# **Benefits**

# **Concurrent Review**

Med/Surg

Med/Surg					
Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acupunture			X		
Acute Care Services (Births/Deliveries)	X				
Acute Care Services (Medical/Surgical)	X				
Amputationsinpatient	X				
Ancillary Services	Х				
AnesthesiaInpatient	Х				
Applied Behavior Analysis (autism services)primarily in-home		Х			
Audiology Services (hearing loss assessment and treatment)			X		
Bariatric Surgery	X				
Bypass surgeryinpatient	X				
Cardiac Procedures (non-emergent)inpatient	X				
Chemotherapyinpatient	X				
Corrective Surgeryinpatient	Х				
Cosmetic ProceduresInpatient	X				
Diagnostic and X-ray services: CTinpatient	X				
Diagnostic and X-ray services: MRIinpatient	Х				
Diagnostic and X-ray services: PETinpatient	Х				
Diagnostic and X-ray services: Radiographyinpatient	X				
DialysisInpatient	X				
Disposable Medical Equipment (w/o HCPCS)		X			
Disposable Medical Supplies (> \$500.00)		Х			
Durable Medical Equipment (> \$1,000.00)		X			
Durable Medical Equipment (w/o HCPCS)		X			
Durable Medical Equipment rental (≤ 3 months)		X			
Erectile Dysfunction Procedures	X				
Eye ProceduresInpatient	Х				
Gender affirmation surgery	Х				
Grafts/Implants	X				
HH: Home Health Aide (> 1 visit per day; > 4 hours of service per day; visit w/o skilled nursing)		X			
HH: Home Health Aide (≤ 1 visit per day; ≤ 4 hours of service per day; visit w/ skilled nursing; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		X			
HH: Occupational therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate))		X			
HH: Occupational therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		X			
HH: Physical therapy (> 1 visit per day; ; services rendered during a 30-day period in excess of the Medicaid NF rate)		X			
HH: Physical therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		X			
HH: Registered Nurse (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate)		X			
HH: Registered Nurse (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		X			
HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate)		Χ			
HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		Х			
Hospice CareInpatient	Х	^			
Hospital Careinpatient	X				
Hysterectomy	X				
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)	X				
Investigational Surgeries/Clinical Trialsinpatient	X				
Neurostimulators	X				
Neurosurgical proceduresinpatient	X				
NICU/Sick baby/Detained baby	X				
Occupational Therapyinpatient	X				
Oncology Servicesinpatient	X				
Physical Therapyinpatient	Х				
Plastic and Restorative Surgeryinpatient	X				
. 10010 and notice and only impatient	^				
Post-Stabilization Services-inpatient	X				

Room and Board	X
Speech Therapyinpatient	X
Spinal Cord Stimulator	X
Sterlization servicesinpatient	X
Surgery (nonurgent)inpatient	X
Surgery (urgent)inpatient	X
Transplants	X
Transplants Pre and Post Transplant Services	X
Transportation between hospitals	X

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	<b>Emergency Benefits</b>	Prescription Drug
cute Care Services	X				
mbulatory detoxification			X		
ofeedback			X		
ectroconvulsive therapy (ECT)outpatient			X		
raulation and Management-Outpatient			X		
mily Therapyoutpatient			X		
roup therapyoutpatient			X		
roup therapyoutpatient			X		
dividual therapyoutpatient			X		
dividual therapyoutpatient			X		
patient ASAM 4.0	X				
patient Detoxificationhospital	X				
patient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)	Χ				
tensive outpatient (IOP)			X		
tensive Outpatient (IOP)ASAM 2.1			X		
AT Ongoing (Evaluation and Management, including Rx)			X		
ethadone Maintenance			X		
obile treatment-Assertive community treatment (ACT)		X			
obile treatment-non-ACT		X			
ultiple family group therapy			X		
ot Applicable		X			
ursing Facility: MH Services	Χ				
ursing Facility: SUD services	X				
ngoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified			X		
pioid Treatment Program (OTP) services - including med management			X		
artial hospitalization (PHP)			X		
artial Hospitalization (PHP)ASAM 2.5			X		
ychiatric Rehabilitation Services			X		
ychological or neuropsychological testing and evaluation			X		
esidential SUD TreatmentASAM 3.1	Χ				
esidential SUD TreatmentASAM 3.3	X				
esidential SUD TreatmentASAM 3.5	X				
esidential SUD TreatmentASAM 3.7	Χ				
esidential SUD TreatmentASAM 3.7WM (Licensed ASAM 3.7D in Maryland)	Χ				
esidential Treatment Centers	Χ				
pecial Psychiatric Hospital	Χ				
rgeted Case Management		Χ			
nerapeutic Behavioral Services			X		
anscranial Magnetic Stimulation (TMS)			X		
aumatic Brain Injury (TBI) Day Habilitation			X		

# KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

# Factors

## **Concurrent Review**

	Med/Surg					
Factor		Inpatient	Outpatient - Other	Outpatient - Office Based	<b>Emergency Benefits</b>	Prescription Drugs
Excessive utilization		R	R	R		
Health plan accreditation standards for quality assurance			R			
Medical Necessity		R	R	R		
Medicare/Medicaid program participation eligibility			R			
Par Status			С	R		
Quality and performance measures (including customer feedback)			R			
Safety risks			R	R		
Service type		R				
	MH/SUD					
Factor	<b>,</b>	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical indications and/or evidence			R	R		
High levels of variation in length of stay		R	R	R		
Least restrictive appropriate level of care		R	R	R		
Least restrictive appropriate level of care				R		
Not Applicable		R	R			
Service type		R	R	R		
Severity or chronicity of an illness		R	R	R		
Variability in quality						

Sources Concurrent Review

		Concurrent Review		
		Med/Surg		
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits Prescription Drugs
Excessive utilization	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Internal claims analysis	Internal claims analysis	
2. Health plan accreditation standards for quality assurance		National accreditation standards		
3. Medical Necessity	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
4. Medicare/Medicaid program participation eligibility		State and Federal requirements		
5. Par Status		State and Federal requirements	State and Federal requirements	
6. Quality and performance measures (including customer feedback)		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
		Medical expert reviews		
		State and Federal requirements		
7. Safety risks		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
8. Service type	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			
		MH/SUD		
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits Prescription Drugs
Clinical indications and/or evidence		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
High levels of variation in length of stay	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
Least restrictive appropriate level of care	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
Least restrictive appropriate level of care			Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
5. Not Applicable	Not Applicable			
6. Service type	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
7. Severity or chronicity of an illness	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
8. Variability in quality	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	

Evidentiary Standards

Evidentiary Standards	
Concurrent Review	
Med/Surg	

		Med/Surg		
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits Prescription Drugs
Excessive utilization	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		Milliman Criteria	
2. Medical Necessity	Milliman Criteria		Aetna Policy Bulletins	
			Milliman Criteria	
3. Par Status			Design of Benefit Plan	
			State regulatory standards for health plan network adequacy.	
4. Safety risks			A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.	
5. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
		MH/SUD		
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits Prescription Drugs
<ol> <li>Clinical indications and/or evidence</li> </ol>		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	
2. High levels of variation in length of stay	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	
3. Least restrictive appropriate level of care	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	
4. Least restrictive appropriate level of care			Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	
5. Not Applicable	Not Applicable			
6. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	
7. Severity or chronicity of an illness	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	
8. Variability in quality	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	
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# Operation Measures Concurrent Review

#### Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Assessments of provider directory accuracy		X	X		
Average appointment wait times		X	X		
Average length of stay authorized per episode of care	X				
Complaint tracking (enrollees and providers)		X	X		
Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.		Χ	X		
Degree of discretion exercised by utilization review staff	X	Χ			
Documentation of the steps taken to improve access by expanding networks, including outreach efforts to providers		Χ	X		
Dollar spend trends		Χ	X		
evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis		X			
Frequency that authorization requirements are waived	X				
Frequency with which reviews are conducted	X	Χ			
Member satisfaction/consumer survey results		Χ	X		
Number of days or visits authorized per review	X				
Provider-to-enrollee ratios		X	X		
Results of secret shopper surveys to determine that network providers are actually accepting new patients		X	X		
Time and distance to network providers		Χ	X		
Turnaround time to get clinicians with approved credentials loaded in the payment system		X	X		
Turnaround time to get submitted credentials reviewed, processed and approved or denied		Χ	X		
Utilization trends	X	X	X		
	MH/SUD				
Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	X	X	X		
Authorization Denial Rates for MH/SUD	X				
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	X	X	X		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	X	X	X		
NQTL does not apply to any services in this classification		Χ			

# Benefits

# **Data Collection**

Med/Surg

		ica/ Suig			
Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services (Births/Deliveries)	X				
Acute Care Services (Medical/Surgical)	X				
Amputationsinpatient	Х				
Ancillary Services	X				
AnesthesiaInpatient	Х				
Bariatric Surgery	Х				
Bypass surgeryinpatient	Х				
Cardiac Procedures (non-emergent)inpatient	Х				
Chemotherapyinpatient	X				
Clinic ServicesFQHC			X		
Corrective Surgeryinpatient	X				
Cosmetic ProceduresInpatient	Χ				
Diagnostic and X-ray services: CTinpatient	Х				
Diagnostic and X-ray services: CToutpatient			X		
Diagnostic and X-ray services: MRIinpatient	Х				
Diagnostic and X-ray services: MRIoutpatient			X		
Diagnostic and X-ray services: PETinpatient	Χ				
Diagnostic and X-ray services: PEToutpatient			X		
Diagnostic and X-ray services: Radiographyinpatient	Χ				
Diagnostic and X-ray services: Radiographyoutpatient			X		
DialysisInpatient	Χ				
Dialysisoutpatient			X		
Emergency RoomBeyond EMTALA Screening				X	
Emergency RoomEMTALA Screening				X	
Emergency RoomStabilization Services				Χ	
Emergency Room- All inclusive ancillary services				X	
Emergency Room-Clinical Laboratory				Χ	
Emergency Room- Dental Services				Χ	
Emergency Room-General Services				Χ	
Emergency Room- Medications				X	
Emergency Room-Post-Stabilization Services				Χ	
Emergency Room-Radiology				Χ	
Emergency TransportAdvanced Life Support (ALS)				X	
Emergency TransportBasic Life Support				Χ	
Erectile Dysfunction Procedures	Х				
Eye ProceduresInpatient	Х				
Gender affirmation surgery	Х				
Grafts/Implants	Х				
Hospice CareInpatient	Х				
Hospital Careinpatient	X				
Hysterectomy	X				
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)	X				

National Diabetes Prevention Program Services			Χ		
Neurostimulators	Χ				
Neurosurgical proceduresinpatient	Χ				
NICU/Sick baby/Detained baby	Χ				
Occupational Therapyinpatient	Χ				
Oncology Servicesinpatient	Χ				
Outpatient Rehabilitative services			X		
Physical Therapyinpatient	Χ				
Plastic and Restorative Surgeryinpatient	Χ				
Podiatry Services			X		
Post-Stabilization Services-inpatient	Χ				
Rehabilitation Services (Acute)	X				
Room and Board	X				
Somatic services related to gender dysphoria			X		
Specialty Care			X		
Speech Therapyinpatient	X				
Spinal Cord Stimulator	X				
Sterlization servicesinpatient	X				
Surgery (nonurgent)inpatient	X				
Surgery (urgent)inpatient	X				
Transplants	X				
Transplants Pre and Post Transplant Services	X				
Transportation between hospitals	X				
		MH/SUD			
Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs

Χ

Χ

Not Applicable

Χ

Χ

# KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

# Factors Fail first requirements/step therapy Med/Surg

		Med/Surg					
	Factor		Inpatient	Outpatient - Other	Outpatient - Office Based	<b>Emergency Benefits</b>	Prescription Drugs
inical appropriateness/medical necessity							R
ail first protocol							R
scal responsibility/Cost effectiveness							R
ack of clinical efficiency of treatment or service							R
ower generic cost							R
Medical Necessity							R
lot Applicable			R	R	R		
afety risks							R
		MH/SUD					
	Factor		Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
ail first protocol							R
ot Applicable			R	R	R		
ervice type					R		

# Sources Fail first requirements/step therapy

				Med/Surg		
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based		Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity						american hospital formulary service
						clinical pharmacology
						Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
						FDA Approved drug monographs
						united states pharmacopeia
2. fail first protocol						Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
						prior authorization policy
<ol><li>Fiscal responsibility/Cost effectiveness</li></ol>						american hospital formulary service
						clinical pharmacology
						Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
						FDA Approved drug monographs
						prior authorization policy
						united states pharmacopeia
<ol> <li>Lack of clinical efficiency of treatment or service</li> </ol>						american hospital formulary service
						clinical pharmacology
						Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
						FDA Approved drug monographs
						united states pharmacopeia
5. lower generic cost						Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
6. Medical Necessity						american hospital formulary service
						clinical pharmacology
						Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
						FDA Approved drug monographs
						united states pharmacopeia
7. Not Applicable	Not Applicable	Not Applicable	Not Applicable			
8. Safety risks						american hospital formulary service
						clinical pharmacology
						Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
						FDA Approved drug monographs
						prior authorization policy
						united states pharmacopeia
				AALI (CLUP		
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	MH/SUD	Emergency Benefits	Prescription Drugs
1. fail first protocol	iilpatielit	outpatient - Other	outpatient - Onice based		Lineigenty beliefits	rrest intum to ugs Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
1. fall first protocol						Evuertuar y sarroadus, including any pudished standards as weil as internal pian or issuer standards, relied upon to define the factors driggering the application of an NQTE to benefits Internal Claims analysis
						mental damo alalaysis State and Federal requirements
2. Not Applicable	Not Applicable	Not Applicable	Not Applicable			suce and reveral requirements
3. Service type	Not Applicable	Hot Applicable	кои. крупкалие Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			
3. Service type			Evacentiary standards, including any published standards as well as internal plan or issuer standards, felled upon to befine the lacture triggering the application of all NQLL to benefits			

Evidentiary Standards
Fail first requirements/step therapy

				Med/Surg		
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency	y Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity						Design of Benefit Plan
2. fail first protocol						A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
						Design of Benefit Plan
<ol><li>Fiscal responsibility/Cost effectiveness</li></ol>						Design of Benefit Plan
4. Lack of clinical efficiency of treatment or service						A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
5. lower generic cost						Design of Benefit Plan
6. Medical Necessity						Design of Benefit Plan
7. Not Applicable		Not Applicable				
8. Safety risks						A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
				MH/SUD		
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency	y Ronofite	Prescription Drugs
1. fail first protocol	inpatient	Outpatient - Otner	Outpatient - Onice based	Emergency		rrescription unigo. A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
1. Idii IIIst protocoi						A certain number/ type or recognized resemble and processorial sandarus (including compared enectveness students and carbon show changes and carbon show the processorial sandarus (including compared enectveness) students and carbon show the processorial veceptical treatment guidelines.  Compliance with professionally recognized treatment guidelines used to define chinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
						Compinate with processoriany recognized teatinest gouverness used to define clinically appropriate standards of care social as assault client of APA recording Information & Official Compendium  The APPROXIMATION OF THE
						Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization
2 Not Applicable	Not Applicable					Process review(s) for additing claims data to ensure compitative or participant's deathrent and service plan in conjunction with their prior additionation
2. Not Applicable	Not Applicable					
3. Service type			Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			

#### **Operation Measures**

# Fail first requirements/step therapy Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium					X
compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage and drug utilization					X
Degree of discretion exercised by utilization review staff		X			
Exception processes available for each NQTL requirement and when they may be applied.					X
Not Applicable		X			
NQTL does not apply to any services in this classification	X				
NQTL does not apply to any services in this classification			X		
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					X
Utilization trends					X
MH/SUD					
Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD			X		
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium					X
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers			X		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria			X		
Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					X
NQTL does not apply to any services in this classification	X	X			
NQTL does not apply to any services in this classification		X	X		
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					X
Utilization trends					X

#### **Benefits**

#### **Medical necessity**

Med	/Surg			
Benefit	Inpatient Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
(1) Preventive services (cleanings, fluoride, etc.) - Clinic;		Х		
(1) Preventive services (semiannual cleanings, fluoride, etc.) - Clinic;		X		
(2) Diagnostic services (oral exams, x-rays, etc.) - Clinic;		X		
(2) Preventive services (semiannual cleanings, fluoride, etc.) - OP OR/ASC;	X			
(3) Diagnostic services (oral exams, x-rays, sealants, etc.) - Clinic;		X		
(3) Restorative services (filings, crowns, etc) - Clinic;		X		
(4) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;	Х			
(4) Endodontic services (root canals, etc.) - Clinic;		X		
(5) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;		X		
(5) Restorative services (filings, crowns, etc) - Clinic;		× ×		
(6) Prosthodontics (adjustment of dentures, etc.) - Clinic; (6) Restorative services (filings, crowns, etc) - OP OR/ASC;	X	^		
(7) Endodontic services (root canals, etc.) - Clinic;	A	Y		
(7) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic; and		×		
(8) Anesthesia - Clinic.		×		
(8) Endodontic services (root canals, etc.) - OP OR/ASC;	χ	~		
(9) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;		X		
(10) Periodontal services (scaling, full mouth debridement, etc.) - OP OR/ASC;	Х			
(11) Prosthodontics (dentures, etc.) - Clinic;		X		
(12)Prosthodontics (dentures, etc.) - OP OR/ASC;	χ			
(13) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic;		X		
(14) Oral and Maxillofacial surgery services (extractions, etc.) - OP OR/ASC;	Х			
(15) Orthodontic services - Clinic;		x		
(16) Anesthesia - Clinic; and		X		
(17) Anesthesia - OP OR/ASC.	Х			
1915c: case management	Х			
1915c: certified Nursing Assistant/Home Health Aide	Х			
1915c: medical Day Care	Х			
1915c: nursing (private duty) (21+ years of age)	Х			
1915c: physician participation in plan of care meeting		X		
1915c: Physician participation in plan of care meeting		X		
Acne Services		X		
Acupunture		X		
Acute Care Services (Births/Deliveries)	Х			
Acute Care Services (Medical/Surgical)	X			
Adult dental Adult dental	X	X		
Air Ambulance			X	
Amputationsinpatient	X			
Amputationsoutpatient		X		
Ancillary Services	X			
AnesthesiaInpatient	X			
Applied Behavior Analysis (autism services)primarily in-home	X X			
Applied Behavior Analysis (autism services)primarily in-home	X	v		
Authorities communication devices	V	Х		
Augmentive communication devices Autism: adult life planning	λ γ			
Autism: Environmental accessibility adaption	^ У			
Autism: Family leave (retainer day)	^ У			
Autism: family training	Y			
Autism: Intensive individual support services	X			
Autism: Residential habilitation (regular and intensive)	X			
Autism: Respite care	X			
Autism: Therapeutic integration (regular and intensive)	Х			
Bariatric Surgery	X			
Blood/Blood Products		X		
Brain Injury: Day habilitation	Х			
Brain injury: Individual support services	χ			
Brain injury: medical Day Care	X			
Brain Injury: Residential habilitation	X			
Brain injury: Supported employment	Х			
Bypass surgeryinpatient	Х			
Bypass surgeryoutpatient		X		
Capsule Endoscopy		X		
Cardiac Procedures (non-emergent)inpatient	X			
Cardiac Procedures (non-emergent)outpatient		X		
Cardiac Rehabilitation		X		
Care Management	X			
CFC: Accessibility adaptations	Х			
CFC: assistive technology	Х			
CFC: Consumer training	Х			
CFC: environmental assessments	Х			

CFC: home delivered meals		Х	
CFC: Personal emergency response system		X	
CFC: Transition services		Χ	
Chemotherapyinpatient	X		
Chemotherapyoutpatient			X
Chiropractic Services Circumcision			X X
Clinic ServicesCoumadin Clinic			X
Clinic Services—FQHC			X
Clinic Services—Heart Failure Clinic			X
Clinic ServicesOther			Х
Clinic ServicesSBHC			X
Clinic ServicesWound Clinic			X
Community Pathways and Community Supports waivers: Assistive technology and services		X	
Community Pathways and Community Supports waivers: Behavioral support services		X	
Community Pathways and Community Supports waivers: Career exploration		X	
Community Pathways and Community Supports waivers: Community development Community Pathways and Community Supports waivers: Day habilitation		X X	
Community Pathways and Community Supports waivers: Employment discovery and customization		X	
Community Pathways and Community Supports waivers: Employment services		X	
Community Pathways and Community Supports waivers: Environmental assessment		Χ	
Community Pathways and Community Supports waivers: Environmental modification		Χ	
Community Pathways and Community Supports waivers: Family and peer mentoring supports		Χ	
Community Pathways and Community Supports waivers: Family caregiver training and empowerment		X	
Community Pathways and Community Supports waivers: Housing support services		X	
Community Pathways and Community Supports waivers: Individual and family directed goods and services		X	
Community Pathways and Community Supports waivers: Medical Day Care Community Pathways and Community Supports waivers: Nurse case management and delegation		X	
Community Pathways and Community Supports waivers: Nurse consultation		X	
Community Pathways and Community Supports waivers: Nurse health case management		X	
Community Pathways and Community Supports waivers: Participant education, training and advocacy		X	
Community Pathways and Community Supports waivers: Personal supports		Χ	
Community Pathways and Community Supports waivers: Respite care services		Χ	
Community Pathways and Community Supports waivers: Support broker services		X	
Community Pathways and Community Supports waivers: Supported employment		X	
Community Pathways and Community Supports waivers: Transportation		X	
Community Pathways and Community Supports waivers: Vehicle modification		X	
Community Pathways only: community living  Community Pathways only: live-in caregiver supports		X	
Community Pathways only: Remote support services		X	
Community Pathways only: Shared living		X	
Community Pathways only: Support living		Χ	
Community Pathways only: transition services		X	
Corrective Surgeryinpatient	Х		
Corrective Surgeryoutpatient			X
Cosmetic ProceduresInpatient	X		
Cosmetic Procedures/Surgeriesoutpatient CPAS and CFC: Nurse monitoring		V	Х
CPAS and CFC: Personal assistance services		X X	
Dermatology Procedures		^	X
Diabetic Education		Х	
Diagnostic and X-ray services: CTinpatient	X		
Diagnostic and X-ray services: CToutpatient			X
Diagnostic and X-ray services: MRIinpatient	Х		
Diagnostic and X-ray services: MRIoutpatient			Х
Diagnostic and X-ray services: PET-inpatient	X		Х
Diagnostic and X-ray services: PEToutpatient Diagnostic and X-ray services: Radiographyinpatient	x		Χ.
Diagnostic and X-ray services: Radiography—nutpatient  Diagnostic and X-ray services: Radiography—outpatient	*		Х
DialysisInpatient	Х		
Dialysisoutpatient			X
Disposable Medical Equipment (w/o HCPCS)		X	
Disposable Medical Supplies (> \$500.00)		X	
Disposable Medical Supplies (≤ \$500.00)		X	
DME/DMS Alternative ApproachFull category; need to identify any NQTLs that apply to any DME/DMS under the broad category. Description of NQTL factors should be more detailed.		X	
Durable Medical Equipment (> \$1,000.00)		X	
Durable Medical Equipment (DME)/Disposable Medical Supplies (DMS)		X	
Durable Medical Equipment (w/o HCPCS)  Durable Medical Equipment (5 \$1,000,00)		X X	
Durable Medical Equipment (≤ \$1,000.00)  Durable Medical Equipment rental (> 3 months)		X X	
Durable Medical Equipment rental (≤ 3 months)		X	
Emergency RoomBeyond EMTALA Screening			
Emergency RoomEMTALA Screening			
Emergency RoomStabilization Services			
Emergency Room- All inclusive ancillary services			

Emergency Room- All inclusive ancillary services Emergency Room-Clinical Laboratory X X X Emergency Room- Dental Services Emergency Room-General Services **Emergency Room- Medications** Emergency Room-Post-Stabilization Services Emergency Room-Radiology Emergency Services billed with CDT codes Emergency Transport--Advanced Life Support (ALS) Emergency Transport--Basic Life Support Emergency Transportation (Ambulance) EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant-Certified Medication Technician) **Erectile Dysfunction Procedures** Eye Procedures--Inpatient Family Supports: Assistive technology and services Family Supports: Behavioral support services Family Supports: Environmental assessment Family Supports: Environmental modification Family Supports: Family and peer mentoring supports Family Supports: Family caregiver training and empowerment Family Supports: Housing support services Family Supports: Individual and family directed goods and services Family Supports: Nurse case management and delegation Family Supports: Nurse consultation Family Supports: Participant education, training and advocacy Family Supports: Personal supports Family Supports: Respite care services Family Supports: Support broker services Family Supports: Transportation Family Supports: Vehicle modification FFS M/S Drug Foster Care Evaluation/Check-up for children entering State custody Gender affirmation surgery Genetic Counseling Genetic Testing Grafts/Implants Grafts/Implants--outpatient HCBS: Assisted living HCBS: Behavioral consultation HCBS: behavioral consultation HCBS: case management HCBS: family training HCBS: Medical Day Care HCBS: Nutritionist/Dietician HCBS: nutritionist/Dietician HCBS: senior Center Plus Health-related services and targeted case management services provided to children when the services are specified in the child's Individualized Education Plan or Individualized Family Service Plan Hepatitis C Virus Genotyping HH: Home Health Aide HH: Home Health Aide (> 1 visit per day; > 4 hours of service per day; visit w/o skilled nursing) HH: Home Health Aide (≤ 1 visit per day; ≤ 4 hours of service per day; visit w/ skilled nursing; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Occupational therapy HH: Occupational therapy HH: Occupational therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate)) HH: Occupational therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: physical therapy HH: Physical therapy HH: Physical therapy (> 1 visit per day; ; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Physical therapy (≤1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Registered Nurse HH: Registered Nurse (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Registered Nurse (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Speech therapy HH: Speech therapy HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HIV/AIDS laboratory services Home and Community Based Options waiver: Home Health Services: medical supplies used for home heath visit Home Health Services: occupational therapy Home Health Services: physical therapy Home Health Services: skilled nursing services Home Health Services: speech pathology services Hospice: Counseling services (including dietary, spiritual and bereavement) Hospice: home health and aide services Hospice: Medical appliances and supplies

Hospice: Medical social services		X		
Hospice: nursing services		X		
Hospice: Occupational therapy			X	
Hospice: Physical therapy			X	
Hospice: Physician services			X	
Hospice: Short-term inpatient care	Х			
Hospice: Speech therapy			X	
Hospice CareInpatient  Hospice Care Outpetient	Х	V		
Hospice CareOutpatient  Hospical Care impatient	v	X		
Hospital Careinpatient  Hyperbaric Oxygen Therapy	^		X	
Hysterectomy	Х		•	
ICS: Assisted living		X		
ICS: behavioral consultation		X		
ICS: Behavioral consultation			X	
ICS: case management		X		
ICS: Family training		X		
ICS: Medical Day Care		X		
ICS: Nutritionist/Dietician		X	V	
ICS: Nutritionist/Dietician ICS: senior Center Plus		X	X	
Infusion/Maintenance Drug Infusion		^	X	
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)	Х		•	
Investigational Surgeries/Clinical Trialsinpatient	Х			
Investigational Surgeries/Clinical Trialsoutpatient			X	
Laboratory Services		X		
MCO administered prescription drug				Х
Medical Day Care Waiver with associated services		X		
Medical Day Care waiver with associated services(16+ years of age):		X		
Molecular Pathology Labs		X		
National Diabetes Prevention Program  National Diabetes Prevention Program Services		*	X	
Nerve Stimulatoroutpatient			X	
Neuro-Psychological Testing/Developmental Delay Programs		Χ	^	
Neuro-Psychological Testing/Developmental Delay Programs			X	
Neurostimulators	Χ			
Neurosurgical proceduresinpatient	X			
Neurosurgical proceduresoutpatient			X	
Newborn Office Services			X	
NICU/Sick baby/Detained baby	X			
Nursing Facility: Activities	X			
	V			
Nursing Facility: Dental services  Nursing Facility: Dietary services	X X			
Nursing Facility: Dietary services	X X X			
Nursing Facility: Dietary services Nursing Facility: Laboratory, radiology and other diagnostic testing	x x x			
Nursing Facility: Dietary services	x x x x			
Nursing Facility: Dietary services  Nursing Facility: Laboratory, radiology and other diagnostic testing  Nursing Facility: Nursing services	x x x x x			
Nursing Facility: Dietary services Nursing Facility: Laboratory, radiology and other diagnostic testing Nursing Facility: Nursing services Nursing Facility: Pharmaceutical services Nursing Facility: Physician services Nursing Facility: Physician services Nursing Facility: Social work	X X X X X X			
Nursing Facility: Dietary services Nursing Facility: Laboratory, radiology and other diagnostic testing Nursing Facility: Nursing services Nursing Facility: Pharmaceutical services Nursing Facility: Physician services Nursing Facility: Physician services Nursing Facility: Social work Nursing Facility: Social work	X X X X X X X			
Nursing Facility: Dietary services Nursing Facility: Laboratory, radiology and other diagnostic testing Nursing Facility: Nursing services Nursing Facility: Pharmaceutical services Nursing Facility: Physician services Nursing Facility: Social work Nursing Facility: Social work Nursing Facility: Specialized rehabilitation Nutritional Counseling	X X X X X X		X	
Nursing Facility: Dietary services Nursing Facility: Laboratory, radiology and other diagnostic testing Nursing Facility: Nursing services Nursing Facility: Pharmaceutical services Nursing Facility: Physician services Nursing Facility: Social work Nursing Facility: Specialized rehabilitation Nursing Facility: Specialized rehabilitation Observation Stay up to 24 h	X X X X X X		X	
Nursing Facility: Dietary services Nursing Facility: Laboratory, radiology and other diagnostic testing Nursing Facility: Nursing services Nursing Facility: Pharmaceutical services Nursing Facility: Physician services Nursing Facility: Physician services Nursing Facility: Social work Nursing Facility: Social work Nursing Facility: Specialized rehabilitation Nutritional Counseling Observation Stay up to 24 h OB Ultrasound	X X X X X X			
Nursing Facility: Dietary services Nursing Facility: Laboratory, radiology and other diagnostic testing Nursing Facility: Nursing services Nursing Facility: Pharmaceutical services Nursing Facility: Physician services Nursing Facility: Social work Nursing Facility: Specialized rehabilitation Nutritional Counseling Observation Stay up to 24 h OB Ultrasound Occupational Therapy	x x x x x x x		X X	
Nursing Facility: Dietary services Nursing Facility: Laboratory, radiology and other diagnostic testing Nursing Facility: Nursing services Nursing Facility: Pharmaceutical services Nursing Facility: Physician services Nursing Facility: Physician services Nursing Facility: Social work Nursing Facility: Social work Nursing Facility: Specialized rehabilitation Nutritional Counseling Observation Stay up to 24 h OB Ultrasound	x x x x x x x		X X	
Nursing Facility: Dietary services Nursing Facility: Laboratory, radiology and other diagnostic testing Nursing Facility: Pharmaceutical services Nursing Facility: Pharmaceutical services Nursing Facility: Physician services Nursing Facility: Social work Nursing Facility: Social work Nursing Facility: Social work Nursing Facility: Specialized rehabilitation Nutritional Counseling Observation Stay up to 24 h OB Ultrasound Occupational Therapy Occupational Therapy—inpatient Oncology Services—inpatient Oncology Services—inpatient			X X	
Nursing Facility: Dietary services Nursing Facility: Laboratory, radiology and other diagnostic testing Nursing Facility: Nursing services Nursing Facility: Pharmaceutical services Nursing Facility: Physician services Nursing Facility: Specialized rehabilitation Nursing Facility: Specialized rehabilitation Nutritional Counseling Observation Stay up to 24 h OB Ultrasound Occupational Therapy Occupational Therapy Occupational Therapy Oncology Services—inpatient Oncology Services—inpatient Oncology Treatment Oral Surgery Adult			X X	
Nursing Facility: Dietary services Nursing Facility: Aboratory, radiology and other diagnostic testing Nursing Facility: Nursing services Nursing Facility: Pharmaceutical services Nursing Facility: Physician services Nursing Facility: Social work Nursing Facility: Social work Nursing Facility: Specialized rehabilitation Nurtifloral Counseling Observation Stay up to 24 h OB Ultrasound Occupational Therapy Occupational Therapy—inpatient Oncology Services—inpatient Oncology Services—inpatient Oncology Treatment Oral Surgery Adult Oral Surgery Adult			X X	
Nursing Facility: Dietary services Nursing Facility: Nursing Facility: Nursing Facility: Pharmaceutical services Nursing Facility: Pharmaceutical services Nursing Facility: Pharmaceutical services Nursing Facility: Social work Nursing Facility: Specialized rehabilitation Nurtitional Counseling Observation Stay up to 24 h OB Ultrasound Occupational Therapy Occupational Therapy Occupational Therapy—inpatient Oncology Services—inpatient Oral Surgery Adult Oral Surgery Adult Oral Surgery Child Outpatient hospital care (emergent)			X X	
Nursing Facility: Dietary services Nursing Facility: Laboratory, radiology and other diagnostic testing Nursing Facility: Nursing services Nursing Facility: Physician services Nursing Facility: Social work Observation Stay up to 24 h  OB Ultrasound Occupation I Therapy Occupational Therapy—inpatient Oncology Services—inpatient Oncology Services—inpatient Oral Surgery Adult Oral Surgery Adult Oral Surgery Child Outpatient hospital care (emergent) Outpatient hospital care (non-emergent)			X X	
Nursing Facility: Dietary services Nursing Facility: Auroing Services Nursing Facility: Nursing Services Nursing Facility: Pharmaceutical services Nursing Facility: Pharmaceutical services Nursing Facility: Special work Nursing Facility: Special work Nursing Facility: Special work Nursing Facility: Specialized rehabilitation Nutritional Counseling Observation Stay up to 24 h OB Ultrasound Occupational Therapy Occupational Therapy—inpatient Oncology Services—inpatient Oncology Services—inpatient Oncology Treatment Oral Surgery Adult Oral Surgery Adult Oral Surgery Child Outpatient hospital care (mon-emergent) Outpatient Rehabilitative services			X X X X X X X	
Nursing Facility: Dietary services Nursing Facility: Nursing services Nursing Facility: Pharmaceutical services Nursing Facility: Pharmaceutical services Nursing Facility: Specialized rehabilitation Nursing Facility: Social work Nursing Facility: Social work Nursing Facility: Specialized rehabilitation Nursing Facility: Specialized rehabilitation Nursing Facility: Specialized rehabilitation Observation Stay up to 24 h  OB Ultrasound Occupational Therapy Occupational Therapy—inpatient Oncology Services—inpatient Oncology Services—inpatient Oncology Services—inpatient Oral Surgery Adult Oral Surgery Adult Outpatient hospital care (emergent) Outpatient Rehabilitative services Outpatient Rehabilitative services Outpatient Rehabilitative services Outpatient Reyrey (Ambulatory Surgery Center)		X	X X	
Nursing Facility: Dietary services Nursing Facility: Auroing Services Nursing Facility: Nursing Services Nursing Facility: Pharmaceutical services Nursing Facility: Pharmaceutical services Nursing Facility: Special work Nursing Facility: Special work Nursing Facility: Special work Nursing Facility: Specialized rehabilitation Nutritional Counseling Observation Stay up to 24 h OB Ultrasound Occupational Therapy Occupational Therapy—inpatient Oncology Services—inpatient Oncology Services—inpatient Oncology Treatment Oral Surgery Adult Oral Surgery Adult Oral Surgery Child Outpatient hospital care (mon-emergent) Outpatient Rehabilitative services		X X	X X X X X X X	
Nursing Facility: Dietary services Nursing Facility: Nursing services Nursing Facility: Pharmaceutical services Nursing Facility: Pharmaceutical services Nursing Facility: Special maceutical		X X X	X X X X X X X	
Nursing Facility: Diaboratory, Endology and other diagnostic testing Nursing Facility: Nursing services Nursing Facility: Pharmaceutical services Nursing Facility: Physicians ervices Nursing Facility: Physicians ervices Nursing Facility: Spoicial work Observation Stay up to 24 h OB Ultrasound Occupational Therapy Occupational Therapy—inpatient Oncology Services—inpatient Oncology Services—inpatient Oncology Services—inpatient Oral Surgery Adult Oral Surgery Adult Oral Surgery Adult Oral Surgery (Antibulatory Surgery Center) Outpatient hospital care (emergent) Outpatient hospital care (emergent) Outpatient shabilitative services Outpatient Surgery (Ambulatory Surgery Center) Oxygen Oxygen Oxygen (w/o HCPCS)		X X X X	X X X X X X X	
Nursing Facility: Dietary services Nursing Facility: Datoratory, radiology and other diagnostic testing Nursing Facility: Pharmaceutical services Nursing Facility: Physician services Nursing Facility: Spocial work Nur		x x x x x	X X X X X X X X	
Nursing Facility: Delatary services Nursing Facility: Nursing services Nursing Facility: Pharmaceutical services Nursing Facility: Pharmaceutical services Nursing Facility: Physician services Nursing Facility: Spocial work Nursing Facility: Spocial		X X X X X	X X X X X X X	
Nursing Facility: Dietary services Nursing Facility: Nursing services Nursing Facility: Physican services Nursing Facility: Physican services Nursing Facility: Physican services Nursing Facility: Social work Nursing Facility: Social work Nursing Facility: Social work Nursing Facility: Specialized rehabilitation Nurtinoial Counseling Observation Stay up to 24 h OB Ultrasound Occupational Therapy Occupational Therapy Occupational Therapy-inpatient Oncology Treatment Oral Surgery Adult Oral Surgery Child Outpatient hospital care (nemerent) Outpatient hospital care (nemerent) Outpatient Rehabilitative services Outpatient Repsy (Ambulatory Surgery Center) Oxygen O		X X X X X	X X X X X X X X	
Nursing facility: Laboratory, radiology and other diagnostic testing Nursing facility: Laboratory, radiology and other diagnostic testing Nursing facility: Physican gentices Nursing facility: Physican services Nursing facility: Physican services Nursing facility: Specialized rehabilitation Nurtinoral Counseling Observation Star yu to 2 4 h OB Ultrasound Occupational Therapy Occupational Therapy-inpatient Oncology Services—inpatient Oncology Testiment Oncology Testiment Oral Surgery Adult Oral Surgery Adult Oral Surgery Adult Outpatient hospital care (inon-emergent) Outpatient hospital care (inon-emergent) Outpatient Surgery (Ambulatory Surgery Center) Onygen Onygen Onygen Onygen Onygen Onygen Onygen (Wo HCPCS) PMCE: Phone care PMCE: Mexision Icare  PMCE: Phone Icare  PM		X X X X X	X X X X X X X X	
Nursing Facility: Labartory, radiology and other diagnostic testing Nursing Facility: Labartory, radiology and other diagnostic testing Nursing Facility: Physician services Nursing Facility: Physician services Nursing Facility: Social work Nursin		X X X X X X	X X X X X X X X	
Nursing Facility: Dietary services Nursing Facility: Laborator, radiology and other diagnostic testing Nursing Facility: Pharmaceutical services Nursing Facility: Physician services Nursing Facility: Specialized rehabilitation Nursing Conseling Observation Stay up to 24 h OB Ultrasound Occupational Therapy—inpatient Oncology Services—inpatient Oncology Freatment Oncology Freatment Oncology Freatment Oral Surgery Adult Oral Surgery Adult Oral Surgery Child Outpatient hospital care (enor-energent) Outpatient hospital care (enor-energent) Outpatient hospital care (enor-energent) Outpatient Surgery (Ambulatory Surgery Center) Owgen Owgen (w/o HOCS) PACE: Dey health care PACE: New health care PACE: New House Conseling Speciality services (podiatry, psychiatry, dentistry, optometry and audiology) PACE: Nursing care PACE: Revising Care PACE: Revising Care		X X X X X X	X X X X X X X X	
Nursing Facility: Labartory, radiology and other diagnostic testing Nursing Facility: Labartory, radiology and other diagnostic testing Nursing Facility: Physician services Nursing Facility: Physician services Nursing Facility: Social work Nursin		X X X X X X X	X X X X X X X X	
Nursing Facility betavors. Nursing Facility Specialized rehabilitation for Nursing Facility Specialized rehabilitation for Nursing Facility Specialized reviews Nursing Facility Special		X X X X X X X	x x x x x x x x x x x x x	
Nursing Facility: Diaptorsor, validogy and other diagnostic testing Nursing Facility: Pharmaceutical services Nursing Facility: Pharmaceutical services Nursing Facility: Social work Nurs		X X X X X X X	x x x x x x x x x x x x x x x x x x x	

Personal Care Services		X	
Physical Therapy		X	
Physical Therapyinpatient	χ		
Plastic and Restorative Surgery—inpatient	χ		
Plastic and Restorative Surgery-outpatient		X	
Podiatry Services		X	
Post-Stabilization Services		X	
Post-Stabilization Services-inpatient	Х		
Post-Stabilization Services-outpatient		X	
Pregnancy-related Services (OB Care)		X	
Primary Care		X	
Private Duty Nursing		X	
Proton Therapy Treatment		X	
Pulmonary Rehab		X	
Rehabilitation Services (Acute)	X		
Remote Patient Monitoring		X	
Room and Board	Х		
Sleep Studies /Sleep Apnea Studies		X	
Somatic services related to gender dysphoria		X	
Specialty Care		X	
Speech Therapyinpatient	Х		
Speech Therapyoutpatient		X	
Spinal Cord Stimulator	X		
Sterlization servicesinpatient	X		
Sterlization Servicesoutpatient		X	
Surgery (nonurgent)inpatient	X		
Surgery (urgent)inpatient	X		
Targeted Case Management		X	
Transplants	X		
Transplants Pre and Post Transplant Services	X		
Transplants Pre and Post Transplant Services—outpatient		X	
Transportation between hospitals	Х		
Urgent Care		X	
Vision Services		X	
Wound Vacuum-assisted closure (VAC)		X	
MH/SUD			

MH/SUD		0 0 0	5 5 C	
Benefit And Con Sandan	Inpatient Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services	X	V		
Alcohol and/or drug assessment Ambulatory detoxification		X X		
,	V	*		
Ancillary Services  Ancillary Services CUD	X V			
Ancillary Services-SUD  AnesthesiaInpatient	X V			
Anesthesia - Outpatient  Anesthesia - Outpatient	<b>A</b>	Х		
Biofeedback		X		
Buprenorphine guest dosing		×		
Discharge Day	V	*		
Electroconvulsive therapy (ECT)inpatient	Λ V			
Electroconvulsive therapy (ECT)—impatient  Electroconvulsive therapy (ECT)—outpatient	<b>A</b>	Х		
Emergency RoomBeyond EMTALA Screening		^	V	
Emergency RoomEMTALA Screening			X V	
Emergency RoomPost Stabilization Services			х У	
Emergency RoomStabilization Services			х У	
Emergency Room- All inclusive ancillary services			х У	
Emergency Room-Clinical Laboratory			Y	
Emergency Room-General Services			X	
Emergency Room- Medications			X	
emergency transportation ambulance			X	
Evaulation and Management-Outpatient		X	^	
Family Psycho-Educational Therapy		X		
Family therapyinpatient	X	^		
Family Therapyoutpatient	···	X		
Family therapy—SUD inpatient	X			
FFS MH Drug				Х
FFS SUD Drug				Х
Group therapyinpatient	X			
Group therapyoutpatient		Х		
Group therapyoutpatient		X		
Group therapy—SUD inpatient	χ			
Health Behavior Assessment		X		
Health Behavior Reassessment		X		
health home services for MH reasons (serious and persistent mental illness (SPMI) - services by mobile treatment services (MTS) or psychological rehabilitation programs		X		
health home services for SUD (opioid addiction) - opioid treatment program		x		
Individual Psycho-Educational Therapy		X		
Individual therapy—inpatient	Х			

Individual therapyoutpatient			Х
Individual therapy—outpatient  Individual therapy—outpatient			X
Individual therapy—SUD inpatient	Х		^
Inpatient ASAM 4.0	X		
Inpatient Nationhospital	X		
Inpatient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)	X		
Intensive outpatient (IOP)	^		Х
Intensive Outpatient (IOP)ASAM 2.1			X
Laboratory Services		Х	^
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)		*	v
MAT Initial Intake (Evaluation and Management, Including Rx)			X
MAT Ongoing (Evaluation and Management, including Rx)			X Y
Mental health assessment			X Y
Mental health reassessment			X Y
Methadone guest dosing			X
Methadone Maintenance			X
Mobile treatment-Assertive community treatment (ACT)		Χ	~
Mobile treatment-non-ACT		X	
Multiple family group therapy		^	X
Not Applicable			
Nursing Facility: MH Services	Х		
Nursing Facility: SUD services	X		
Observation Stay24 h			
Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified			Х
Opioid Treatment Program (OTP) services - including med management			Х
Partial hospitalization (PHP)			Х
Partial Hospitalization (PHP)—ASAM 2.5			X
Patient Consultation	X		
Peer Support Services		X	
primary mental health services (assessment, clinical evaluation, referral to ASO)			Х
primary SUD Services (assessment, clinical evaluation, referral to ASO)			X
Psychiatric Rehabilitation Services			X
Psychological or neuropsychological testing and evaluation			X
Psychological or neuropsychological testing and evaluation—inpatient	X		
Residential SUD TreatmentASAM 3.1	X		
Residential SUD TreatmentASAM 3.3	X		
Residential SUD TreatmentASAM 3.5	X		
Residential SUD TreatmentASAM 3.7	X		
Residential SUD TreatmentASAM 3.7WM (Licensed ASAM 3.7D in Maryland)	X		
Residential Treatment Centers	X		
SBIRT			X
Special Psychiatric Hospital	X		
Targeted Case Management		Х	
Therapeutic Behavioral Services			Х
Transcranial Magnetic Stimulation (TMS)			Х
Traumatic Brain Injury (TBI) Day Habilitation			Х

Factor

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

#### **Factors**

#### Medical necessity

Med/Surg

Inpatient Outpatient - Other

Outpatient - Office Based

**Emergency Benefits** 

Prescription Drugs

ractor	inpatient	Outpatient - Other	Outpatient - Office based	Lineigency benefits	Frescription Drugs
clinical appropriateness/medical necessity					R
Current and projected demand for services		R			
Excessive utilization	R	R	R		
Fiscal responsibility/Cost effectiveness					R
High variability in cost per episode of care			R		
Lack of adherence to quality standards			R		
Lack of clinical efficiency of treatment or service			R		R
Medical Necessity	R	R	R		R
Medicare/Medicaid program participation eligibility		R			
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R
Relative reimbursement rates			R		
Service type	R	R	R		
Severity or chronicity of an illness		R			
Sudden and Serious				R	
MH/SUD					
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
Fiscal responsibility/Cost effectiveness					R
High levels of variation in length of stay	R	R	R		
Least restrictive appropriate level of care	R	R	R		
Least restrictive appropriate level of care		R			
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R
Not Applicable		R		R	
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		
Variability in quality	R	R	R		

Sources Medical necessity Med/Surg

		Med/Surg			
Factor	ingatient	Outpatient - Other	Outpatient - Office Based	Emergency Renefits	Prescription Drugs
1. clinical appropriateness/medical necessity					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
2. Current and projected demand for services		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			
		internal claims analysis			
3. Supresive utilization	Evidentiary standards, including any published standards as well as internal plan or issuer standards, whiled upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
	Internal Claims analysis	Internal Cialms analysis	and the second of the second o		
4. Fiscal responsibility/Cost effectiveness					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
5. High variability in cost per episode of care			Evidentiary standards, including any published standards as well as internal glas or issuer standards, relied upon to define the factors triggering the application of an NOTI, to benefits		and a second sec
6. List of adherence is quality standards.			evidenciary standards, including any published standards as well as internal plan or income standards, relied upon to define the factors triggering are application of an WICL to benefits		
n. Land at a distriction in a granting facilitation to 7. Land of clinical efficiency of treatment or service			evidenciary standards, including any published standards as well as internal plan or income standards, relied upon to define the factors triggering are application of an WICL to benefits		Evidentiary standards, including any sublished standards as well as internal olan or issuer standards, relied upon to define the factors triggering the application of an NOTI, to benefits
S. Medical Necessity	Evidentiary standards, including any published standards as well as internal plan or lower standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to deline the factors triggering the application of an MQTs to benefits	evaluations in making any passions assistant as well as internal pair on source standards, relief upon to deline the factor triggering the application of an NQTA to benefits.  Videntiary standards, including any published standards as well as internal pair or issuer standards, relief upon to deline the factor triggering the application of an NQTA to benefits.		Experience y contracting, recovering y produces or sciences to account to account a part or contract accounts, recovering the account and account acco
Medican Novelany     Medican Noveland program participation eligibility	swaretury standards, including any published standards as well as internal plan or issuer standards, relead upon to denne the factors triggering the approximan or an Activ. to denne is	supplicative standards, including any published standards as well as internal plan or issuer standards, resed upon to before the factor's triggering the application or an Najist to benefits.  State and finderin modernments.	avalentary standards, including any published standards as well as internal plan or issuer standards, need upon to define the factors triggering the application of an NQ1L to denetic		swaestrary standards, including any published standards as well as internal plan or issuer standards, reled upon to define the faction triggering the approach or an exclusion or an exclusion
<ol> <li>Medicaliny interaction or Preferred Drug Dist (PCC) as determined by the Preferred Drug Program via recommendations by the Pharmacy &amp; Therapeutics (P&amp;T) Committee</li> </ol>		State and Hiddel requirements			Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggening the application of an NQTL to benefits
10. Medication status on Preferred unig List (PCL) as determined by the Preferred Unity Program via recommendations by the Pharmacy & Therapeutics (P& 1) Committee					
					Medical expert reviews
11. Relative reimbursement rates			Evidentiany standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
12. Service type	Suidentiary standards, including any published standards as well as internal plan or issuer standards, miled upon to define the factors triggering the application of an NQTL to benefits.	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, nelied upon to define the factors triggering the application of an NQTL to benefits		
		Medical expert reviews			
13. Severity or chronicity of an illness.		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			
14. Sudden and Serious				State and Federal requirements	
		MH/SUD			
Factor	logatient	Outgasiner - Other	Cutpatient - Office Stand	Emergency Secretits	Prescription Charge
Factor  1. clinical appropriates enulpredicul necessity	Igatiert	Outpriser - Other	Outpatient -Office Based	Emergency Recellits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
Faster L diskal appropriates early red did necessity	прийн	Copyrine Criter MM/900	Outputter - Office Roard	Emergency Securits	Sider triany transfers, in childing any published standards, as well as internal plan or insure standards, relied upon to define the factors triggering the application of an NQTL to benefits internal claims analysis.
	Replied	Organier Other	Outstant Office lased	Emergency Benefits	Guidentiary standards, including any published standards as well as internal plan or insuer standards, reled upon to define the factors triggering the application of an NOTE to benefits internal claims analysis  State and Federic Implementation.
Testar  L sinet approximate photoletal monthly  2. And approximate photoletal monthly  2. And approximate photoletal monthly	typinet	Cupriest Other	Soperary (SNs base)	Emergency Benefits	foldering creatures, including any published constructs as well as internal plan or issuer candusts, relied upon to define the factors triggering the application of an NQTL to benefits returned colors assigned to the published construction. See any of foldering requirements.  Seas and foldering requirements.  Including representation, including any published construction is well as internal plan or issuer candustric, relied quots to define the factors triggering the application of an NQTL to benefits.
	typical	Organies Other	Cognitive Collin Inset	Emergency Receifes	Guidentiary standards, including any published standards as well as internal plan or insuer standards, reled upon to define the factors triggering the application of an NOTE to benefits internal claims analysis  State and Federic Implementation.
	Nysteri	Organies Other	Digenet Official	Energency Receivs	foldering creatures, including any published constructs as well as internal plan or issuer candusts, relied upon to define the factors triggering the application of an NQTL to benefits returned colors assigned to the published construction. See any of foldering requirements.  Seas and foldering requirements.  Including representation, including any published construction is well as internal plan or issuer candustric, relied quots to define the factors triggering the application of an NQTL to benefits.
Final majorability/Cost effectioness	Nations  Selection conducts, include an audition decided is wife a invest size or law respectively what are supported to below the event of a MOS harvests.			Graegescy Beeeffes	Genominary reconsists, Anniching are published conductor, as well as internal plans or lower disabeted, relied upon to addres the floation regginizing the supplication of an INCEL to benefits bettermic splans assigned. Some are disabeted regularization and the conductor of an INCEL to benefits betterminary processing and produced conductors as well as internal plans assigned.  The conductor of an INCEL to benefits betterminary processing and conductors as well as internal plans assigned.
2 if least engopeability (filest effectiveness  3. All gli heart of worksom in length of any	trigations  Collecting consisting, including any published discussion, and all sciences given in terms consistent, which quant to define the follows higher than application of an NOTE to benefit.	Colganization Colores  Coloration's Specialized Coloration (Coloration Coloration) and an animal plan or insert models as select upon to define the bear Higgsrey for against our or NSCL to be reduced.  Colorating's producing, such daily any published consistent in wall as internal plan or insert models, select upon to define the bear Higgsrey for against our or NSCL to be reduced.	individual production, handing we published description to sed in interest given by the secretarial, value grows under the better regarding the application of an NGC to be available.	Emergency Benefits	Genominary reconsists, Anniching are published conductor, as well as internal plans or lower disabeted, relied upon to addres the floation regginizing the supplication of an INCEL to benefits bettermic splans assigned. Some are disabeted regularization and the conductor of an INCEL to benefits betterminary processing and produced conductors as well as internal plans assigned.  The conductor of an INCEL to benefits betterminary processing and conductors as well as internal plans assigned.
Final majorability/Cost effectioness	Nigorieni  Liderino prodrin, kniving wy pôlikel drodnich sa wil a zimora jeu v Isav craskon, wiel gan zi delo in la fonov Vigorie pie sądzioni of a NCCI. In bardin Liderino prodrin, kniving wy pôlikel drodnich sa wil a zimora jeu v Isav craskon, wiel gan ziedo in la fonov Vigorie pie sądzioni of a NCCI. In bardin Liderino prodrin, kniving wy pôlikel drodnich sa wil a zimora jeu v Isav craskon, wiel gan ziedo in fonovi piero piero podzioni of a NCCI. In bardin	Extensive products, building any polithoid of extended as well as interest place or more extended, while upon to define the factor fragging the application of an NST, to bounds		Emergency linearlis.	Genominary reconsists, Anniching are published conductor, as well as internal plans or lower disabeted, relied upon to addres the floation regginizing the supplication of an INCEL to benefits bettermic splans assigned. Some are disabeted regularization and the conductor of an INCEL to benefits betterminary processing and produced conductors as well as internal plans assigned.  The conductor of an INCEL to benefits betterminary processing and conductors as well as internal plans assigned.
2 Fixed responsibility Code effectioness  state of the code of the	togetient  failed top control, including may added described as wife a consecution of an incommental acts appropriate appropriate application of an MQT is benefits.  failed top control, including any added described as wife a consecution of some contents, which appropriate produces on the MQT is benefits.  failed top control, including any added described as wife is inserted plan or source contents, which appropriate to the including the application of an MQT is benefits.	Solventry geodest, including any published controls as well as beauty plan in sour standard, and any pass to define the boars riggings for application of an NSTA, to beauth, Solventry proteint, including any published controls as well as beauty plan in sour standard, while upon to define the boars riggings for application of a NSTA, to beauth, Solventry proteints and an NSTA as to be settled to the solventry proteints and an NSTA to beauth, Solventry proteints and an NSTA to beauth, Solventry proteints and a NSTA to be sufficient as a supplication of a NSTA to be sufficient and a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NST	individual production, handing we published description to sed in interest given by the secretarial, value grows under the better regarding the application of an NGC to be available.	Emergency Benefits	Existing synchron, holding any published conducts as set a kindmed plan is least extracted, relating one as the first finisher against the application of a MSC, to benefits the set of the
2. Facility required fill (Color officiences).  8. High breach of American Dringer Anton	togetion  Lindertony moderly, tricking way address denoted as will a intensi place or leaser consistent, what queric address the follows Wagging the application of an NOTE to benefits.  Lindertony moderly, tricking way address denoted as will a intensi place or leaser consistent, what queric address the follows Wagging the applications of an NOTE to benefits.	Solventry geodest, including any published controls as well as beauty plan in sour standard, and any pass to define the boars riggings for application of an NSTA, to beauth, Solventry proteint, including any published controls as well as beauty plan in sour standard, while upon to define the boars riggings for application of a NSTA, to beauth, Solventry proteints and an NSTA as to be settled to the solventry proteints and an NSTA to beauth, Solventry proteints and an NSTA to beauth, Solventry proteints and a NSTA to be sufficient as a supplication of a NSTA to be sufficient and a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NST	individual production, handing we published description to sed in interest given by the secretarial, value grows under the better regarding the application of an NGC to be available.	Georgiesy Benefits	Genominary reconsists, Anniching are published conductor, as well as internal plans or lower disabeted, relied upon to addres the floation regginizing the supplication of an INCEL to benefits bettermic splans assigned. Some are disabeted regularization and the conductor of an INCEL to benefits betterminary processing and produced conductors as well as internal plans assigned.  The conductor of an INCEL to benefits betterminary processing and conductors as well as internal plans assigned.
2 Fixed responsibility Code effectioness  state of the code of the	National Society decided, scholing on yielded decided in well as sent upon or new readon, which open to define the following registrees of an NOTA to benefits address of the NoTA National Society and the Na	Solventry geodest, including any published controls as well as beauty plan in sour standard, and any pass to define the boars riggings for application of an NSTA, to beauth, Solventry proteint, including any published controls as well as beauty plan in sour standard, while upon to define the boars riggings for application of a NSTA, to beauth, Solventry proteints and an NSTA as to be settled to the solventry proteints and an NSTA to beauth, Solventry proteints and an NSTA to beauth, Solventry proteints and a NSTA to be sufficient as a supplication of a NSTA to be sufficient and a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be sufficient as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NSTA to be supplicated as a supplication of a NST	individual production, handing we published description to sed in interest given by the secretarial, value grows under the better regarding the application of an NGC to be available.	Emergency Benefits	Security or produce, such day any published contracts in any internal plane. How or description, below gots a first the State Nigaries of any published and NSCS. Interests.  Security or produce of the State Nigaries of t
3 Fact was shall follow the channes  and plan and experience in large to the com- tion of the committee of t	togetions    Selection products is noticed prographical discretion in such as investigation in hour creations, when your southers his hours bigging the application of an NOTA behavior.    Selection products is noticed prographical discretion in such as investigation in source discretion, which gives added the footnot regarding the application of an NOTA behavior.    Selection products is noticed by application of the facilities which is investigated in the contraction of the facilities are required to application of an NOTA behavior.    Selection products is not below the product of the facilities are required to application of an NOTA behavior.    Selection products is not below the product of the facilities are required to application of an NOTA behavior.	Extensity species, in being any published extenders in well as internal pine or more extended, niled quests admit the bears higging the application of an NCTL to breakle Extensity species, in which any published extender in with an internal pine or lawer extended, while our to define the bears rigging the application of an NCTL to breakle Extensity species, in which preparation of an NCTL to breakle Extensity species, in which preparation of an NCTL to breakle Extensity species, in which preparation of an NCTL to breakle Extensity species, in which prepared on the NCTL to breakle Extensity species, in which prepared on the NCTL to breakle Extensity species, and the NCTL to breakle Extensity species and the NCTL to breakle Extensity	individual production, handing we published description to sed in interest given by the secretarial, value grows under the better regarding the application of an NGC to be available.	Emergency Securitis	Internation you chan, hashing any published contracts and an international pair internati
3. Find improbility/disk efficiences  3. Rightword of variation in high list from 4. List are resisting appropriate had from 5. List are resisting appropriate had from 5. List are resisting appropriate had from 6. List are resisting appropr	Edderlay goadeds, including any published devokeds as well as internal placer insure condesse, miled upon to define the fraction ringgining the application of an NGTs to breadth	Solvening products, valuing any published control in a self-a beneficiary or clearer annotation, unless garber above regional or any published and with a benefit production or clear annotation, which are producted and both the benefit and a benefit or clear annotation, which are producted and both the benefit administration of the benefit and benefit a	Similarly posters, holiday on published anniesh is self a intend gint or have modeled, while upon to delive the feature grant to a sept and to be self-to be delivered posters, modeled on published described to with a lower problem, which the published and the self-to be delivered to be	Georgescy facedis	Security or produce, such day any published contracts in any internal plane. How or description, below gots a first the State Nigaries of any published and NSCS. Interests.  Security or produce of the State Nigaries of t
3 Fact was shall follow the channes  and plan and experience in large to the com- tion of the committee of t	Galactics procedure, in relating emp published decoration, and at animonary plans or towar contacted, select against address the following group the againsteen of an NECE, to benefits  following the againsteen of an NECE, to benefit	Extension products, building any polational and extension in water a transcription or mour according, while again to place the bears riggingly the confliction of an NSTs. to benefit sciencies yielded and, building any polational and while the water is a former approach and the NSTs to benefit sciencies by production and an NSTs to be admit sciencies by production and an NSTs to be admit sciencies by production and an NSTs to be admit sciencies by production and an NSTs to be admit sciencies by production and an NSTs to be admit science by production and an NSTs to be	Solitesters placeful, available or published constraints as self in internal plan or have constraint, which query to address the location regarders for application of an NGC to benefits.  Littlesters placeful, available, any published constraints as well an internal plan or hower constraints, which query to define the function regarder the application of an NGC to benefits  functionary postation, available discontinue and an internal plan or hower constraints, which query to define the function regarder to application of an NGC to benefits  functionary postation, available discontinue and an internal plan or hower constraints, which query to define the function regarder to application of an NGC to benefits.	Georgeog karelis	Security or produce, such day any published contracts in any internal plane. How or description, below gots a first the State Nigaries of any published and NSCS. Interests.  Security or produce of the State Nigaries of t
3 From the equivability (docs of this chances 3 high brank of variation is length of they 4. Learn from the equivalent of the equivalent o	Existency constants, including any published domateds as well as instrust place or insure constants, asked quents address the format regions the equitions of an NCE, to benefits  Existency constants, including any published accorded as well as intermediate or loans constants, which are questioned as the CE, to benefits  Existency constants, including any published accorded as well as intermediate or insure constants, which are questioned as the CE, to benefit  Existency constants, including any published accorded as well as intermediate or insure constants, which question defer the format insurance given to insure accorded, which question defer the format insurance given to accorded any of the construction of the construction of the NCE, to benefit  Existency constants, including any published accorded as well as intermediate or insure accorded, which question accorded any to the construction of the NCE, to benefit  Existency constants, including any published accorded as well as intermediate or insure accorded, which question accorded as the construction of the NCE. The construction of the NCE is accorded as the native accorded as the NCE is accorded as the native accorded as the	Solvening products, valuing any published control in a self-a beneficiary or clearer annotation, unless garber above regional or any published and with a benefit production or clear annotation, which are producted and both the benefit and a benefit or clear annotation, which are producted and both the benefit administration of the benefit and benefit a	Similarly posters, holiday on published anniesh is self a intend gint or have modeled, while upon to delive the feature grant to a sept and to be self-to be delivered posters, modeled on published described to with a lower problem, which the published and the self-to be delivered to be	Georgiany Benefits	Security or produce, such day any published contracts in any internal plane. How or description, below gots a first the State Nigaries of any published and NSCS. Interests.  Security or produce of the State Nigaries of t
3 From the equivability (docs of this chances 3 high brank of variation is length of they 4. Learn from the equivalent of the equivalent o	Galactics procedure, in relating emp published decoration, and at animonary plans or towar contacted, select against address the following group the againsteen of an NECE, to benefits  following the againsteen of an NECE, to benefit	Extension products, building any polational and extension in water a transcription or mour according, while again to place the bears riggingly the confliction of an NSTs. to benefit sciencies yielded and, building any polational and while the water is a former approach and the NSTs to benefit sciencies by production and an NSTs to be admit sciencies by production and an NSTs to be admit sciencies by production and an NSTs to be admit sciencies by production and an NSTs to be admit sciencies by production and an NSTs to be admit science by production and an NSTs to be	Solitesters placeful, available or published constraints as self in internal plan or have constraint, which query to address the location regarders for application of an NGC to benefits.  Littlesters placeful, available, any published constraints as well an internal plan or hower constraints, which query to define the function regarder the application of an NGC to benefits  functionary postation, available discontinue and an internal plan or hower constraints, which query to define the function regarder to application of an NGC to benefits  functionary postation, available discontinue and an internal plan or hower constraints, which query to define the function regarder to application of an NGC to benefits.	Georgesia Jenetis	Security or produce, such day any published contracts in any internal plane. How or description, below gots a first the State Nigaries of any published and NSCS. Interests.  Security or produce of the State Nigaries of t

Evidentiary Standards Medical necessity

		Wedical necessity Meditarr		
Factor 1. clinical appropriatesens/medical nocessity	bysidert	Outputient Other	Outpaties: Office Based	Temperog kerelfia Principios Cong.  Antini smarkeyle per drougolard medical literature and polisional dustine's lipiciding companion effectivenes under sond dirical trial, and published research studies.  Complaces with preferencially recognised medical literature and polisional vanieties floridates under sond the dirically appropriate extendes of case such as ASMA criteria or ASK resultine as publishes.  FOR Principiding information. Official Companional.  FOR Principiding information. Official Companional.
Security utlantin     Trical responsibility/Cost effectiveness	Compliance with professionally recognized treatment guidefores used to define clinically appropriate standards of care such as AAAM criteria or AAA treatment guidefores.			A certain number/lype of recognised medical literature and professional standards foculating comparative effectments studies and obtain fairal, and published measurch studies. Compliance with professionally recognised meteronic publishers used to define clinically appropriate standards of care such as ASSM criteria or ARA treatment publishers. ESA Prescribes interprofess OSFM Coll commentation. Commentation and commentations of the commentation of the commentat
4. Lack of clinical efficiency of treatment or service				A certain number/type of recognism medical literature and professional standards (including compansitive effectiveness studies and clinical stals), and published research studies. Compliance with professionally incognised treatment justifies used to define clinically appropriate standards of care such as ASMA criteria or APA treatment justifies. FAPA herositive formations & Official compression.
<ol> <li>Medical Nocessity</li> <li>Medication status on Perferred Drug List (PCL) as determined by the Perferred Drug Program via recommendations by the Pharmacy &amp; Therapeutics (P&amp;T) Committee</li> </ol>	Militan Criteria			Conign of Merell Plan.  A contain sumbrylege of recognised medical Devolves and perfectioned accordancy (organizative effectioneses studies and discisal fatial), and published research studies.  Compliance with professionally recognised research and perfectiones used to define clinically appropriate students of core such as ASSAM criteria or ARA investment guidelines.  FOR Prescribes information. Official Communication.
7. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
		MH/SUD		
Factor 1. clinical appropriateness/medical necessity	Nyminet .	Cupation - Other	Oxysters Ofto Sased	Sengency Searchs  Prescription Grap  A method marketing-part designated medical librarium and productional carderful pictuding companions effectiveness sudem and discuss fiscale, and published research studies.  Complace with professionally enceptical internet publishes used to deliver such such devices and early and professionally enceptional internet publishes.  Format reveals   Leading-formation delivers   American Security   American Secu
2. Fixed responsibility/Cost effectiveness				A martin somewhyte of weginder dended literature and preference industriel (volution comparation the effectivenes under so which careful volution comparation thereof the effectivenes under so which careful volution careful volution careful volution careful volution volution of the effectivenes under so which careful volution
3. High levels of variation in length of stay 4. Least restrictive appropriate level of care	Compliance with professionally recognised treatment guidelines used to define clinically appropriate standands of care with an ACAMA criteria or APA reatment guidelines. Compliance with professionally recognised treatment guidelines used to define clinically appropriate standands of care with an ACAMA criteria or APA restatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as AGAM criteria or APA treatment guidelines.	Compliance with prefusionally recognized treatment guidelines used to define clinically appropriate transferrio of care use the ASAM criteria or ARN treatment guidelines. Compliance with prefusionally recognized treatment guidelines used to define clinically appropriate transferrior of care use has ASAM criteria or ARN treatment guidelines.	
To Leaders restriction appropriate level on Late  5. Leader restriction appropriate level of care	Companie with protestoriary recigioses treatment guiserines uses or other treatment appropriate transaction of the source of the companies of	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or ASA treatment guidelines.	Companies with promotional stretilistics of stretilists made in manual appropriate transmission care taken as Association of Association (Association Stretilists).	
<ol> <li>Medication status on Preferred Drug List (PCL) as determined by the Preferred Drug Program via recommendations by the Pharmacy &amp; Therapeutics (P&amp;T) Committee</li> </ol>				A certain number/type of recognised medical librariase and professional standards (socialing comparative effectiveness studies and critical trial), and published research studies. Complaines with professionally recognised researchest goldelines used to define clinically appropriate standards of care such as ASAM criteria or AFA treatment goldelines. FAP in transfer stormation & Official Comparation
7. Service type 8. Service or chemistry of an illness	Compliance with professionally recognised treatment guidelines used to define clinically appropriate standards of care such as ACAM criteria or APA treatment guidelines. Compliance with professionally recognised treatment guidelines used to define clinically appropriate standards of care such as ACAM criteria or APA treatment guidelines.	Compilance with professionally recognized treatment guidelines used to define clinically appropriate standards of case such as ASAM criteria or ARM treatment guidelines. Compilance with professionally recognized treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of case such as ASAM critisation or APA resistment guidelines. Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of case such as ASAM critisation or APA resistment guidelines.	
a. Severely of controllery can unless  9. Veriability in resulty	Compliance with professionality recognised in treatment guidelines used to detrie clinically appropriate standards of care such as AAAM criteria or ANA treatment guidelines.  Compliance with network recognised treatment guidelines used to define clinically associated and other standards of criteria used to the AAAM criteria or	Compliance with professionally recognised treatment guidesines used to define clinically appropriate standards or care usen as AsAM criteria or AM treatment guidesines.	Comparison with professionally recognized treatment guidelines used to desire circularly appropriate standards or care such as ASAM criseria or AFM treatment guidelines.	

### Operation Measures

#### Medical necessity

Med/Surg Inpatient Outpatient - Other Outpatient - Office Based **Emergency Benefits** Prescription Drugs Clinical Criteria applied based on FDA labeling and requirements and Official Compendium compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage and drug utilization Degree of discretion exercised by utilization review staff Design of Benefit Plan duplicate restorations (monthly) Exception processes available for each NQTL requirement and when they may be applied. Frequency that authorization requirements are waived Frequency with which reviews are conducted Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Number of days or visits authorized per review The "prudent layperson standard" means the standard for determining the existence of an emergency medical condition whereby a prudent layperson who possesses an average knowledge of health and medicine determining the existence of an emergency medical condition whereby a prudent layperson standard" means the standard for determining the existence of an emergency medical condition manifests itself by acute symptoms of sufficient severity, including severe pain, such that the person could reasonably expect the absence of immediate medical attention to r tracking of denial of plans of service that do not meet medical necessity

Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends MH/SUD Measure Outpatient - Office Based Outpatient - Other Emergency Benefits Prescription Drugs Inpatient Authorization Denial Rates for MH/SUD Authorization Denial Rates for MH/SUD Authorization Denial Rates for MH/SUD Clinical Criteria applied based on FDA labeling and requirements and Official Compendium Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers  $In ternal\ audit\ findings\ related\ to\ coverage\ determination\ consistency\ with\ the\ plan's\ medical\ necessity\ criteria$ Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization NOTL does not apply to any services in this classification NQTL does not apply to any services in this classification Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends

#### **Benefits**

#### **Outlier Management**

Med/Surg

Med/Surg Med/Surg					
Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acne Services			X		
Acupunture			X		
Acute Care Services (Births/Deliveries)	X				
Acute Care Services (Medical/Surgical)	X				
Air Ambulance				X	
Amputationsinpatient	X				
Amputationsoutpatient			X		
Ancillary Services	Х				
Anesthesia-Inpatient	Х				
Applied Behavior Analysis (autism services)primarily in-home		Х			
Audiology Services (hearing loss assessment and treatment)			X		
Bariatric Surgery	X				
Blood/Blood Products			X		
Bypass surgeryinpatient	X				
Bypass surgeryoutpatient	^		x		
Capsule Endoscopy			×		
Cardiac Procedures (non-emergent)inpatient	X		*		
	^		V		
Cardiac Procedures (non-emergent)outpatient			X		
Cardiac Rehabilitation	V		X		
Chemotherapyinpatient  Chemotherapyinpatient	Х				
Chemotherapyoutpatient			X		
Chiropractic Services			X		
Circumcision			X		
Clinic ServicesCoumadin Clinic			X		
Clinic ServicesFQHC			X		
Clinic ServicesHeart Failure Clinic			X		
Clinic ServicesOther			X		
Clinic ServicesSBHC			X		
Clinic ServicesWound Clinic			X		
Community Pathways and Community Supports waivers: Day habilitation		X			
Corrective Surgeryinpatient	X				
Corrective Surgeryoutpatient			X		
Cosmetic ProceduresInpatient	X				
Cosmetic Procedures/Surgeriesoutpatient			X		
CPAS and CFC: Personal assistance services		X			
Dermatology Procedures			X		
Diabetic Education		Х			
Diagnostic and X-ray services: CTinpatient	X				
Diagnostic and X-ray services: CToutpatient			X		
Diagnostic and X-ray services: MRIinpatient	X		^		
Diagnostic and X-ray services: MRIoutpatient	^		v		
Diagnostic and X-ray services: MNI—outpatient	v		^		
Diagnostic and X-ray services: PEToutpatient	*		v		
	V		^		
Diagnostic and X-ray services: Radiographyinpatient	X		V		
Diagnostic and X-ray services: Radiographyoutpatient	.,		X		
DialysisInpatient	X				
Dialysisoutpatient			X		
Disposable Medical Equipment (w/o HCPCS)		Х			
Disposable Medical Supplies (> \$500.00)		Х			
Disposable Medical Supplies (≤ \$500.00)		X			
DME/DMS Alternative ApproachFull category; need to identify any NQTLs that apply to any DME/DMS under the broad category. Description of NQTL factors should be more detailed.		X			
Durable Medical Equipment (> \$1,000.00)		X			
Durable Medical Equipment (DME)/Disposable Medical Supplies (DMS)		X			
Durable Medical Equipment (w/o HCPCS)		Χ			
Durable Medical Equipment (≤ \$1,000.00)		Х			
Durable Medical Equipment rental (> 3 months)		X			
Durable Medical Equipment rental (≤ 3 months)		Y			
Emergency RoomBeyond EMTALA Screening		۸		V	
				^ V	
Emergency RoomEMTALA Screening  Emergency RoomEMTALA Screening				X	
Emergency RoomStabilization Services				X	
Emergency Room- All inclusive ancillary services				Х	
Emergency Room-Clinical Laboratory				Х	
Emergency Room- Dental Services				X	
Emergency Room-General Services				X	
Emergency Room- Medications				X	
Emergency Room-Post-Stabilization Services				X	

Emergency Room-Radiology				Х
Emergency TransportAdvanced Life Support (ALS)				X
Emergency TransportBasic Life Support  Erectile Dysfunction Procedures	Х			^
Eye ProceduresInpatient	X			
Foster Care Evaluation/Check-up for children entering State custody			X	
Gender affirmation surgery	Х			
Genetic Counseling Genetic Testing		X	Х	
Grafts/Implants	X	^		
Grafts/Implantsoutpatient			Χ	
Hepatitis C Virus Genotyping		X		
HH: Home Health Aide (> 1 visit per day; > 4 hours of service per day; visit w/o skilled nursing)		X		
HH: Home Health Aide (≤1 visit per day; ≤4 hours of service per day; visit w/ skilled nursing; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		X		
HH: Occupational therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate))  HH: Occupational therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		Λ Υ		
HH: Physical therapy (> 1 visit per day; ; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		X		
HH: Physical therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		Χ		
HH: Registered Nurse (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate)		Χ		
HH: Registered Nurse (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		X		
HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate)		X		
HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)  Home Health Services: medical supplies used for home heath visit		X X		
Home Health Services: incured supplies used for home health visit		X		
Home Health Services: physical therapy		X		
Home Health Services: skilled nursing services		X		
Home Health Services: speech pathology services  Hospice CareInpatient	X	Χ		
Hospice CareOutpatient	^	Χ		
Hospital Careinpatient	X			
Hyperbaric Oxygen Therapy			X	
Hysterectomy Infusion/Maintenance Drug Infusion	Х		Χ	
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)	Х		Α	
Investigational Surgeries/Clinical Trialsinpatient	X			
Investigational Surgeries/Clinical Trialsoutpatient		.,	X	
Laboratory Services  Molecular Pathology Labs		X X		
National Diabetes Prevention Program		X		
National Diabetes Prevention Program Services			Χ	
Nerve Stimulatoroutpatient		V	Χ	
Neuro-Psychological Testing/Developmental Delay Programs Neuro-Psychological Testing/Developmental Delay Programs		Χ	Х	
Neurostimulators	X			
Neurosurgical proceduresinpatient	X			
Neurosurgical proceduresoutpatient  Newborn Office Services			X	
NICU/Sick baby/Detained baby	Х		<b>A</b>	
Nutritional Counseling			Х	
Observation Stay up to 24 h				X
OB Ultrasound Occupational Therapy			X X	
Occupational Therapyinpatient	Х		Λ	
Oncology Servicesinpatient	X			
Oncology Treatment			X	
Oral Surgery Adult Oral Surgery Child			X	
Outpatient hospital care (emergent)			X	
Outpatient hospital care (non-emergent)			X	
Outpatient Rehabilitative services			X	
Outpatient Surgery (Ambulatory Surgery Center) Oxygen (w/o HCPCS)		X	^	
Pain Management Procedures		• •	X	
Pain Management Visits			Χ	
Personal Care Services  Physical Thoragon		Χ	V	
Physical Therapy Physical Therapyinpatient	X		Х	
Plastic and Restorative Surgeryinpatient	X			
Plastic and Restorative Surgeryoutpatient			Χ	
Podiatry Services Post Stabilization Services			X	
Post-Stabilization Services			Χ	

Post-Stabilization Services-inpatient	X		
Post-Stabilization Services-inpatient Post-Stabilization Services-outpatient	^		v
			Λ V
Pregnancy-related Services (OB Care)			X
Primary Care		V	Χ
Private Duty Nursing		Х	
Proton Therapy Treatment			X
Pulmonary Rehab	V		Х
Rehabilitation Services (Acute)	X	V	
Remote Patient Monitoring		X	
Room and Board	X		.,
Sleep Studies /Sleep Apnea Studies			X
Somatic services related to gender dysphoria			X
Specialty Care			Х
Speech Therapyinpatient	X		
Speech Therapyoutpatient			X
Spinal Cord Stimulator	X		
Sterlization servicesinpatient	X		
Sterlization Servicesoutpatient			Х
Surgery (nonurgent)—inpatient	X		
Surgery (urgent)inpatient	X		
Targeted Case Management		X	
Transplants	X		
Transplants Pre and Post Transplant Services	X		
Transplants Pre and Post Transplant Servicesoutpatient			Χ
Transportation between hospitals	X		
Urgent Care			X
Vision Services			Χ
Wound Vacuum-assisted closure (VAC)			Χ
MH/SUD			

Residential SUD Treatment--ASAM 3.1

Acute Care Services Alcohol and/or drug assessment Ambulatory detoxification Biofeedback Drug Testing Electroconvulsive therapy (ECT)outpatient Evaulation and Management-Outpatient	X X	x x x x x x x	
Ambulatory detoxification Biofeedback Drug Testing Electroconvulsive therapy (ECT)outpatient Evaulation and Management-Outpatient	x	x x x x x x x	
Biofeedback Drug Testing Electroconvulsive therapy (ECT)outpatient Evaulation and Management-Outpatient	X	x x x x x x	
Drug Testing Electroconvulsive therapy (ECT)outpatient Evaulation and Management-Outpatient	X	X X X X X X X	
Electroconvulsive therapy (ECT)outpatient Evaulation and Management-Outpatient	X	X X X X X	
Evaulation and Management-Outpatient		x x x x x	
		X X X X	
		X X X X	
Family Psycho-Educational Therapy		X X X	
Family Therapyoutpatient		X X X	
Group therapyoutpatient		X	
Group therapyoutpatient		γ	
Health Behavior Assessment		^	
Health Behavior Reassessment		Χ	
Individual Psycho-Educational Therapy		Χ	
Individual therapyoutpatient		Χ	
Individual therapyoutpatient		Χ	
Inpatient ASAM 4.0	χ		
Inpatient Detoxificationhospital	χ		
Inpatient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)	χ		
Intensive outpatient (IOP)		X	
Intensive Outpatient (IOP)ASAM 2.1		Χ	
Laboratory Services	Х		
Laboratory Services	Х		
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)		X	
MAT Initial Intake (Evaluation and Management, Including Rx)		X	
MAT Ongoing (Evaluation and Management, including Rx)		X	
Mental health assessment		X	
Mental health reassessment		X	
Mobile treatment-Assertive community treatment (ACT)	X		
Mobile treatment-non-ACT	X		
Multiple family group therapy		X	
Not Applicable		X	
Nursing Facility: MH Services	X		
Nursing Facility: SUD services	X		
Opioid Treatment Program (OTP) services - including med management	Α	X	
Partial hospitalization (PHP)		X	
Partial Hospitalization (PHP)ASAM 2.5		 X	
Psychiatric Rehabilitation Services		X	
Psychological or neuropsychological testing and evaluation		Y	

Residential SUD TreatmentASAM 3.3	X
Residential SUD TreatmentASAM 3.5	x
Residential SUD TreatmentASAM 3.7	X
Residential SUD TreatmentASAM 3.7WM (Licensed ASAM 3.7D in Maryland)	X
Residential Treatment Centers	X
Special Psychiatric Hospital	X
Targeted Case Management	X
Therapeutic Behavioral Services	
Transcranial Magnetic Stimulation (TMS)	
Traumatic Brain Injury (TBI) Day Habilitation	

# KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

# **Factors**

### **Outlier Management**

	ather management					
	Med/Surg					
Factor	Inpa	atient	Outpatient - Other	Outpatient - Office Based	<b>Emergency Benefits</b>	Prescription Drugs
		R	R	R	R	
				R		
		R				
			R			
				R		
		R	R			
			R	R		
	MH/SUD					
Factor	Inpa	atient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
		R	R	R		
		R	R			
		R	R			
		R			R	
		R	R			
		R	R			
		R	R	R		
	Factor	Factor Inp.  MH/SUD	Factor Inpatient R R R MH/SUD	Factor   Inpatient   Outpatient - Other   R   R   R   R   R   R   R   R   R	Factor Inpatient Outpatient - Other Outpatient - Office Based R R R R R R R R R R R R R R R R R R R	Factor Inpatient Outpatient - Other Outpatient - Office Based Emergency Benefits  R R R R R R R R R R R R R R R R R R R

Sources Outlier Management

		Med/Surg			
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Renefits	Prescription Drugs
Excessive utilization	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Internal claims analysis	Internal claims analysis	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
	Internal claims analysis			State and Federal requirements	
<ol><li>High variability in cost per episode of care</li></ol>			Internal claims analysis		
3. Medical Necessity	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits				
4. Not Applicable		Not Applicable			
5. Relative reimbursement rates			State and Federal requirements		
6. Safety risks	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			
7. Service type		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
		MH/SUD			
Factor	Inputient	Outpatient - Other	Outpatient - Office Based	Emergency Broselts	Prescription Drugs
Excessive utilization	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
2. High levels of variation in length of stay	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			
<ol> <li>Least restrictive appropriate level of care</li> </ol>	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			
4. Not Applicable	Not Applicable			Not Applicable	
5. Service type	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			
6. Severity or chronicity of an illness	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			
7. Variability in quality	Evidentiarry standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		

Evidentiary Standards Outlier Management

		Med/Surg			
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Excessive utilization	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	More than 50 percent of outpatient episodes of care for specific diseases are not based on evidence-based interventions (as defined by nationally accepted best practices) in a 12-month sample of claims data.		Design of Benefit Plan	
2. Medical Necessity	Milliman Criteria				
3. Not Applicable		Not Applicable			
4. Safety risks	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
5. Service type		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
		MH/SUD			
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Excessive utilization	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
	Utilization is two standard deviations above average utilization per episode of care.	Utilization is two standard deviations above average utilization per episode of care.	Utilization is two standard deviations above average utilization per episode of care.		
<ol><li>High levels of variation in length of stay</li></ol>	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
<ol> <li>Least restrictive appropriate level of care</li> </ol>	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
Not Applicable	Not Applicable			Not Applicable	
5. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
6. Severity or chronicity of an illness	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
7. Variability in quality	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
	Utilization is two standard deviations above average utilization per epirode of sare	Hillisation is two standard deviations above average utilization per enicode of care	Utilization is two standard deviations above average utilization per enjoyee of care		

# Operation Measures Outlier Management

	Med/Surg				
Measure	Inpatien	t Outpatient - Other	Outpatient - Office Based	<b>Emergency Benefits</b>	Prescription Drugs
audits tracker (monthly)			X		
Degree of discretion exercised by utilization review staff	X				
duplicate records (monthly)			X		
Frequency that authorization requirements are waived	X				
Frequency with which reviews are conducted	X	X			
Number of days or visits authorized per review	X				
provider financial analysis (monthly)			X		
Utilization trends	X	X	X	X	
	MH/SUD				
Measure	Inpatien	t Outpatient - Other	Outpatient - Office Based	<b>Emergency Benefits</b>	Prescription Drugs
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	X	X	X		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	X	X	X		
NQTL does not apply to any services in this classification				Χ	
Outlier Management Data	X	X	X		

# Benefits

# **Prior Authorization/Pre-Authorization**

Med/Surg

Med/Surg					
Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acne Services			X		
Air Ambulance				X	
Amputationsinpatient	Х				
Amputationsoutpatient			X		
Audiology Services (hearing loss assessment and treatment)			X		
Bariatric Surgery	Х				
Bypass surgeryinpatient	X				
Bypass surgeryoutpatient			X		
Capsule Endoscopy			X		
Cardiac Procedures (non-emergent)inpatient	Х				
Cardiac Procedures (non-emergent)outpatient			X		
Cardiac Rehabilitation			X		
Chemotherapyinpatient	X				
Chemotherapyoutpatient			X		
Circumcision			X		
Clinic ServicesWound Clinic			X		
Community Pathways and Community Supports waivers: Day habilitation		Х			
Corrective Surgeryinpatient	Х				
Corrective Surgeryoutpatient			X		
Cosmetic Procedures/Surgeriesoutpatient			X		
Dermatology Procedures			X		
Diagnostic and X-ray services: MRIoutpatient			X		
Diagnostic and X-ray services: PEToutpatient			X		
DialysisInpatient	Х				
Disposable Medical Equipment (w/o HCPCS)		Х			
Disposable Medical Supplies (> \$500.00)		Х			
Disposable Medical Supplies (≤ \$500.00)		X			
Durable Medical Equipment (> \$1,000.00)		X			
Durable Medical Equipment (DME)/Disposable Medical Supplies (DMS)		X			
Durable Medical Equipment (w/o HCPCS)		X			
Durable Medical Equipment (≤ \$1,000.00)		X			
Durable Medical Equipment rental (> 3 months)		X			
Durable Medical Equipment rental (≤ 3 months)		Χ			
Eye ProceduresInpatient	Х				
FFS M/S Drug					Χ
Gender affirmation surgery	Х				
Genetic Counseling			X		
Genetic Testing		Χ			
Grafts/Implants	X				
Grafts/Implantsoutpatient			X		
HH: Home Health Aide (> 1 visit per day; > 4 hours of service per day; visit w/o skilled nursing)		Χ			
HH: Occupational therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate))		Χ			
HH: Physical therapy (> 1 visit per day; ; services rendered during a 30-day period in excess of the Medicaid NF rate)		Χ			
HH: Registered Nurse (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate)		Χ			
HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate)		Χ			
HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		Χ			
Home Health Services: medical supplies used for home heath visit		Х			
Home Health Services: occupational therapy		Χ			
Home Health Services: physical therapy		Χ			
Home Health Services: skilled nursing services		X			
Home Health Services: speech pathology services					

	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	_				
Wound Vacuum-assisted closure (VAC)			Х		
Transportation between hospitals	X				
Transplants Pre and Post Transplant Servicesoutpatient			X		
Transplants Pre and Post Transplant Services	Χ				
Transplants	Χ				
Surgery (nonurgent)inpatient	Χ				
Sterlization Servicesoutpatient	^		Х		
Spinal Cord Stimulator	Х				
Speech Therapyoutpatient			X		
Specialty Care			X		
Sleep Studies /Sleep Apnea Studies	^		Х		
Room and Board	Х	٨			
Remote Patient Monitoring	^	X			
Rehabilitation Services (Acute)	Х		^		
Pulmonary Rehab			X		
Proton Therapy Treatment		^	x		
Private Duty Nursing		Х	^		
Plastic and Restorative Surgeryoutpatient  Plastic and Restorative Surgeryoutpatient	Λ		Х		
Plastic and Restorative Surgeryinpatient	Х		^		
Pain Management Visits Physical Therapy			X X		
Pain Management Visits			X		
Oxygen (w/o HCPCS)  Pain Management Procedures		٨	<b>v</b>		
Outpatient Surgery (Ambulatory Surgery Center)		X	X		
Outpatient Rehabilitative services Outpatient Surgery (Ambulatory Surgery Conter)			X		
Outpatient hospital care (non-emergent)			X		
Outpatient hospital care (emergent)			X		
Oral Surgery Child			X		
Oral Surgery Adult			X		
Oncology Treatment			X		
Oncology Servicesinpatient	X				
Occupational Therapy			X		
OB Ultrasound			X		
Nutritional Counseling			X		
NICU/Sick baby/Detained baby	X				
Neurosurgical proceduresoutpatient			X		
Neurosurgical proceduresinpatient	X				
Neurostimulators	X				
Neuro-Psychological Testing/Developmental Delay Programs			X		
Nerve Stimulatoroutpatient			X		
National Diabetes Prevention Program Services			X		
National Diabetes Prevention Program		X			
MCO administered prescription drug					X
Investigational Surgeries/Clinical Trialsoutpatient			X		
Investigational Surgeries/Clinical Trialsinpatient	Χ				
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)	Χ				
Infusion/Maintenance Drug Infusion	.,		X		
Hysterectomy	Х		· ·		
Hyperbaric Oxygen Therapy	^		Х		
Hospital Careinpatient	Х	Λ			
Hospice CareOutpatient	^	Х			
Hospice CareInpatient	Х				

**Acute Care Services** 

Ambulatory detoxification			Х
Biofeedback			Χ
Electroconvulsive therapy (ECT)outpatient			Χ
Evaulation and Management-Outpatient			Χ
Family Therapyoutpatient			Χ
FFS MH Drug			
FFS SUD Drug			
Group therapyoutpatient			Χ
Group therapyoutpatient			Х
Individual therapyoutpatient			Х
Individual therapyoutpatient			Χ
Inpatient ASAM 4.0	Χ		
Inpatient Detoxificationhospital	Χ		
Inpatient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)	Χ		
Intensive outpatient (IOP)			Χ
Intensive Outpatient (IOP)ASAM 2.1			Χ
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)			Χ
MAT Initial Intake (Evaluation and Management, Including Rx)			Χ
MAT Ongoing (Evaluation and Management, including Rx)			Χ
Methadone Maintenance			Χ
Mobile treatment-Assertive community treatment (ACT)		X	
Mobile treatment-non-ACT		X	
Multiple family group therapy			Χ
Not Applicable		X	
Nursing Facility: MH Services	Χ		
Nursing Facility: SUD services	Χ		
Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified			Χ
Opioid Treatment Program (OTP) services - including med management			Χ
Partial hospitalization (PHP)			Χ
Partial Hospitalization (PHP)ASAM 2.5			Χ
Psychiatric Rehabilitation Services			Χ
Psychological or neuropsychological testing and evaluation			Χ
Residential SUD TreatmentASAM 3.1	Χ		
Residential SUD TreatmentASAM 3.3	Χ		
Residential SUD TreatmentASAM 3.5	Χ		
Residential SUD TreatmentASAM 3.7	Χ		
Residential SUD TreatmentASAM 3.7WM (Licensed ASAM 3.7D in Maryland)	Χ		
Residential Treatment Centers	Χ		
Special Psychiatric Hospital	X		
Targeted Case Management		X	
Therapeutic Behavioral Services			Χ
Transcranial Magnetic Stimulation (TMS)			Χ
Traumatic Brain Injury (TBI) Day Habilitation			Χ

#### R - Relied on

Variability in quality

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

#### **Factors**

#### **Prior Authorization/Pre-Authorization**

Med/Surg					
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Certificate or Acceptable Substitute					R
clinical appropriateness/medical necessity					R
Clinical Practice and Guidelines					R
Elasticity of demand		R			
Excessive utilization	R	R	R		
fail first protocol					R
High variability in cost per episode of care			R		
Lack of adherence to quality standards	R				R
Lack of clinical efficiency of treatment or service	R				R
Medical Necessity		R	R		
Medicare/Medicaid program participation eligibility	R	R			
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R
Par Status		С	С		
Quality and performance measures (including customer feedback)		R			
Relative reimbursement rates			R		
Safety risks		R	R		
Service type	R	R	R		
Severity or chronicity of an illness	R				R
/alid DEA or Controlled Substance					R
MH/SUD					
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drug
clinical appropriateness/medical necessity					R
fail first protocol					R
High levels of variation in length of stay			R		
ack of clinical efficiency of treatment or service					R
east restrictive appropriate level of care	R				
east restrictive appropriate level of care			R		
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R
Not Applicable		R			
Service type		R	R		
Severity or chronicity of an illness	R	R	R		R

Sources Prior Authorization/Pre-Authorization

		Prior Authorization/Pre-Authorization		
Forting Control of the Control of th	Institut	Outstatient - Other	Outpatient - Office flawed	Emergency Benefits Prescription Struss
1. Certificate or Acceptable Substitute	EQUALITY.	Oxygania - Ovini	Colphilitis - Crisis Ballinu	somegracy areas required to the following any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
2. clinical appropriateness/medical necessity				Gividentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NOTI to benefits
3. Clinical Practice and Guidelines				State and federal requirements
4. Starticity of demand		Internal claims analysis		
5. Econolie utilization	Internal claims analysis	noncommunity or way and the community of	Internal claims analysis	
6. that first protocol				Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
7. High variability in cost per episode of care			Internal claims analysis	
8. Lack of adherence to quality standards	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NCPL to benefits			Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
9. Lack of clinical efficiency of tweatment or service	Evidentiary standands, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NOTL to benefits			Gividentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NOTI to benefits
	Innernal claims analysis			And the second control of the second control
10. Medical Necessity		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
11. Medicare/Medicaid program participation eligibility	State and Federal requirements	State and Federal requirements		
12. Medication status on Preferred Drug List (POL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee				Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
				Medical expert reviews
13. Par Sutus		State and Federal requirements	State and Federal requirements	Action agent teams
14. Quality and performance measures (including customer feedback)		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
15. Relative relimbursement rates			Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
			Internal chima analysis	
			State and Federal requirements	
16. Safety risks		Evidenciary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
17. Service type	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NCPL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
18. Severity or chanicity of an illness	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
19. Valid DEA or Controlled Substance				State and Federal requirements
		MH/SUD		
Factor	Ingatient	Outpatient - Other	Outgatient - Office Based	Emergency Benefits Prescription Drugs
1. clinical appropriateness/medical necessity				Gvidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
				Internal claims analysis
				State and Federal requirements
2. full first protocol				Gvidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
				Internal claims analysis
				State and Federal requirements
3. High levels of variation in length of stay			Suidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
4. Lack of clinical efficiency of treatment or service				Svidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
				Internal claims analysis
				State and Federal requirements
S. Least restrictive appropriate level of care	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NCFL to benefits.			
Least restrictive appropriate level of care			Gividentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
<ol> <li>Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy &amp; Therapeutics (P&amp;T) Committee</li> </ol>				Svidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
				Medical expert reviews
				State and Federal requirements
S. Not Applicable		Not Applicable		
9. Service type		Evidentiary standards, including any published standards as well as internal plan or issuer standards, miled upon to define the factors triggering the application of an NGTL to benefits	Suidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
10. Severity or chronicity of an illness.				
11. Variability in quality	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NOTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, neled upon to define the factors triggering the application of an MQTL to benefits	Bidderdary standard, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NETO to benefits Bidderdary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NETO to benefits the standards are well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NETO to benefits and the standards are well as internal plan or issuer transfers, priced upon to define the factors triggering the application of an NETO to benefits the standards are standards as well as internal plan or issuer transfers.	Disidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

Evidentiary Standards or Authorization/Pre-Authorizati

		Prior Authorization   Pre-Authorization   Medizur			
Factor  1. Confision or Acceptable Solution  2. chocal appropriateous/tredical recently	Topulari	Outpetion - Other	Ougsteel -Offs based	Compliance with p	
3. Clinical Practice and Guidelines					er/type of recognised medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
4. fall first protocol				A certain number/l Compliance with p	nexus  (hypod microphised medical Bernstum and professional standards (including companitive effectiveness studies and clinical trivial), and published mesench studies.  In professionally recognised treatment guidelines used to define clinically appropriate standards of care such as AGAM orbania or APA treatment guidelines.  Information & Official Commodium  Information & Offic
S. List of afficement to quality dendants  6. Lists of clinical efficiency of treatment or service	A certain curshophype of recognised nestical Streams and professional standards (brokding comparative effectiveness studies and clinical striak), and published research studies.  Militeras Citatria			A certain number/ A certain number/ Compliance with p	why of the registed medical limentum was of preferanced intended in Confeder group seator deficiency and seat of closed intelligent and confeder in the confeder and confeder in the confeder intelligent group seator deficiency and preferenced intelligent group seator deficiency and preferenced intelligent group seator deficiency and preferenced intelligent group seator described research tables. In preferenced in preferenced in the confeder intelligent group seator described in the confederation of the confed
<ol> <li>Medicare/Medicals/program participation religibility</li> <li>Medicare/Medicals/program participation religibility</li> <li>Medication status on Preferred Drug List (POL) an determined by the Preferred Drug Program via recommendations by the Pharmacy &amp; Therapoulcia (P&amp;T) Committee</li> </ol>	Compliance with professionally recognised treatment guidelines used to define clinically appropriate standards of cure such as ASAM orders or ARA treatment guidelines.			A certain number/l Compliance with p	we'th goed in recipitated medical literature and professional standards (including companion effectiveness studies and clinical trials), and published reverses thaties and clinical trials), and published reverses thaties with professional trials recognition of the professional trials and clinical trials), and published reverses thaties, and published reverses that the professional trials and clinical trials.
Service type     Seventy or chronicity of an illness	Compliance with professionally recognized treatment publishes used to define clinically appropriate standards of care such as ASMA criteria or ARM treatment guidelines.  A certain number/lype of integrised medical filenature and prediscional standards (including companies effectiveness studies and clinical trials), and a published research studies.  Compliance with professionally recognized retainment publishes used to define disciolary appropriate standard or annue of a ARM treatment period or ARM treatment periodicines.			A certain number/	or/type of recognized medical literature and professional standards (including compansitive effectiveness studies and clinical trials), and published research studies.
11. Valid DEA or Controlled Substance				Aetna Policy Bullet	alletion
		MH/SUD			
Factor  1. closical apprepriateness (medical more unity	Inputient	Ortpatient - Other	Outgarliest - Office Rased	Compliance with p FDA Prescribing Inf	ver/type of recognised medical liberature and professional standards (including comparative effectiveness studies and circical trials), and published measurch studies.  In professionally recognised treatment guidelines used to define circically appropriate standards of care such as ASAM criteria or APA treatment guidelines.  Information & Circi of Comprehium  Information & Circi of Comprehium
2. fell find protocol				A certain number/l Compliance with p	(b) for sudding claims data to ensure compliance of participant's trainment and university as in conjunction with their pior institutions on the process of
3. High levels of variation in length of stay			Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization
4. Lack of clinical efficiency of treatment or service				Compliance with p	werfyinge of marginals medical literature and gradinisconal standards (including comparative effectiveness studies and clinical trials), and published measurch studies: the potentials by recognized treatment publishess used to define clinically appropriate standards of care such as ASAM criteria or ARA instrument guidelines. Internation & Circuia Compendium
<ol> <li>Least restrictive appropriate level of care</li> <li>Least restrictive appropriate level of care</li> <li>Medication status on Preferred Grug List (PGL) as determined by the Preferred Grug Program via recommendations by the Pharmacy &amp; Therapeutics (P&amp;T) Committee</li> </ol>	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or ARA treatment guidelines.		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		ter/type of recognised medical blenature and professional standarch (including comparative effectiveness studies and clinical trials), and published research studies.
Service type		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM orberia or APA treatment guidelines.		th professionally recognised treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines. Entomation 8. Official Compandium
9. Sewelly or chronicity of an illness	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or ARM treatment guidelines.	Compliance with professionally recognised treatment guidelines used to define clinically appropriate standards of care such as AGAM cateria or APA treatment guidelines.	Compliance with professionally recognized beatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with p	ver/type of mozgyrised medical Benature and professional standards (including comparative effectiveness studies and clinical trials), and published meseach studies. In professionally recognised treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines. Information & Official Commodium
50. Inhishility in quality			Complance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	HAN PRECIDENCE	mornation a Critical Compression

#### **Operation Measures**

#### Prior Authorization/Pre-Authorization

Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Assessments of provider directory accuracy	X	X	X		
werage appointment wait times		X	X		
Average length of stay authorized per episode of care	X				
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium					Х
compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage and drug utilization					Х
Complaint tracking (enrollees and providers)		X	X		
Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.		X	X		Х
Degree of discretion exercised by utilization review staff	X	X			
Documentation of the steps taken to improve access by expanding networks, including outreach efforts to providers		X	X		
Dollar spend trends		X	X		Х
evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis		X			
Exception processes available for each NQTL requirement and when they may be applied.					Х
Frequency that authorization requirements are waived	X				
Frequency with which reviews are conducted	X	X			
Member satisfaction/consumer survey results		X	X		
Number of days or visits authorized per review	X	X			
Provider-to-enrollee ratios		X	X		
Results of secret shopper surveys to determine that network providers are actually accepting new patients		X	X		
review of claims activity per formulary design					X
services preauthorized not received (monthly)			X		
Time and distance to network providers		X	X		
Turnaround time to get clinicians with approved credentials loaded in the payment system		X	X		
Turnaround time to get submitted credentials reviewed, processed and approved or denied		X	X		
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					Х
Utilization trends	X	X	X		Х
MH/SUD					
Measure Miny Sub	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	X	X	X	3, 1,	
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium					Х
nter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	X	Х	X		
nternal audit findings related to coverage determination consistency with the plan's medical necessity criteria	X	Х	X		
nternal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					х
NQTL does not apply to any services in this classification		Х			
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					Х

# Benefits

# **Service limitations**

Med/Surg

		0 0.1		- 5 C:	
Benefit  1) Proventive services (cleanings fluoride etc.). Clinics	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1) Preventive services (cleanings, fluoride, etc.) - Clinic;			X		
1) Preventive services (semiannual cleanings, fluoride, etc.) - Clinic;			X		
2) Diagnostic services (oral exams, x-rays, etc.) - Clinic;			X		
3) Diagnostic services (oral exams, x-rays, sealants, etc.) - Clinic;			X		
3) Restorative services (filings, crowns, etc) - Clinic;			X		
4) Endodontic services (root canals, etc.) - Clinic;			X		
5) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;			X		
5) Restorative services (filings, crowns, etc) - Clinic;			X		
6) Prosthodontics (adjustment of dentures, etc.) - Clinic;			X		
7) Endodontic services (root canals, etc.) - Clinic;			X		
7) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic; and			X		
8) Anesthesia - Clinic.			X		
9) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;			X		
11) Prosthodontics (dentures, etc.) - Clinic;			X		
13) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic;			X		
15) Orthodontic services - Clinic;			X		
16) Anesthesia - Clinic; and			X		
Air Ambulance				X	
linic ServicesFQHC			X		
community Pathways and Community Supports waivers: Day habilitation		X			
iabetic Education		X			
Diagnostic and X-ray services: CToutpatient			X		
iagnostic and X-ray services: MRIoutpatient			X		
Diagnostic and X-ray services: PEToutpatient			X		
Diagnostic and X-ray services: Radiographyoutpatient			X		
Dialysisoutpatient			X		
ourable Medical Equipment (DME)/Disposable Medical Supplies (DMS)		Χ			
mergency RoomBeyond EMTALA Screening				Χ	
Emergency RoomEMTALA Screening				Χ	
mergency RoomStabilization Services				Χ	
mergency Room- All inclusive ancillary services				Χ	
mergency Room-Clinical Laboratory				Χ	
mergency Room- Dental Services				Χ	
mergency Room-General Services				Χ	
mergency Room- Medications				Χ	
mergency Room-Post-Stabilization Services				Χ	
mergency Room-Radiology				Χ	
mergency TransportAdvanced Life Support (ALS)				Х	
mergency TransportBasic Life Support				Χ	
IH: Home Health Aide		Χ			
Home Health Services: medical supplies used for home heath visit		Χ			
Home Health Services: occupational therapy		Χ			
Home Health Services: physical therapy		X			
Iome Health Services: skilled nursing services		X			
Iome Health Services: speech pathology services		X			
lospice CareOutpatient		, , , , , , , , , , , , , , , , , , ,			
30501CF Cate0010a0F01					

Observation Stay up to 24 h Χ Outpatient hospital care (emergent) Χ Outpatient hospital care (non-emergent) Χ Personal Care Services Χ Primary Care Χ Χ Private Duty Nursing Somatic services related to gender dysphoria Χ Specialty Care Χ

МН	/SUD
IVIII	,300

	ואוח/פטט				
Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	<b>Emergency Benefits</b>	Prescription Drugs
Alcohol and/or drug assessment			X		
Ambulatory detoxification			X		
Biofeedback			X		
Evaulation and Management-Outpatient			X		
Family Psycho-Educational Therapy			X		
Family Therapyoutpatient			X		
Group therapyoutpatient			X		
Group therapyoutpatient			X		
Health Behavior Assessment			X		
Health Behavior Reassessment			X		
Individual therapyoutpatient			X		
Individual therapyoutpatient			X		
Intensive outpatient (IOP)			X		
Intensive Outpatient (IOP)ASAM 2.1			X		
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)			X		
MAT Initial Intake (Evaluation and Management, Including Rx)			X		
MAT Ongoing (Evaluation and Management, including Rx)			X		
Mental health assessment			X		
Mental health reassessment			X		
Methadone Maintenance			X		
Mobile treatment-Assertive community treatment (ACT)		X			
Mobile treatment-non-ACT		X			
Multiple family group therapy			X		
Not Applicable		Χ			
Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified			X		
Opioid Treatment Program (OTP) services - including med management			X		
Partial hospitalization (PHP)			X		
Partial Hospitalization (PHP)ASAM 2.5			X		
Psychiatric Rehabilitation Services			X		
Psychological or neuropsychological testing and evaluation			X		
Targeted Case Management		X			
Therapeutic Behavioral Services			x		
•					

KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

#### **Factors**

### tiered drug formulary

Med/Surg					
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
Excessive utilization					R
Fiscal responsibility/Cost effectiveness					R
Lack of clinical efficiency of treatment or service					R
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R
Safety risks					R
Severity or chronicity of an illness					R
MH/SUD					
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
Fiscal responsibility/Cost effectiveness					R
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R

# Sources tiered drug formulary

		Med/	Surg	
Factor	Inpatient Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity				american hospital formulary service
				clinical pharmacology
				Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
				FDA Approved drug monographs
				prior authorization policy
				united states pharmacopeia
2. Excessive utilization				Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
				Internal claims analysis
3. Fiscal responsibility/Cost effectiveness				american hospital formulary service
				clinical pharmacology
				Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
				FDA Approved drug monographs
				Internal claims analysis
				prior authorization policy
				united states pharmacopeia
4. Lack of clinical efficiency of treatment or service				american hospital formulary service
· · · · · · · · · · · · · · · · · · ·				clinical pharmacology
				Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
				FDA Approved drug monographs
				prior authorization policy
				united states pharmacopeia
5. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee				Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
6. Safety risks				american hospital formulary service
				clinical pharmacology
				Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
				FDA Approved drug monographs
				prior authorization policy
				united states pharmacopeia
7. Severity or chronicity of an illness				Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
		MH/	SUD	
Factor	Inpatient Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity				Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
				Internal claims analysis
				State and Federal requirements
2. Fiscal responsibility/Cost effectiveness				Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
				Internal claims analysis
				State and Federal requirements
3. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee				Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
				Internal claims analysis
				State and Federal requirements

#### Evidentiary Standards tiered drug formulary

		ticica aragioni	i ai ai y	
		Med/Surg		
Factor	Inpatient Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity				A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
				Design of Benefit Plan
2. Excessive utilization				A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
				Design of Benefit Plan
3. Fiscal responsibility/Cost effectiveness				A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
				Design of Benefit Plan
4. Lack of clinical efficiency of treatment or service				A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
5. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee				A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
				Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
				FDA Prescribing Information & Official Compendium
6. Safety risks				A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
7. Severity or chronicity of an illness				A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
		MH/SUD		
Factor	Inpatient Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity				A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
				Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
				FDA Prescribing Information & Official Compendium
				Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization
2. Fiscal responsibility/Cost effectiveness				A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
				Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
				FDA Prescribing Information & Official Compendium
				Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization
3. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee				A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
				Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
				FDA Prescribing Information & Official Compendium