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To: All IPA Administrators and Medical Directors

From: IEHP – Provider Relations

Date: August 25, 2023

Subject: REVISED – UM Authorization Guidelines

IEHP's Guideline Review Committee has approved the following authorization guideline updates/changes, effective 8/17/2023:

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_DIA 08	Elastography	Minor	Highlights: • 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 against out 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.
UM_GYN 02	Fetal Non-Stress Testing	Minor	Highlights: • IEHP covers Fetal Non-Stress Testing (NST), a type of screening test used in pregnancy to determine fetal well-being, to be medically necessary when certain criteria are met. • Medicare is silent on this subject, while Medi-Cal offers billing guidance for this testing, indicating what CPT and ICD-10 codes are required when submitting for payment. • MCG makes no real mention of Fetal NST (other than it can be done in conjunction with a Fetal

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			Biophysical Profile), while Apollo has two guidelines that define what Fetal NSTs are but offer no real criteria. • Recommend continuing to review requests for this testing against IEHP's UM Subcommittee Fetal Non-Stress Testing guideline for both the Medicare and Medi-Cal lines of business. For this review cycle, references have been updated.
UM_OTH 01	Complementary and Alternative Medicine (CAM) or Holistic Therapy	Minor	Highlights: • 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, while utilizing IEHP's CAM or Holistic Therapy UM Subcommittee Guideline to review requests for CAM therapy not listed in Medicare policy for our Medicare Members, and for all requests for our Medi-Cal Members. For this review cycle, references have been updated.
UM_PAI 03	Referrals to Pain Management Specialists	Minor	Highlights: • IEHP considers referrals to Pain Management Specialist appropriate when certain criteria are met. • Medicare and Medi-Cal have specific guidelines regarding criteria that must be met prior to having interventional Pain Management procedures. However, neither have a general policy regarding criteria that must be met prior to being referred to a Pain Management Specialist. • MCG and Apollo also have guidelines for specific Interventional Pain Management procedures, but they do not have a policy regarding referrals to Pain Management Specialists. • Recommend utilizing IEHP's current UM Subcommittee Guideline "Referrals to Pain Management Specialists" to review requests for referrals to Pain Management Specialists for both our Medicare and Medi-Cal lines of business. For this review cycle, references have been added and updated, along with very minor document edits.

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UM_OTH 10	Custodial Care for Medi-Cal Members	Minor	Highlights: • IEHP Medi-Cal Members are eligible for custodial care (i.e. assistance with ADLs, ostomy care, and administration of routine oral medications, etc.) depending on the degree of severity and their ability to participate in said care. This benefit has been delegated by DHCS. • Recent changes to this guideline include the requirement of the Member's physician to have a face-to-face visit with Member prior to the submission of a prior authorization request for this service. Additionally, the physician must submit clinical documentation explaining why these services are medically necessary or submit supporting clinical documentation indicating medical necessity. References have also been updated. • The criteria utilized for this change may be found at the California Code of Regulations, Title 22, Division 3, Subdivision1, Chapter 3, Article 1.3, Section 51003. Treatment Authorization Requests (TARS).

You may access these and all other authorization guidelines through the IEHP website: www.iehp.org > Providers > Providers Resources > Utilization Management Criteria

As a reminder, communications sent by IEHP can also be found on the IEHP website: www.iehp.org > Providers > Plan Updates > Correspondence

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