



A Public Entity

INLAND EMPIRE HEALTH PLAN

UM Subcommittee Approved Authorization Guidelines Table of Contents

| Utilization Management | REFERENCE |
|--|------------|
| BEHAVIORAL HEALTH | |
| Criteria for Multidisciplinary Diagnostic Treatment | UM_BH 06 |
| Behavioral Health Home Base Services | UM_BH 07 |
| DIAGNOSTIC TESTING | |
| Elastography | UM_DIA 08 |
| Inflammatory Bowel Disease Serology | UM_DIA 11 |
| Vestibular Autorotation Test-VAT | UM_DIA 15 |
| GYNECOLOGY OBSTETRICS | |
| Antepartum Fetal Assessment | UM_GYN 01 |
| NEUROLOGY | |
| Bone Marrow Transplant in Treatment of Multiple Sclerosis | UM_NEU 01 |
| OTHER | |
| Complementary and Alternative Medicine Holistic Therapies | UM_OTH 01 |
| Tertiary Care Center Referral Requests | UM_OTH 05 |
| My Path | UM_OTH 09 |
| Criteria for Custodial Care | UM_OTH 10 |
| Transportation Criteria | UM_OTH 11 |
| Recuperative Care Admission Criteria | UM_OTH 12 |
| Transitional Care Medicine | UM_OTH 13 |
| Congregate Living Health Facilities | UM_OTH 15 |
| Care Plan Options | UM_OTH 16 |
| Hair Removal Guideline | UM_OTH 17 |
| Health Homes Program (HHP) | UM_OTH 18 |
| Allocation of Limited Critical Care Resources During a Public Health Emergency | UM_OTH 23 |
| PAIN MANAGEMENT | |
| Referrals to Pain Management Specialist | UM_PA I 03 |
| Pain Management Center of Excellence (COE) | UM_PA I 05 |
| PHARMACY | |
| Reference Product Pegfilgrastim and Biosimilar Products | UM_OTH 19 |
| Spravato (esketamine) | UM_OTH 20 |
| Chimeric Antigen Receptor T Cell Therapy (CAR-T Therapy) | UM_OTH 21 |

UM SUBCOMMITTEE APPROVED AUTHORIZATION GUIDELINES

Table of Contents

| Utilization Management | REFERENCE |
|--|------------------|
| Biosimilar Products | UM_OTH 22 |
| | |
| SURGICAL PROCEDURES | |
| Gender Dysphoria | UM_SUR 04 |
| Liver Biopsy in Conjunction with Bariatric Surgery | UM_SUR 05 |
| Natural Orifice Transluminal Endoscopic Surgery | UM_SUR 06 |
| Adolescent Bariatric Consultation and Surgery | UM_SUR 09 |
| Bronchial Thermoplasty | UM_SUR 10 |
| | |
| ATTACHMENTS | |
| My Path-Appendices A, B, C, D, E | |
| | |