



A Public Entity

Inland Empire Health Plan



To: IPA Administrators and Medical Directors
From: IEHP – Provider Relations
Date: September 27, 2018
Subject: **New, Revised and Retired UM Authorization Guidelines**

IEHP’s Utilization Management (UM) Subcommittee has approved the following authorization guidelines, effective **August 08, 2018**:

Guideline #	Guideline Title	Degree of Change	Revisions
UM_OTH 15	Congregate Living Health Facilities	New	Congregate Living Health Facilities (CLHFs) are residential medical care facilities that provide inpatient care for individuals that would otherwise reside in subacute facilities
UM_PA1 05	Pain Management-Center of Excellence (COE)	New	Eligibility criteria for Members who need Pain Management services beyond traditional modalities
UM_OTH 14	Hepatitis C- Center of Excellence (COE) Admission Criteria	Minor	Designated COE are listed in the guideline to avoid confusion
UM_DIA 04	CT Screening (low dose) for Lung Cancer	Minor	Rather than a list of authorized screening centers, the current guideline provides a link to a list of local designated centers
UM_DIA 05	Dual Energy X-ray Absorptiometry (DEXA Scan)	Moderate	<ul style="list-style-type: none"> • Medi-Cal does not cover bone density screening without a significant risk of developing osteoporosis (conditions listed) • The Medi-Cal Provider Manual allows for one test per year

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IEHP’s UM Subcommittee also approved the retirement of the following authorization guidelines, effective **August 08, 2018**:

Guideline #	Guideline Title	Degree of Change	Revisions
UM_BH 01	ECT (Electroconvulsive Therapy)	Retired	Milliman Care Guidelines (MCG) B-802-T for ECT replaces UM Subcommittee Guideline (UMSCG) UM_BH 01 for ECT.
UM_BH 02	Eye Movement Desensitization and Reprocessing (EMDR)	Retired	<ul style="list-style-type: none"> • IEHP UM Subcommittee Guideline UM_BH 02 for EMDR is retired. • No guideline replaces it because the IEHP Behavioral Health Department (BH) is transitioning to a system of providing psychotherapy to members without prior authorization. Additionally, Milliman Care Guidelines (MCG) do not include criteria for EMDR.
UM_BH 03	Transcranial Magnetic Stimulation (TMS)	Retired	<ul style="list-style-type: none"> • Local Coverage Determination (LCD) L37086 replaces it for Medicare line of business members. • LCD L37086 is consistent with Milliman Care Guideline (MCG) B-801-T. • Currently, TMS is not a covered benefit for Medi-Cal line of business members.
UM_DIA 01	Celiac Disease Laboratory Testing	Retired	MCG Guideline ACG-A-0769 can be used in place of this guideline

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

Location: <https://ww3.iehp.org/en/Providers/Utilization-Management>

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/>.

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