purposes. All information displayed, including auth/referral ID numbers and data, is fictitious and intended solely to demonstrate the functionality of the information presented.

Resources for More Information

If you're receiving this via email, please refer to the attached Frequently Asked Questions (FAQ) document. The FAQ provides additional details, including the Place of Service (POS) and the full list of procedure codes no longer requiring PA.

If receiving this via fax, please visit the Portal or our Notices page for the full document.

The FAQs and codes can also be found on the **Portal > Provider Training Materials**



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

Prior Authorization Grid
Ophthalmology Pilot

Frequently Asked Questions

01 **Q: When does PA Grid take effect?**

A: Effective **September 14, 2026** IEHP is starting a pilot program that eliminates prior authorization (PA) requirements for IEHP Direct Members for **select ophthalmology services** that have historically low denial rates.

Consult codes and ancillary items will still require PA.

02 **Q: Why is IEHP making this change?**

A: Removing PA requirements for these services will help:

- Reduce unnecessary authorization delays.
- Allow providers to schedule and treat Members sooner.
- Decrease appointment wait times.
- Support earlier diagnosis and treatment to help prevent conditions from worsening.
- Minimize avoidable barriers to care and enhance the Member experience.

03 **Q: Which lines of business (LOB) does this change affect?**

A: This pilot applies to:

- IEHP Direct Medi-Cal Members
- IEHP Direct DSNP Members

Excluded: Covered California (CCA) Members

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04 **Q: How does the Referral Process Change?**

A:

Providers must continue submitting referral requests through the IEHP Secure Portal.

- Upon submission, the system will automatically issue an immediate authorization for any codes that do not require Prior Authorization.
- Services or codes not included in the PA grid will continue to follow the standard review process.
- Providers can print or view a submission report that shows which codes received instant authorization and which require PA.

05 **Q: Which type of Providers are affected by this change?**

A:

- IEHP Direct Ophthalmologists
- IEHP Direct PCPs

Note: IPAs will adopt this process later.

06 **Q: Does this apply to all Places of Service (POS)?**

A:

Yes, **except for POS 21** (Room & Board).

- Included POS examples:
- Office
- Outpatient Hospital
- Ambulatory Surgery Center (ASC)
- Diagnostic/Imaging
- Any contracted POS providing ophthalmology services.

07 Q: Will IEHP still conduct retrospective reviews?

A:

Yes. Even if PA is not required, IEHP can still review services later to verify:

- Medical necessity
- Documentation accuracy
- Correct coding
- Member eligibility

08 Q: Do Providers still need to verify eligibility?

A:

Yes. The PA Grid applies only if the Member is active with IEHP Direct Medi-Cal or DSNP on the date of service.

The Provider remains responsible for verifying the Member's eligibility for that date, including IPA affiliation, CCS eligibility, and any other health coverage.

09 Q: Are any Ophthalmology services still subject to PA?

A:

Yes. Certain surgeries, injections, and high-cost diagnostic services still require PA.

10 Q: Does this pilot affect Optometry?

A:

No. Optometry processes remain unchanged, and all current optometry PA requirements still apply.

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14 **Q: Are reimbursement or claims processes changing?**

A: 
There are no changes to the reimbursement guidelines. Claims may still be canceled or denied due to:

- Incorrect coding
- Insufficient documentation
- Inactive eligibility

15 **Q: Should Specialists continue sending consult notes to PCPs?**

A: Yes. This communication is essential for maintaining continuity of care, including sharing consult notes and follow-up updates with the PCP.

16 **Q: What if a Provider bills a code not included in the pilot list?**

A: Codes outside the pilot list will undergo medical necessity review, and PA may be required.

17 **Q: Will Members be notified that no PA is needed?**

A: No. This change is designed to be seamless for Members, so there will not be a formal notification. Members will continue accessing care as they normally do, without any disruption or change in their experience.

Prior Authorization Grid

Ophthalmology Pilot

PA GRID LIST OF CODES

Code	Code Description
92012	Intermediate ophthalmological services: medical examination and evaluation with initiation or continuation of diagnostic and treatment program; established patient
92015	Determination of refractive state
92020	Gonioscopy (separate procedure)
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report
92060	Sensorimotor examination with multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia)
92065	Orthoptic Training; Performed By A Physician Or Other Qualified Health Care Professional
92066	Orthoptic Training; Under Supervision Of A Physician Or Other Qualified Health Care Professional
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (e.g., tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (e.g., at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (e.g., Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey Visual Field Analyzer full threshold programs 30-2, 24-2 or 30/60-2)
92100	Tonometry, diagnostic, bilateral (separate procedure)
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral

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Code	Code Description
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
92137	Scanning computerized ophthalmic diagnostic imaging, posterior segment
92201	Ophthalmoscopy, extended, with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; initial
92202	Ophthalmoscopy, extended, with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; subsequent
92228	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral
92230	Photography, retina; with interpretation and report
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report
92242	Ophthalmic photography, external; with interpretation and report
92250	Fundus photography with interpretation and report
92260	Serial tonography (separate procedure) with multiple measurements of intraocular pressure and/or aqueous outflow facility, with interpretation and report
92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report
92270	Electroretinography (ERG), with interpretation and report; full field (e.g., ffERG, mfERG)

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Ophthalmology Pilot

PA GRID LIST OF CODES

Code	Code Description
92273	Electroretinography (ERG), with interpretation and report; full field (e.g., ffERG, mfERG)
92274	Electroretinography (ERG), with interpretation and report; full field (e.g., ffERG, mfERG)
92283	Color vision examination, extended (e.g., anomaloscope or equivalent), with interpretation and report
92284	Dark adaptation exam
92285	External Ocular Photography With Interpretation And Report For Documentation Of Medical Progress (eg, Close-Up Photography, Slit Lamp Photography, Goniophotography, Stereo-Photography)
92286	Anterior Segment Imaging With Interpretation And Report; With Specular Microscopy And Endothelial Cell Analysis
92287	Anterior Segment Imaging With Interpretation And Report; With Fluorescein Angiography
92340	FITTING SPECTACLES XCPT APHAKIA MONOFOCAL
92341	FITTING SPECTACLES XCPT APHAKIA BIFOCAL
92342	FITTING SPECTACLES XCPT APHAKIA MULTIFOCAL
92352	FITTING SPECTACLE PROSTH APHAKIA MONOFOCAL
92353	FITTING SPECTACLE PROSTH APHAKIA MULTIFOCAL
92354	Fitting Of Spectacle Mounted Low Vision Aid; Single Element System
92355	Fitting Of Spectacle Mounted Low Vision Aid; Telescopic Or Other Compound Lens System
92358	Prosthesis Service For Aphakia, Temporary (Disposable Or Loan, Including Materials)
92370	RPR&REFITG SPECTACLES EXCEPT APHAKIA
92371	RPR&REFITG SPECTACLE PROSTHESIS APHAKIA