



**To:** IPA Administrators and Medical Directors  
**From:** IEHP – Provider Relations  
**Date:** September 9, 2022  
**Subject:** Revised UM Authorization Guidelines

---

IEHP’s Guideline Review Committee has approved the following authorization guideline updates/changes, effective August 30, 2022:

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_DIA 08	Elastography	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Medicare does not have a policy on this testing, while Medi-Cal has criteria that mirror our own IEHP UM Subcommittee guideline.</li> <li>• 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.</li> <li>• References updated</li> </ul> <p>Recommend continuing to review all Medicare requests for this testing against our IEHP UM Subcommittee guideline, and to review all Medi-Cal requests utilizing the Medi-Cal Provider Manual: Medicine- Liver Elastography criteria.</p>

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_OTH 10	Custodial Care for Medi-Cal Members	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• IEHP covers custodial care (non-medical care that can reasonably and safely be provided by non-licensed caregivers) for our Medi-Cal Members when certain criteria are met. Our Medicare Members are excluded from this benefit.</li> <li>• CMS has issued a statement regarding this, but it speaks in generalizations.</li> <li>• MCG has a policy regarding Custodial Care for individuals with a concomitant behavioral health diagnosis, while Apollo has a Custodial Care guideline that speaks in generalities and offers no criteria necessary to qualify for it.</li> <li>• References updated</li> <li>• Recommend continuing to utilize our IEHP UM Subcommittee Custodial Care guideline to adjudicate referrals for our Medi-Cal Members.</li> </ul>
UM_GYN 02	Fetal Non-Stress Testing	No Change	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• MCG makes no real mention of Fetal NST (other than it can be done in conjunction with a Fetal Biophysical Profile), while Apollo has two guidelines that define what Fetal NSTs are but offer no real criteria.</li> <li>• Reviewed, no changes</li> <li>• 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.</li> </ul>
UM_OTH 01	Complementary and Alternate Medicine Holistic Therapies	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• IEHP does not cover CAM therapy because it considers it experimental and investigational.</li> <li>• Medicare covers selected types of CAM therapy. The types covered and their respective criteria are listed in the Medicare NCD Manual.</li> <li>• Medi-Cal is silent on this topic.</li> <li>• MCG is also silent, while Apollo has a guideline that discusses CAM therapy in general, without giving any clear direction or guidance on the matter.</li> </ul>

Guideline #	Guideline Title	Degree of Change	Updates/Changes
			<ul style="list-style-type: none"> <li>• Continued...</li> <li>• References updated</li> <li>• Recommend adjudicating Medicare cases for CAM therapy by reviewing them against those listed in the Medicare NCD Manual Chapter 1, Part 1 section 30. The types of CAM therapy not listed, as well as all Medi-Cal cases for such therapy, should be reviewed and denied utilizing IEHP’s CAM or Holistic Therapy UM Subcommittee Guideline.</li> </ul>
UM_PA1 03	Referrals to Pain Management Specialist	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• IEHP considers referrals to Pain Management Specialist appropriate when certain criteria are met.</li> <li>• 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 Pain Management.</li> <li>• MCG and Apollo also have guidelines for specific Interventional Pain Management procedures, but they do not have a policy regarding referrals to Pain Management.</li> <li>• Recommend utilizing IEHP’s current UM Subcommittee Guideline “Referrals to Pain Management Specialists” to review requests for referrals to Pain Management for both Medicare and Medi-Cal lines of business.</li> </ul>

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

[www.iehp.org](http://www.iehp.org) > Providers > Provider Resources > 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) > Providers > Plan Updates > Correspondence

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

[ProviderServices@iehp.org](mailto:ProviderServices@iehp.org).