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To: Medical Directors & IPA Network
From: IEHP – Provider Relations
Date: December 31, 2025
Subject: **REVISED – UM Authorization Guidelines**

IEHP's Guideline Review Committee has approved the following authorization guideline updates/changes, **effective 1/1/2026:**

Guideline #	Guideline Title	LOB	Degree of Change	Updates/Changes
UM_NEU 01	Bone Marrow/Hematopoietic Stem Cell Transplantation in the Treatment of Multiple Sclerosis	Medicare/Medi-Cal	Minor	Highlights: • IEHP considers BM/HSC Transplantation in the treatment of MS experimental and investigational, and therefore not covered. • Neither Medicare nor Medi-Cal has a policy on this. • MCG states hospital admission is medically necessary for autologous BM/HSC Transplantation in the case of patients with Immunoglobulin light chain amyloidosis and MS refractory to treatment or in relapsing remitting disease, but there is no criteria for PA submissions. Apollo calls this treatment experimental and investigational in the treatment of autoimmune disease. • Recommend continuing utilizing IEHP's Utilization Management Subcommittee Guideline to review requests for this service for both our Medicare and Medi-Cal lines of business. References have been updated.
UM_DIA 15	Vestibular Autorotation Test (VAT)	Medicare/Medi-Cal	Minor	Highlights: • IEHP considers Vestibular Autorotation Testing (VAT) to be experimental and investigational, and therefore not covered. • Medicare has an LCD concerning VAT, but it is not applicable to California. Medi-Cal does not have a policy concerning this. • MCG does not have a guideline regarding VAT either, while Apollo has two guidelines that peripherally mention VAT by referencing Aetna's policy, which in turn states Vestibular Autorotation Testing is experimental and investigational for the diagnosis of individuals with vestibular disorders, vestibular migraines, or any other

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				indication. Recommend continuing utilizing IEHP's Utilization Management Subcommittee Guideline to review requests for this testing for both the Medicare and Medi-Cal lines of business. References have been updated.
UM_CSS 06	Asthma Remediation	Medi-Cal	Moderate	Highlights: - In-home environmental trigger assessment is no longer covered under Community Supports -Asthma Remediation. - Members may still have an in-home environmental trigger test under Asthma Preventive Services (to be covered by MCP) - Criteria has been updated to reflect new DHCS guidance effective 1/1/26 - Member must have an in-home environmental trigger assessment within the last 12 months that identifies medically appropriate asthma remediations and how the interventions meet the needs of the member. - REMOVED: - Members with poorly controlled asthma as determined: - An Emergency Department visit related to asthma or - Hospitalization related to asthma or - Two sick or urgent care visits in the past 12 months related to asthma or - A score of 10 or lower on the asthma control test and - A recommendation from a licensed health care provider that the service will likely avoid asthma related hospitalizations, emergency department visits, and/or other high-cost services.

Access to all other authorization guidelines can be found at: 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

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