



To: IPA Administrators, Medical Directors and BHT Providers  
 From: IEHP – Provider Relations  
 Date: June 3, 2022  
 Subject: New and Revised UM Authorization Guidelines

IEHP’s UM Guideline Review Committee has approved the following authorization guideline updates/changes, effective May 31, 2022:

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_BH 08	Behavioral Health Treatment (BHT)	New	<p>Highlights:</p> <p>Behavioral Health Treatment Criteria created to simplify APL 19-014</p> <ul style="list-style-type: none"> <li>• IEHP will cover medically necessary BHT evaluation for eligible beneficiaries under the age of 21 years of age <b>when</b></li> <li>• Member has or is suspected of having a diagnosis of autism spectrum disorder (ASD) <b>and</b></li> <li>• The Member is medically stable and without a need for 24-hour medical/nursing monitoring or procedures provided in a hospital or in an intermediate care facility <b>and;</b></li> <li>• There is a formal request from a physician or psychologist requesting BHT Services that outlines the member excesses and/or deficits of behaviors that significantly interfere with home or community activities</li> </ul> <ul style="list-style-type: none"> <li>• BHT Treatment Plan: BHT services must be provided, observed, and directed under a MCP approved behavior treatment plan:</li> </ul>

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			<ul style="list-style-type: none"> <li>○ The treatment plan must be person-centered and based on individualized, measurable goals and objectives over a specific timeline for the specific member being treatment.</li> <li>○ The behavioral treatment plan must be reviewed, revised and/or modified every six months.</li> <li>● Service Limitations:               <ul style="list-style-type: none"> <li>○ Services when continued clinical benefit is not expected</li> <li>○ Provision of coordination of respite, day care or educational services, or reimbursement of a parent, legal guardian, or legally responsible person for costs associated with participation under the behavioral treatment plan.</li> <li>○ Services that are not outlined as evidence based in the American Psychiatric Association Treatment Guidelines or American Psychological Association Practice Guidelines</li> </ul> </li> <li>● Evidence based journals for Behavioral Health decision making:               <ol style="list-style-type: none"> <li>1. American Psychiatric Association Treatment Guidelines</li> <li>2. American Psychological Association Practice Guidelines</li> </ol> </li> </ul>
UM_PA1 05	Pain Management-Center of Excellence	Revised Minor	Highlights: <ul style="list-style-type: none"> <li>● No change to admission criteria for Pain Management - COE</li> <li>● Removed older references</li> </ul>
UM_OTH 13	Transitional Care Medicine	Revised Minor	Highlights: <ul style="list-style-type: none"> <li>● References reviewed and access dates updated</li> <li>● No changes in the guideline criteria.</li> </ul>

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

[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 the Provider portal:

[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 or (866) 223-4347 or email [ProviderServices@iehp.org](mailto:ProviderServices@iehp.org).