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To: All IPA Administrators and Medical Directors

From: IEHP – Provider Relations

Date: November 26, 2024

Subject: **REVISED – UM Authorization Guidelines**

IEHP’s Guideline Review Committee has approved the following authorization guideline updates/changes, effective 11/25/2024:

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_PA1 03	Referrals to Pain Management Specialists	Revised Minor	Highlights: <ul style="list-style-type: none">• IEHP considers referrals to Pain Management Specialist appropriate when certain criteria are met.• Medicare and Medi-Cal have specific guidelines regarding criteria that must be met prior to having interventional Pain Management procedures. However, neither has a general policy regarding criteria that must be met prior to being referred to a Pain Management Specialist.• MCG and Apollo also have guidelines for specific Interventional Pain Management procedures, but they do not have a policy regarding referrals to Pain Management Specialists.• Recommend utilizing IEHP’s UM Subcommittee Guideline “Referrals to Pain Management Specialists” to review requests for Pain Management for both our Medicare and Medi-Cal lines of business. For this review cycle, references and citations have been updated.

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_ OTH 17	Hair Removal	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"> • IEHP considers hair removal medically necessary for gender-affirming treatments and procedures, as well as in cases of hirsutism when it is associated with endocrinopathies, neoplasms and/or medication. • Neither Medicare, nor MCG have a policy regarding hair removal. Medi-Cal mentions hair removal in APL 20-018 as a medically necessary procedure in Member’s with a diagnosis of Gender Dysphoria or those who meet the statutory definition of reconstructive surgery. Apollo has a guideline that states hair removal is cosmetic if not done for the following diagnoses: hirsutism secondary to endocrinopathies, neoplasms and/or medication. • IEHP’s recommendation is to continue utilizing our UM Subcommittee Guideline, “Hair Removal,” to adjudicate these requests for both our Medicare and Medi-Cal Members. For this review cycle, references have been updated.
UM_ BH 08	Behavioral Health Treatment (BHT)	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"> • 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, 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 utilizing IEHP’s Utilization Management Subcommittee Guideline, which is directly based on DHCS’s APL 23-010, to review requests for this treatment for our Medi-Cal Member’s under the age of 21 y/o. For this review cycle, references have been updated.

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_ OTH 15	Congregate Health Living Facilities	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"> • IEHP has elected to offer the Congregate Living Health Facilities (CLHF) benefit to select Members for subacute level of care only. CLHFs are routinely covered by the Home and Community Based Alternatives (HCBA) waiver. • Criteria remain unchanged <ul style="list-style-type: none"> ○ The primary need of congregate living health facility residents shall be for availability of skilled nursing care on a recurring, intermittent, extended, or continuous basis. ○ This care is generally less intense than that provided in general acute care hospitals but more intense than that provided in skilled nursing facilities. • IEHP’s recommendation is to continue utilizing our UM Subcommittee Guideline, “Congregate Living Health Facilities,” to screen Members who have IEHP Medi-Cal for this service. For this review cycle, references have been updated.
UM_ OTH 10	Custodial Care for Medi-Cal Members	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"> • IEHP Medi-Cal Members are eligible for custodial care depending on the degree of severity of their condition and their ability to participate in care. This benefit has been delegated by DHCS. • The criteria may be found at the <i>California Code of Regulations, Title 22, Social Security Division 3, Health Care Subdivision 1, California Medical Assistance Program Chapter 3, Health Care Services Article 1.3, General Provisions Section 5103. Treatment Authorization Requests (TARS)</i>. • For this review cycle, the requirement of a face-to-face meeting between Member and Member’s physician has been amended to include the condition that this visit must occur within 30 days of the referral submission. References have been updated.

Access to all other authorization guidelines can be found at: www.providerservices.iehp.org > Resources > Resources for Providers > Utilization Management Clinical Criteria or [click here](#).

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

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