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To: IPA Administrators and Medical Directors
From: IEHP – Provider Relations
Date: December 19, 2022
Subject: **Revised UM Authorization Guidelines**

The IEHP Guideline Review Committee has approved the following authorization guideline updates/changes, effective **December 14, 2022**:

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_NEU 01	Bone Marrow/ Hematopoietic Stem Cell Transplantation in the Treatment of Multiple Sclerosis	Revised Minor	Highlights: <ul style="list-style-type: none">• Guideline title updated from Bone Marrow Transplant in the Treatment of Multiple Sclerosis to Bone Marrow/ Hematopoietic Stem Cell Transplantation in the Treatment of Multiple Sclerosis.• The IEHP Utilization Management Subcommittee considers Bone Marrow/ Hematopoietic Stem Cell Transplantation in the treatment of Multiple Sclerosis (MS) experimental and investigational, and therefore not covered.• Medicare does not have a policy or guideline regarding the use of BM/ HSCT in the treatment of MS.• Medi-Cal also does not address the use of this treatment.• MCG has a guideline that states BM/ HSCT may be indicated in cases of refractory MS, or those with the Relapsing-Remitting Type; however, this criterion pertains to inpatient admissions.• Apollo does not state MS is an indication for this procedure, and in fact calls it experimental and investigation in these cases.• Recommend continuing using IEHP’s Utilization Management Subcommittee Guideline to review requests for this procedure for both the Medicare and Medi-Cal line of business.

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_DIA 15	Vestibular Autorotation Test (VAT)	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"> • The IEHP Utilization Management Subcommittee considers this procedure experimental and investigational because its sensitivity, specificity, reproducibility, and clinical utility have not been demonstrated. • Medicare does not have a policy or guideline regarding the use or clinical utility of VAT. • Neither Medi-Cal nor Apollo offers guidance on this type of testing either. • Aetna considers VAT experimental and investigational for the diagnosis of individuals with vestibular disorders, vestibular migraines, or any other indication. • Recommend continuing using IEHP's Utilization Management Subcommittee Guideline to review requests for this testing for both the Medicare and Medi-Cal line of business since there is insufficient evidence to support its use.
UM_DIA 11	Inflammatory Bowel Disease (IBD) Serology	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"> • The IEHP Utilization Management Subcommittee considers inflammatory bowel disease (IBD) serology testing to be experimental and investigational in the screening, diagnosis, and management of this condition. • Medicare discusses serology panel testing, but concludes it is neither reasonable nor medically necessary. • Medi-Cal does not comment on this type of testing in IBD. • MCG states a care plan for patients not requiring hospitalization for IBD may include serology testing, but it does not have a specific guideline detailing criteria necessary to obtain approval of this testing. • Apollo states IBD serology markers cannot be used to establish a diagnosis of IBD or monitor treatment in IBD. • Recommend continuing using IEHP's Utilization Subcommittee Guideline to review requests for this testing for both the Medicare and Medi-Cal line of business.
UM_OTH 22	Biosimilar Products	N/A	<p>Highlights:</p> <p>Reviewed, no changes</p>

You may access these and all other authorization guidelines by visiting: www.iehp.org > For Providers > Utilization Management Criteria

If you have questions, please reach out to your Provider Service Representative or the IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347.

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