To: IPAs, Medical Directors and Direct PCPs  
From: IEHP – Provider Relations  
Date: October 30, 2018  
Subject: New, Revised, and Retired UM Authorization Guidelines

IEHP’s Utilization Management Subcommittee has approved the following authorization guidelines, effective 10/18/2018:

<table>
<thead>
<tr>
<th>Guideline #</th>
<th>Guideline Title</th>
<th>Degree of Change</th>
<th>Revisions</th>
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</table>
| UM_SUR 04   | Gender Dysphoria | Substantial revision | 1. Hair Removal by laser and electrolysis consultation and procedure requests  
a. Controversial area with limited evidence for criteria. Used available evidence and subject matter expert consultants  
b. Limited to:  
   i. genital area in preparation of gender-affirming surgery  
   ii. Face/neck, back, chest, and abdomen  
c. Quantity and frequency limitation with controls to ensure Member safety  
2. Facial reconstruction surgery requests  
a. Documentation, to include photos, justifying reconstructive requests  
3. Chest surgery for Trans female to male minors |

You may access these and all other authorization guidelines through the Provider portal. 
**Location:** [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 our Provider portal at the following address: [https://ww3.iehp.org/en/providers/correspondence/](https://ww3.iehp.org/en/providers/correspondence/).

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