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To: All IPA Administrators and Medical Directors
From: IEHP – Provider Relations
Date: October 4, 2024
Subject: **REVISED – UM Authorization Guidelines**

IEHP’s Guideline Review Committee has approved the following authorization guideline updates/changes, effective 9/30/2024:

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_DIA 08	Elastography	Revised	<p>Highlights:</p> <ul style="list-style-type: none">• IEHP considers Elastography, a type of ultrasound that determines the degree of fibrotic tissue present in one’s liver, to be medically necessary in certain instances.• Medicare does not have a policy on this testing, while Medi-Cal has criteria that mirror our own IEHP UM Subcommittee guideline.• MCG addresses indications for the use of magnetic resonance elastography and vibration-controlled transient elastography, but it fails to address frequency limits. Apollo has an informative guideline that lists indications and limitations of this testing, but it also does not discuss frequency limits.• Recommend continuing to review all Medicare requests for this testing using our IEHP UM Subcommittee guideline, and to review all Medi-Cal requests utilizing the Medi-Cal Provider Manual: Medicine - Liver Elastography criteria. For this review cycle, references and citations have been updated

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_OTH 01	Complementary and Alternative Medicine (CAM) or Holistic Therapy	Revised	<p>Highlights:</p> <ul style="list-style-type: none"> • IEHP does not cover CAM therapy because it considers it experimental and investigational. • Medicare covers some CAM therapy. The types covered and their respective criteria are listed in the Medicare NCD Manual. Medi-Cal currently has no policy regarding CAM therapy. • MCG also does not have a policy concerning this, while Apollo has a guideline that discusses CAM therapy in general, without giving any clear direction or guidance on the matter. • Recommend utilizing Medicare’s NCD Manual Chapter 1, Part 1 section 30 to review requests for CAM therapy for our Medicare Members. If the CAM therapy is not listed, it may be denied utilizing IEHP’s CAM or Holistic Therapy UM Subcommittee Guideline. For our Medi-Cal Members, these requests may be denied utilizing this guideline. During this review cycle, references and citations have been updated.
UM_OTH 11	Transportation Criteria	Revised	<p>Highlights:</p> <ul style="list-style-type: none"> • SECTION: Coverage Limitations and Exclusion – requires update to the following: <ul style="list-style-type: none"> ○ Previous text → NMT requests for carved-out services are not subject to the plan’s utilization controls. ○ Per APL 22-008, update to appropriate guideline: the plan must provide NMT for Medi-Cal services that are carved-out to the plan. NMT is not subject to the plans utilization controls or be bound by time or distance standards as these services are not authorized or arranged by the plan.

You may access these and all other authorization guidelines through the IEHP website:

www.providerservices.iehp.org > Resources > Resources for Providers > Utilization Management Clinical Criteria

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 also be found at: www.providerservices.iehp.org > News and Updates > Notices