



Inland Empire Health Plan



To: All Vision Providers
From: IEHP – Provider Relations
Date: June 10, 2022
Subject: **REMINDER – Authorizations Required for Vision Services**

Inland Empire Health Plan (IEHP) would like to remind you that prior authorizations **must** be submitted for the following vision services:

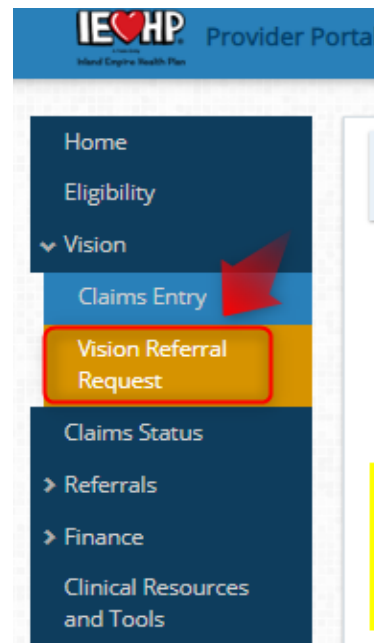
- Exam
- Lenses
- Frames
- DFE
- Contact Lens
- Contact Lens Fitting
- Glaucoma Services

*Additionally, a Vision Exception Request (VER) must be submitted for the replacement of frames and/or lenses.

IEHP prioritizes ensuring providers receive prompt payment. If required prior authorization is not obtained, claims payment will be impacted.

To submit an authorization, please access Provider Portal > Vision > Vision Referral Request

***Please note TPAs only require referrals depending on number of visits. Please refer to the attachment for reference.**



As a reminder, all communications sent by IEHP can also be found on our Provider portal at: www.iehp.org > Providers > Plan Updates > Correspondence

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347 or email ProviderServices@iehp.org.

TPA Treatment Protocol Guidelines – Table 3

Diagnosis	Treatment	Initial Visit	Second Visit ¹	Additional Visit ²	Comments
Ocular Allergy	Topical Steroids	Covered	Covered 3 to 21 days after initial visit	VER Required	Consult with Ophthalmologist if present 3 weeks after diagnosis. Refer to PCP for referral to Ophthalmologist if still on topicals after 6 weeks.
Ocular Allergy	Oral Antihistamines	Covered	Covered 7 to 14 days after initial visit	VER Required	Refer to PCP for referral to an Ophthalmologist if not resolved in 2 weeks.
Staph Blepharitis Bacterial Conjunctivitis	Topical and/or Oral Antibiotics	Covered	Covered 3 to 6 weeks after initial visit	VER Required	Refer to PCP for referral to an Ophthalmologist if not resolved in 6 weeks.
Herpes Simplex Keratitis/Conjunctivitis or Varicella Zoster Keratitis/Conjunctivitis	Topical Antivirals and/or Oral Acyclovir ³	Covered	Covered 3 to 6 weeks after initial visit	VER Required	Refer to PCP for referral to an Ophthalmologist if not improved within seven days. Refer to PCP for referral to an Ophthalmologist if not resolved within 3 weeks.
Central Corneal Ulcer	Topical and/or Oral Antibiotics	Covered	Covered 1 to 2 days after initial visit	VER Required	Consult Ophthalmologist if not improved within 24 hours. Refer to PCP for referral to an Ophthalmologist if not improved within 48 hours.
Traumatic Iritis	Topical and/or Oral Antibiotics	Covered	Covered 2 to 3 days after initial visit	VER Required	Consult Ophthalmologist if condition worsens within 72 hours. Refer to PCP for referral to an Ophthalmologist if not resolved within 1 week.
Peripheral Corneal Inflammatory Keratitis (Excluding Mooren's & Terrien's diseases)	Topical Steroids, Anti-Inflammatories	Covered	Covered to 14 days after initial visit	VER Required	Consult Ophthalmologist if condition worsens within 48 hours. Refer to PCP for referral to an Ophthalmologist if not resolved within 2 weeks.
Preseptal Cellulitis or Dacryocystitis	Topical and/or Oral Antibiotics	Covered	Not Covered	Not Covered	Refer to PCP for referral to an Ophthalmologist.
Unilateral non-recurrent nongranulomatous. Idiopathic Iritis or Episcleritis	Topical Steroids, Anti-Inflammatories	Covered	Covered to 21 days after initial visit	VER Required	Consult Ophthalmologist if worsens within 72 hours. Refer to PCP for referral to an Ophthalmologist if not resolved within 3 weeks.
Ocular Inflammation	Oral nonsteroidal Anti-Inflammatory Agents	Covered	Covered 1 to 3 days after initial visit	VER Required	Refer to PCP for referral to an Ophthalmologist if not resolved within 3 days.
Glaucoma CPT Codes: <ul style="list-style-type: none"> • 99202-99205 • 92133 • 92134 • 76514 • 92083 • 92225-92226 		Covered (VSN Required)	Covered (VSN Required)	Covered (VSN Required)	Glaucoma treatment is covered as long as services are rendered by Providers with a TPG or TLG certification. Note: Any diagnosis code indicating glaucoma is acceptable as long as it is valid at time of service.
Blunt Trauma / Contusion	Examination / Observation	Covered	Covered	Not Covered	Continued suspicion of intraocular injury; i.e. retinal tear or detachment, laceration of globe, zonular dissection must be referred to PCP to arrange for ophthalmology consult.

¹ "Covered" shall constitute one visit within the timeframe specified. Unless specifically indicated, third and subsequent visits not falling within the specified timeframes require prior referral via the VER process. All VERs are reviewed by the Provider Services Specialist.

² Additional Visits Require Prior Approval (Submission of a VER).

³ Note-In all cases topical antiviral medications shall be limited to 3 weeks, and the use of oral Acyclovir shall be limited to 10 days.