



Inland Empire Health Plan



To: PCPs
From: IEHP – Provider Relations
Date: 03/14/2018
Subject: New and Revised UM Authorization Guidelines

IEHP’s Utilization Management Subcommittee has approved the following authorization guidelines, effective 02/14/2018:

Guideline #	Guideline Title	Degree of Change	Revisions
UM_SUR 09	Adolescent Bariatric Surgery	New	N/A
UM_OTH 11	Transportation Criteria	New	N/A
UM_PAI 01	PM Interventional Treatment-Diagnostic Procedures	Substantial	<ul style="list-style-type: none"> • Initial authorizations have a diagnostic and therapeutic component • Repeat authorizations are typically for maintenance of pain control • Addition of a Nerve Block section • Frequency limits have been specified • Reference chart has been added
UM_DEN 01	Intravenous Sedation and General Anesthesia for Dental Services	Moderate	<ul style="list-style-type: none"> • Update in response to DHCS All Plan Letter APL15-012 • Includes coverage for dental procedures provided under general anesthesia by a physician anesthesiologist in specific settings if according to stated criteria • Authorization for general anesthesia provided by physician anesthesiologist during an inpatient stay must be part of the authorization for the inpatient admission • Identifies the information that must be reviewed during the prior authorization process including the criteria indicating medical necessity for IV sedation and general anesthesia

Guideline #	Guideline Title	Degree of Change	Revisions
UM_ORT 06	Treatment of Osteochondral Defects	Substantial	<ul style="list-style-type: none"> • Name changed from ‘Osteochondral Autografts and Allografts’ • Describes 3 different procedures for knee cartilage repair and restoration • Provides criteria for approval of procedures • Provides guidance on selecting the proper procedure based on the size and degree of cartilage damage
UM_DIA 03	Combined PET/CT (PET/MRI) Scans	Retired	IEHP to adopt Apollo Managed Care Inc, Medical Review Criteria Guidelines
UM_PET 03	Deflux Injectable Gel for Vesicoureteral Reflux (VUR) in Children	Retired	IEHP to adopt Apollo Managed Care Inc, Medical Review Criteria Guidelines
UM_PED 01	Apnea Monitors and Home Pneumograms	Retired	IEHP to adopt Apollo Managed Care Inc, Medical Review Criteria Guidelines

You may access these and all other authorization guidelines through the Provider portal at <https://ww3.iehp.org/en/providers/utilization-management/>

As a reminder, all communications sent by IEHP can also be found on the Provider portal at <https://ww3.iehp.org/en/providers/correspondence/>

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