

**Benefits**  
**Concurrent Review**  
**Med/Surg**

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acupuncture			X		
Acute Care Services (Births/Deliveries)	X				
Acute Care Services (Medical/Surgical)	X				
Amputations--inpatient	X				
Ancillary Services	X				
Anesthesia--Inpatient	X				
Applied Behavior Analysis (autism services)--primarily in-home		X			
Audiology Services (hearing loss assessment and treatment)			X		
Bariatric Surgery	X				
Bypass surgery--inpatient	X				
Cardiac Procedures (non-emergent)--inpatient	X				
Chemotherapy--inpatient	X				
Corrective Surgery--inpatient	X				
Cosmetic Procedures--Inpatient	X				
Diagnostic and X-ray services: CT--inpatient	X				
Diagnostic and X-ray services: MRI--inpatient	X				
Diagnostic and X-ray services: PET--inpatient	X				
Diagnostic and X-ray services: Radiography--inpatient	X				
Dialysis--Inpatient	X				
Disposable Medical Equipment (w/o HCPCS)		X			
Disposable Medical Supplies (> \$500.00)		X			
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 Procedures--Inpatient	X				
Gender affirmation surgery	X				
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)		X			
HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		X			
Hospice Care--Inpatient	X				
Hospital Care--inpatient	X				
Hysterectomy	X				
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)	X				
Investigational Surgeries/Clinical Trials--inpatient	X				
Neurostimulators	X				
Neurosurgical procedures--inpatient	X				
NICU/Sick baby/Detained baby	X				
Occupational Therapy--inpatient	X				
Oncology Services--inpatient	X				
Physical Therapy--inpatient	X				
Plastic and Restorative Surgery--inpatient	X				
Post-Stabilization Services-inpatient	X				
Rehabilitation Services (Acute)	X				

Room and Board  
 Speech Therapy--inpatient  
 Spinal Cord Stimulator  
 Sterlization services--inpatient  
 Surgery (nonurgent)--inpatient  
 Surgery (urgent)--inpatient  
 Transplants  
 Transplants Pre and Post Transplant Services  
 Transportation between hospitals

X  
 X  
 X  
 X  
 X  
 X  
 X  
 X

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services	X				
Ambulatory detoxification			X		
Biofeedback			X		
Electroconvulsive therapy (ECT)--outpatient			X		
Evaulation and Management-Outpatient			X		
Family Therapy--outpatient			X		
Group therapy--outpatient			X		
Group therapy--outpatient			X		
Individual therapy--outpatient			X		
Individual therapy--outpatient			X		
Inpatient ASAM 4.0	X				
Inpatient Detoxification--hospital	X				
Inpatient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)	X				
Intensive outpatient (IOP)			X		
Intensive Outpatient (IOP)--ASAM 2.1			X		
MAT Ongoing (Evaluation and Management, including Rx)			X		
Methadone Maintenance			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				
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		
Residential SUD Treatment--ASAM 3.1	X				
Residential SUD Treatment--ASAM 3.3	X				
Residential SUD Treatment--ASAM 3.5	X				
Residential SUD Treatment--ASAM 3.7	X				
Residential SUD Treatment--ASAM 3.7WM (Licensed ASAM 3.7D in Maryland)	X				
Residential Treatment Centers	X				
Special Psychiatric Hospital	X				
Targeted Case Management		X			
Therapeutic Behavioral Services			X		
Transcranial Magnetic Stimulation (TMS)			X		
Traumatic 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**

		<b>Med/Surg</b>				
Factor		Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	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			C	R		
Quality and performance measures (including customer feedback)			R			
Safety risks			R	R		
Service type		R				

  

		<b>MH/SUD</b>				
Factor		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		R		R		

**Sources  
Concurrent Review**

				Emergency Benefits	Prescription Drugs
<b>Factor</b> 1. Excessive utilization 2. Health plan accreditation standards for quality assurance 3. Medical Necessity 4. Medicare/Medicaid program participation eligibility 5. Par Status 6. Quality and performance measures (including customer feedback)	<b>Inpatient</b> 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	<b>Outpatient - Other</b> Internal claims analysis National accreditation 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 NQTL to benefits State and Federal requirements State and Federal requirements 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 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	<b>Outpatient - Office Based</b> 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 State and Federal requirements 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. Safety risks 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				

**MHSUD**

<b>Factor</b> 1. Clinical indications and/or evidence 2. High levels of variation in length of stay 3. Least restrictive appropriate level of care 4. Least restrictive appropriate level of care 5. Not Applicable 6. Service type 7. Severity or chronicity of an illness 8. Variability in quality	<b>Inpatient</b> 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 Not Applicable 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	<b>Outpatient - Other</b> 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 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	<b>Outpatient - Office Based</b> 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 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	Emergency Benefits	Prescription Drugs
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**Evidentiary Standards  
Concurrent Review**

			Med/Surg		
<b>Factor</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>		<b>Outpatient - Office Based</b>	<b>Emergency Benefits Prescription Drugs</b>
1. 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			Asma Policy Bulletins	
3. Par Status				Milliman Criteria	
4. Safety risks				Design of Benefit Plan	
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.			State regulatory standards for health plan network adequacy	
				A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.	
			<b>MH/SUD</b>		
<b>Factor</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>		<b>Outpatient - Office Based</b>	<b>Emergency Benefits Prescription Drugs</b>
1. Clinical indications and/or evidence	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.	
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.		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	

**Operation Measures  
Concurrent Review**

Measure	Med/Surg				
	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.			X		X
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
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		X		
Member satisfaction/consumer survey results			X		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			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
Utilization trends	X		X		X

Measure	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	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			X		

**Benefits  
Data Collection**

Benefit	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services (Births/Deliveries)	X				
Acute Care Services (Medical/Surgical)	X				
Amputations--inpatient	X				
Ancillary Services	X				
Anesthesia--Inpatient	X				
Bariatric Surgery	X				
Bypass surgery--inpatient	X				
Cardiac Procedures (non-emergent)--inpatient	X				
Chemotherapy--inpatient	X				
Clinic Services--FQHC			X		
Corrective Surgery--inpatient	X				
Cosmetic Procedures--Inpatient	X				
Diagnostic and X-ray services: CT--inpatient	X				
Diagnostic and X-ray services: CT--outpatient			X		
Diagnostic and X-ray services: MRI--inpatient	X				
Diagnostic and X-ray services: MRI--outpatient			X		
Diagnostic and X-ray services: PET--inpatient	X				
Diagnostic and X-ray services: PET--outpatient			X		
Diagnostic and X-ray services: Radiography--inpatient	X				
Diagnostic and X-ray services: Radiography--outpatient			X		
Dialysis--Inpatient	X				
Dialysis--outpatient			X		
Emergency Room--Beyond EMTALA Screening				X	
Emergency Room--EMTALA Screening				X	
Emergency Room--Stabilization Services				X	
Emergency Room- All inclusive ancillary services				X	
Emergency Room-Clinical Laboratory				X	
Emergency Room- Dental Services				X	
Emergency Room-General Services				X	
Emergency Room- Medications				X	
Emergency Room-Post-Stabilization Services				X	
Emergency Room-Radiology				X	
Emergency Transport--Advanced Life Support (ALS)				X	
Emergency Transport--Basic Life Support				X	
Erectile Dysfunction Procedures	X				
Eye Procedures--Inpatient	X				
Gender affirmation surgery	X				
Grafts/Implants	X				
Hospice Care--Inpatient	X				
Hospital Care--inpatient	X				
Hysterectomy	X				
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)	X				
Investigational Surgeries/Clinical Trials--inpatient	X				

National Diabetes Prevention Program Services					X	
Neurostimulators		X				
Neurosurgical procedures--inpatient		X				
NICU/Sick baby/Detained baby		X				
Occupational Therapy--inpatient		X				
Oncology Services--inpatient		X				
Outpatient Rehabilitative services					X	
Physical Therapy--inpatient		X				
Plastic and Restorative Surgery--inpatient		X				
Podiatry Services					X	
Post-Stabilization Services-inpatient		X				
Rehabilitation Services (Acute)		X				
Room and Board		X				
Somatic services related to gender dysphoria					X	
Specialty Care					X	
Speech Therapy--inpatient		X				
Spinal Cord Stimulator		X				
Sterlization services--inpatient		X				
Surgery (nonurgent)--inpatient		X				
Surgery (urgent)--inpatient		X				
Transplants		X				
Transplants Pre and Post Transplant Services		X				
Transportation between hospitals		X				

**MH/SUD**

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	Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Not Applicable		X	X	X	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**  
**Fail first requirements/step therapy**  
**Med/Surg**

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
fail first protocol					R
Fiscal responsibility/Cost effectiveness					R
Lack of clinical efficiency of treatment or service					R
lower generic cost					R
Medical Necessity					R
Not Applicable	R	R	R		
Safety risks					R

**MH/SUD**

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
fail first protocol					R
Not Applicable	R	R	R		
Service type			R		

**Sources**  
**Fail first requirements/step therapy**

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Med/Surg	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 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 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
3. 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 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
4. Lack of clinical efficiency of treatment or service						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 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 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
6. 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 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
<b>MH/SUD</b>						
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based		Emergency Benefits	Prescription Drugs
1. 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 Internal claims analysis State and Federal requirements
2. Not Applicable	Not Applicable	Not Applicable	Not Applicable			
3. 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**  
**Fail first requirements/step therapy**

	<b>Med/Surg</b>				
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency 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.
3. Fiscal responsibility/Cost effectiveness					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.
<b>MH/SUD</b>					
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. 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.
					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. 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**

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

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;			X		
(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 (fillings, crowns, etc) - Clinic;			X		
(4) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;		X			
(4) Endodontic services (root canals, etc.) - Clinic;			X		
(5) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;			X		
(5) Restorative services (fillings, crowns, etc) - Clinic;			X		
(6) Prosthodontics (adjustment of dentures, etc.) - Clinic;			X		
(6) Restorative services (fillings, crowns, etc) - OP OR/ASC;		X			
(7) Endodontic services (root canals, etc.) - Clinic;			X		
(7) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic; and			X		
(8) Anesthesia - Clinic.			X		
(8) Endodontic services (root canals, etc.) - OP OR/ASC;		X			
(9) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;			X		
(10) Periodontal services (scaling, full mouth debridement, etc.) - OP OR/ASC;		X			
(11) Prosthodontics (dentures, etc.) - Clinic;			X		
(12) Prosthodontics (dentures, etc.) - OP OR/ASC;		X			
(13) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic;			X		
(14) Oral and Maxillofacial surgery services (extractions, etc.) - OP OR/ASC;		X			
(15) Orthodontic services - Clinic;			X		
(16) Anesthesia - Clinic; and			X		
(17) Anesthesia - OP OR/ASC.		X			
1915c: case management		X			
1915c: certified Nursing Assistant/Home Health Aide		X			
1915c: medical Day Care		X			
1915c: nursing (private duty) (21+ years of age)		X			
1915c: physician participation in plan of care meeting			X		
1915c: Physician participation in plan of care meeting			X		
Acne Services			X		
Acupuncture			X		
Acute Care Services (Births/Deliveries)	X				
Acute Care Services (Medical/Surgical)	X				
Adult dental					
Air Ambulance		X			X
Amputations--inpatient	X				
Amputations--outpatient					X
Ancillary Services	X				
Anesthesia--Inpatient	X				
Applied Behavior Analysis (autism services)--primarily in-home		X			
Applied Behavior Analysis (autism services)--primarily in-home		X			
Audiology Services (hearing loss assessment and treatment)			X		
Augmentive communication devices		X			
Autism: adult life planning		X			
Autism: Environmental accessibility adaption		X			
Autism: Family leave (retainer day)		X			
Autism: family training		X			
Autism: Intensive individual support services		X			
Autism: Residential habilitation (regular and intensive)		X			
Autism: Respite care		X			
Autism: Therapeutic integration (regular and intensive)		X			
Bariatric Surgery	X				
Blood/Blood Products			X		
Brain Injury: Day habilitation		X			
Brain injury: Individual support services		X			
Brain injury: medical Day Care		X			
Brain Injury: Residential habilitation		X			
Brain injury: Supported employment		X			
Bypass surgery--inpatient	X				
Bypass surgery--outpatient					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		X			
CFC: assistive technology		X			
CFC: Consumer training		X			
CFC: environmental assessments		X			

CFC: home delivered meals				X
CFC: Personal emergency response system				X
CFC: Transition services				X
Chemotherapy--inpatient	X			
Chemotherapy--outpatient				X
Chiropractic Services				X
Circumcision				X
Clinic Services--Coumadin Clinic				X
Clinic Services--FQHC				X
Clinic Services--Heart Failure Clinic				X
Clinic Services--Other				X
Clinic Services--SBHC				X
Clinic Services--Wound 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				X
Community Pathways and Community Supports waivers: Day habilitation				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				X
Community Pathways and Community Supports waivers: Environmental modification				X
Community Pathways and Community Supports waivers: Family and peer mentoring supports				X
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				X
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				X
Community Pathways and Community Supports waivers: Respite care services				X
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				X
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				X
Community Pathways only: transition services				X
Corrective Surgery--inpatient	X			
Corrective Surgery--outpatient				X
Cosmetic Procedures--Inpatient	X			
Cosmetic Procedures/Surgeries--outpatient				X
CPAS and CFC: Nurse monitoring				X
CPAS and CFC: Personal assistance services				X
Dermatology Procedures				X
Diabetic Education				X
Diagnostic and X-ray services: CT--inpatient	X			
Diagnostic and X-ray services: CT--outpatient				X
Diagnostic and X-ray services: MRI--inpatient	X			
Diagnostic and X-ray services: MRI--outpatient				X
Diagnostic and X-ray services: PET--inpatient	X			
Diagnostic and X-ray services: PET--outpatient				X
Diagnostic and X-ray services: Radiography--inpatient	X			
Diagnostic and X-ray services: Radiography--outpatient				X
Dialysis--Inpatient	X			
Dialysis--outpatient				X
Disposable Medical Equipment (w/o HCPCS)				X
Disposable Medical Supplies (> \$500.00)				X
Disposable Medical Supplies (≤ \$500.00)				X
DME/DMS Alternative Approach--Full 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)				X
Durable Medical Equipment (≤ \$1,000.00)				X
Durable Medical Equipment rental (> 3 months)				X
Durable Medical Equipment rental (≤ 3 months)				X
Emergency Room--Beyond EMTALA Screening				X
Emergency Room--EMTALA Screening				X
Emergency Room--Stabilization Services				X
Emergency Room- All inclusive ancillary services				X
Emergency Room-Clinical Laboratory				X



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		X			
Hospice: Speech therapy					X
Hospice Care--Inpatient		X			
Hospice Care--Outpatient			X		
Hospital Care--inpatient		X			
Hyperbaric Oxygen Therapy					X
Hysterectomy		X			
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		
ICS: Nutritionist/Dietician					X
ICS: senior Center Plus			X		
Infusion/Maintenance Drug Infusion					X
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)		X			
Investigational Surgeries/Clinical Trials--inpatient		X			
Investigational Surgeries/Clinical Trials--outpatient					X
Laboratory Services			X		
MCO administered prescription drug					X
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			X		
National Diabetes Prevention Program Services					X
Nerve Stimulator--outpatient					X
Neuro-Psychological Testing/Developmental Delay Programs			X		
Neuro-Psychological Testing/Developmental Delay Programs					X
Neurostimulators		X			
Neurosurgical procedures--inpatient		X			
Neurosurgical procedures--outpatient					X
Newborn Office Services					X
NICU/Sick baby/Detained baby		X			
Nursing Facility: Activities		X			
Nursing Facility: Dental services		X			
Nursing Facility: Dietary services		X			
Nursing Facility: Laboratory, radiology and other diagnostic testing		X			
Nursing Facility: Nursing services		X			
Nursing Facility: Pharmaceutical services		X			
Nursing Facility: Physician services		X			
Nursing Facility: Social work		X			
Nursing Facility: Specialized rehabilitation		X			
Nutritional Counseling					X
Observation Stay up to 24 h					X
OB Ultrasound					X
Occupational Therapy					X
Occupational Therapy--inpatient		X			
Oncology Services--inpatient		X			
Oncology Treatment					X
Oral Surgery Adult					X
Oral Surgery Child					X
Outpatient hospital care (emergent)					X
Outpatient hospital care (non-emergent)					X
Outpatient Rehabilitative services					X
Outpatient Surgery (Ambulatory Surgery Center)					X
Oxygen			X		
Oxygen (w/o HCPCS)			X		
PACE: Day health care			X		
PACE: In-home care			X		
PACE: Meals			X		
PACE: Medical specialty services (podiatry, psychiatry, dentistry, optometry and audiology)					X
PACE: Nursing care			X		
PACE: Personal care			X		
PACE: Recreation			X		
PACE: Rehabilitation					X
PACE: Social work			X		
PACE: Transportation			X		
Pain Management Procedures					X
Pain Management Visits					X



Personal Care Services			X		
Physical Therapy					X
Physical Therapy--inpatient		X			
Plastic and Restorative Surgery--inpatient		X			
Plastic and Restorative Surgery--outpatient					X
Podiatry Services					X
Post-Stabilization Services					X
Post-Stabilization Services-inpatient		X			
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		X			
Sleep Studies /Sleep Apnea Studies					X
Somatic services related to gender dysphoria					X
Specialty Care					X
Speech Therapy--inpatient		X			
Speech Therapy--outpatient					X
Spinal Cord Stimulator		X			
Sterlization services--inpatient		X			
Sterlization Services--outpatient					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		X			
Urgent Care					X
Vision Services					X
Wound Vacuum-assisted closure (VAC)					X

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services	X				
Alcohol and/or drug assessment				X	
Ambulatory detoxification				X	
Ancillary Services	X				
Ancillary Services-SUD	X				
Anesthesia--Inpatient	X				
Anesthesia - Outpatient				X	
Biofeedback				X	
Buprenorphine guest dosing				X	
Discharge Day	X				
Electroconvulsive therapy (ECT)--inpatient	X				
Electroconvulsive therapy (ECT)--outpatient				X	
Emergency Room--Beyond EMTALA Screening				X	
Emergency Room--EMTALA Screening				X	
Emergency Room--Post Stabilization Services				X	
Emergency Room--Stabilization Services				X	
Emergency Room- All inclusive ancillary services				X	
Emergency Room-Clinical Laboratory				X	
Emergency Room-General Services				X	
Emergency Room- Medications				X	
emergency transportation ambulance				X	
Evaluation and Management-Outpatient				X	
Family Psycho-Educational Therapy				X	
Family therapy--inpatient	X				
Family Therapy--outpatient				X	
Family therapy--SUD inpatient	X				
FFS MH Drug					X
FFS SUD Drug					X
Group therapy--inpatient	X				
Group therapy--outpatient				X	
Group therapy--outpatient				X	
Group therapy--SUD inpatient	X				
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	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  
Medical necessity  
Med/Surg**

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription 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		



**Evidentiary Standards  
Medical necessity**

Factor	Input	Output - Other	Output - Office Based	Emergency Benefits
<p>1. Clinical appropriateness/medical necessity</p> <p>2. Excessive utilization</p> <p>3. Fiscal responsibility/Cost effectiveness</p> <p>4. Lack of clinical efficiency of treatment or service</p> <p>5. Medical Necessity</p> <p>6. 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</p> <p>7. Service type</p>	<p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Medical Criteria</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p>	<p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p>	<p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p>	<p>Prescription Drugs</p> <p>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 AHA treatment guidelines. (See Prescribing Information &amp; Official Contraindication)</p> <p>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 AHA treatment guidelines. (See Prescribing Information &amp; Official Contraindication)</p> <p>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 AHA treatment guidelines. (See Prescribing Information &amp; Official Contraindication)</p> <p>Range of Health Plan</p> <p>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 AHA treatment guidelines. (See Prescribing Information &amp; Official Contraindication)</p>
<p>Factor</p> <p>1. Clinical appropriateness/medical necessity</p> <p>2. Fiscal responsibility/Cost effectiveness</p> <p>3. High levels of variation in length of stay</p> <p>4. Least restrictive appropriate level of care</p> <p>5. Least restrictive appropriate level of care</p> <p>6. 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</p> <p>7. Service type</p> <p>8. Security or integrity of an illness</p> <p>9. Verifiability in quality</p>	<p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p>	<p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p>	<p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p>	<p>Emergency Benefits</p> <p>Prescription Drugs</p> <p>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 AHA treatment guidelines. (See Prescribing Information &amp; Official Contraindication)</p> <p>Medical necessity for auditing claim data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization.</p> <p>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 AHA treatment guidelines. (See Prescribing Information &amp; Official Contraindication)</p>

**Operation Measures**  
**Medical necessity**  
**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	X			
Design of Benefit Plan					X
duplicate restorations (monthly)			X		
Exception processes available for each NQTL requirement and when they may be applied.					X
Frequency that authorization requirements are waived	X				
Frequency with which reviews are conducted	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	X			
Number of days or visits authorized per review	X				
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 determines that a 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				X	
tracking of denial of plans of service that do not meet medical necessity		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	X	X	X	X

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	X		X		
Authorization Denial Rates for MH/SUD		X	X		
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	X	X		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	X	X	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	
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

**Benefits**  
**Outlier Management**  
Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acne Services			X		
Acupuncture			X		
Acute Care Services (Births/Deliveries)	X				
Acute Care Services (Medical/Surgical)	X				
Air Ambulance				X	
Amputations--inpatient	X				
Amputations--outpatient			X		
Ancillary Services	X				
Anesthesia--Inpatient	X				
Applied Behavior Analysis (autism services)--primarily in-home		X			
Audiology Services (hearing loss assessment and treatment)			X		
Bariatric Surgery	X				
Blood/Blood Products			X		
Bypass surgery--inpatient	X				
Bypass surgery--outpatient			X		
Capsule Endoscopy			X		
Cardiac Procedures (non-emergent)--inpatient	X				
Cardiac Procedures (non-emergent)--outpatient			X		
Cardiac Rehabilitation			X		
Chemotherapy--inpatient	X				
Chemotherapy--outpatient			X		
Chiropractic Services			X		
Circumcision			X		
Clinic Services--Coumadin Clinic			X		
Clinic Services--FQHC			X		
Clinic Services--Heart Failure Clinic			X		
Clinic Services--Other			X		
Clinic Services--SBHC			X		
Clinic Services--Wound Clinic			X		
Community Pathways and Community Supports waivers: Day habilitation		X			
Corrective Surgery--inpatient	X				
Corrective Surgery--outpatient			X		
Cosmetic Procedures--Inpatient	X				
Cosmetic Procedures/Surgeries--outpatient			X		
CPAS and CFC: Personal assistance services		X			
Dermatology Procedures			X		
Diabetic Education		X			
Diagnostic and X-ray services: CT--inpatient	X				
Diagnostic and X-ray services: CT--outpatient			X		
Diagnostic and X-ray services: MRI--inpatient	X				
Diagnostic and X-ray services: MRI--outpatient			X		
Diagnostic and X-ray services: PET--inpatient	X				
Diagnostic and X-ray services: PET--outpatient			X		
Diagnostic and X-ray services: Radiography--inpatient	X				
Diagnostic and X-ray services: Radiography--outpatient			X		
Dialysis--Inpatient	X				
Dialysis--outpatient			X		
Disposable Medical Equipment (w/o HCPCS)		X			
Disposable Medical Supplies (> \$500.00)		X			
Disposable Medical Supplies (≤ \$500.00)		X			
DME/DMS Alternative Approach--Full 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)		X			
Durable Medical Equipment (≤ \$1,000.00)		X			
Durable Medical Equipment rental (> 3 months)		X			
Durable Medical Equipment rental (≤ 3 months)		X			
Emergency Room--Beyond EMTALA Screening				X	
Emergency Room--EMTALA Screening				X	
Emergency Room--Stabilization Services				X	
Emergency Room- All inclusive ancillary services				X	
Emergency Room-Clinical Laboratory				X	
Emergency Room- Dental Services				X	
Emergency Room-General Services				X	
Emergency Room- Medications				X	
Emergency Room-Post-Stabilization Services				X	







Residential SUD Treatment--ASAM 3.3	X		
Residential SUD Treatment--ASAM 3.5	X		
Residential SUD Treatment--ASAM 3.7	X		
Residential SUD Treatment--ASAM 3.7WM (Licensed ASAM 3.7D in Maryland)	X		
Residential Treatment Centers	X		
Special Psychiatric Hospital	X		
Targeted Case Management		X	
Therapeutic Behavioral Services			X
Transcranial Magnetic Stimulation (TMS)			X
Traumatic 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  
Outlier Management  
Med/Surg**

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Excessive utilization	R	R	R	R	
High variability in cost per episode of care			R		
Medical Necessity	R				
Not Applicable		R			
Relative reimbursement rates			R		
Safety risks	R	R			
Service type		R	R		

**MH/SUD**

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Excessive utilization	R	R	R		
High levels of variation in length of stay	R	R			
Least restrictive appropriate level of care	R	R			
Not Applicable	R			R	
Service type	R	R			
Severity or chronicity of an illness	R	R			
Variability in quality	R	R	R		

Sources

Outlier Management

Factor	Inpatient	Outpatient - Other	Med/UD	Emergency Benefits	Prescription Drugs
1. Excessive utilization	Exemplary 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		Exemplary 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 State and Federal requirements	
2. High variability in cost per episode of care					
3. Medical necessity	Exemplary 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	Not Applicable			
4. Not Applicable					
5. Network reassignment rates	Exemplary 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	Exemplary 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					
7. Service type					
Factor	Inpatient	Outpatient - Other	Med/UD	Emergency Benefits	Prescription Drugs
1. Excessive utilization	Exemplary 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	Exemplary 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		Exemplary 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	Exemplary 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	Exemplary 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. Local relative appropriate level of care	Exemplary 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	Exemplary 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					
5. Service type	Exemplary 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	Exemplary 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	Exemplary 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	Exemplary 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	Exemplary 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	Exemplary 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**

		<b>Med/Surg</b>			
<b>Factor</b> 1. Excessive utilization 2. Medical necessity 3. Not Applicable 4. Safety risks 5. Service type	<b>Inpatient</b> Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines. Midspan Criteria Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	<b>Outpatient - Other</b> 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. <b>Not Applicable</b> 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.	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b> Design of Benefit Plan	<b>Prescription Drugs</b>
		<b>MH/SUD</b>			
<b>Factor</b> 1. Excessive utilization 2. Medical necessity 3. High levels of variation in length of stay 4. Least restrictive appropriate level of care 5. Not Applicable 6. Service type 7. Severity or chronicity of an illness 8. Variability in quality	<b>Inpatient</b> 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. 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. <b>Not Applicable</b> 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.	<b>Outpatient - Other</b> 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. 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. <b>Not Applicable</b> 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.	<b>Outpatient - Office Based</b> 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.	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
				<b>Not Applicable</b>	
			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.		

**Operation Measures  
Outlier Management**

**Med/Surg**

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	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	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	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				X	
Outlier Management Data	X	X	X		

**Benefits**  
**Prior Authorization/Pre-Authorization**  
**Med/Surg**

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acne Services			X		
Air Ambulance				X	
Amputations--inpatient	X				
Amputations--outpatient			X		
Audiology Services (hearing loss assessment and treatment)			X		
Bariatric Surgery	X				
Bypass surgery--inpatient	X				
Bypass surgery--outpatient			X		
Capsule Endoscopy			X		
Cardiac Procedures (non-emergent)--inpatient	X				
Cardiac Procedures (non-emergent)--outpatient			X		
Cardiac Rehabilitation			X		
Chemotherapy--inpatient	X				
Chemotherapy--outpatient			X		
Circumcision			X		
Clinic Services--Wound Clinic			X		
Community Pathways and Community Supports waivers: Day habilitation		X			
Corrective Surgery--inpatient	X				
Corrective Surgery--outpatient			X		
Cosmetic Procedures/Surgeries--outpatient			X		
Dermatology Procedures			X		
Diagnostic and X-ray services: MRI--outpatient			X		
Diagnostic and X-ray services: PET--outpatient			X		
Dialysis--Inpatient	X				
Disposable Medical Equipment (w/o HCPCS)		X			
Disposable Medical Supplies (> \$500.00)		X			
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)		X			
Eye Procedures--Inpatient	X				
FFS M/S Drug					X
Gender affirmation surgery	X				
Genetic Counseling			X		
Genetic Testing		X			
Grafts/Implants	X				
Grafts/Implants--outpatient			X		
HH: Home Health Aide (> 1 visit per day; > 4 hours of service per day; visit w/o skilled nursing)		X			
HH: Occupational 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 in excess of 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: 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)		X			
Home Health Services: medical supplies used for home heath visit		X			
Home Health Services: occupational therapy		X			
Home Health Services: physical therapy		X			
Home Health Services: skilled nursing services		X			
Home Health Services: speech pathology services		X			

Hospice Care--Inpatient	X				
Hospice Care--Outpatient		X			
Hospital Care--inpatient	X				
Hyperbaric Oxygen Therapy				X	
Hysterectomy	X				
Infusion/Maintenance Drug Infusion				X	
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)	X				
Investigational Surgeries/Clinical Trials--inpatient	X				
Investigational Surgeries/Clinical Trials--outpatient				X	
MCO administered prescription drug					X
National Diabetes Prevention Program		X			
National Diabetes Prevention Program Services				X	
Nerve Stimulator--outpatient				X	
Neuro-Psychological Testing/Developmental Delay Programs				X	
Neurostimulators	X				
Neurosurgical procedures--inpatient	X				
Neurosurgical procedures--outpatient				X	
NICU/Sick baby/Detained baby	X				
Nutritional Counseling				X	
OB Ultrasound				X	
Occupational Therapy				X	
Oncology Services--inpatient	X				
Oncology Treatment				X	
Oral Surgery Adult				X	
Oral Surgery Child				X	
Outpatient hospital care (emergent)				X	
Outpatient hospital care (non-emergent)				X	
Outpatient Rehabilitative services				X	
Outpatient Surgery (Ambulatory Surgery Center)				X	
Oxygen (w/o HCPCS)		X			
Pain Management Procedures				X	
Pain Management Visits				X	
Physical Therapy				X	
Plastic and Restorative Surgery--inpatient	X				
Plastic and Restorative Surgery--outpatient				X	
Private Duty Nursing		X			
Proton Therapy Treatment				X	
Pulmonary Rehab				X	
Rehabilitation Services (Acute)	X				
Remote Patient Monitoring		X			
Room and Board	X				
Sleep Studies /Sleep Apnea Studies				X	
Specialty Care				X	
Speech Therapy--outpatient				X	
Spinal Cord Stimulator	X				
Sterlization Services--outpatient				X	
Surgery (nonurgent)--inpatient	X				
Transplants	X				
Transplants Pre and Post Transplant Services	X				
Transplants Pre and Post Transplant Services--outpatient				X	
Transportation between hospitals	X				
Wound Vacuum-assisted closure (VAC)				X	

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care 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  
Prior Authorization/Pre-Authorization**

	<b>Med/Surg</b>				
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		C	C		
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
Valid DEA or Controlled Substance					R

	<b>MH/SUD</b>				
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
fail first protocol					R
High levels of variation in length of stay			R		
Lack of clinical efficiency of treatment or service					R
Least restrictive appropriate level of care	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			
Service type		R	R		
Severity or chronicity of an illness	R	R	R		R
Variability in quality			R		

**Sources  
Prior Authorization/Pre-Authorization  
Matrix**

Factor	Expert	Occupant - Other	Occupant - Office Based	Emergency Benefits
<ol style="list-style-type: none"> <li>1. Duration of Acute Care/Inpatient</li> <li>2. Clinical Appropriateness/Medical necessity</li> <li>3. Clinical Practice and Guidelines</li> <li>4. Severity of disease</li> <li>5. Duration of illness</li> <li>6. Best first product</li> <li>7. 2800 applicability to acute conditions</li> <li>8. Lack of clinical efficiency of treatment or service</li> <li>9. Internal Claims analysis</li> </ol>	<p>Internal Claims analysis</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>Internal Claims analysis</p>	<p>Internal Claims analysis</p> <p>Internal Claims analysis</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>State and Federal requirements</p>	<p>Internal Claims analysis</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>State and Federal requirements</p>	<p>Prescription Drugs</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>State and Federal requirements</p>
<ol style="list-style-type: none"> <li>10. Medical Necessity</li> <li>11. Member/medical program participation eligibility</li> <li>12. Medication status as Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy &amp; Therapeutics (P&amp;T) Committee</li> <li>13. For State</li> <li>14. Quality and performance measures (including customer feedback)</li> <li>15. Relative reimbursement rates</li> <li>16. Safety risks</li> <li>17. Supply issues</li> <li>18. Severity or chronicity of an illness</li> <li>19. NCD/ERA or Contractual Obligations</li> </ol>	<p>Internal Claims analysis</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>Internal Claims analysis</p>	<p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>State and Federal requirements</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p>	<p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>State and Federal requirements</p> <p>Internal Claims analysis</p> <p>State and Federal requirements</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p>	<p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>Medical expert review</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>State and Federal requirements</p>
<b>METHOD</b>				
<ol style="list-style-type: none"> <li>1. Clinical Appropriateness/Medical necessity</li> <li>2. Not first product</li> <li>3. High levels of utilization or length of stay</li> <li>4. Lack of clinical efficiency of treatment or service</li> <li>5. Low member appropriate level of care</li> <li>6. Low member appropriate level of care</li> <li>7. Medication status as Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy &amp; Therapeutics (P&amp;T) Committee</li> <li>8. Not Applicable</li> <li>9. Supply issues</li> <li>10. Severity or chronicity of an illness</li> <li>11. Variability in quality</li> </ol>	<p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p>	<p>Not Applicable</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p>	<p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p>	<p>Prescription Drugs</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>Internal Claims analysis</p> <p>State and Federal requirements</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>Internal Claims analysis</p> <p>State and Federal requirements</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p> <p>Medical expert review</p> <p>State and Federal requirements</p> <p>Exemplary standards, including any published standards as well as internal plan or issuer standards, related upon to define the factors triggering the application of an NCD, to benefits</p>

**Evidentiary Standards  
Prior Authorization/Pre-Authorization  
Medicine**

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits
<p>1. Offense or Accidents Substrate</p> <p>2. Certificate of Appropriateness/medical necessity</p> <p>3. Clinical Practice and Guidelines</p> <p>4. Not first product</p> <p>5. Lack of adherence to quality standards</p> <p>6. Lack of clinical efficiency of treatment or service</p> <p>7. Member/Medical program participation eligibility</p> <p>8. Medication review and Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy &amp; Therapeutics (P&amp;T) Committee</p> <p>9. Service type</p> <p>10. Severity or chronicity of an illness</p> <p>11. Value DEA or Controlled Substance</p>	<p>A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.</p> <p>Medicare Criteria</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p>	<p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p align="center"><b>MA/POD</b></p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p>	<p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p>	<p>Prescription Drugs</p> <p>A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>ASA Prescribing Information &amp; Official Compendium</p> <p>A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.</p> <p>ASA Policy Bulletin</p> <p>A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>ASA Prescribing Information &amp; Official Compendium</p> <p>A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>ASA Prescribing Information &amp; Official Compendium</p> <p>A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>ASA Prescribing Information &amp; Official Compendium</p> <p>A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.</p> <p>Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.</p> <p>ASA Policy Bulletin</p>

**Operation Measures  
Prior Authorization/Pre-Authorization**

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Assessments of provider directory accuracy	X	X	X		
Average 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					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
Complaint tracking (enrollees and providers)		X	X		
Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.		X	X		X
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		X
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.					X
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					X
Utilization trends	X	X	X		X

Measure	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	X	X	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	X	X		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	X	X	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			
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 Service limitations

Benefit	Med/Surg	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	
Clinic Services--FQHC				X		
Community Pathways and Community Supports waivers: Day habilitation			X			
Diabetic Education			X			
Diagnostic and X-ray services: CT--outpatient				X		
Diagnostic and X-ray services: MRI--outpatient				X		
Diagnostic and X-ray services: PET--outpatient				X		
Diagnostic and X-ray services: Radiography--outpatient				X		
Dialysis--outpatient				X		
Durable Medical Equipment (DME)/Disposable Medical Supplies (DMS)			X			
Emergency Room--Beyond EMTALA Screening					X	
Emergency Room--EMTALA Screening					X	
Emergency Room--Stabilization Services					X	
Emergency Room- All inclusive ancillary services					X	
Emergency Room-Clinical Laboratory					X	
Emergency Room- Dental Services					X	
Emergency Room-General Services					X	
Emergency Room- Medications					X	
Emergency Room-Post-Stabilization Services					X	
Emergency Room-Radiology					X	
Emergency Transport--Advanced Life Support (ALS)					X	
Emergency Transport--Basic Life Support					X	
HH: Home Health Aide			X			
Home Health Services: medical supplies used for home heath visit			X			
Home Health Services: occupational therapy			X			
Home Health Services: physical therapy			X			
Home Health Services: skilled nursing services			X			
Home Health Services: speech pathology services			X			
Hospice Care--Outpatient			X			
National Diabetes Prevention Program 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**

		<b>Med/Surg</b>				
	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
		<b>MH/SUD</b>				
	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 american hospital formulary service
3. Fiscal responsibility/Cost effectiveness					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 american hospital formulary service
6. Safety risks					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**

<b>Med/Surg</b>					
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.
<b>MH/SUD</b>					
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
2. Fiscal responsibility/Cost effectiveness					Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization 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
3. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization 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