Benefits

Concurrent Review

		Med/Surg			
	Benefit	Inp	patient	Outpatient - Other	Outpatient - Office Based
Acute Care Services (Medical/Surgical)			Х		
Home Health Care				Х	
Therapy - occupational					Х
Therapy - pathology					Х
Therapy - physical					Х
Therapy - rehabilitative (20 and under)					Х
Therapy - speech					Х
		MH/SUD			
	Ponofit	In	nationt	Outpatiant Other	Outpatient Office Paced

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Targeted Case Management X Therapeutic Behavioral Services X Transcranial Magnetic Stimulation (TMS) X	Residential Treatment Centers	Х		
Therapeutic Behavioral Services X Transcranial Magnetic Stimulation (TMS) X	Special Psychiatric Hospital	Х		
Transcranial Magnetic Stimulation (TMS)	Targeted Case Management		Х	
	Therapeutic Behavioral Services			Х
Traumatic Brain Injury (TBI) Day Habilitation	Transcranial Magnetic Stimulation (TMS)			Х
	Traumatic Brain Injury (TBI) Day Habilitation			х

Emergency Benefits

Prescription Drugs

Emergency Benefits

Prescription Drugs

C - Considered but not relied on

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

		Factors					
		Concurrent Review					
		Med/Surg					
	Factor		Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Guidelines MCG			R	R	R		
		MH/SUD					
	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	R	R		
Not Applicable			R	R	R		
Service type			R	R	R		
Severity or chronicity of an illness			R	R	R		
Variability in quality			R	R	R		

		Concurrent Review	
		Med/Surg	
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based
1. Clinical Guidelines MCG	Clinical Guidelines MCG	Clinical Guidelines MCG	Clinical Guidelines MCG
	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		
		MH/SUD	
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based
1. Clinical indications and/or evidence		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to defi
2. High levels of variation in length of stay	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to defi
3. Least restrictive appropriate level of care	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to defi
 Least restrictive appropriate level of care 	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to defi
5. Not Applicable	Not Applicable	Not Applicable	Not Applicable
6. Service type	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to defi
7. Severity or chronicity of an illness	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to defi
8. Variability in quality	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to defi
8. Variability in quality	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal p

Emergency Benefits Prescription Drugs

Emergency Benefits Prescription Drugs

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Evidentiary Standards Concurrent Review

		Med/Surg	
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based
1. Clinical Guidelines MCG	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.	Compliance with professionally recognized evidence based clinical guidelines used to define
		MH/SUD	
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based
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 app
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 appr
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 appr
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 appr
5. Not Applicable	Not Applicable	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 appr
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 appr
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 appr

define clinically appropriate standards of care such as MCG clinical criteria.

ally appropriate standards of care such as ASAM oriteria or APA treatment guidelines. ally appopriate standards of care such as ASAM oriteria or APA treatment guidelines. ally appopriate standards of care such as ASAM oriteria or APA treatment guidelines. ally appropriate standards of care such as ASAM oriteria or APA treatment guidelines.

cally appropriate standards of care such as ASAM criteria or APA treatment guidelines. Cally appropriate standards of care such as ASAM criteria or APA treatment guidelines. Cally appropriate standards of care such as ASAM criteria or APA treatment guidelines. Emergency Benefits Prescription Drugs
Emergency Benefits Prescription Drugs

	Benefits					
	Data Collection	on				
	Med/Surg					
Benefit		Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	MH/SUD					
Benefit		Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Ambulatory detoxification				Х		
Biofeedback				Х		
Evaulation and Management-Outpatient				Х		
Family Therapyoutpatient				Х		
Group therapyoutpatient				Х		
Group therapyoutpatient				Х		
ndividual therapyoutpatient				Х		
Individual therapyoutpatient				Х		
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)				Х		
MAT Initial Intake (Evaluation and Management, Including Rx)				Х		
MAT Ongoing (Evaluation and Management, including Rx)				Х		
Methadone Maintenance				Х		
Aultiple family group therapy				Х		
Not Applicable		х	Х		Х	
Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified				Х		
Opioid Treatment Program (OTP) services - including med management				Х		

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.

st requirements/step therapy Med/Surg	Inpatient	Outpatient - Other	Output Office Deced		
Med/Surg	Inpatient	Outpatient - Other	Outputient Office Deced		
	Inpatient	Outpatient - Other	Outpatient Office Deced		
		eucpatient ether	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	R	R	R		
					R
MH/SUD					
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
					R
					R
					С
	R	R	R		
					С
					С
					С
					С
	MH/SUD	-	Inpatient Outpatient - Other	Inpatient Outpatient - Other Outpatient - Office Based	Inpatient Outpatient - Other Outpatient - Office Based Emergency Benefits

	Sources Fail first requirements/step therapy Med/Surg				
Factor 1. Clinical Scudelines MCG	Inpatient Clinical Guidelines MCG	Outpatient - Other Clinical Guidelines MCG	Outpatient - Office Based Clinical Guidelines MCG	Emergency Benefits	Prescription Drugs
1. cili fast outcemes med	clinical dudelines Mcd	clinical Guidennes weg	clinical duidennes mcd		Formulary
			MH/SUD		
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Fail-first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to defin Internal claims analysis
2. fail first protocol					State and Federal requirements Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to defin Internal claims analysis
3. Lack of clinical efficiency of treatment or service					State and Federal requirements Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to defir Internal claims analysis State and Federal requirements
4. Not Applicable		Not Applicable			State and redefarrequirements
5. Safety risks					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to defin State and Federal requirements
6. Service type					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to defin State and Federal requirements
7. Severity or chronicity of an illness					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to defin Internal claims analysis
8. Site visit requirements					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to defir State and Federal requirements

to define the factors triggering the application of an NQTL to benefits

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to define the factors triggering the application of an NQTL to benefits

	Evidentiary Standards Foll First Acquirgement/Case theary				
		Med/Surg			
Factor	Inpatient	Outpatient - Other	Outpatient - Office Rased		
1. Clinical Guidelines MCG 2. fail fint protocol	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.		
2. fail first protocol					
		MH/SLD			
Factor	Inpatient	Outpatient - Other	Outpatient - Office Rased		
1. Fail-first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug					

2 fail for person 1 Luci et disol efficiency of transmet or varion 4 Safery Ank 5 Societo Type 5 Society of columbia of an Islam 7 Safe vide regularments

Standards used by any committees of experts, and required level of qualifications of committee members.

Emergency Benefits Prescription Drugs

Reservations and a suspense shaded backets and professional standards by charge surgeristic definitions in a data standard backet and a subset of the standard and a standard backet and a standard ba

Operation Measures

Fail first requirements/step therapy

		Med/Surg		
	Measure		Inpatient	Outpatient - Other
Formulary				
NQTL does not apply to any services in this classification			х	
NQTL does not apply to any services in this classification				Х
NQTL does not apply to any services in this classification				
P&T Minutes				
		MH/SUD		
		MIH/SUD		
	Measure		Inpatient	Outpatient - Other
Authorization Denial Rates for MH/SUD				
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium				

Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria

Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization

NQTL does not apply to any services in this classification

NQTL does not apply to any services in this classification

Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews

Utilization trends

Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
			х
Х			
	х		
			Х
			X
Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
outpatient - other	X	Emergency benefits	r rescription Drugs
	*		×
	N.		Х
	X		
	х		
			х
	Х		
Х			

х

X X

Benefits Medical necessi	ty			
	х	patient - Other Outpatient - Ol	fice Based Emergency Benefits	Prescription Drugs
Acute Care Services (Medical/Surgical) Adult dental	х	x	х	
Air Ambulance Amputationsinpatient	х		х	
Bypass surgeryinpatient Cardiac Procedures (non-emergent)inpatient	×			
Cardiac Rehab Chemotherapy			x x	
Chemotherapy-inpatient Christ Visits Corrective Surgery-inpatient	x		х	
Cosmeic Surgery	^		x x	
Dema Joewics Dema Jology Services Diabetic Education			x	
Durable Medical Equipment (DME) Family Planning Services		х	x	
Genetic Testing Home Health Care		x	х	
Home Infusion Therapy Hospice		x x		
Hysterectomies Infusion Centers		x x		
Institutional Long-Term Care (LTC) Facilities/Nursing Facilities (NFs) Insulin Pumps	х	x		
MCO administered prescription drug Oral Surgery - Adults			x	х
Oral Surgery - Children Orthotics and Prosthetics (DME)		x	х	
Outpatient Hospital (non-emergency) Outpatient Surgery; Ambulatory Surgery Centers			x x	
Pain Management Services (ambulatory) Power Wheelchairs Duraneerse. Rollshish		х	x	
Pulmonary Rehab Remote Patient Monitoring Sterilization		x	x	
Steriarization Therapy - exclusions Therapy - exclusions			x	
Therapy - pathology Therapy - physical			x x	
Therapy - physical Therapy - rehabilitative (20 and under) Therapy - speech			x x	
Interator - Speech X-Ray / CT X-Ray / MRI			x x	
X-Ray / PET X-Ray / Radiology			x x	
MH/SUD				
Acute Care Services Atchol and/or drug assessment	Inpatient Out X	patient - Other Outpatient - Ol	fice Based Emergency Benefits	Prescription Drugs
Alconol and/or drug assistment Ambulatory detoxification Ancillary Services	x		x x	
Anclary Services SUD Anethesia—Inpatient	x			
Anesthesis – Outpatient Biofeedback	*		x x	
Buprenorphine guest dosing discharge day	x		x	
Drug Testing Electrocomulsive therapy (ECT)-inpatient	x	x		
Electroconvolve through (ECT) - outpatient Energency Room-Beyond EMTAA Screening	n		x	
Emergency Room-EWTALA Screening Emergency Room-EWTALA Screening Emergency Room-EWTALA Screening			x	
Emergency RoomPost Stabilization Services			x	
Emergency Room-Post Stabilization Services Emergency Room-Stabilization Services			x	
Emergency Room-Stabilization Services Emergency Room- All inclusive ancillary services			x x	
Emergency Room- All inclusive ancillary services Emergency Room-Clinical Laboratory			x x	
Emergency Room-Clinical Laboratory Emergency Room-General Services			x x	
Emergency Room-General Services Emergency Room- Medications			x x	
Emergency Room- Medications emergency transportation (ambulance)			x x	
emergency transportation ambulance Evaulation and Management-Outpatient			x	
Family Psycho-Educational Therapy Family therapy—inpatient	x		х	
Family Therapy-outpatient family therapy - SUD inpatient	x		х	
FFS MH Drug FFS SUD Drug				x x
Group therapy-inpatient Group therapy-outpatient	х		x	
Group therapy—outpatient group therapy-SUD inpatient	×		x	
Health Behavior Assessment Health Behavior Reasessment health home services for MH reasons (serious and persistent mental illness (SPMI) - services by mobile treatment services (MTS) or psychological rehabilitation programs			x x	
health home services for MH reasons (perious and persistent mental illness (SPMI) - services by mobile treatment services (MTS) or psychological rehabilitation programs health home services (or SUD (opioid addiction) - opioid treatment program individual Psycho-Educational Therapy			x	
Individual ryspin-ceducational interapy Individual therapy-inpatient Individual therapy-outpatient	х		x	
individual therapy-outpatient Individual therapy-subpatient Individual therapy-SUD inpatient	x		х	
Inpatient ASAM 4.0 Inpatient Detoxification-hospital	× × ×			
Inpatient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland) Intensive outpatient (IOP)	x		x	
Intensive Outpatient (IOP)-ASAM 2.1 Laboratory Services		x	x	
Laboratory Services MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)		х	x	
MAT Initial Intake (Evaluation and Management, Including Rx) MAT Ongoing (Evaluation and Management, Including Rx)			x x	
Mental health assessment Mental health reassessment			x x	
Methadone guest dosing Methadone Maintenance			x x	
Mobile treatment-Assertive community treatment (ACT) Mobile treatment-non-ACT		x x		
Multiple family group therapy nursing facility - SUD services	x		х	
nursing facility MH services Observation Stay-24 h	x		x	
Observation Stay-24 h Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified			x	
Opioid Treatment Program (OTP) services - including med management Partial hospitalization (PM) Additional Advancement Partial hospitalization (PM) Advancement			x X	
Partial Hospitalization (PHP)—ASAM 2.5 Patient Consultation Page Sunnort Generate	х	x	^	
Peer Support Services Peer Support Services normany metal banking success (assessment, clinical evaluation, referral to ASO)		*	x x	
primary mental health services (assessment, clinical evaluation, referral to ASO) primary SUD Services (assessment, clinical evaluation, referral to ASO) Psychiatric (healtainton Services			x x x	
rsycnatrix renzonitation services Psychological or neuropsychological testing and evaluation Psychological or neuropsychological testing and evaluation—inpatient	v		x	
Psychological or neuropsychological testing and evaluationinpatient Residential SUD Treatment-ASM 3.1 Residential SUD Treatment-ASM 3.3	x X V			
Residential SUD Treatment–ASAM 3.5 Residential SUD Treatment–ASAM 3.5	x			
Nexionemia SUD in Partment–ASAM 3.7 Residential SUD in Partment–ASAM 3.7VIM (Licensed ASAM 3.7D in Maryland) Residential Treatment Centers	x x			
Resolution frequience Centers SBRT Special Psychiatric Hospital	x		х	
Targeted Case Management Therapeutic Behavioral Services		x	x	
Transcrania Magnetic Stimulation (TMS) Traumatic Brain Injury (TBI) Day Habilitation			x x	

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					
Factor Med/Surg	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Guidelines MCG	B	R	B	Linergency benefits	riescription Diugs
fail first protocol	i v	IX.	Ň		R
Not Applicable				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		
Lack of clinical efficiency of treatment or service					R
Least restrictive appropriate level of care	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 P&T Committee					R
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R
Not Applicable		R		R	
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		
Variability in quality	R	R	R		

Sources	
edical necessity	

		Sources Medical accounty Medical mercanity	
Teatron Gaobiero MCG 1. Di Gregoriani 1. Di Gregoriani 1. Nar Aplanzie	parent Cosof Gueden MCC	Opplant Othe Densifications NCC	Organie Otto Janua Chica Galatina MCG
Factor 1. diskul syprophiteseu/medical searssity	bquifert	Outputien - Ober	Cutprient - Office Rused
2. fical responsibility/cast effectiveness			
 Lip bends of variation in legisland strap Line in certains approximate field of one Line in certains approximate field of one Line in certains approximate field one	Leidentary moder), histeling any published data data wi wili a interner jako or isaar bashadi, eleid ayon ta deha tek bash nganeg tek papatatan at wili a interne jako or isaar bashadi, eleid ayon ta deha tek bash nganeg tek papatatan at wili a interne jako ni isaar bashadi, eleid ayon ta deha tek bash nganeg tek papatatan at wili a isaarka.	kolantary mataka, isalake any akabata dandari an wel a isama giana isana dandari, ndad gao ta dafta da bitan inggine da aguitatan da hifti ta banda Robertary mataka, isalake any akabata dandari a se et a isama giana isana dandari, ndad gao ta dafta da bitan inggine da aguitatan of a hifti ta banda	Extensivy standors, scholar yn publind standorda w wel an tenengifor ar twar standor, reide gan tu defer de besan Viggeriget e ugdordar o da NQP, tu boefn Extensivy standors, scholar yn publind standorda w wel an tenengifor ar twar standor, reide gan tu defer de besan Viggeriget e ugdordan of an NQP, tu boefn
7. Not Applicable 4. Derive type 5. Severity or detachily of an illness	Edentitivy pandenis, backaling way published instantism and an isomer plane or isomer traduction, valued upon is address the bettern triggering the application of an ARCI to barrelity. Existentiary traduction, including way published instantions in wait is interest plane or isomer traduction, while upon is address the bettern traggering the application of an ARCI to barrelity. Model line and multi-stantism and an isomer plane or isomer traduction, while upon is address the bettern traggering the application of an ARCI to barrelity.	Not Applicable Existency materials, including any published association are well as ideam of association and and a state of the state integrating the application of an IAQT to benefits Existencies y materials, including any published association are well as itematic field again to address the factors togging the application of an IAQT to benefits	Solantay scalards, include ya publikad stadada za wili za istema (pina or issar stadada, mied upo to define the battos tegening the suplication of an KQL to bandita Solantay scalards, include ya publikad stadada za wili za istema (pina or issues scalards, nied upo to define the battos tegening the suplication of an KQL to bandita
50. Variability in quality	amount input is revenue. Evidenceitary 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 NQTs to benefits	Sudentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQR to benefits

THE POIL POIL	
Not Applicable	femalay
inegency itenefits	Necypora long Mecogram South, Second manufacture, manufacture, second second manufacture, second approximation, second approximation, second Second Second manufacture, second manufacture, second manufacture, manufacture, second manufacture, second Second Second manufacture, second manufacture, manufacture, manufacture, second manufacture, second manufacture, Second Second manufacture, second manufacture, second manufacture, manufacture, second manufacture, second manufacture, second manufacture, Second Second manufacture, second manuf
	And entry on body, including any publication devices in well as internel gives ar lower conclusion, which quests define the factors toggering the optications of an XQL to bowerfs. More of down exposures in the conclusion of the

mance Banafity Prescription Do.

		Evidentiary Standards Metical necessity Stratem Otor	States On her
Pactor 1. Chical Guidelines MCG	inpatient Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as NCG clinical criteria.	Luxpassen: - tome Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.	Comparison - Unice assists Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.
2. fail first protocol			
3. Not Applicable			
		MH/SUD	
Factor I. clinical appropriateness/medical necessity	Inpatient	Dutpatient - Other	Outpatient - Office Rased
2. fixal responsibility/cost effectiveness			
3. High levels of variation in length of stay	Compliance with professionally recomised treatment exidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment exidelines.	Compliance with professionality recommined treatment exidefines used to define clinically approaching standards of care such as ASAM orders or APA treatment exidefines.	Compliance with professionally recomined trustment audelines used to define clinically appropriate standards of care such as ASAM criteria or APA trustment audelines.
4. Least restrictive appropriate level of care	Compliance with protessionally 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 ADA treatment guidelines.
 Least restrictive appropriate level of care Mediation status on Preferred Data (M PRL) a determined by the Preferred Data Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee 		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as KGAM criteria or APA treatment guidelines.	
9. Interplaced status or Pressing using the proof as determined by the Pressing or Register on reContribution by the Pressing Value and Pressing of the Pressing Value and V Value and Value and			
7. Not Applicable		Not Applicable	
7. max reportant	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	non-papersawer Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as AGAM 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.
9. Severity or chanship of an Illness 10. Verifiability in southy	Compliance with professionally recognised treatment guidelines used to define clinically appropriate standards of care such as KAM criteria or AAM treatment guidelines. Compliance with professionally recognised treatment guidelines used to define clinically appropriate standards of care used as KAM criteria or AAM treatment guidelines.	Compliance with professionally receptined treatment guidelines used to define clinically appropriate standards of care such as KAMA criteria or AM treatment guidelines. Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as KAMA criteria or AM treatment guidelines.	Compliance with professionally recognized frontment guidelines used to define clinically appropriate stratement of users use hat ASAM criteria or APM treatment guidelines. Compliance with professionally recognized frontment guidelines used to define clinically appropriate strateging

Not Applicable	Standards used by any constituen of required level of qualifications of connective members.
Emergency Receivs	Theoregins Dags American backpet american subscription of response and excitor information of standard information of standard marks that american subscription of response and

A cartain sumber/yee of reception medical literature and professional standards (including comparative effectiveness studies and circuit trials), and published mean-ch studies. Compliance with performance of the comparation of the comparation of the comparative standards of care such as ASMA criteria or ARI treatment publicless. FOR Arrescharg internation & Official Comparation.

Operation Measures	Op	eration	Measu	res
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Medical necessity					
Med/Surg					
Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
nter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers					Х
IQTL does not apply to any services in this classification				Х	
A Criteria	х	Х	х		Х
rior authorization statistics					х
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					Х
MH/SUD					
Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
uthorization Denial Rates for MH/SUD	х	Х	х		
ilinical Criteria applied based on FDA labeling and requirements and Official Compendium					Х
nter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	х	Х	х		
nternal audit findings related to coverage determination consistency with the plan's medical necessity criteria	х	Х	х		
nternal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					х
QTL does not apply to any services in this classification				Х	
QTL does not apply to any services in this classification				Х	
ype and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					Х
tilization trends					Y

Utilization trends

x x

Benefits

Outlier Management Med/Surg

	Med/Surg					
Benefit	Inpa	atient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acupuncture & Biofeedback Service				х		
Acute Care Hospital Admissions (Medical/Surgical)		х				
Audiology Services				х		
Cardiac Rehab				х		
Chemotherapy				х		
Chemotherapyinpatient		х				
Chiropractic Services				х		
Clinic Visits				х		
Cosmetic Surgery				х		
DialysisInpatient		х				
Durable Medical Equipment (DME)			х			
Senetic Testing				х		
Dbservation				х		
utpatient Hospital (non-emergency)				х		
Outpatient Surgery; Ambulatory Surgery Centers				х		
ain Management Services (ambulatory)				х		
ower Wheelchairs			х			
ulmonary Rehab				х		
terilization				х		
herapy - evaluations				х		
herapy - occupational				х		
herapy - pathology				х		
herapy - physical				х		
herapy - rehabilitative (20 and under)				х		
herapy - speech				х		
-Ray / CT				х		
-Ray / MRI				х		
-Ray / PET				х		
K-Ray / Radiology				Х		
	MH/SUD					
Benefit		atient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs

	IVIH/30D					
Benefit		Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services		Х				
Alcohol and/or drug assessment				х		
Ambulatory detoxification				х		
Biofeedback				х		
Drug Testing			Х			
Electroconvulsive therapy (ECT)outpatient				х		
Evaulation and Management-Outpatient				х		
Family Psycho-Educational Therapy				х		
Family Therapyoutpatient				х		
Group therapyoutpatient				х		
Group therapyoutpatient				х		
Health Behavior Assessment				х		
Health Behavior Reassessment				х		
Individual Psycho-Educational Therapy				х		
Individual therapyoutpatient				х		
Individual therapyoutpatient				х		
Inpatient ASAM 4.0		х				
Inpatient Detoxificationhospital		х				
Inpatient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)		х				
Intensive outpatient (IOP)				х		
Intensive Outpatient (IOP)ASAM 2.1				х		
Laboratory Services			Х			
Laboratory Services			Х			
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)				х		
MAT Initial Intake (Evaluation and Management, Including Rx)				х		
MAT Ongoing (Evaluation and Management, including Rx)				х		
Mental health assessment				х		
Mental health reassessment				х		
Mobile treatment-Assertive community treatment (ACT)			Х			
Mobile treatment-non-ACT			Х			
Multiple family group therapy				х		
nursing facility - SUD services		х				
nursing facility MH services		х				
Opioid Treatment Program (OTP) services - including med management				х		
Partial hospitalization (PHP)				х		
Partial Hospitalization (PHP)ASAM 2.5				х		
Psychiatric Rehabilitation Services				х		
Psychological or neuropsychological testing and evaluation				х		
Residential SUD TreatmentASAM 3.1		х				
Residential SUD TreatmentASAM 3.3		х				
Residential SUD TreatmentASAM 3.5		х				
Residential SUD TreatmentASAM 3.7		х				
Residential SUD TreatmentASAM 3.7WM (Licensed ASAM 3.7D in Maryland)		х				
Residential Treatment Centers		х				
Special Psychiatric Hospital		х				
Targeted Case Management			Х			
Therapeutic Behavioral Services				х		
Transcranial Magnetic Stimulation (TMS)				х		
Traumatic Brain Injury (TBI) Day Habilitation				х		

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	1	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Guidelines MCG			R	R	R		
		MH/SUD					
	Factor	I	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	R		
Least restrictive appropriate level of care			R	R	R		
Not Applicable			R	R	R		
Service type			R	R	R		
Severity or chronicity of an illness			R	R	R		
Variability in quality			R	R	R		

		Outlier Management	
Factor	Inpatient	Outpatient - Other Med/Surg	Outpatient - Office Based
1. Clinical Guidelines MCG	Clinical Guidelines MCG	Clinical Guidelines MCG	Clinical Guidelines MCG
		MH/SUD	
Factor 1. Excessive utilization in length of stay 2. High levels of variation in length of stay 3. Least restrictive appropriate level of care 4. Not Applicable 5. Service type of chronicity of an illness 7. Variability in quality	Implanter Evidentizy standards, knowing any published standards as well as internal plan or issuer standards, relied upon to define the factors toggering the application of an NCIT. Is benefits Evidentizy standards, including many published standards as well as internal plan or issuer standards, relied upon to define the factor strength the application of an NCIT. Is benefits Evidentizy standards, including many published standards as well as internal plan or issuer standards, relied upon to define the factor strength the application of an NCIT. Is benefits Evidentizy standards, including samy published standards as well as internal plan or issuer standards, relied upon to define the factor strength the application of an NCIT. Is benefits Evidentizy standards, including samy published standards as well as internal plan or issuer standards, relied upon to define the factors treggering the application of an NCIT. Is benefits Evidentizy standards, including samy published standards as well as internal plan or issuer standards, relied upon to define the factors treggering the application of an NCIT. Is benefits Evidentizy standards, including samy published standards as well as internal plan or issuer standards, relied upon to define the factors treggering the application of an NCIT. Is benefits Evidentizy standards, including samy published standards as well as internal plan or issuer standards, relied upon to define the factors treggering the application of an NCIT. Is benefits	Outpatient - Other Evidentary 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 Evidentary 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 Evidentary 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 Evidentary 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 Evidentary 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 Evidentary 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 Evidentary 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 Evidentary 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 Evidentary standards, including any published standards as well as internal plan or issuer standards, teled upon to define the factors triggering the application of an NQTL to benefits	Outpatient - Office Band Evidentiary standards, including any publicited 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 publicit 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 publicit 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 publicit 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 publicited 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 publicited 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 publicited 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

Emergency Benefits Prescription Drugs

Evidentiary Standards Outlier Management Med/Surg

Factor 1. Clinical Guidelines MCG	Inpatient Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.	Outpatient - Other Compliance with professionally recognized evidence based clinical euidelines used to define clinically appropriate standards of care such as MGG clinical criteria.	Outpatient - Office Based Compliance with professionally recognized evidence based clinical guidelines used to define clinically app
	annihimme nur is nannan i andian a nanna anna Gunannan ana a anna munan i sis sha da an annan a an anna annan a	MH/SUD	
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based
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.	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 star
	Utilization is two standard deviations above average utilization per episode of care.	Utilization is two standard deviations above average utilization per episode of care.	Utilization is two standard deviations above average utilization per episode of care.
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 star
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 sta
4. Not Applicable	Not Applicable	Not Applicable	Not Applicable
5. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate star
6. Severity or chronicity of an illness	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate sta
7. Variability in quality	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate star Utilization is two standard deviations above average utilization per episode of care.

ine clinically appropriate standards of care such as MCG clinical criteria.

appropriate standards of care such as ASAM criteria or APA treatment guidelines. appropriate standards of care such as ASAM criteria or APA treatment guidelines. appropriate standards of care such as ASAM criteria or APA treatment guidelines.

appropriate standards of care such as ASAM criteria or APA treatment guidelines. appropriate standards of care such as ASAM criteria or APA treatment guidelines. appropriate standards of care such as ASAM criteria or APA treatment guidelines. Emergency Benefits Prescription Drugs
Emergency Benefits Prescription Drugs

Operation Measures

Outlier Management

	-			
	Med/Surg			
Measure		Inpatient	Outpatient - Other	Outpatient - Office Based
NQTL does not apply to any services in this classification				х
Outlier Management Data			Х	
PA Criteria		х	Х	
Utilization trends		Х		
	MH/SUD			
Measure		Inpatient	Outpatient - Other	Outpatient - Office Based
Authorization Denial Rates for MH/SUD		х		
Authorization Denial Rates for MH/SUD		х		
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers		х		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria		х		
Outlier Management Data		х		
Outlier Management Data			Х	
Outlier Management Data				Х

Emergency Benefits

Prescription Drugs

Emergency Benefits

Prescription Drugs

Benefits Prior Authorization/Pre-Authorization Med/Surg

	Med/Surg				
Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drug
Cosmetic Surgery			Х		
MCO administered prescription drug					Х
Not Applicable	Х	Х			
Outpatient Surgery; Ambulatory Surgery Centers			Х		
Pain Management Services (ambulatory)			Х		
Therapy - occupational			Х		
Therapy - pathology			Х		
Therapy - physical			x		
Therapy - speech			Х		
Benefit	MH/SUD Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drug
Acute Care Services	X	outputient other	outputient onice bused	Emergency benefits	
Ambulatory detoxification			х		
Biofeedback			x		
Electroconvulsive therapy (ECT)outpatient			X		
Evaulation and Management-Outpatient			X		
Family Therapyoutpatient			X		
FFS MH Drug			~		х
FFS SUD Drug					x
Group therapyoutpatient			х		~
Group therapyoutpatient			X		
Individual therapyoutpatient			×		
Individual therapyoutpatient			X		
Inpatient ASAM 4.0	х		~		
Inpatient Detoxificationhospital	X				
Inpatient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)	X				
Intensive outpatient (IOP)	^		Х		
Intensive Outpatient (IOP) ASAM 2.1			×		
			A V		
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)			A V		
MAT Initial Intake (Evaluation and Management, Including Rx) MAT Ongoing (Evaluation and Management, including Rx)			X X		
			X		
Methadone Maintenance		v	Α		
Mobile treatment-Assertive community treatment (ACT)		X			
Mobile treatment-non-ACT		Х	×.		
Multiple family group therapy		V	Х		
Not Applicable		Х			
nursing facility - SUD services	Х				
nursing facility MH services	Х				
Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified			Х		
Opioid Treatment Program (OTP) services - including med management			X		
Partial hospitalization (PHP)			X		
Partial Hospitalization (PHP)ASAM 2.5			Х		
Psychiatric Rehabilitation Services			Х		
Psychological or neuropsychological testing and evaluation			Х		
Residential SUD TreatmentASAM 3.1	Х				
Residential SUD TreatmentASAM 3.3	х				
Residential SUD TreatmentASAM 3.5	х				
Residential SUD TreatmentASAM 3.7	х				
Residential SUD TreatmentASAM 3.7WM (Licensed ASAM 3.7D in Maryland)	х				
Residential Treatment Centers	х				
Special Psychiatric Hospital	х				
Targeted Case Management		Х			
Therapeutic Behavioral Services			х		
Transcranial Magnetic Stimulation (TMS)			х		
Traumatic Brain Injury (TBI) Day Habilitation			х		

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.

	Prior Authorizat	ion/Pre-Authorization					
		-					
		Aed/Surg					
	Factor		Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drug
Clinical Guidelines MCG			R	R	R		
fail first protocol							R
		MH/SUD					
	Factor		Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drug
An approval required from the Department or its designee before a drug is	dispensed						R
clinical appropriateness/medical necessity							R
Fail-first protocol or requirement to try a generic, less expensive, or lower e	fficacy drug for a certain trial period before receiving approval for a new drug						R
High levels of variation in length of stay				R	R		
Internal auditing for treatment compliance via concurrent review of treatm	ent plans and medical documentation						С
Lack of clinical efficiency of treatment or service							С
Least restrictive appropriate level of care			R				
Least restrictive appropriate level of care				R	R		
Licensure, certification, accreditation and/or experience requirements for p	roviders to join provider network						С
Medication status on Preferred Drug List (PDL) as determined by the Prefer	red Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee						С
Not Applicable			R	R	R		
Service type				R	R		
Severity or chronicity of an illness			R	R	R		С
Variability in quality				R	В		

Factors

		Sources Prior Authorization Metion	
Tatar 1. Christ Galdwine MCG 2. Bill Forgetsail	National Criscia Guadration MCG	Gupper One Once Galaxies MG MMOR	Organization - Office Based Onicid Guideline MCG
Factor 1. An approal required from the Department or its designee below a drug is dispensed	Reprised.	Outgarleet - Other	Outparient - Office Based
2. cinical appropriatesenu/treadical necessity			
3. Sali-fort protocol or requirement to try a generic, less expension, or lower efficacy drug for a certain trial period before necessing approval for a new drug			
Kip Henkel of wastise in kings of any Kip Henkel of wastise in an Angel and any Kip Henkel and Angel Angel Kip Henkel and Angel Angel Kip Henkel Angel Kip Henkel Angel Kip Henkel Angel Kip Henkel Kip Henkel		Eddentary struktets, including any published standards as well as internet plane or issuer standards, relief open to define the factors toggering the applications of an MQE to benefits	Evidentiary standards, including any published clandratis as well as internal plan or insur rotandards, while is point to define the dataset triggering the application of an NQTs to barrefts
 Least entrolles appropriate least d'anne Least entrolles appropriate least d'anne Least entrolles appropriate least d'anne Leasteux, conflication, accorditation and/or superiences meginements for providers to join providers notauxis. 	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relief open to define the factors rigging the application of an AQD, to benefits	Eddentary standards, including any published dandards as well as internal plan or issuer standards, velial upon to define the theter striggering the application of an MQR to benefits	Guidentiary standards, including any published standards as well as internal plan or issuer standards, well-al-points durings the hotsen triggging the application of an NQTL to benefits
50. Medication status on Preferred Drug List (POL) as determined by the Preferred Drug Program via recommendations by the Planmacy & Therapeutics (PBLT) Committee			
11. Nor Applicable 12. Servera type 13. Serverity or classicity of an illuves	Not Applicable Evidentiary constands, including any published standards as well as internal pion or incurr danaleds, mind upon to define the factors triggering the application of an NQTs to benefits	Nice Applicable Edulations recondents, including any published dasadem to an well as internal planes in a well as including any published dasadem to an event and planes in a well as internal planes in a well as internal As internal planes internal planes internal planes in a well as internal planes in a well as internal planes internal planes in a well as internal planes in a well as internal planes in a well as internal planes i	Nor Applicable Gelenning mandarch, Techning any published candards as well as internal plan or insure standards, mind upon to define the factors triggering the application of an NQTs to benefits Gelenning mandarch, Techning any published candards as well as internal plan or insure standards, mind upon to define the factors triggering the application of an NQTs to benefits
54. Vortability in quality		Suddentary standards, including any published standards as well as internal plan or issuer standards, rolled upon to define the factors triggering the application of an NQSs to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, well upon to define the factors triggering the application of an NQTL to benefits

Emergency Renefits	Prescription Drugs
	formulary
Emergency Benefits	Increase Device. Increase Devices Increase Dev
	kilominy candida, hundig ang Jalabid anahata wel an isenar jara ne isawa stadonto, ninid upon ta delar ten datam taganing de ugiskatan of an XII, ta landita Sana auf delar stansmons Walindari ya audat, du kung augustada standa ta wel anisonar jara na sanara stadonto, nind upon ta delar ten datas taggaring ten ugiskatan of an XII, ta landita stand auf anamanja.

Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied open to define the factors triggering the application of an NQTL to benefits internal claims analysis

		Evidentiary Standards Prior Authorization/Pre-Authorization	
Factor 1. Clinical GoldMines MCG	lepaines Accentization standards for quilly maximon. Compliance with professionally receptized evidence band chick quidelines used to define divisally appropriate standards of care such as MCG chical orbits. Take me place underside to shall application interests designary.	Organises-Other Compliance with preferencianally recognised evidence based chical guidelines used to define chically appropriate standards of core such as MCG chical orbites.	Outpatient - Office Based Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical oriteria.
2. Ital finit protocol	ann ufferen i rename e uner ben maner en der b	NU/SID	
Factor 1. An approval required from the Department or its designee before a drug is dispensed	Inputient	Outpatient - Other	Outpatient - Office Based
2. choical appropriateness/medical necessity			
3. Fail-first protocol or requirement to try a generic, less expension, or lower efficacy drug for a certain trial period before receiving approval for a new drug			
4. Nga kwis af watatan in kingtin di way 5. Internal walitag for materiesi compliance via concurrent malwar of treatment gilena and medical documentation		Completers with professionally receptual frontient guidedness and to define clinically appropriate standards of care such as AGMA others or ARA tradement guidedness.	Completer with professionally receptional treatment guidelines used to define clockuly appropriate standards of care such as ASM criteria or ARN investment guidelines.
5. Lack of choice of the intervent of wardwards and a second s	Congleten with productionally reception framework galaxies and to define decayle appropriate dandoch of Law such as AAM others or AAK tradework galakies.	Conglines with polinisationly receptiond treatment guidelaw, and to advice disculty appropriate clarificity of care such as AGM clarifies or APA instrumet guidelaws.	Conglance with professionally receipted transmer guidelines used to drive clocally appropriate standards of som usits as AMI statistical guidelines.
11. Nat Application 12. Samon type 13. Samonty or consolity of an Banas	Ker Anglinale Campliane with polyacianaly encaptual tradement guidelines used to define distuitly symposized extended of care units a ASAM orders or AAS tradement guidelines.	Not Applicable Complexes with professionally mergenical instances guidelines and to define definably appropriate storburch of sam such as XXXX effects ar XXX instances guidelines. Complexes and the observative mergenical instances guidelines and the definably appropriate storburch of any such as XXXXX effects ar XXXX instances guidelines.	Not Applicable Complexes with professionally receiptional treatment guidelines used to define clocically appropriate standards of can such as ASMA criteria or ASM treatment guidelines. Complexes with professionally receiptional treatment guidelines used to define clocically appropriate standards of can such as ASMA criteria or ASM treatment guidelines.
24. Variability in quality		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as AGAM orderia or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASMI criteria or AIM treatment guidelines.

Emergency Benefits Prescription Drugs

Standards used by any committees of experts, and required level of qualifications of committee members.

 States and by any streaments of request model of qualification at atteration teaments.

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A certain number/lype of reception modeal iterature and professional tandates (socialarge comparative effectiveness studies and closal trials), and published research studies. Complement with professional procession formatione guidelines used to address discally appropriate standards of care such as ASAM cateria or ANA treatment guidelines. T GAA variancing buildings of Chick Companyation.

Operation Measures Prior Authorization/Pre-Authorization

Med/Surg Measure Inpatient Outpatient - Other Dollar spend trends Formulary PA Criteria x x Policies & Procedures Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends MH/SUD

MH/SUD				
Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drug
Х	Х	х		
				Х
Х	Х	х		
х	Х	х		
				Х
				Х
				х
	Inpatient X X X	Inpatient Outpatient - Other X X X X X X X X	Inpatient Outpatient - Other Outpatient - Office Based X X X X X X X X X X X X X X X X	Inpatient Outpatient - Other Outpatient - Office Based Emergency Benefits X X X X X X X X X X X X X X X X X X X

ier	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
			х
			х
	х		х
			х
			х
			х

Benefit Diabetic Supplies Hearing Tests, Aids & Devices Not Applicable	Med/Surg Inpatient X MH/SUD Inpatient	Outpatient - Other X X	Outpatient - Office Bas X Outpatient - Office Bas X X X X
Diabetic Supplies Hearing Tests, Aids & Devices	X MH/SUD	x x	X Outpatient - Office Bas X X
Hearing Tests, Aids & Devices	MH/SUD	X	Outpatient - Office Bas X X
-	MH/SUD		Outpatient - Office Bas X X
	MH/SUD	Outpatient - Other	Outpatient - Office Bas X X
		Outpatient - Other	X X
	Inpatient	Outpatient - Other	X X
Benefit			Х
Alcohol and/or drug assessment			
Ambulatory detoxification			х
Biofeedback			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Evaulation and Management-Outpatient			Х
Family Psycho-Educational Therapy			Х
Family Therapyoutpatient			Х
Group therapyoutpatient			Х
Group therapyoutpatient			Х
Health Behavior Assessment			Х
Health Behavior Reassessment			Х
Individual therapyoutpatient			Х
Individual therapyoutpatient			Х
Intensive outpatient (IOP)			Х
Intensive Outpatient (IOP)ASAM 2.1			Х
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)			Х
MAT Initial Intake (Evaluation and Management, Including Rx)			Х
MAT Ongoing (Evaluation and Management, including Rx)			Х
Mental health assessment			Х
Mental health reassessment			Х
Methadone Maintenance			Х
Mobile treatment-Assertive community treatment (ACT)		Х	
Mobile treatment-non-ACT		Х	
Multiple family group therapy			Х
Not Applicable	х	Х	
Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified			Х
Opioid Treatment Program (OTP) services - including med management			Х
Partial hospitalization (PHP)			Х
Partial Hospitalization (PHP)ASAM 2.5			Х
Psychiatric Rehabilitation Services			Х
Psychological or neuropsychological testing and evaluation			Х
Targeted Case Management		Х	
Therapeutic Behavioral Services			Х

Based

Emergency Benefits

Prescription Drugs

Based

Emergency Benefits

Prescription Drugs

Evidentiary Standards tiered drug formulary

			tiered drug fori	mulary	
			Med/Surg		
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. fail first protocol					Standards used by any committees of experts, and required level of qualifications of committee members.
			MH/SUD		
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity					A certain number/type of recognized medical literature and professional standards (including comparative effectiven
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of car
					FDA Prescribing Information & Official Compendium
					Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunc
2. fiscal responsibility/cost effectiveness					A certain number/type of recognized medical literature and professional standards (including comparative effectivene
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of car
					FDA Prescribing Information & Official Compendium
					Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunc
3. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					A certain number/type of recognized medical literature and professional standards (including comparative effectiven
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of car
					FDA Prescribing Information & Official Compendium

tiveness studies and clinical trials), and published research studies. of care such as ASAM criteria or APA treatment guidelines.

njunction with their prior authorization tweness studies and clinical trials), and published research studies. of care such as ASAM criteria or APA treatment guidelines.

njunction with their prior authorization tiveness studies and clinical trials), and published research studies. of care such as ASAM criteria or APA treatment guidelines.