



To: IPA Administrators and Medical Directors
From: IEHP – Provider Relations
Date: February 19, 2021
Subject: **Revised and Retired UM Authorization Guidelines**

IEHP’s Utilization Management Subcommittee has approved the following authorization guideline updates/changes, **effective February 10, 2021:**

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_OTH 20	Spravato	Substantial	<ul style="list-style-type: none"> • Additional indication: depressive symptoms in adults with Major Depressive Disorder with acute suicidal ideation or behavior • HCPCS code for Esketamine nasal spray was added • Guideline was reviewed and approved at Pharmaceuticals and Therapeutics (P&T) meeting on February 5, 2021
UM_SUR 04	Gender Dysphoria	Substantial	<ul style="list-style-type: none"> • Emphasis on ensuring covered services are provided to all Medi-Cal beneficiaries, including transgender beneficiaries • Guidance on suitability of services is based on medical necessity and determination of reconstructive vs cosmetic surgery • Revisions align criteria with World Professional Association for Transgender Health Standards of Care for the Health of Transsexual, Transgender and Gender-Nonconforming People (WPATH), Version 7 • Form(s) for Evaluation for Transgender Surgery or letter(s) addressing the same content must be completed by a mental health professional • Age of majority (18 years) is part of criteria for hormone therapy and surgery

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_BH 07	Behavioral Health Home Base Services	Minor	<ul style="list-style-type: none"> References were updated to include Medi-Cal Provider Manual instructions for Home and Community-Based Services (HCBS) from September 2020
UM_OTH 14	Hepatitis C-Center of Excellence	Retired	<ul style="list-style-type: none"> COE program was terminated as of January 1, 2021 Specified Network Specialty Pharmacies will fill Hepatitis B and C medications until April 1, 2021 Retired the current UM Subcommittee Guideline
UM_ORT 08	Physical Therapy for Chronic Conditions	Retired	<ul style="list-style-type: none"> Apollo has multiple criteria based on type of condition, body part, and treatment modality There are Apollo criteria that are most comparable to UM guideline. Retired the current UM Subcommittee Guideline and replaced with: Apollo POS2-005 Therapy Visit Authorization Guidance-Overview Apollo POS0-055 Physical Therapy (PT) Skilled/Unskilled Services Additional Apollo guidelines are available for more in-depth criteria on specific conditions
UM_GYN 03	Full Integrated and Serum Integrated Screening	Retired	<ul style="list-style-type: none"> Medi-Cal Provider Manual provides guidance on coverage of ultrasound during pregnancy and genetic testing and screening Apollo provides additional guidance on screening not mentioned in the Medi-Cal Provider Manual Retired the current UM Subcommittee Guideline and replaced with: Medi-Cal Provider Manual-Pregnancy: Early Care and Diagnostic Services Medi-Cal Provider Manual-Genetic Counseling and Screening Apollo Managed Care LAB 12-Fetal Screening for Chromosomal Abnormalities, Noninvasive

You may access these and all other authorization guidelines through the Provider portal.

Location: www.iehp.org > For Providers > Provider Resources > Utilization Management Criteria

As a reminder, all communications sent by IEHP can also be found on the Provider portal:

Location: www.iehp.org > For Providers > Plan Updates > Correspondences

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.