To: IPA Administrators and Medical Directors  
From: IEHP – Provider Relations  
Date: November 17, 2020  
Subject: Revised/Retired UM Authorization Guidelines

IEHP’s Utilization Management Subcommittee has approved the following authorization guideline updates/changes, **effective November 11, 2020**:

<table>
<thead>
<tr>
<th>Guideline #</th>
<th>Guideline Title</th>
<th>Degree of Change</th>
<th>Updates/Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>UM_BH 06</td>
<td>Criteria for Multidisciplinary Diagnostic Treatment</td>
<td>Moderate</td>
<td>• References were updated to include All Plan Letter 19-014 issued in 2019 which supersedes All Plan Letter 18-006, Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21</td>
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<tr>
<td>UM_OTH 10</td>
<td>Custodial Care for Medi-Cal Members</td>
<td>Minor</td>
<td>• Requests for re-authorization of routine custodial care or prolonged custodial care may be approved for up to six (6) months only based on medical necessity</td>
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| UM_ORT 10   | Prolotherapy & Platelet Enriched Plasma Injection                                | Retired          | • UM Subcommittee Guideline considers use of prolotherapy and platelet rich plasma (PRP) as experimental and investigational for any indications because of inadequate evidence of efficacy  
  • Medicare NCD 150.7 states prolotherapy has not been verified by scientifically controlled studies and reimbursement should be denied  
  • Medicare NCD 270.3 states use of PRP is only covered for treatment of chronic wounds in a clinical trial prior to August 2, 2014                                                                                                                      |
• MCG A-0630 Platelet-Rich Plasma considers the current role of injections and application of PRP in tissue healing to be uncertain. There are no clinical indications for this technology
• **Retired the current UM Subcommittee Guideline and replaced with:**
  o Medicare: National Coverage Determination (NCD) for Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents (150.7) AND National Coverage Determination (NCD) for Blood-Derived Products for Chronic Non-Healing Wound (270.3)

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<tr>
<th>UM_OTH 07</th>
<th>Acupuncture Services</th>
<th>Retired</th>
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| • Authorization review has been the responsibility of American Specialty Health (ASH), the contracted acupuncture Provider  
• ASH referral guidelines are available at this link:  
  o [https://www.ashlink.com/ASH/WCMGenerated/CPG_264_Revision_8_-_S_CHSO_tcm17-149864.pdf](https://www.ashlink.com/ASH/WCMGenerated/CPG_264_Revision_8_-_S_CHSO_tcm17-149864.pdf)  
• **Retired the current UM Subcommittee Guideline and replaced with:**  
  o ASH Clinical Practice Guideline: Acupuncture Services Medical Policy/Guideline |

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<tr>
<th>UM_OTH 04</th>
<th>Inpatient Detoxification</th>
<th>Retired</th>
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</table>
| • Department of Health Care Services All Plan Letter 18-001 mirrors UM Subcommittee Guideline criteria for admission  
• MCG CCC-035 provides similar clinical indications for inpatient care  
• **Retired the current UM Subcommittee Guideline and replaced with:**  
  o Medicare: MCG CCC-035 Alcohol and Psychoactive Substance Withdrawal: Common Complications and Conditions  
  o Medi-Cal: All Plan Letter 18-001 Voluntary Inpatient Detoxification |

You may access these and all other authorization guidelines through the Provider portal.  
**Location:** [www.iehp.org](http://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](http://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.