



**To:** IPA Administrators and Medical Directors and BH Providers  
**From:** IEHP – Provider Relations  
**Date:** May 6, 2022  
**Subject:** Revised/Retired UM Authorization Guidelines

IEHP’s UM Guideline Review Committee has approved the following authorization guideline updates/changes, effective April 26, 2022:

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_BH 06	Criteria for Multidisciplinary Diagnostic Treatment	Revised Minor	Highlights: <ul style="list-style-type: none"> <li>• No updates to report</li> <li>• Criteria remains same</li> <li>• Updated all access dates to 2022</li> <li>• Removed Medi-Cal provider manual citation</li> </ul>
UM_SUR 06	Natural Orifice Transluminal Endoscopic Surgery (NOTES)	Revised Minor	Highlights: <ul style="list-style-type: none"> <li>• A form of surgery where an endoscope is introduced into a natural body orifice (mouth, anus, vagina, etc.), thereby eliminating the need for incisions and the resulting scars incisions produce.</li> <li>• In some cases, an incision may be made in a hollow organ to access another, nearby organ. For example, the appendix may be accessed through the stomach.</li> <li>• IEHP does not cover Natural Orifice Transluminal Endoscopic Surgery (NOTES) as a benefit. An exception is Transoral Incisionless Fundoplication (TIF) which is covered for Medicare patients for a limited number of indications.</li> <li>• Medi-Cal does not speak of this type of surgery</li> </ul>

Guideline #	Guideline Title	Degree of Change	Updates/Changes
			<ul style="list-style-type: none"> <li>• MCG and Apollo are also silent on this topic</li> <li>• Recommend utilizing LCD 34659 to review requests for TIF for the Medicare line of business</li> <li>• Recommend utilizing IEHP’s current UM Subcommittee Guideline to review requests for other NOTES procedures for both the Medicare and Medi-Cal lines of business</li> <li>• The Natural Orifice Transluminal Endoscopic Surgery (NOTES) UM Subcommittee Guideline has updated references only.</li> </ul>
UM_OTH 21	Chimeric Antigen Receptor T Cell Therapy (CAR-T)	Revised Moderate	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• CAR-T therapy involves reprogramming a patient’s own T cells with a transgene encoding a chimeric antigen receptor (CAR) to target CD19-expressing malignant cells in various various hematological malignancies</li> <li>• There are 6 FDA-approved drugs on the market <ul style="list-style-type: none"> <li>○ Kymriah (tisagenlecleucel),</li> <li>○ Yescarta (axicabtagene ciloleucel)</li> <li>○ Tecartus (brexucabtagene autoleucel)</li> <li>○ Breyanzi (lisocabtagene maraleucel)</li> <li>○ Abecma (idecabtagene vicleucel)</li> <li>○ Carvykti (ciltacabtagene autoleucel) - <b>Approved February 2022 (NEW)</b></li> </ul> </li> <li>• Update IEHP CAR-T Policy (UM_OTH 21) to address the expanding class <ul style="list-style-type: none"> <li>○ NCCN guidelines, Package Insert, Patient Clinical Status, Quantity Limit</li> </ul> </li> </ul>
UM_OTH 20	Spravato	Retired	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• Spravato is a CIII nasal spray used for treatment-resistant MDD and MDD with acute suicidal ideation or behavior</li> <li>• Retire IEHP Spravato Policy (UM_OTH 20) <ul style="list-style-type: none"> <li>○ Spravato must be administered and dispensed as dictated by its Risk Evaluation and Mitigation Strategy (REMS) program</li> <li>○ DHCS released updated guidelines for use that overlap with current IEHP policy</li> </ul> </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

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