



A Public Entity

Inland Empire Health Plan



To: IPA Administrators and Medical Directors
From: IEHP – Provider Relations
Date: May 23, 2019
Subject: **New, Revised and Retired UM Authorization Guidelines**

Inland Empire Health Plan (IEHP) Utilization Management Subcommittee has approved the following authorization guidelines, effective **May 8, 2019**:

Guideline #	Guideline Title	Degree of Change	Revisions
UM_OTH_18	Health Homes Program (HHP)	N/A	<ul style="list-style-type: none"> The IEHP Health Homes Program (HHP) is a no-cost Medi-Cal benefit that helps eligible IEHP Members with certain complex chronic health conditions who meet other specific criteria obtain needed health care and community services.
UM_OTH_09	My Path	Moderate	<ul style="list-style-type: none"> Revisions based on APL 18-020 which provides palliative care eligibility requirements for members under 21 years of age Pediatric members who do not qualify for services based on General Criteria may be eligible according to added broader criteria consistent with provision of EPSDT services Members under 21 years of age may be eligible for palliative care and hospice services concurrently with curative care
UM_GYN_02	Fetal Echocardiogram	Minor	<ul style="list-style-type: none"> No changes in Medi-Cal Provider Manual guidelines since last revision Maternal and fetal indications for the procedure remain unchanged Reference updated
UM_ORT_04	Intradiscal Electrothermal Annuloplasty for Discogenic Pain	N/A	<ul style="list-style-type: none"> IEA is a minimally invasive procedure used to treat back pain associated with degenerative disc disease. The current IEHP guideline states that IEA is not covered.

			<ul style="list-style-type: none"> • Recommend retiring UM Subcommittee Guideline and replace with MCG Guideline A-0217 <i>Thermal Intradiscal Procedures (TIPs)</i>.
UM_DIA 06	Diabetes Retinopathy Screening	N/A	<ul style="list-style-type: none"> • Annual Diabetic Retinopathy screening recommended by ADA and AAO • Medicare and Medi-Cal both refer to need for screening but do not mention specific coverage details • MCG recommends the ADA and AAO screening guidelines • Also mentions option of fundal photography in telescreening for low risk DM patients (no history of retinopathy) • Recommend retiring UM Subcommittee Guideline in favor of: <ul style="list-style-type: none"> • MCG R-0195 Diabetic Retinopathy-Referral Management and • MCG A-0127 Diabetic Retinopathy, Screening and Follow-up with photographic or video systems

You may access these authorization guidelines through the Provider portal.

Location: www.iehp.org > For Providers > Utilization Management Criteria

As a reminder, all communications sent by IEHP can also be found on the Provider portal:

Location: www.iehp.org > For Providers > Correspondence

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