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**To:** All IPA Administrators and Medical Directors  
**From:** IEHP – Provider Relations  
**Date:** May 3, 2023  
**Subject:** **RETIRED/REVISED – UM Authorization Guidelines effective April 24, 2023**

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IEHP’s Guideline Review Committee has approved the following authorization guideline revisions/retirements, effective 4/24/2023:

<b>Guideline #</b>	<b>Guideline Title</b>	<b>Degree of Change</b>	<b>Updates/Changes</b>
UM_SUR 04	Transgender Services	Retired	Highlights: <ul style="list-style-type: none"><li>• Gender dysphoria is a state of distress or discomfort experienced by an individual if they feel their gender identity differs from their sex assigned at birth. IEHP considers requests for transgender services approvable if they are supported by evidence of medical necessity, and if applicable, evidence supporting the statutory criteria for reconstructive surgery.</li><li>• Medicare has issued an NCD that states MCP’s should make coverage determinations on a case by cases basis, while Medi-Cal has both a general policy and an APL that reference the World Professional Association for Transgender Health (WPATH) Standards of Care (SOC) publication as an exemplary source of clinical guidance on these issues.</li><li>• MCG has three guidelines regarding criteria necessary to qualify for specific gynecologic, urologic, and general transgender surgeries. Apollo has two guidelines that give general overviews of gender dysphoria, as well as criteria for hormone and surgical affirming care. Both use WPATH’s</li></ul>

Guideline #	Guideline Title	Degree of Change	Updates/Changes
			<p>SOC as their main reference.</p> <ul style="list-style-type: none"> <li>• Recommendation is to retire our “Transgender Services” UM Subcommittee Guideline in favor of utilizing WPATH’s SOC for both our Medicare and Medi-Cal lines of business.</li> </ul>
<b>UM_SUR 06</b>	Natural Orifice transluminal Endoscopic Surgery (NOTES)	Minor revisions	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• A form of surgery where an endoscope is introduced into a natural body orifice (mouth, anus, vagina, etc.), thereby eliminating the need for incisions and the resulting scars they produce.</li> <li>• In some cases, an incision may be made in a hollow organ to access another, nearby organ. For example, the appendix may be accessed through the stomach.</li> <li>• IEHP does not cover Natural Orifice Transluminal Endoscopic Surgery (NOTES) as a benefit. An exception is Transoral Incisionless Fundoplication (TIF) which is covered for Medicare patients for a limited number of indications.</li> <li>• Recommend utilizing LCD 34659 to review requests for TIF for our Medicare Members, while denying all other requests for other NOTES procedures utilizing our current UM Subcommittee Guideline for both our Medicare and Medi-Cal lines of business.</li> <li>• References have been updated, but the guideline remains the same.</li> </ul>
<b>UM_OTH 13</b>	Transitional Care Medicine	Minor revisions	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• <b>Transitional Care Medicine (TCM)</b> services are short term, high intensity, face-to-face healthcare services provided to a Member as they transition from one level of care to the home or community setting. TCM Services are provided in the home or in a home-like environment.</li> <li>• There are 4 tiers with increasing complexity                         <ul style="list-style-type: none"> <li>○ Tier 1 - 99341 Nurse visits every other week and as needed</li> <li>○ Tier 2 - 99342 Nurse visits 1x per week and as needed</li> <li>○ Tier 3 - 99344 (<b>changed from 99343 which was retired as of 12/31/2022</b>) Nurse visits at least 2x per week</li> <li>○ Tier 4 - 99345 Member seen on an as needed basis depending on medical complexities and understanding of disease process</li> </ul> </li> </ul>

Guideline #	Guideline Title	Degree of Change	Updates/Changes
			<ul style="list-style-type: none"> <li>• IEHP’s recommendation is to renew our internal guideline, “UM_OTH 13” for both Medicare and Medi-Cal line of business. For this review cycle, the guideline has updated references.</li> </ul>
<b>UM_OTH 21</b>	Chimeric Antigen Receptor T Cell (CAR-T) Therapy	Minor revisions	Highlights: <ul style="list-style-type: none"> <li>• No new CAR-T agent approved since last review of the guideline</li> <li>• Up to date Criteria, Definition of Terms, and References                             <ul style="list-style-type: none"> <li>○ National Coverage Determination</li> <li>○ Medi-Cal Provider Manual</li> <li>○ National Comprehensive Cancer Network guidelines</li> </ul> </li> <li>• IEHP’s recommendation is to renew our internal guideline, “UM_OTH 21” for both Medicare and Medi-Cal line of business. For this review cycle, the guideline has updated references.</li> </ul>

You may access these and all other authorization guidelines at: [www.iehp.org](http://www.iehp.org) > For Providers > Utilization Management Criteria.

All communications sent by IEHP can also be found on the Provider portal located at: [www.iehp.org](http://www.iehp.org) > For Providers > Plan Updates > Correspondence

If you have any questions, please do not hesitate to contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email [ProviderServices@iehp.org](mailto:ProviderServices@iehp.org).