



To: IPA Administrators and Medical Directors
From: IEHP – Provider Relations
Date: August 31, 2020
Subject: Revised/Retired UM Authorization Guidelines

IEHP’s Utilization Management Subcommittee has approved the following authorization guideline updates/changes, **effective August 12, 2020:**

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_DIA 05	Dexa Scan	Retired	<ul style="list-style-type: none"> • Medicare does not have a California guideline. • MCG A-0093 Bone Density Study, Central, Dual Energy X-Ray Absorptiometry (DXA) provides criteria for men and women. • Apollo RAD 102 Bone Mass/Bone Mineral Density Studies (BMDS)-- Osteoporosis criteria mirrors IEHP UM Subcommittee Guidelines. • Retire the current UM Subcommittee Guideline and replace with: <ul style="list-style-type: none"> ○ MCG A-0093 for Medicare ○ Medi-Cal Provider Manual--Preventive Services ○ Apollo RAD 102 for the cases that are not covered by MCG
UM_DIA 08	Elastography	Moderate	<ul style="list-style-type: none"> • Medicare: No mention of use of elastography. • Medi-Cal: Medi-Cal Provider Manual provides billing codes, but no clinical guideline. • MCG: Provides no specific policies addressing the use of elastography. • Apollo addresses evaluation, but not monitoring. • Updated DHCS Treatment Policy for Management of Chronic Hepatitis C eliminates the requirement for elastography.

			<ul style="list-style-type: none"> • Continue using UM Subcommittee Guideline, as frequency limitations are addressed.
UM_OTH 13	Transitional Care Medicine (TCM)	Moderate	<ul style="list-style-type: none"> • Elimination of exclusion of Landmark cohort Members. • Landmark Healthcare is no longer a contracted provider. • Continue using current UM Subcommittee Guideline on TCM.
UM_OTH 01	Complementary and Alternative Medicine or Holistic Therapies	Moderate	<ul style="list-style-type: none"> • CAM is not covered because there is inadequate evidence of efficacy. • Many more CAM and Holistic therapies have been added since the guideline was created and are included in the Guideline references. • The Veterans Health Administration established a policy regarding integrating complementary and integrative health (CIH) approaches but does not specify therapies. • Continue using the UM Subcommittee Guideline
UM_PAI 01	Pain Management Interventional Treatment/Diagnostic Procedures	Retired	<p>This guideline has been retired for the following procedures:</p> <ul style="list-style-type: none"> • Epidural steroid injections: laminar or transforaminal • Facet joint injection/medial branch nerve block • Nerve block • Trigger point injection • Sacroiliac joint injection • Replacement guidelines are on the following slides for each procedure.
	Epidural steroid injections: laminar or transforaminal		<ul style="list-style-type: none"> • UM Subcommittee Guidelines list indication and frequency. • Medicare Local Coverage Determination (LCD) has detailed criteria that also indicates frequency. • Medi-Cal Provider Manual only mentions codes. • MCG does not list frequency limits, only addresses indications. • Apollo is similar to UM Subcommittee Guidelines in indications and frequency. • Retire the current UM Subcommittee Guideline and replace with: <ul style="list-style-type: none"> ○ Medicare: LCD 34982 Lumbar Epidural Injections ○ Medi-Cal: Apollo POS21-050 Transforaminal Epidural Injections, Diagnostic, Therapeutic
	Facet joint injections/medial branch nerve block		<ul style="list-style-type: none"> • UM Subcommittee Guideline lists indication and frequency. • Medicare LCD has detailed criteria that also indicates. • Medi-Cal Provider Manual only mentions codes.

			<ul style="list-style-type: none"> • MCG A-0695 Facet Joint Injection does not provide guidance with sufficient detail. • Apollo is similar to UM Subcommittee Guideline. • Retire the current UM Subcommittee Guideline and replace with: <ul style="list-style-type: none"> ○ Medicare: LCD L34993 Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy ○ Medi-Cal: Apollo AN 116 Facet Joint Injections, Median Branch Nerve Blocks
	Nerve block		<ul style="list-style-type: none"> • UM Subcommittee Guideline lists indication and frequency. • Medicare has a general guideline on nerve blockade and a detailed guideline on paravertebral facet joint blocks. • Medi-Cal Provider Manual lists codes only. • Apollo AN 118 has criteria for nerve blocks. • MCG has general criteria for Nerve Block or Neurolysis, but no frequency limits. • Retire the current UM Subcommittee Guideline and replace with: <ul style="list-style-type: none"> ○ Medicare: <ul style="list-style-type: none"> ➤ LCD 35456 Nerve Blockade for Treatment of Chronic Pain and Neuropathy ➤ LCD L33930 Paravertebral Facet Joint Block ○ Medi-Cal: <ul style="list-style-type: none"> ➤ Apollo AN 117 Intercostal Nerve Block ➤ Apollo AN 118 Paravertebral Nerve Blocks; Paravertebral Facet Joint Injections ➤ Apollo AN 110 for Celiac Plexus Nerve Blocks
	Trigger point injection		<ul style="list-style-type: none"> • UM Subcommittee Guideline lists indications and frequency. • Medicare has detailed major and minor criteria for trigger point injections. • Medi-Cal Provider Manual lists codes only. • MCG is silent on trigger point injections. Apollo also lists indications and frequency. • Retire the current UM Subcommittee Guideline and replace with: <ul style="list-style-type: none"> ○ Medicare: LCD L34211 Trigger Point Injections ○ Medi-Cal: <ul style="list-style-type: none"> ➤ Apollo POS20-180 Trigger Point Injections
	Sacroiliac joint injection		<ul style="list-style-type: none"> • UM Subcommittee Guideline lists indications and frequency. • Medicare has no specific guideline.

			<ul style="list-style-type: none"> • Medi-Cal only provides coding information. • MCG is silent on sacroiliac joint injections. • Apollo lists indications and frequency. • Retire the current UM Subcommittee Guideline and replace for both lines of business (Medicare and Medi-Cal) with: <ul style="list-style-type: none"> ○ Apollo SM 150 Sacroiliac Joint Arthrography, Fusion, Injection, Sacroplasty
UM_DME 04	Durable Medical Equipment	Retired	<ul style="list-style-type: none"> • Information and guidelines outlined in Medicare, Medi-Cal Provider Manual and Apollo are similar to that of UM Subcommittee Guideline. • MCG addresses specific devices but not DME in general. • Retire the current UM Subcommittee Guideline and replace with: <ul style="list-style-type: none"> ○ Medicare: <ul style="list-style-type: none"> ➤ NCD for Durable Medical Equipment Reference List (280.1) ➤ Medicare Benefit Policy Manual – Chapter 15: Covered Medical and Other Health Services – Section 110.2 – Repairs, Maintenance, Replacement, and Delivery ○ Medi-Cal: <ul style="list-style-type: none"> ➤ Medi-Cal Provider Manual - Durable Medical Equipment (DME): An Overview ➤ Apollo DM 110 Disposable Medical Supplies (DM) / Durable Medical Equipment (DME) – Overview
UM_DME 10	Power Wheelchairs and Power Operated	Retired	<ul style="list-style-type: none"> • Medicare covers Mobility Assistive Equipment (MAE) only for needs within the home when criteria is met. • Medi-Cal covers Wheelchairs in or out of the home, including access to the community when criteria is met. • Retire the current UM Subcommittee Guideline and replace with: <ul style="list-style-type: none"> ○ Medicare: <ul style="list-style-type: none"> ➤ Local Coverage Determination (LCD): Power Mobility Devices (L33789) ➤ National Coverage Determination (NCD) for Mobility Assistive Equipment (MAE) (280.3) ➤ Medicare Benefit Policy Manual, Chapter 15, Section 110.2-Repairs, Maintenance, Replacement and Delivery ○ Medi-Cal: <ul style="list-style-type: none"> ➤ Medi-Cal Provider Manual - Durable Medical Equip (DME): Wheelchair and Wheelchair Accessories Guidelines

			➤ Apollo DM185 Wheelchairs (Manual and Power), Power Operated Vehicles (POV)
UM_ONC 03	Selective Internal Radiation Therapy	Retired	<ul style="list-style-type: none"> • UM Subcommittee Guideline states that SIRT is considered investigational and not medically necessary. • Medicare: No Local or National Coverage Determinations pertaining to SIRT. • Medi-Cal: No criteria or guidelines found for SIRT. • MCG: No criteria or guidelines found for SIRT. • Apollo: States that SIRT is considered medically necessary as palliative treatment for certain conditions. • Retire the current UM Subcommittee Guideline and replace for both lines of business (Medicare and Medi-Cal) with: <ul style="list-style-type: none"> ○ Apollo RT 114 Selective Internal Radiation Therapy (SIRT)

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

Location: www.iehp.org > For Providers > Provider Resources > Utilization Management Criteria

As a reminder, all communications sent by IEHP can also be found on the Provider portal:

Location: www.iehp.org > For Providers > Plan Updates > Correspondence

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.