



*We heal and inspire the human spirit.*

**To:** Medical Directors & IPA Network

**From:** IEHP – Provider Relations

**Date:** October 1, 2025

**Subject:** **REVISED – UM Authorization Guidelines**

IEHP's Guideline Review Committee has approved the following authorization guideline updates/changes, **effective 10/1/2025**:

Guideline #	Guideline Title	LOB	Degree of Change	Updates/Changes
UM_OTH 11	Transportation Guideline	Medi-Cal	Revised Minor	Highlights: <ul style="list-style-type: none"><li>• ALL PLAN LETTER 22-08: Non-emergency Medical and Non-medical Transportation Services and Related Travel Expenses</li><li>• No Updates</li></ul>
UM_DIA 08	Elastography	Medi-Cal/Medicare	Revised Minor	Highlights: <ul style="list-style-type: none"><li>• 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.</li><li>• Medicare does not have a policy on this testing, while Medi-Cal has criteria that mirror our own IEHP UM Subcommittee guideline.</li><li>• 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.</li><li>• Recommend to continue 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.</li></ul>

Guideline #	Guideline Title	LOB	Degree of Change	Updates/Changes
UM_OTH 01	Complementary and Alternative Medicine (CAM) or Holistic Therapy	Medi-Cal/Medicare	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• IEHP does not cover CAM therapy because it considers it experimental and investigational.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>

Access to all other authorization guidelines can be found at: [www.providerservices.iehp.org](http://www.providerservices.iehp.org) > Resources > Resources for Providers > Utilization Management Clinical Criteria or [click here](#).

For questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email [ProviderServices@iehp.org](mailto:ProviderServices@iehp.org)

All IEHP communications can be found at [www.providerservices.iehp.org](http://www.providerservices.iehp.org) > News and Updates > Notices