



A Public Entity

Inland Empire Health Plan



**To:** IPA Administrators and Medical Directors  
**From:** IEHP – Provider Relations  
**Date:** 05/17/2018  
**Subject:** New and Revised UM Authorization Guidelines

IEHP’s Utilization Management Subcommittee has approved the following authorization guidelines, effective 05/09/2018:

Guideline #	Guideline Title	Degree of Change	Revisions
UM_SUR 10	Bronchial Thermoplasty	New	N/A
UM_OTH 13	Transitional Care Medicine	New	N/A
NEW UM_OTH 12	Recuperative Care Admission	New	N/A
UM_OTH 04	Inpatient Detoxification	Moderate	<ul style="list-style-type: none"> <li>• Incorporated language from APL 18-001 released 1/11/2018</li> <li>• IEHP’s role in coordinating accessing the VID fee-for-service benefit</li> <li>• IEHP’s role in coordinating care and facilitating referrals to county SUD services for Members that don’t meet criteria for VID services</li> <li>• Examples of covered and non-covered services</li> <li>• Reviewed references for updates</li> </ul>

Guideline #	Guideline Title	Degree of Change	Revisions
UM_OTH 09	My Path	Substantial	<ul style="list-style-type: none"> <li>• Feedback from network palliative providers received with concern that criteria was too restrictive. Revisions drafted with help from network providers. Revisions submitted and approved by DHCS 5/3/18</li> <li>• General Criteria: <ul style="list-style-type: none"> <li>○ Allows for Members with advanced diseases and limited prognosis to continue receiving curative or palliative therapy</li> <li>○ Added “may be” willing to participate in ACP discussions to allow for Members who are not ready to have those conversations join program</li> </ul> </li> <li>• Disease-Specific Criteria: <ul style="list-style-type: none"> <li>○ CHF: removed requirement of no further invasive interventions planned</li> <li>○ Advanced cancer: added allowance for Members who are not a candidate or decline further treatment</li> <li>○ ESRD: removed requirement that Member not seeking renal transplant</li> </ul> </li> </ul>
UM_SUR 09	Adolescent Bariatric Consultation and Surgery	Substantial	<ul style="list-style-type: none"> <li>• Removal of the age specifications. Members will be decided on a case by case depending on criteria</li> <li>• Clarification of clinically severe obesity parameters <ul style="list-style-type: none"> <li>○ BMI &gt; 120% of the gender-specific 95<sup>th</sup> percentile and two co-morbidities</li> <li>○ BMI &gt; 140% of the gender-specific 35<sup>th</sup> percentile and one co-morbidity</li> </ul> </li> <li>• Consideration for Members with developmental delay and/or behavioral health diagnoses <ul style="list-style-type: none"> <li>○ Discussion with Medical Director and the Bariatric Surgery center required for approval</li> </ul> </li> <li>• Types of Bariatric Surgery <ul style="list-style-type: none"> <li>○ Removal of duodenal switch- no longer standard of care</li> </ul> </li> </ul>

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

**Location:** [www.iehp.org](http://www.iehp.org) > For Providers > Utilization Management Criteria

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

**Location:** [www.iehp.org](http://www.iehp.org) > For Providers > Correspondence

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