



**To:** IPA Administrators and Medical Directors  
**From:** IEHP – Provider Relations  
**Date:** December 20, 2021  
**Subject:** Revised/Retired UM Authorization Guidelines

IEHP’s Utilization Management Subcommittee has approved the following authorization guideline updates/changes, effective December 15, 2021:

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_DIA 15	Vestibular Autorotation Test (VAT)	Revised Moderate	<ul style="list-style-type: none"> <li>• Not covered. Insufficient evidence to support its use. Considered experimental and investigational.</li> <li>• No Medicare Local or National Coverage Determination for VAT</li> <li>• No Medi-Cal guidelines regarding this test</li> <li>• MCG does not have guidelines for VAT</li> <li>• References updated</li> </ul>
UM_OTH 22	Biosimilar Products	Revised Substantial	<ul style="list-style-type: none"> <li>• Guideline broadened to cover use of biosimilar drugs in all categories               <ul style="list-style-type: none"> <li>○ FDA definition of reference vs biosimilar drug</li> <li>○ Criteria for when a reference drug can be approved over a biosimilar drug</li> </ul> </li> <li>• HCPCS codes for specific reference and biosimilar drugs removed</li> <li>• References updated</li> </ul>

<b>Guideline #</b>	<b>Guideline Title</b>	<b>Degree of Change</b>	<b>Updates/Changes</b>
UM_NEU 01	Bone Marrow Transplant in the Treatment of Multiple Sclerosis	Revised Moderate	<ul style="list-style-type: none"> <li>• Not covered. Considered experimental and investigational</li> <li>• No Medicare Local or National Coverage Determination for this treatment</li> <li>• No Medi-Cal guidelines regarding this treatment</li> <li>• Apollo: MS is not listed as an indication for this treatment</li> <li>• References updated</li> </ul>
UM_DIA 11	Inflammatory Bowel Disease (IBD) Serology	Revised Moderate	<ul style="list-style-type: none"> <li>• IBD serology is not covered. Considered investigational and experimental.</li> <li>• Medicare Local Coverage Determination does not cover Prometheus IBD sgi Diagnostic Test</li> <li>• Medi-Cal does not comment on IBD</li> <li>• MCG: No clinical indication for use of microRNA test.</li> <li>• References updated</li> </ul>
UM_OTH 19	Reference Product Pegfilgrastim and Biosimilar Products	Retired	<ul style="list-style-type: none"> <li>• Included in revised Biosimilar Products Guideline</li> </ul>
UM_OTH 12	Recuperative Care Admission	Retired	<ul style="list-style-type: none"> <li>• Replaced by new Community Support Services Recuperative Care Guideline</li> </ul>

You may access these and all other authorization guidelines through the Provider portal:  
[www.iehp.org](http://www.iehp.org) > For Providers > Utilization Management Criteria

As a reminder, all communications sent by IEHP can also be found on the Provider portal:  
[www.iehp.org](http://www.iehp.org) > For Providers > Correspondence

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347.