



**To:** IPA Administrators and Medical Directors  
**From:** IEHP – Provider Relations  
**Date:** June 1, 2020  
**Subject:** **CORRECTION – Updated Retired UM Authorization Guidelines**

IEHP’s Utilization Management Subcommittee has approved the following authorization guideline updates/changes **effective May 13, 2020:**

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_DIA 07	Electroencephalogram (EEGs)	N/A	<ul style="list-style-type: none"> <li>• Medicare National Coverage Determination (NCD) for Ambulatory EEG Monitoring (160.22) has a limited description of indications for use.</li> <li>• Medi-Cal does not have criteria</li> <li>• MCG has two guidelines concerning non-video EEG. These are the EEG, Noninvasive (A-0136) and EEG, Continuous Ambulatory Monitoring (A-0137) guidelines. These guidelines allow for testing in a stepwise fashion. A Provider would first order a Non-invasive EEG, and if inconclusive could then order an Ambulatory EEG. This mirrors IEHP’s current EEG guideline.</li> <li>• Recommend retiring the current UM Subcommittee Guideline and replacing with:               <ul style="list-style-type: none"> <li>○ Medicare <b>and</b> Medi-Cal: MCG A-0136 EEG, Noninvasive and MCG A-0137 EEG, Continuous Ambulatory Monitoring</li> </ul> </li> </ul>

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_DME 08	Home Use of Oxygen	N/A	<ul style="list-style-type: none"> <li>• Medicare Local Coverage Determination (LCD): Oxygen and Oxygen Equipment (L33797) is comparable to current UM Subcommittee Guideline.</li> <li>• MCG Oxygen Therapy, Continuous and Noncontinuous: Home (A-0343) and Apollo Home Oxygen Coverage Guidelines (DM 221) are also comparable to UM Subcommittee Guideline.</li> <li>• Recommend retiring the current UM Subcommittee Guideline and replacing with:                             <ul style="list-style-type: none"> <li>○ Medicare LCD L33797 Oxygen and Oxygen Equipment</li> <li>○ Medi-Cal Provider Manual Durable Medical Equipment (DME): Oxygen and Respiratory Equipment</li> </ul> </li> </ul>
UM_ENT 02	Obstructive Sleep Apnea (OSA) Treatment	N/A	<ul style="list-style-type: none"> <li>• Medicare Local Coverage Determination (LCD): Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718) is comparable to the current UM Subcommittee Guideline.</li> <li>• Medi-Cal Provider Manual also has guideline: Durable Medical Equipment (DME): Oxygen and Respiratory Equipment (dura oxy) which is comparable to current UM Subcommittee Guidelines.</li> <li>• Recommend retiring the current UM Subcommittee Guideline and replacing with:                             <ul style="list-style-type: none"> <li>○ Medicare L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea</li> <li>○ Medi-Cal Provider Manual Durable Medical Equipment (DME): Oxygen and Respiratory Equipment</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 > 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](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.