



Inland Empire Health Plan



**To:** IPA Administrators and Medical Directors  
**From:** IEHP – Provider Relations  
**Date:** April 18, 2019  
**Subject:** **New, Revised and Retired UM Authorization Guidelines**

IEHP’s Utilization Management Subcommittee has approved the following authorization guidelines, effective **March 28<sup>th</sup>, 2019.**

Guideline #	Guideline Title	Degree of Change	Revisions
NEW UM_OTH 17	Hair Removal	New	<ul style="list-style-type: none"> <li>Formerly included in Gender Dysphoria guideline</li> <li>Now a standalone guideline which includes an indication for hirsutism associated with medication or medical conditions</li> </ul>
UM_DIA 11	Inflammatory Bowel Disease (IBD) Serology	Revised Minor	<ul style="list-style-type: none"> <li>Current UM Subcommittee Guideline continues to consider IBD serologic testing as investigational and experimental and therefore not a medical necessity</li> <li>MicroRNA markers are included in the revision</li> <li>MicroRNA (pieces of non-coding, cell-specific RNA detected by PCR) may be a potential diagnostic biomarker in IBD, but evidence is currently insufficient, conflicting or poor</li> <li>References are updated</li> </ul>
UM_SUR 04	Gender Dysphoria	Revised Minor	<ul style="list-style-type: none"> <li>Hair removal guidelines and references have been removed</li> <li>Otherwise, the remainder of the guideline remains intact for now.</li> </ul>
UM_DEN 01	Intravenous Sedation & General Anesthesia for Dental Services	Retired	<ul style="list-style-type: none"> <li>UM Subcommittee guideline is retired in favor of Medi-Cal Provider Manual</li> <li>IV Sedation and General Anesthesia is indication if either:               <ul style="list-style-type: none"> <li>Local anesthesia <b>and</b> conscious sedation fail or cannot be used</li> </ul> </li> <li><b>OR</b> <ul style="list-style-type: none"> <li>the Member cannot cooperate due to physical or mental compromising conditions</li> </ul> </li> <li><b>AND</b> <ul style="list-style-type: none"> <li>Service can be safely provided at an outpatient facility</li> </ul> </li> </ul>
UM_OTH 03	Hyperbaric Oxygen	Retired	<ul style="list-style-type: none"> <li>UM Subcommittee Guideline is retired in favor of Medicare guideline National Coverage Determination (NCD) 20.29 and Medi-Cal Provider Manual</li> </ul>

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://www.iehp.org/en/providers/plan-updates>.

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