IEHP Inland Empire Health Plan

Alert!

To: Direct Provider Network

From: Provider Relations

Date: November 19, 2026

Subject: **January 1: Upcoming Change to Authorization Process for Referrals**

Effective **January 1, 2027**, we will remove the prior authorization (PA) requirement for certain low-acuity services and procedures with low denial rates.
Consult codes will still require PA.

How Does the Referral Process Change?

Please continue to submit referral requests via the Provider Portal.

Upon submission, the referral status can be viewed or printed to identify services that do not require authorization and those that are currently pending review.

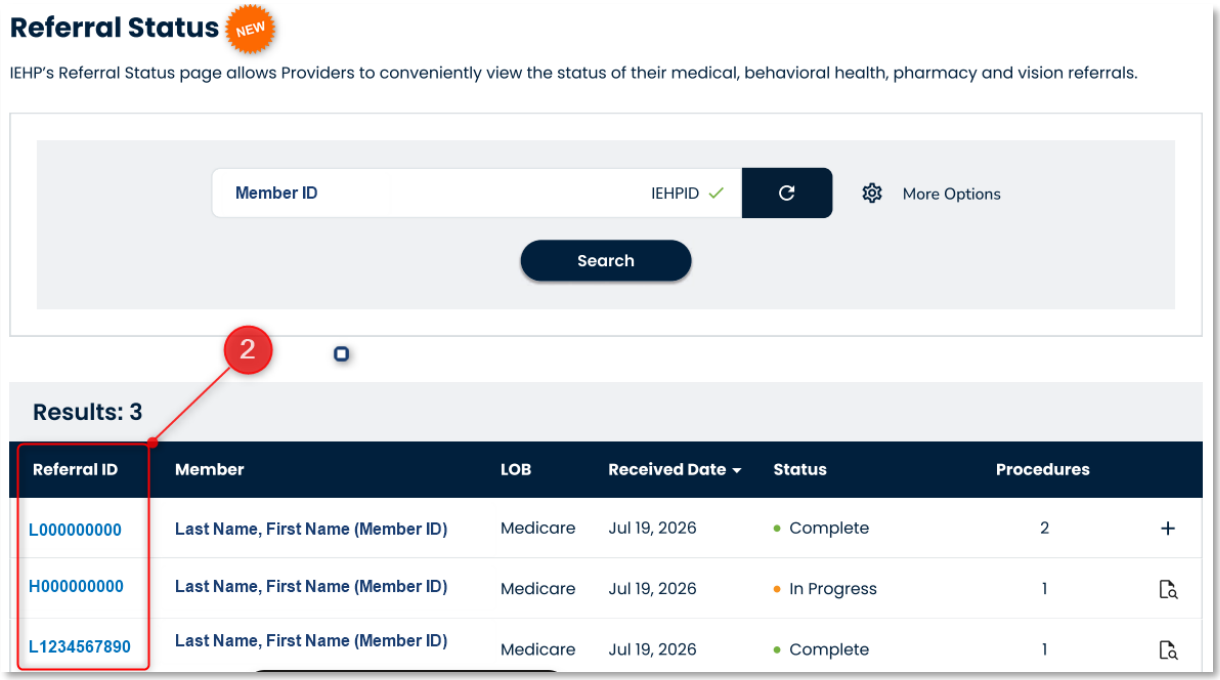
This change **does not** affect Inpatient and Vision referrals, nor any referrals for IEHP Covered (CCA).

Referral Status Changes

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



2. When viewing referral statuses, L/H Referral ID indicators will continue to appear and function as they currently do:



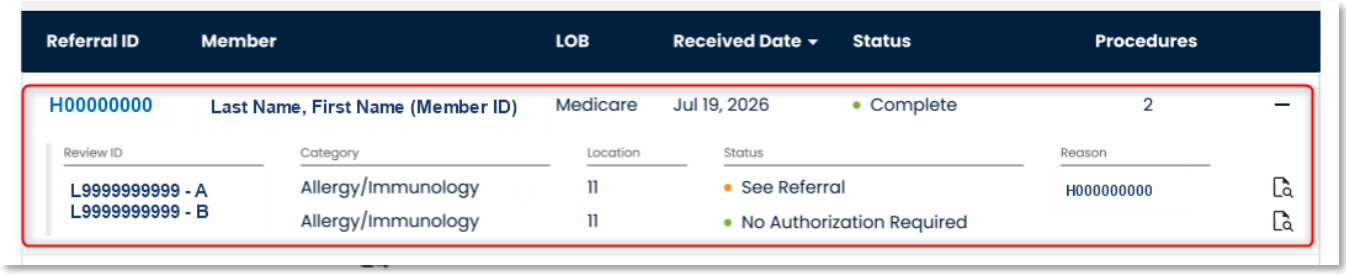
3.

L-Referral ID:
The L# is a receipt confirming that a referral has been submitted. It can also be referenced when checking status. When a referral has been submitted with procedure codes that do not require a PA, the authorization status will reflect **Complete –** *No Authorization Required* and remain an L#. All auths, whether or not they require a PA, will have an L#.

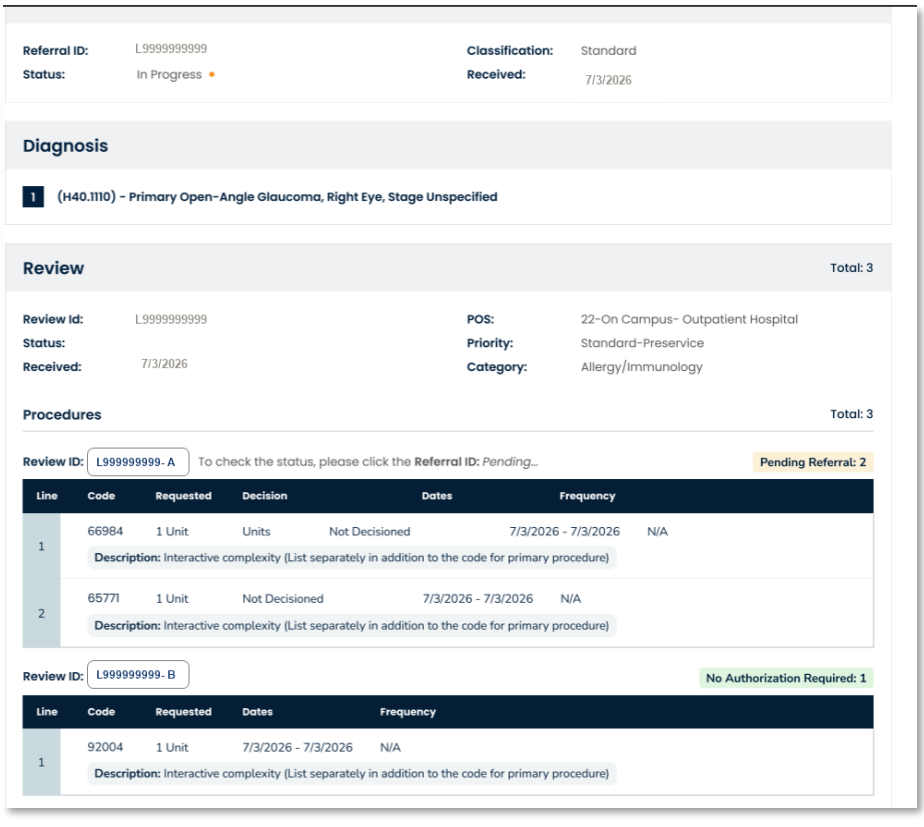
H-Referral ID:
When a referral includes a procedure code requiring a PA, an L# will generate as a receipt, and then an H# will be attached once decisioned. Check the referral status for decision: **Approved, Denied**, **In Progress**, or **Canceled**.

H-Referral ID and L-Referral ID:
When a referral has been submitted with multiple procedure codes (2), some of which require a PA and some that don't, you will have a mixed result of both L and H#s. Again, view the status for a decision.

Open the referral [+] to see the details:



4. Click the magnifying glass to view the entire referral request. This step remains unchanged:



How This Helps You

- You will have immediate visibility into PA requirements, streamlining the referral process.

- As a specialist, if the member requires additional services during the consult, staff can check whether the code requires a PA; if not, the services can be rendered without scheduling another appointment.

Please do not attempt to circumvent the process by faxing authorizations; they will be canceled.

Claims Reminder

While a PA will no longer be required for some codes, when billing for those that do require a PA, remember to bill ONLY for approved codes; do not up-bill.

Resources for More Information

An FAQ and a list of all applicable codes will be available soon.

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