We heal and inspire the human spirit.

To: All IPAs, Medical Directors, BHT, and Behavioral Health Providers

From: IEHP – Provider Relations

Date: November 29, 2023

Subject: **REVISED – UM Authorization Guidelines**

IEHP's Guideline Review Committee has approved the following authorization guideline updates/changes, effective 11/20/2023:

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_BH 08	Behavioral Health Treatment	Minor	Highlights: • IEHP covers medically necessary Behavioral Health Treatment (BHT) evaluations for Medi-Cal eligible beneficiaries under the age of 21 years of age if specific criteria is met. • Per DHCS's APL 23-010 (supersedes APL 19-014), a BHT service need not improve or cure a condition to be covered. Maintenance services are also considered medically necessary, since they sustain and support a Member and prevent their condition from becoming worse. • Recommend continuing using IEHP's Utilization Subcommittee Guideline to review requests for this treatment for Medi-Cal Member's under the age of 21 y/o. • This guideline remains the same. References have been updated.
UM_DIA 11	Inflammatory Bowel Disease Serology	Minor	Highlights: • IEHP considers inflammatory bowel disease (IBD) serology testing to be experimental and investigational in the screening, diagnosis, and management of this condition. • Medicare discusses serology panel testing, but concludes it is neither reasonable nor medically necessary. Medi-Cal does not comment on this type of testing in IBD. • MCG states a care plan for patients not requiring hospitalization for IBD may include serology testing, but does not give specifics, while Apollo states IBD serology markers cannot be used to establish a diagnosis of IBD or monitor treatment in IBD. • Recommend continuing using IEHP's Utilization Subcommittee Guideline to review requests for

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			both the Medicare and Medi-Cal line of business • This guideline remains the same. References have been updated
UM_DIA 15	Vestibular Autorotation Test (VAT)	Minor	Highlights: • IEHP considers Vestibular Autorotation Testing to be experimental and investigational because its sensitivity, specificity, reproducibility, and clinical utility have not been demonstrated • Neither Medicare nor Medi-Cal has a policy or guideline regarding the use or clinical utility of Vestibular Autorotation Testing. • MCG and Apollo also lack any clinical guidance on this topic. • Aetna considers Vestibular Autorotation Testing experimental and investigational for the diagnosis of individuals with vestibular disorders, vestibular migraines, or any other indication. • Recommend continuing utilizing IEHP's Utilization Management Subcommittee Guideline to review requests for this testing for both the Medicare and Medi-Cal line of business. • This guideline remains the same. References have been updated.
UM_NEU 01	Bone Marrow/Hematopoietic Stem Cell Transplantation in the Treatment of Multiple Sclerosis	Minor	Highlights: • IEHP considers BM/HSC Transplantation in the treatment of Multiple Sclerosis experimental and investigational, and therefore not covered. • Neither Medicare nor Medi-Cal has a policy on this. • MCG has a guideline concerning inpatient admission criteria in specific clinical situations, a BM/HSC Transplant being among them. However, there is no criteria for prior authorization submissions for this procedure. Apollo calls BM/HSC Transplantation experimental and investigational in the treatment of MS. • Recommend continuing using IEHP's Utilization Management Subcommittee Guideline to review requests for this procedure for both the Medicare and Medi-Cal line of business. • This guideline remains the same. References have been updated.

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UM_OTH 22	Biosimilar Products	Minor	Highlights: • IEHP prefers the FDA-approved biosimilar drugs over the reference product. The policy requires trial and failure on 2 biosimilar drugs before trying the reference product. • Medicare recognizes biosimilar products in their Local Coverage Determination (i.e. epoetin alfa). Medi-Cal Provider Manual recognizes various biosimilar products. However, there is no umbrella policy that establishes preference on biosimilar products over reference products. • NCCN recommends various biosimilar products as a substitute for reference product. • IEHP's recommendation is to continue housing the UM Subcommittee Guideline in place. Brought to committee due to minor change made in Resource and References.

You may access these and all other authorization guidelines through the IEHP website: www.providerservices.iehp.org > Resources > Providers Resources > Utilization Management Clinical Criteria

As a reminder, communications sent by IEHP can be found on the IEHP website: www.providerservices.iehp.org > Provider Central > News and Updates > Notices

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