

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				
Applied Behavior Analysis (autism services)--primarily in-home		X			
Audiology Services (hearing loss assessment and treatment)			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				
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				
Cardiac Procedures (non-emergent)--inpatient	X				
Cardiac Rehabilitation			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				
Chiropractic Services				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	
Cosmetic Procedures--Inpatient	X	
CPAS and CFC: Nurse monitoring		X
CPAS and CFC: Personal assistance services		X
Dialysis--Inpatient	X	
Disposable Medical Equipment (w/o HCPCS)		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 rental (≤ 3 months)		X
EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant-Certified Medication Technician)		X
Erectile Dysfunction Procedures	X	
Eye Procedures--Inpatient	X	
Family Supports: Assistive technology and services		X
Family Supports: Behavioral support services		X
Family Supports: Environmental assessment		X
Family Supports: Environmental modification		X
Family Supports: Family and peer mentoring supports		X
Family Supports: Family caregiver training and empowerment		X
Family Supports: Housing support services		X
Family Supports: Individual and family directed goods and services		X
Family Supports: Nurse case management and delegation		X
Family Supports: Nurse consultation		X
Family Supports: Participant education, training and advocacy		X
Family Supports: Personal supports		X
Family Supports: Respite care services		X
Family Supports: Support broker services		X
Family Supports: Transportation		X
Family Supports: Vehicle modification		X
Gender affirmation surgery	X	
Grafts/Implants	X	
HCBS: Assisted living		X
HCBS: Behavioral consultation		X
HCBS: case management		X
HCBS: family training		X
HCBS: Medical Day Care		X
HCBS: Nutritionist/Dietician		X
HCBS: senior Center Plus		X
HH: Home Health Aide		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		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		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		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				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 health 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: home health and aide services				X
Hospice: Medical appliances and supplies				X
Hospice: Medical social services				X
Hospice: nursing services				X
Hospice: Short-term inpatient care	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: case management				X
ICS: Family training				X
ICS: Medical Day Care				X
ICS: Nutritionist/Dietician				X
ICS: senior Center Plus				X
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)	X			
Investigational Surgeries/Clinical Trials--inpatient	X			
Investigational Surgeries/Clinical Trials--outpatient				X
Medical Day Care waiver with associated services(16+ years of age):				X
Neuro-Psychological Testing/Developmental Delay Programs				X
Neuro-Psychological Testing/Developmental Delay Programs				X
Neurosurgical procedures--inpatient	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			
Occupational Therapy				X
Occupational Therapy--inpatient	X			
Oncology Services--inpatient	X			
Outpatient Rehabilitative services				X
Oxygen (w/o HCPCS)				X
PACE: Day health care				X
PACE: In-home care				X
PACE: Meals				X
PACE: Nursing care				X
PACE: Personal care				X
PACE: Recreation				X
PACE: Social work				X
PACE: Transportation				X
Physical Therapy				X
Physical Therapy--inpatient	X			

Plastic and Restorative Surgery--inpatient
 Post-Stabilization Services-inpatient
 Private Duty Nursing
 Proton Therapy Treatment
 Rehabilitation Services (Acute)
 Room and Board
 Sleep Studies /Sleep Apnea Studies
 Speech Therapy--inpatient
 Spinal Cord Stimulator
 Sterilization services--inpatient
 Surgery (nonurgent)--inpatient
 Surgery (urgent)--inpatient
 Transplants
 Transplants Pre and Post Transplant Services
 Transplants Pre and Post Transplant Services--outpatient
 Wound Vacuum-assisted closure (VAC)

X
 X
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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 Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)			X		
MAT Initial Intake (Evaluation and Management, Including Rx)			X		
MAT Ongoing (Evaluation and Management, including Rx)			X		
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: SUD services	X				
nursing facility MH services	X				
Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified			X		
Partial hospitalization (PHP)			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**

		Med/Surg				
Factor		Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Appropriateness of utilization		R	R	R		
Excessive utilization		R	R			
Fiscal Responsibility		R	R	R		
Health plan accreditation standards for quality assurance			R			
Industry Standards		R				
Medical Necessity		R				
Medical Necessity			R	R		
Medicare/Medicaid program participation eligibility			R			
Not Applicable		R	R			
Patient Safety		R	R	R		
Quality and performance measures (including customer feedback)			R			
Safety risks			R			
Separate payments for managing a patient's care outside of face-to-face contact (e.g., care management)			R			
Service type		R	R			

		MH/SUD				
Factor		Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical indications 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			
Service type		R	R	R		
Severity or chronicity of an illness		R	R	R		
Variability in quality		R		R		

**Sources
Concurrent Review
Med/Surg**

Factor	Inpatient	Outpatient - Other	MM/SUD	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Factor 1. Clinical indications 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. Service type 6. Severity or chronicity of an illness 7. Variability in quality	Inpatient 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	Outpatient - Other 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	MM/SUD 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	Outpatient - Office Based 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 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	Prescription Drugs 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
Concurrent Review
Med/Surg**

Factor	Inpatient	Outpatient - Other	Med/Surg	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
			MN/SUD			
Factor	Inpatient	Outpatient - Other		Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical indications 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.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
5. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
6. Severity or chronicity of an illness	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
7. Variability in quality	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		

**Operation Measures
Concurrent Review**

Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Degree of discretion exercised by utilization review staff	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			
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	X	X	X		
Number of days or visits authorized per review	X				
Utilization trends	X	X	X		

MH/SUD

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

Benefits
Fail first requirements/step therapy

	Med/Surg					
Benefit		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				
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				
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 (DME)/Disposable Medical Supplies (DMS)			X			
Erectile Dysfunction Procedures		X				
Eye Procedures--Inpatient		X				
FFS M/S Drug						X
Gender affirmation surgery		X				
Grafts/Implants		X				
Home Health Services: medical supplies used for home health 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				
Hospital Care--inpatient		X				
Hysterectomy		X				
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)		X				
Investigational Surgeries/Clinical Trials--inpatient		X				
MCO administered prescription drug						X
Neurostimulators		X				
Neurosurgical procedures--inpatient		X				
NICU/Sick baby/Detained baby		X				
Not Applicable				X		
Occupational Therapy--inpatient		X				
Oxygen			X			
Personal Care Services			X			
Physical Therapy--inpatient		X				
Plastic and Restorative Surgery--inpatient		X				
Post-Stabilization Services-inpatient		X				
Private Duty Nursing			X			
Rehabilitation Services (Acute)		X				
Remote Patient Monitoring			X			
Room and Board		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					
Benefit		Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
FFS MH Drug						X
FFS SUD Drug						X
Not Applicable			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
	Appropriateness of utilization		R			R
	Fiscal Responsibility		R			R
	Industry Standards		R			R
	Medical Necessity		R			
	Medical Necessity					R
	Not Applicable			R		R
	Patient Safety					R
		MH/SUD				
	Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	fail first protocol					R
	Internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation					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
	Not Applicable		R	R		R
	Safety risks					R
	Service type					R
	Severity or chronicity of an illness					R
	Site visit requirements					R

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.					
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			
CenteringPregnancy		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
Cologuard			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
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 Services billed with CDT codes							X
Emergency Transport--Advanced Life Support (ALS)							X
Emergency Transport--Basic Life Support							X
Emergency Transportation (Ambulance)							X
EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant-Certified Medication Technician)						X	
Erectile Dysfunction Procedures		X					
Eye Procedures--Inpatient		X					
Family Supports: Assistive technology and services							X
Family Supports: Behavioral support services							X
Family Supports: Environmental assessment							X
Family Supports: Environmental modification							X
Family Supports: Family and peer mentoring supports							X
Family Supports: Family caregiver training and empowerment							X
Family Supports: Housing support services							X
Family Supports: Individual and family directed goods and services							X
Family Supports: Nurse case management and delegation							X
Family Supports: Nurse consultation							X
Family Supports: Participant education, training and advocacy							X
Family Supports: Personal supports							X
Family Supports: Respite care services							X
Family Supports: Support broker services							X
Family Supports: Transportation							X
Family Supports: Vehicle modification							X
FFS M/S Drug							
Foster Care Evaluation/Check-up for children entering State custody						X	
Gender affirmation surgery		X					
Genetic Counseling						X	
Genetic Testing						X	
Grafts/Implants		X					
Grafts/Implants--outpatient							X
HCBS: Assisted living						X	
HCBS: behavioral consultation							X
HCBS: Behavioral consultation						X	
HCBS: case management						X	
HCBS: family training						X	
HCBS: Medical Day Care						X	
HCBS: nutritionist/Dietician							X
HCBS: Nutritionist/Dietician						X	
HCBS: senior Center Plus						X	
Health-related services and targeted case management services provided to children when the services are specified in the child's Individualized Education Plan or Individualized Family Service Plan						X	
HealthySteps						X	
Hepatitis C Virus Genotyping						X	
HH: Home Health Aide						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							X
HH: Occupational therapy						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							X
HH: Physical therapy							X
HH: physical therapy						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						X	
HH: registered Nurse						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							X
HH: Speech therapy						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	
HIV/AIDS laboratory services						X	
Home and Community Based Options waiver:							
Home Health Services: medical supplies used for home health 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: Counseling services (including dietary, spiritual and bereavement)				X	
Hospice: home health and aide services			X		
Hospice: Medical appliances and supplies			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					
Sterilization services--inpatient				X					
Sterilization 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				
Anesthesia--Inpatient	X				
Anesthesia - Outpatient				X	
Biofeedback				X	
Buprenorphine guest dosing				X	
Certified Peer Recovery Specialist		X			
Discharge Day	X				
Drug Testing		X			
Educational Therapy				X	
Electroconvulsive therapy (ECT)--inpatient	X				
Electroconvulsive therapy (ECT)--outpatient				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				
Individual therapy--outpatient				X	
Individual therapy--outpatient				X	
Individual therapy--SUD inpatient	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
Laboratory Services			X	
Laboratory Services			X	
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)				X
MAT Initial Intake (Evaluation and Management, Including Rx)				X
MAT Ongoing (Evaluation and Management, including Rx)				X
Mental health assessment				X
Mental health reassessment				X
Methadone guest dosing				X
Methadone Maintenance				X
Mobile treatment-Assertive community treatment (ACT)			X	
Mobile treatment-non-ACT			X	
MOM Program			X	
Multiple family group therapy				X
Not Applicable				
Nursing Facility: SUD services	X			
nursing facility MH 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
Patient Consultation	X			
primary mental health services (assessment, clinical evaluation, referral to ASO)				X
primary SUD Services (assessment, clinical evaluation, referral to ASO)				X
Psychiatric Rehabilitation Services				X
Psychological or neuropsychological testing and evaluation				X
Psychological or neuropsychological testing and evaluation--inpatient	X			
Residential SUD 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			
SBIRT				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
Medical necessity
Med/Surg**

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Appropriateness of utilization	R	R	R		R
Claim types with high percentage of fraud				R	
Excessive utilization	R	R	R		
Fiscal Responsibility				R	R
Fiscal Responsibility	R				
High variability in cost per episode of care		R	R		
Industry Standards	R	R	R	R	R
Lack of adherence to quality standards			R		
Lack of clinical efficiency of treatment or service		R	R		
Medical Necessity				R	
Medical Necessity		R	R		R
Patient Safety				R	R
Relative reimbursement rates		R	R		
Service type	R	R	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	
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		
Variability in quality	R	R	R		

**Evidentiary Standards
Medical necessity
MediStar**

Factor	Outpatient	Outpatient - Other	MA/MD	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
<p>Factor</p> <p>1. Clinical appropriateness/medical necessity</p> <p>2. Asset 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 classes on Preferred Drug List (PDL) as determined by the Preferred Drug Program or recommendations by the Pharmacy & Therapeutics (P&T) Committee</p> <p>7. Service type</p> <p>8. Severity or complexity of an illness</p> <p>9. Variability in quality</p>	<p>Outpatient</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>Outpatient - Other</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>MA/MD</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>Outpatient - Office Based</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.</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>PKA Prescribing Information & OTC/OTC Comparison</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>PKA Prescribing Information & OTC/OTC Comparison</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>PKA Prescribing Information & OTC/OTC Comparison</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 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 duplicate restorations (quarterly)	X	X			X
Frequency that authorization requirements are waived	X		X		
Frequency with which reviews are conducted	X				
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	X	X	X	X	X
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria		X			
Number of days or visits authorized per review	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

MH/SUD

Measure	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 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
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	X	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	
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**

Benefit	Med/Surg	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
(2) Preventive services (semiannual cleanings, fluoride, etc.) - OP OR/ASC;			X			
(4) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;			X			
(6) Restorative services (fillings, crowns, etc) - OP OR/ASC;			X			
(8) Endodontic services (root canals, etc.) - OP OR/ASC;			X			
(10) Periodontal services (scaling, full mouth debridement, etc.) - OP OR/ASC;			X			
(12)Prosthodontics (dentures, etc.) - OP OR/ASC;			X			
(14) Oral and Maxillofacial surgery services (extractions, etc.) - OP OR/ASC;			X			
(17) Anesthesia - OP OR/ASC.			X			
Acne Services				X		
Acupuncture				X		
Acute Care Services (Births/Deliveries)		X				
Acute Care Services (Medical/Surgical)		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		
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		
CFC: home delivered meals			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			

Genetic Testing			X	
Grafts/Implants	X			
Grafts/Implants--outpatient				X
HCBS: case management			X	
Hepatitis C Virus Genotyping			X	
HH: Home Health Aide			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			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			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			X	
HH: registered Nurse			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			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 health 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: Short-term inpatient care	X			
Hospice Care--Inpatient	X			
Hospice Care--Outpatient			X	
Hospital Care--inpatient	X			
Hyperbaric Oxygen Therapy				X
Hysterectomy	X			
ICS: case management			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(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
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		
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				
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		
Biofeedback			X		
Drug Testing		X			
Electroconvulsive therapy (ECT)--outpatient			X		
Evaluation and Management-Outpatient			X		
Family Psycho-Educational Therapy			X		
Family Therapy--outpatient			X		
Group therapy--outpatient			X		
Group therapy--outpatient			X		
Health Behavior Assessment			X		
Health Behavior Reassessment			X		
Individual Psycho-Educational Therapy			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		
Laboratory Services		X			
Laboratory Services		X			
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)			X		
MAT Initial Intake (Evaluation and Management, Including Rx)			X		
MAT Ongoing (Evaluation and Management, including Rx)			X		
Mental health assessment			X		
Mental health reassessment			X		
Mobile treatment-Assertive community treatment (ACT)		X			

Mobile treatment-non-ACT		X			
Multiple family group therapy				X	
Not Applicable					X
Nursing Facility: SUD services	X				
nursing facility MH services	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
Outlier Management**

		Med/Surg				
Factor		Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Excessive utilization		R	R	R		
Fiscal Responsibility				R	R	
Fiscal Responsibility		R	R			R
High variability in cost per episode of care				R		
Industry Standards			R	R	R	R
Not Applicable			R	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		
High variability in cost per episode of care			R	R		
Least restrictive appropriate level of care		R	R	R		
Not Applicable		R		R	R	R
Service type		R	R	R		
Severity or chronicity of an illness		R	R	R		
Variability in quality		R	R	R		

Sources
Outlier Management

Factor	Inpatient	Outpatient - Other	Med/Surg	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
			MH/SUD			
Factor	Inpatient	Outpatient - Other		Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Excessive utilization	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
2. High levels of variation in length of stay	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
3. High variability in cost per episode of care	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
4. Least restrictive appropriate level of care	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
5. Not Applicable	Not Applicable					
6. Service type	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		Not Applicable
7. Severity or chronicity of an illness	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
8. Variability in quality	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		Evidentiary standards, 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**

Factor	Inpatient	Outpatient - Other Med/Surg	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
		MH/SUD			
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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. 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. 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. 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 standards of care such as ASAM criteria or APA treatment guidelines.		
3. High variability in cost 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.	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.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
5. 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 appropriate standards of care such as ASAM criteria or APA treatment guidelines.		Not Applicable
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. 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. 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	X		
Number of days or visits authorized per review	X				
provider financial analysis (monthly)			X		
Utilization trends	X	X	X	X	X

MH/SUD

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	X	X	X		
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	
NQTL does not apply to any services in this classification					X
Outlier Management Data	X	X			
Outlier Management Data			X		

Benefits
Prior Authorization/Pre-Authorization

Benefit	Med/Surg	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
(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) 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		
(17) Anesthesia - OP OR/ASC.			X			
1915c: certified Nursing Assistant/Home Health Aide			X			
1915c: nursing (private duty) (21+ years of age)			X			
1915c: Physician participation in plan of care meeting				X		
Acute Care Services (Medical/Surgical)		X				
Amputations--inpatient		X				
Applied Behavior Analysis (autism services)--primarily in-home			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				
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				
Cardiac Procedures (non-emergent)--inpatient		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			
Corrective Surgery--inpatient		X				
Cosmetic Procedures--Inpatient		X				
CPAS and CFC: Nurse monitoring			X			
CPAS and CFC: Personal assistance services			X			
Diagnostic and X-ray services: PET--inpatient		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			
EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant-Certified Medication Technician)			X			

Erectile Dysfunction Procedures	X			
Eye Procedures--Inpatient	X			
FFS M/S Drug				X
Gender affirmation surgery	X			
Genetic Testing		X		
Grafts/Implants	X			
HCBS: Assisted living		X		
HCBS: Behavioral consultation		X		
HCBS: behavioral consultation				X
HCBS: family training		X		
HCBS: Medical Day Care		X		
HCBS: Nutritionist/Dietician		X		
HCBS: nutritionist/Dietician				X
HCBS: senior Center Plus		X		
Hepatitis C Virus Genotyping		X		
HH: Home Health Aide		X		
HH: Home Health Aide (> 1 visit per day; > 4 hours of service per day; visit w/o skilled nursing)		X		
HH: Occupational therapy		X		
HH: Occupational therapy				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		X		
HH: Physical therapy				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		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		X		
HH: Speech therapy				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 health 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: Short-term inpatient care	X			
Hospice Care--Inpatient	X			
Hospice Care--Outpatient		X		
Hysterectomy	X			
ICS: Assisted living		X		
ICS: behavioral consultation		X		
ICS: Behavioral consultation				X
ICS: Family training		X		
ICS: Medical Day Care		X		
ICS: Nutritionist/Dietician		X		
ICS: Nutritionist/Dietician				X
ICS: senior Center Plus		X		
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)	X			
Investigational Surgeries/Clinical Trials--inpatient	X			
MCO administered prescription drug				X
Molecular Pathology Labs		X		
Neurostimulators	X			
Neurosurgical procedures--inpatient	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			
Oxygen (w/o HCPCS)		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		

Plastic and Restorative Surgery--inpatient
 Private Duty Nursing
 Rehabilitation Services (Acute)
 Remote Patient Monitoring
 Spinal Cord Stimulator
 Surgery (nonurgent)--inpatient
 Transplants
 Transportation between hospitals

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		
FFS MH Drug					X
FFS SUD Drug					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 Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)			X		
MAT Initial Intake (Evaluation and Management, Including Rx)			X		
MAT Ongoing (Evaluation and Management, including Rx)			X		
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: SUD services	X				
nursing facility MH 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
Prior Authorization/Pre-Authorization**

		Med/Surg				
Factor		Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Claim types with high percentage of fraud		R		R		R
Elasticity of demand			R			
Excessive utilization		R	R	R		
Fiscal Responsibility		R	R			R
Fiscal Responsibility				R		
High variability in cost per episode of care				R		
Industry Standards		R	R	R		R
Medical Necessity				R		R
Medicare/Medicaid program participation eligibility		R	R			
Not Applicable		R	R	R		R
Patient Safety		R	R	R		R
Relative reimbursement rates				R		
Service type		R		R		
		MH/SUD				
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	R		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	Equinox	Optimum - Silver	Optimum - Gold	Optimum - Office Based	Optimum - Office Based	Emergency Benefits	Prescription Drugs
Factor	Equinox	Optimum - Silver	MS/SP	Optimum - Office Based	Optimum - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical appropriateness/medical necessity	Equinox	Optimum - Silver					
2. Not first product							
3. High costs of treatment in length of stay							
4. Lack of clinical efficiency of treatment or service							
5. Least restrictive appropriate level of care	Exclusionary 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						
6. Least restrictive appropriate level of care							
7. Medication status as Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee							
8. Not Applicable			Not Applicable				
9. Specialty	Exclusionary 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		Exclusionary 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				
10. Specialty or intensity of services							
11. Specialty or quality							

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

Factor	Input	Output - Other	METHOD	Output - Office Based	Emergency Results	Prescription Drugs
Factor	Input	Output - Other	METHOD	Output - Office Based	Emergency Results	Prescription Drugs
1. Offical appropriateness/medical necessity						<p>Prescription Drugs</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>FDA Prescribing Information & Official Compendium</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>FDA Prescribing Information & Official Compendium</p> <p>Process reviewed for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization.</p>
2. Not first product						<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>FDA Prescribing Information & Official Compendium</p> <p>Process reviewed for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization.</p>
3. High levels of utilization or length of stay						<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>FDA Prescribing Information & Official Compendium</p> <p>Process reviewed for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization.</p>
4. Lack of clinical efficacy of treatment or service						<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>FDA Prescribing Information & Official Compendium</p> <p>Process reviewed for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization.</p>
5. 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 AHA treatment guidelines.					<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>FDA Prescribing Information & Official Compendium</p> <p>Process reviewed for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization.</p>
6. Least restrictive appropriate level of care						<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>FDA Prescribing Information & Official Compendium</p> <p>Process reviewed for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization.</p>
7. Medication related (Preferred Drug List (PDL) as determined by the Preferred Drug Program or recommendations by the Pharmacy & Therapeutics (P&T) Committee						<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>FDA Prescribing Information & Official Compendium</p> <p>Process reviewed for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization.</p>
8. Not Applicable						<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>FDA Prescribing Information & Official Compendium</p> <p>Process reviewed for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization.</p>
9. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or AHA treatment guidelines.				<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>FDA Prescribing Information & Official Compendium</p> <p>Process reviewed for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization.</p>
10. Severity or chronicity of an illness						<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>FDA Prescribing Information & Official Compendium</p> <p>Process reviewed for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization.</p>
11. Variability in quality						<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>FDA Prescribing Information & Official Compendium</p> <p>Process reviewed for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization.</p>

Operation Measures
Prior Authorization/Pre-Authorization
Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Criteria applied based on FDA labeling and requirements and Official					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			
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			
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	X	X	X		X
Number of days or visits authorized per review	X	X			
services preauthorized not received (monthly)			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

MH/SUD

Measure	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					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
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		
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**

		Med/Surg				
	Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Not Applicable				X		
		MH/SUD				
	Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	Alcohol and/or drug assessment			X		
	Ambulatory detoxification			X		
	Biofeedback			X		
	Evaluation and Management-Outpatient			X		
	Family Psycho-Educational Therapy			X		
	Family Therapy--outpatient			X		
	Group therapy--outpatient			X		
	Group therapy--outpatient			X		
	Health Behavior Assessment			X		
	Health Behavior Reassessment			X		
	Individual therapy--outpatient			X		
	Individual therapy--outpatient			X		
	Intensive outpatient (IOP)			X		
	Intensive Outpatient (IOP)--ASAM 2.1			X		
	MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)			X		
	MAT Initial Intake (Evaluation and Management, Including Rx)			X		
	MAT Ongoing (Evaluation and Management, including Rx)			X		
	Mental health assessment			X		
	Mental health reassessment			X		
	Methadone Maintenance			X		
	Mobile treatment-Assertive community treatment (ACT)		X			
	Mobile treatment-non-ACT		X			
	Multiple family group therapy			X		
	Not Applicable		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		
	Targeted Case Management		X			
	Therapeutic Behavioral Services			X		

**Sources
tiered drug formulary**

Factor	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Factor					
1. clinical appropriateness/medical necessity					Prescription Drugs 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
2. Excessive utilization					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits Internal claims analysis
3. fiscal responsibility/cost effectiveness					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
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 Medical expert reviews
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 Medical expert reviews
6. Safety risks					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits Medical expert reviews

**Evidentiary Standards
tiered drug formulary**

Factor	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	MH/SUD				
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity					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. Excessive utilization					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. fiscal responsibility/cost effectiveness					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
4. Lack of clinical efficiency of treatment or service					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
5. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug 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 ASAM criteria or APA treatment guidelines. FDA Prescribing Information & Official Compendium
6. Safety risks					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