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To: All IPA Administrators and Medical Directors
From: IEHP – Provider Relations
Date: January 2, 2025
Subject: **REVISED/RETIRED – UM Authorization Guidelines**

IEHP’s Guideline Review Committee has approved the following authorization guideline updates/changes, effective 12/30/2024:

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_DIA 15	Vestibular Autorotation Test	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none">• IEHP considers Vestibular Autorotation Testing to be experimental and investigational, and therefore not covered.• Neither Medicare nor Medi-Cal has a policy or guideline concerning this.• MCG and Apollo also lack any clinical guidance on this.• 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. References have been updated.
UM_NEU 01	Bone Marrow/HSC Transplantation in the Treatment of Multiple Sclerosis	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none">• 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 states that hospital admission is medically necessary for autologous BM/HSC Transplantation in the case of MS refractory to treatment or in relapsing remitting disease, but there is no criteria for prior authorization submissions. Apollo calls this treatment experimental and investigational.• Recommend continuing utilizing IEHP’s Utilization Management Subcommittee Guideline to review requests for this service for both our Medicare and Medi-Cal lines of business. References have been updated.

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_ DIA 11	Inflammatory Bowel Disease Serology	Retired Minor	Highlights: <ul style="list-style-type: none"> • IEHP considers inflammatory bowel disease (IBD) serology testing to be experimental and investigational in the screening, diagnosis, and management of this condition. • Medicare discusses Prometheus panel testing specifically, and concludes it is neither reasonable nor medically necessary. Medi-Cal has no comment. • MCG has guidelines concerning criteria for inpatient admission for individuals with IBD, but it does not discuss serology testing. However, Apollo does state this type of testing is experimental and investigational in establishing a diagnosis of IBD, distinguishing UC from Crohn’s disease, and in monitoring treatment used in IBD. • Recommend retiring IEHP’s Utilization Subcommittee Guideline in favor of utilizing Apollo’s GI 137C Inflammatory Bowel Disease guideline to review requests for this testing for both the Medicare and Medi-Cal line of business.

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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