IEHP’s Utilization Management Subcommittee has approved the following authorization guidelines, effective 11/13/2019:

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<th>Guideline #</th>
<th>Guideline Title</th>
<th>Degree of Change</th>
<th>Revisions</th>
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| UM_BH 06    | Criteria for Multidisciplinary Diagnostic Treatment | New | • Diagnostic testing no longer required for BHT services  
• Latest research shows single provider can assess and diagnose children with autism. Multidisciplinary assessments are not necessary  
• Criteria differentiates when to refer for single provider assessment versus multidisciplinary assessment |
| UM_OTH 19  | Reference Product Pegfilgrastim and Biosimilar Products | New | • Filphila (pegfilgrastim-jmdb) and Udenyca (pegfilgrastim-cbqv) are FDA-approved biosimilar products for the same indications as their reference product Neulasta  
• Per FDA, biosimilar has no clinically meaningful differences in terms of safety, purity and potency from reference product  
• NCCN endorsed pegfilgrastim biosimilar use in 2019 Hematopoietic Growth Factor clinical practice guideline  
• Filphila and Udenyca are preferred pegfilgrastim agents when MCG criteria are met |
| UM_OTH 05  | Tertiary Care Center Referral Requests | Minor | • Addition of Loma Linda University Medical Center (LLUMC) to the list of tertiary care centers  
• LLUMC is the only contracted tertiary facility within the service area  
• As such, LLUMC should be considered first when medically appropriate |
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| UM_BH 04    | Behavioral Health Treatment Applied Behavior Analysis for Qualified Autism Service Providers | Retired          | • Previous guideline based off APL 15-025  
• BHT was only for children with a diagnosis of ASD  
• Replaced by new UM Subcommittee Guideline # UM_BH 05, Behavioral Health Treatment Services                                                                                                                                                                                                                                                                                                                                                                                     |
| UM_DIA 09   | Fractional Exhaled Nitric Oxide (FeNO)                                           | Retired          | • Medi-Cal Provider Manual recently developed guidelines for appropriate use and reimbursement of FeNO measurement  
• FeNO is not found in Medicare Local or National Coverage Determinations  
• Replacing the current UM Subcommittee Guideline with Medi-Cal Provider Manual section Respiratory Care, guideline Fractional Exhaled Nitrous Oxide (FeNO) (California Code of Regulations (CCR), Title 22, Section 51081. 1)                                                                                                                                                                                                                                    |
| UM_ENT 03   | Sleep Studies Prior to Tonsillectomy                                            | Retired          | • MCG Health Guidelines specify similar guidelines in two documents:  
  - A-0145 Polysomnography (PSG), Sleep Center  
  - A-0181 Tonsillectomy  
• A-0181 Tonsillectomy lists obstructive sleep apnea indicated by polysomnography findings as an indication for surgery  
• A-0145 Polysomnography defines clinical indications for a child, infant or neonate with suspected obstructive sleep apnea to have a sleep study if adenotonsillectomy is being considered for treatment. This guideline goes into more detail regarding use of a sleep study for purposes of diagnosis and preoperative risk assessment. Recommend retiring the current UM Subcommittee Guideline and replacing with MCG A-0145 and A-0181 |
| UM_DIA 13   | MRI of the Breast                                                               | Retired          | • MCG Health Guidelines specify similar guidelines in A-0048 Breast MRI  
• The MCG Guideline goes into more detail regarding clinical indications for the procedure  
• Replacing the current UM Subcommittee Guideline with MCG A-0048                                                                                                                                                                                                                                                                                                                                                                                     |
You may access these and all other authorization guidelines through the Provider portal. 
Location: www.iehp.org > For Providers > Provider Resources > 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 > Plan Updates > Correspondences

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