#### **Concurrent Review**

	Med/Surg				
Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	<b>Emergency Benefits</b>	Prescription Drugs
1915c: nursing (private duty) (21+ years of age)		X			
Acute Care Services (Births/Deliveries)	X				
Acute Care Services (Medical/Surgical)	X				
Amputationsinpatient	X				
Amputationsoutpatient			X		
Ancillary Services	X				
AnesthesiaInpatient	X				
Applied Behavior Analysis (autism services)primarily in-home		Х			
Applied Behavior Analysis (autism services)primarily in-home		Х			
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)		Х			
Bariatric Surgery	X				
Brain Injury: Day habilitation		Х			
Brain injury: Individual support services		X			
Brain injury: medical Day Care		Х			
Brain Injury: Residential habilitation		X			
Brain injury: Supported employment		X			
Bypass surgeryinpatient	X				
Bypass surgeryoutpatient			X		
Capsule Endoscopy			X		
Cardiac Procedures (non-emergent)inpatient	X				
Cardiac Procedures (non-emergent)outpatient			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		Х			
Chemotherapyinpatient	X				
Chemotherapyoutpatient			X		
Circumcision			X		
Community Pathways and Community Supports waivers: Assistive technology and services		Х			
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		Λ V			
Community Pathways and Community Supports waivers. Community development  Community Pathways and Community Supports waivers: Day habilitation		^ V			
		۸ ٧			
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		Χ	
Community Pathways and Community Supports waivers: Family and peer mentoring supports		Χ	
Community Pathways and Community Supports waivers: Family caregiver training and empowerment		Χ	
Community Pathways and Community Supports waivers: Housing support services		Χ	
Community Pathways and Community Supports waivers: Individual and family directed goods and services		Χ	
Community Pathways and Community Supports waivers: Medical Day Care		Χ	
Community Pathways and Community Supports waivers: Nurse case management and delegation		Χ	
Community Pathways and Community Supports waivers: Nurse consultation		Χ	
Community Pathways and Community Supports waivers: Nurse health case management		Χ	
Community Pathways and Community Supports waivers: Participant education, training and advocacy		Χ	
Community Pathways and Community Supports waivers: Personal supports		Χ	
Community Pathways and Community Supports waivers: Respite care services		Χ	
Community Pathways and Community Supports waivers: Support broker services		Χ	
Community Pathways and Community Supports waivers: Supported employment		Χ	
Community Pathways and Community Supports waivers: Transportation		Χ	
Community Pathways and Community Supports waivers: Vehicle modification		Χ	
Community Pathways only: community living		Χ	
Community Pathways only: live-in caregiver supports		Χ	
Community Pathways only: Remote support services		Χ	
Community Pathways only: Shared living		Χ	
Community Pathways only: Support living		Χ	
Community Pathways only: transition services		Χ	
Corrective Surgeryinpatient	Χ		
Corrective Surgeryoutpatient			Х
Cosmetic ProceduresInpatient	Χ		
CPAS and CFC: Nurse monitoring		Χ	
CPAS and CFC: Personal assistance services		Χ	
Dermatology Procedures			Х
Diagnostic and X-ray services: CTinpatient	Χ		
Diagnostic and X-ray services: MRIinpatient	Χ		
Diagnostic and X-ray services: PETinpatient	Χ		
Diagnostic and X-ray services: Radiographyinpatient	Χ		
DialysisInpatient	Χ		
Dialysisoutpatient			Х
Disposable Medical Equipment (w/o HCPCS)		Χ	
Disposable Medical Supplies (> \$500.00)		Χ	
Durable Medical Equipment (> \$1,000.00)		Χ	
Durable Medical Equipment (DME)/Disposable Medical Supplies (DMS)		Χ	
Durable Medical Equipment (w/o HCPCS)		Χ	
Durable Medical Equipment rental (≤ 3 months)		Χ	
EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant-Certified Medication Technician)		Χ	
Erectile Dysfunction Procedures	Χ		
Eye ProceduresInpatient	Χ		
Family Supports: Assistive technology and services		Χ	
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

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		Χ	
Gender affirmation surgery	Χ		
Genetic Testing		X	
Grafts/Implants	Χ		
Grafts/Implantsoutpatient			Χ
HCBS: Assisted living		X	
HCBS: Behavioral consultation		X	
HCBS: behavioral consultation			Х
HCBS: case management		Χ	
HCBS: family training		Χ	
HCBS: Medical Day Care		Χ	
HCBS: Nutritionist/Dietician		Χ	
HCBS: nutritionist/Dietician			Х
HCBS: senior Center Plus		Χ	
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		^	Х
		V	^
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	v
HH: physical therapy			X
HH: Physical therapy		V	Х
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			Х
HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate)		X	
HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		X	
Home Health Services: medical supplies used for home heath visit		X	
Home Health Services: occupational therapy		X	
Home Health Services: physical therapy		X	
Home Health Services: skilled nursing services		X	
Home Health Services: speech pathology services		X	
Hospice: home health and aide services		X	
Hospice: Medical appliances and supplies		X	
Hospice: Medical social services		Χ	
Hospice: nursing services		X	
Hospice: Short-term inpatient care	Χ		
Hospice CareInpatient	Χ		

Χ

Hospice Care--Outpatient

Hospital Careinpatient	Χ		
Hyperbaric Oxygen Therapy			X
Hysterectomy	Χ		
ICS: Assisted living		Χ	
ICS: behavioral consultation		Χ	
ICS: Behavioral consultation			X
ICS: case management		Χ	
ICS: Family training		X	
ICS: Medical Day Care		Χ	
ICS: Nutritionist/Dietician		Χ	
ICS: Nutritionist/Dietician			X
ICS: senior Center Plus		Χ	
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)	Χ		
Investigational Surgeries/Clinical Trialsinpatient	X		
Investigational Surgeries/Clinical Trialsoutpatient			X
MCO administered prescription drug			X
Medical Day Care waiver with associated services(16+ years of age):		X	
Nerve Stimulatoroutpatient			X
Neurostimulators	X		
Neurosurgical proceduresinpatient	X		
Neurosurgical proceduresoutpatient			X
NICU/Sick baby/Detained baby	X		
Nursing Facility: Activities	X		
Nursing Facility: Dental services	Χ		
Nursing Facility: Dietary services	Χ		
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	Χ		
Nursing Facility: Specialized rehabilitation	X		
Occupational Therapy			X
Occupational Therapyinpatient	X		
Oncology Servicesinpatient	Χ		
Oncology Treatment			X
Oral Surgery Adult			X
Oral Surgery Child			X
Outpatient hospital care (non-emergent)			X
Outpatient Rehabilitative services			X
Outpatient Surgery (Ambulatory Surgery Center)			X
Oxygen (w/o HCPCS)		X	
PACE: Day health care		X	
PACE: In-home care		X	
PACE: Meals		X	
PACE: Nursing care		Χ	
PACE: Personal care		Χ	
PACE: Recreation		Χ	
PACE: Social work		Χ	
PACE: Transportation		Χ	
Pain Management Procedures			X
Pain Management Visits			X
Physical Therapy			X

Physical Therapyinpatient	Χ		
Plastic and Restorative Surgeryinpatient	Χ		
Plastic and Restorative Surgeryoutpatient			Χ
Podiatry Services			Χ
Post-Stabilization Services			Χ
Post-Stabilization Services-inpatient	Χ		
Post-Stabilization Services-outpatient			Χ
Proton Therapy Treatment			Χ
Pulmonary Rehab			Χ
Rehabilitation Services (Acute)	Χ		
Remote Patient Monitoring		X	
Room and Board	Χ		
Sleep Studies /Sleep Apnea Studies			Χ
Somatic services related to gender dysphoria			Χ
Specialty Care			Χ
Speech Therapyinpatient	Χ		
Spinal Cord Stimulator	Χ		
Sterlization servicesinpatient	Χ		
Surgery (nonurgent)inpatient	Χ		
Surgery (urgent)inpatient	Χ		
Transplants	Χ		
Transplants Pre and Post Transplant Services	Χ		
Transplants Pre and Post Transplant Servicesoutpatient			Χ
Transportation between hospitals	Χ		
Wound Vacuum-assisted closure (VAC)			Χ

Not Applicable

MH/SUD					
Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	<b>Emergency Benefits</b>	Prescription Drugs
Acute Care Services	X				
Ambulatory detoxification			X		
Biofeedback			X		
Electroconvulsive therapy (ECT)outpatient			X		
Evaulation and Management-Outpatient			X		
Family Therapyoutpatient			X		
Group therapyoutpatient			X		
Group therapyoutpatient			X		
health home services for MH reasons (serious and persistent mental illness (SPMI) - services by mobile treatment services (MTS) or psychological rehabilitation programs			X		
Individual therapyoutpatient			X		
Individual therapyoutpatient			X		
Inpatient ASAM 4.0	X				
Inpatient Detoxificationhospital	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		

Χ

Χ

Nursing Facility: SUD services	Χ		
nursing facility MH services	Χ		
Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified			Χ
Partial hospitalization (PHP)			Χ
Psychiatric Rehabilitation Services			Χ
Psychological or neuropsychological testing and evaluation			Χ
Residential SUD TreatmentASAM 3.1	Χ		
Residential SUD TreatmentASAM 3.3	Χ		
Residential SUD TreatmentASAM 3.5	X		
Residential SUD TreatmentASAM 3.7	Χ		
Residential SUD TreatmentASAM 3.7WM (Licensed ASAM 3.7D in Maryland)	Χ		
Residential Treatment Centers	X		
Special Psychiatric Hospital	Χ		
Targeted Case Management		X	
Therapeutic Behavioral Services			Χ
Traumatic Brain Injury (TBI) Day Habilitation			Χ

#### **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;				Х		
(2) Preventive services (semiannual cleanings, fluoride, etc.) - OP OR/ASC;			X			
(3) Diagnostic services (oral exams, x-rays, sealants, etc.) - Clinic;				X		
(3) Restorative services (filings, crowns, etc) - Clinic;				X		
(4) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;			X			
(4) Endodontic services (root canals, etc.) - Clinic;				X		
(5) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;				X		
(5) Restorative services (filings, crowns, etc) - Clinic;				X		
(6) Prosthodontics (adjustment of dentures, etc.) - Clinic;				X		
(6) Restorative services (filings, crowns, etc) - OP OR/ASC;			Х			
(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		
			X	^		
(10) Periodontal services (scaling, full mouth debridement, etc.) - OP OR/ASC;			^			
(11) Prosthodontics (dentures, etc.) - Clinic;				X		
(12)Prosthodontics (dentures, etc.) - OP OR/ASC;			X			
(13) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic;				X		
(14) Oral and Maxillofacial surgery services (extractions, etc.) - OP OR/ASC;			X			
(15) Orthodontic services - Clinic;				X		
(16) Anesthesia - Clinic; and				X		
(17) Anesthesia - OP OR/ASC.			X			
1915c: case management			X			
1915c: certified Nursing Assistant/Home Health Aide			 X			
1915c: medical Day Care			, , , , , , , , , , , , , , , , , , ,			
•			X 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		
Acupunture				X		
Acute Care Services (Births/Deliveries)			X			
Acute Care Services (Medical/Surgical)			X			
Air Ambulance					Х	
Amputationsinpatient			X			
Amputationsoutpatient				X		
Ancillary Services			Y	~		
AnesthesiaInpatient			v			
			^			
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)			Y Y			
Autism: Respite care			v v			
Autism: Therapeutic integration (regular and intensive)			^ v			
			Λ			
Bariatric Surgery			X			
Blood/Blood Products				X		
Brain Injury: Day habilitation			X			
Brain injury: Individual support services			Х			
Brain injury: medical Day Care			X			
Brain Injury: Residential habilitation			X			
Brain injury: Supported employment			X			
Bypass surgery—inpatient			X			
			A	X		
Bypass surgeryoutpatient				**		
Capsule Endoscopy				Х		
Cardiac Procedures (non-emergent)inpatient			X			
				V		
Cardiac Procedures (non-emergent)outpatient				X		
Cardiac Procedures (non-emergent)outpatient Cardiac Rehabilitation				X X		

Care Management		X	
CFC: Accessibility adaptations		X	
CFC: assistive technology		X	
CFC: Consumer training		Χ	
CFC: environmental assessments		Χ	
CFC: home delivered meals		Χ	
CFC: Personal emergency response system		Χ	
CFC: Transition services		Χ	
Chemotherapyinpatient	X		
Chemotherapyoutpatient			X
Chiropractic Services			X
Circumcision			Х
Clinic ServicesCoumadin Clinic			X
Clinic ServicesFQHC			X
Clinic ServicesHeart Failure Clinic			X
Clinic ServicesOther Clinic ServicesSBHC			X X
Clinic ServicesSanc  Clinic ServicesWound Clinic			X
Community Pathways and Community Supports waivers: Assistive technology and services		Χ	^
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		Х	
Community Pathways and Community Supports waivers: Day habilitation		Х	
Community Pathways and Community Supports waivers: Employment discovery and customization		Х	
Community Pathways and Community Supports waivers: Employment services		Х	
Community Pathways and Community Supports waivers: Environmental assessment		Χ	
Community Pathways and Community Supports waivers: Environmental modification		Χ	
Community Pathways and Community Supports waivers: Family and peer mentoring supports		Χ	
Community Pathways and Community Supports waivers: Family caregiver training and empowerment		Х	
Community Pathways and Community Supports waivers: Housing support services		Х	
Community Pathways and Community Supports waivers: Individual and family directed goods and services		Χ	
Community Pathways and Community Supports waivers: Medical Day Care		Х	
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  Community Pathways and Community Supports waivers: Personal supports		X V	
Community Pathways and Community Supports waivers: Respite care services  Community Pathways and Community Supports waivers: Support broker services		Y	
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		Χ	
Community Pathways only: community living		Χ	
Community Pathways only: live-in caregiver supports		Х	
Community Pathways only: Remote support services		Χ	
Community Pathways only: Shared living		X	
Community Pathways only: Support living		Х	
Community Pathways only: transition services		Х	
Corrective Surgeryinpatient	Х		
Corrective Surgeryoutpatient			Х
Cosmetic Procedures-Inpatient  Compatie Procedures (Currouine authorite)	Х		V
Cosmetic Procedures/Surgeries—outpatient  CPAS and CFC: Nurse monitoring		V	X
CPAS and CFC: Personal assistance services		X	
Dermatology Procedures		Α	X
Diabetic Education		X	Α
Diagnostic and X-ray services: CTinpatient	X	^	
Diagnostic and X-ray services: CToutpatient			Х
Diagnostic and X-ray services: MRIinpatient	Χ		
Diagnostic and X-ray services: MRIoutpatient			X
Diagnostic and X-ray services: PETinpatient	Χ		
Diagnostic and X-ray services: PEToutpatient			Х
Diagnostic and X-ray services: Radiographyinpatient	X		
Diagnostic and X-ray services: Radiographyoutpatient			X
DialysisInpatient	Х		
Dialysisoutpatient			X
Disposable Medical Equipment (w/o HCPCS)		Χ	
Disposable Medical Supplies (> \$500.00)		X	
Disposable Medical Supplies (≤ \$500.00)		Χ	

DMF/DMF Abstraction Assessed. Full extractive and to identify any NOTI other early to any DMF/DMF under the broad extract. Description of NOTI feature should be more detailed.		V	
DME/DMS Alternative ApproachFull category; need to identify any NQTLs that apply to any DME/DMS under the broad category. Description of NQTL factors should be more detailed.  Durable Medical Equipment (> \$1,000.00)		X 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 RoomBeyond EMTALA Screening		^	X
Emergency RoomEMTALA Screening			×
Emergency RoomStabilization 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			Х
Emergency Services billed with CDT codes			X
Emergency TransportAdvanced Life Support (ALS)			X
Emergency TransportBasic 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 ProceduresInpatient	X		
Family Supports: Assistive technology and services		Х	
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 X	
Family Supports: Housing support services		~	
Family Supports: Individual and family directed goods and services		X X	
Family Supports: Nurse case management and delegation		X X	
Family Supports: Nurse consultation  Family Supports: Participant education training and advances:		X	
Family Supports: Participant education, training and advocacy		X	
Family Supports: Personal supports Family Supports: Respite care services		X X	
Family Supports: Nespite care 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		Х	
Grafts/Implants	X		
Grafts/Implantsoutpatient			X
HCBS: Assisted living		X	
HCBS: Behavioral consultation		Χ	
HCBS: behavioral consultation		X	X
HCBS: case management  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	
Hepatitis C Virus Genotyping		х	
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))		Χ	
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 HH: Physical therapy HH: Physical therapy HH: Physical therapy (> 1 visit per day; ; services rendered during a 30-day period in excess of the Medicaid NF rate)		X	x x

HH: Physical therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		Χ	
HH: Registered Nurse		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)		Х	
HH: Speech therapy		Х	
HH: Speech therapy		V	Х
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  Home and Community Based Options waiver:		Α	X
Home Health Services: medical supplies used for home heath visit		Y	^
Home Health Services: occupational therapy		X	
Home Health Services: physical therapy		X	
Home Health Services: skilled nursing services		Χ	
Home Health Services: speech pathology services		Χ	
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	Х		V
Hospice: Speech therapy  Hospice CareInpatient	X		X
Hospice CareOutpatient  Hospice CareOutpatient	^	X	
Hospital Careinpatient	X	Λ	
Hyperbaric Oxygen Therapy	^		X
Hysterectomy	Х		
ICS: Assisted living		Χ	
ICS: behavioral consultation		Χ	
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			Х
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)	X		
Investigational Surgeries/Clinical Trialsinpatient Investigational Surgeries/Clinical Trialsoutpatient	^		х
Laboratory Services		Υ	^
MCO administered prescription drug		*	
Medical Day Care Waiver with associated services		Χ	
Medical Day Care waiver with associated services(16+ years of age):		Х	
Molecular Pathology Labs		Χ	
National Diabetes Prevention Program		X	
National Diabetes Prevention Program Services			X
Nerve Stimulatoroutpatient			X
Neuro-Psychological Testing/Developmental Delay Programs		Х	
Neuro-Psychological Testing/Developmental Delay Programs			Х
Neurostimulators  Neurostimulators	X X		
Neurosurgical procedures—inpatient	X		X
Neurosurgical proceduresoutpatient  Newborn Office Services			X
NICU/Sick baby/Detained baby	¥		^
Nursing Facility: Activities	X		
Nursing Facility: Dental services	х		
Nursing Facility: Dietary services	х		
Nursing Facility: Laboratory, radiology and other diagnostic testing	X		
Nursing Facility: Nursing services	Х		
Nursing Facility: Pharmaceutical services	X		
Nursing Facility: Physician services	X		
Nursing Facility: Social work	Х		
Nursing Facility: Specialized rehabilitation	X		
Nutritional Counseling			Х

Χ

Benefit	Inpatient Outpatient - Other	Outpatient - Office Based	Emergency Benefits
MH/SUD		0 + 11 + 0111 - 1	
Wound Vacuum-assisted closure (VAC)		X	
Vision Services Wound Vision Service (NAC)		X	
Urgent Care Vision Services		X	
Transportation between hospitals	Х	V	
Transplants Pre and Post Transplant Servicesoutpatient	V	X	
Transplants Pre and Post Transplant Services	Х	V	
Transplants Transplant Purch Part Transplant Continue	X		
Targeted Case Management	X		
Surgery (urgent)inpatient	X		
Surgery (nonurgent)inpatient	X		
Sterlization Servicesoutpatient		X	
Sterlization servicesinpatient	X		
Spinal Cord Stimulator	X		
Speech Therapyoutpatient		X	
Speech Therapyinpatient	X		
Specialty Care		X	
Somatic services related to gender dysphoria		X	
Sleep Studies /Sleep Apnea Studies		X	
Room and Board	Х		
Remote Patient Monitoring	Х		
Rehabilitation Services (Acute)	X		
Pulmonary Rehab		X	
Proton Therapy Treatment		X	
Private Duty Nursing	X		
Primary Care Primary Care		X	
Pregnancy-related Services (OB Care)		X	
Post-Stabilization Services-outpatient		X	
Post-Stabilization Services-inpatient	X		
Post-Stabilization Services		X	
Podiatry Services		Χ	
Plastic and Restorative Surgeryoutpatient		Χ	
Plastic and Restorative Surgeryinpatient	×		
Physical Therapy—inpatient	Х		
Physical Therapy	<del>"</del>	Χ	
Personal Care Services	X	···	
Pain Management Visits		X	
Pain Management Procedures		X	
PACE: Transportation	X		
PACE: Social work	X	Λ	
PACE: Rehabilitation	^	Χ	
PACE: Recreation	X		
PACE: Personal care	X		
PACE: Nursing care	X	···	
PACE: Medical specialty services (podiatry, psychiatry, dentistry, optometry and audiology)	^	Χ	
PACE: Meals	X		
PACE: In-home care	X		
PACE: Day health care	x		
Oxygen (w/o HCPCS)	^ X		
Oxygen	X	^	
Outpatient Renabilitative services  Outpatient Surgery (Ambulatory Surgery Center)		X	
Outpatient hospital care (non-emergent) Outpatient Rehabilitative services		X V	
Outpatient hospital care (emergent)		X	
Oral Surgery Child		X	
Oral Surgery Adult		X	
Oncology Treatment		X 	
Oncology Servicesinpatient	X		
Occupational Therapyinpatient	X		
Occupational Therapy		X	
OB Ultrasound		X	
Observation Stay up to 24 h			X

	Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services		X				
Alcohol and/or drug assessment				X		
Ambulatory detoxification				X		
Ancillary Services		X				
Ancillary Services-SUD		X				

AnesthesiaInpatient	X	
Biofeedback		X
Buprenorphine guest dosing		X
	X	
Drug Testing	X	
The state of the s	X	,
Electroconvulsive therapy (ECT)outpatient  Evaulation and Management-Outpatient		
Family Psycho-Educational Therapy		
	X	
Family Therapyoutpatient		X
Family therapy—SUD inpatient	X	
FFS MH Drug		X
FFS SUD Drug		X
	X	,
Group therapyoutpatient Group therapyoutpatient		
	X	Α.
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
· ····································	X	v
Individual therapyoutpatient Individual therapyoutpatient		
	X	•
Inpatient ASAM 4.0	x	
Inpatient Detoxificationhospital	X	
Inpatient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)	X	
Intensive outpatient (IOP)	:	
Intensive Outpatient (IOP)ASAM 2.1		X
Laboratory Services  Laboratory Services	X Y	
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  Methadone Maintenance		X
Methadone Maintenance  Mobile treatment-Assertive community treatment (ACT)	X	<b>X</b>
Mobile treatment-non-ACT	X	
Multiple family group therapy		X
Not Applicable		X
· ·	X	
	X	
Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified		
Opioid Treatment Program (OTP) services - including med management Partial hospitalization (PHP)		
Partial Hospitalization (PHP)ASAM 2.5		•
	x	
Peer Support Services	X	
Psychiatric Rehabilitation Services		
Psychological or neuropsychological testing and evaluation		X
Psychological or neuropsychological testing and evaluation—inpatient  Residential SUD TreatmentASAM 3.1	X	
Residential SUD TreatmentASAM 3.3	^ x	
Residential SUD TreatmentASAM 3.5	X	
Residential SUD TreatmentASAM 3.7	x	
Residential SUD TreatmentASAM 3.7WM (Licensed ASAM 3.7D in Maryland)	X	
Residential Treatment Centers	х	
Special Psychiatric Hospital	X	
Targeted Case Management  The properties Polyaired Considers	X	v
Therapeutic Behavioral Services Transcranial Magnetic Stimulation (TMS)		
Traumatic Brain Injury (TBI) Day Habilitation		
	•	

## Operation Measures Medical necessity

Med/outg					
Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	<b>Emergency Benefits</b>	Prescription Drugs
linical 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					Х
Degree of discretion exercised by utilization review staff	X	X			
Dollar spend trends					Х
duplicate restorations (quarterly)			X		
Exception processes available for each NQTL requirement and when they may be applied.					X
Frequency that authorization requirements are waived	X				
Frequency with which reviews are conducted	X				Х
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	X	Х	X	X	
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	X	Х			Х
Number of days or visits authorized per review	X				
Requirements for the qualifications of provider staff involved in reviews	X	Х	X	X	
The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.	X	Х	X	X	
tracking of denial of plans of service that do not meet medical necessity		Х			
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					X
Utilization trends					X
MH/SUD					
Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	X	Х	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					Х
inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	X	Х	X		
nternal audit findings related to coverage determination consistency with the plan's medical necessity criteria	X	Х	X		
Not applicable				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
Julization trends					^

#### **Outlier Management**

		Mea/Surg					
	Benefit		Inpatient	Outpatient - Other	Outpatient - Office Based	<b>Emergency Benefits</b>	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;				Х			
(3) Diagnostic services (oral exams, x-rays, sealants, etc.) - Clinic;					X		
(3) Restorative services (filings, crowns, etc) - Clinic;					X		
(4) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;				Х			
(4) Endodontic services (root canals, etc.) - Clinic;					X		
(5) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;					X		
(5) Restorative services (filings, crowns, etc) - Clinic;					X		
(6) Prosthodontics (adjustment of dentures, etc.) - Clinic;					X		
(6) Restorative services (filings, crowns, etc) - OP OR/ASC;				Х			
(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;				Х			
(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;				Х			
(13) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic;					Х		
(14) Oral and Maxillofacial surgery services (extractions, etc.) - OP OR/ASC;				Х			
(15) Orthodontic services - Clinic;					x		
(16) Anesthesia - Clinic; and					Y Y		
(17) Anesthesia - OP OR/ASC.				Х	^		
				^	V		
Acne Services			.,		Х		
Acute Care Services (Births/Deliveries)			X				
Acute Care Services (Medical/Surgical)			Х				
Amputationsinpatient			X				
Amputationsoutpatient					X		
Ancillary Services			Х				
AnesthesiaInpatient			X				
Applied Behavior Analysis (autism services)primarily in-home				Х			
Applied Behavior Analysis (autism services)primarily in-home				X			
Autism: adult life planning				X			
Autism: Environmental accessibility adaption				Х			
Autism: Family leave (retainer day)				Х			
Autism: family training				Х			
Autism: Intensive individual support services				Х			
Autism: Residential habilitation (regular and intensive)				Х			
Autism: Respite care				χ			
Autism: Therapeutic integration (regular and intensive)				×			
Bariatric Surgery			Х	^			
Blood/Blood Products			*		Х		
·				V	^		
Brain Injury: Day habilitation				X V			
Brain injury: Individual support services				Χ			
Brain injury: medical Day Care				X			
Brain Injury: Residential habilitation				Х			
Brain injury: Supported employment				Х			
Bypass surgeryinpatient			Х				
Bypass surgeryoutpatient					X		
Capsule Endoscopy					X		
Cardiac Procedures (non-emergent)inpatient			Х				
Cardiac Procedures (non-emergent)outpatient					X		
Cardiac Rehabilitation					x		
CFC: home delivered meals				Х			
Chemotherapyinpatient			x	**			
Chemotherapyoutpatient Chemotherapyoutpatient			^		v		
Circumcision					^ v		
					<b>A</b>		
Clinic ServicesCoumadin Clinic					X		
Clinic ServicesFQHC					Х		

지					
Marchers   1967	Clinic ServicesHeart Failure Clinic			Χ	
Part	Clinic ServicesOther			Χ	
Manuary Information and antimone from a supprise and a	Clinic ServicesSBHC			Χ	
Commany Continuous disconses indicous insignate reasons of the continuous of the c	Clinic ServicesWound Clinic			Χ	
Commany information and suppress section of the control of the c	Community Pathways and Community Supports waivers: Assistive technology and services		Χ		
Commit photographic and Committed Andrews	Community Pathways and Community Supports waivers: Behavioral support services		Χ		
Commany Protegor and Commany Supports Assert Support all Assert Support (Insert Support Supp	Community Pathways and Community Supports waivers: Career exploration		Χ		
Commany Polithonia of Commany Support selectic Employment accessed (Commany Support selectic Employment (Commany Support	Community Pathways and Community Supports waivers: Community development		Χ		
Commit   Seminary   Comm	Community Pathways and Community Supports waivers: Day habilitation		Χ		
Commany Statemany on Commany Statemany Commany Com	Community Pathways and Community Supports waivers: Employment discovery and customization		Χ		
Commany is whose and commany is departed and sinciplation of commany is whose and commany is single and commany is whose and commany is single and commany is whose and commany is single and comman	Community Pathways and Community Supports waivers: Employment services		Χ		
Section   Sect	Community Pathways and Community Supports waivers: Environmental assessment		Χ		
Commany information (account in plaque) transfer (account in plaque) and transfer (account in pla	Community Pathways and Community Supports waivers: Environmental modification		Х		
Commit/Promyses domained spectra spe	Community Pathways and Community Supports waivers: Family and peer mentoring supports		X		
Commany probates, and commany fragment control specified profession shall specified commany fragment control shall profession shall prof	Community Pathways and Community Supports waivers: Family caregiver training and empowerment		Χ		
Common/probases/supports assigned supports assigned support supports and promise supports assigned supports and promise supports assigned supports assigne	Community Pathways and Community Supports waivers: Housing support services		X		
Communication (Communication (Comm			**		
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Corrective Surgery—injustation					
Conseile Procedures - Impatient		Х			
Connective modesture—inspirate				Χ	
Semantic Procedures - Comparison - Compari		Х			
Diagnotation of X-ray services: CT-uppatient	Cosmetic Procedures/Surgeriesoutpatient			Χ	
Diagnostic and X-ray services: MR-inpatient	Dermatology Procedures			Χ	
Diagnostic and X-ray services: MRIinpatient Diagnostic and X-ray services: MRIinpatient Diagnostic and X-ray services: PRIinpatient Diagnostic and X-ray s	Diagnostic and X-ray services: CTinpatient	Х			
Signostic and X-ray services. MRIoutpatient   X   X   X   X   X   X   X   X   X	Diagnostic and X-ray services: CToutpatient			Χ	
Diagnostic and X-ry services: PET-inpatient   X	Diagnostic and X-ray services: MRIinpatient	X			
Signostic and X-ray services: PET—outpatient   X   X   X   X   X   X   X   X   X	Diagnostic and X-ray services: MRIoutpatient			Χ	
Diagnostic and X-ray services: Radiography—inpattent Diagnostic and X-ray services: Radiography—outpatient X Diagnostic and X-ray services: Radiography—outpatient Diagnostic and X-ray services: Radiography—outpatient X Diagnostic and X-ray services: Radiography—outpatient Diagnostic and X-ray services: Radiography—outpatient X Diagnostic and X-ray services: Radiography—outpatient Diagnostic and X-ray services: Radiography—outpatient X X Diagnostic and X-ray services: Radiography—outpatient X X Diagnostic and X-ray services: Radiography—outpatient X X X X X X X X X X X X X X X X X X X	Diagnostic and X-ray services: PETinpatient	Х			
Signostic and X-ray services: Radiography—outpatient   X   X   X   X   X   X   X   X   X				Χ	
Dialysis-inpatient		Χ			
Dialysisoutpatient Dialysis-				Х	
Disposable Medical Equipment (w/o HCPCS) Disposable Medical Supplies (> 5500.00) Cisposable Medical Supplies (> 5500.00) Cisposable Medical Equipment (> 54,000.00) Cisposable Medical Equipment (> 54,000.00) Cisposable Medical Equipment (DME)/Disposable Medical Supplies (DMS) Cisposable Medical Equipment (DME)/Disposable Medical Supplies (DMS) Cisposable Medical Equipment (DME)/Disposable Medical Supplies (DMS) Cisposable Medical Equipment (My/o HCPCS) Cisposable Medical Equipment (My/o H		Х			
Disposable Medical Supplies ( \$ \$500.00) Disposable Medical Supplies ( \$ \$500.00) Disposable Medical Equipment ( > \$1,000.00) Disposable Medical Equipment ( DME)/Disposable Medical Supplies (DMS) Disposable Medical Equipment ( DME)/Disposable Medical Supplies (DMS) Disposable Medical Equipment ( MPCP)(Disposable Medical Supplies (DMS) Disposable Medical Equipment ( MPCPCS) Disposable Medical Equipment ( M				X	
Disposable Medical Equipment (>\$1,000.00) Durable Medical Equipment (>\$1,000.00) Durable Medical Equipment (MDE/)Disposable Medical Supplies (DMS)  Durable Medical Equipment (MOHE/DISposable Medical Supplies (DMS)  Durable Medical Equipment (MOHE/DISposable Medical Supplies (DMS)  Durable Medical Equipment (\$1,000.00)  Durable Medical Equipment (\$3 months)  Durable Medical Equipment rental (\$3 months)  Durable Medical Equipment rental (\$3 months)  Emergency Room-EMTALA Screening Emergency Room-Post-Stabilization Services  EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant-Certified Medication Technician)  Erectile Dysfunction Procedures  X  Eye Procedures—Inpatient					
Durable Medical Equipment (>\$1,000.00)  Durable Medical Equipment (DME)/Disposable Medical Supplies (DMS)  Durable Medical Equipment ((x/o HCPCS)  Durable Medical Equipment ((x/o \$1,000.00)  Durable Medical Equipment rental (>3 months)  Durable Medical Equipment rental (≤3 months)  Durable Medical Equipment rental (≤3 months)  Emergency Room-EMTALA Screening  Emergency Room-EMTALA Screening  Emergency Room-Post-Stabilization Services  EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Mursing Assistant-Certified Medication Technician)  Erectile Dysfunction Procedures  Eye Procedures—Inpatient  X  Eye Procedures—Inpatient			X		
Durable Medical Equipment (DME)/Disposable Medical Supplies (DMS)  Durable Medical Equipment (w/o HCPCS)  Durable Medical Equipment (≤ \$1,000.00)  Durable Medical Equipment rental (> 3 months)  Durable Medical Equipment rental (≤ 3 months)  Durable Medical Equipment rental (≤ 3 months)  Emergency RoomEMTALA Screening  Emergency RoomEMTALA Screening  Emergency Room-Post-Stabilization Services  EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Medication Technician)  Erectile Dysfunction Procedures  Ey X  Ey Procedures—Inpatient  X  Ey Procedures—Inpatient			X		
Durable Medical Equipment (w/o HCPCS)  Durable Medical Equipment (≤ \$1,000.00)  Durable Medical Equipment rental (≤ 3 months)  Durable Medical Equipment rental (≤ 3 months)  Durable Medical Equipment rental (≤ 3 months)  Emergency RoomEMTALA Screening  X  Emergency RoomPost-Stabilization Services  EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant-Certified Medication Technician)  Erectile Dysfunction Procedures  Eye Proceduresinpatient  X  Eye Proceduresinpatient			X V		
Durable Medical Equipment (≤ \$1,000.00)  Durable Medical Equipment rental (> 3 months)  Durable Medical Equipment rental (≤ 3 months)  Durable Medical Equipment rental (≤ 3 months)  Emergency RoomEMTALA Screening  Emergency RoomPost-Stabilization Services  Emergency Room-Post-Stabilization Services  EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant-Certified Medication Technician)  Erectile Dysfunction Procedures  Eye ProceduresInpatient  X   X  Eye ProceduresInpatient			У		
Durable Medical Equipment rental (> 3 months)  Durable Medical Equipment rental (≤ 3 months)  Emergency RoomEMTALA Screening  Emergency RoomPost-Stabilization Services  Emergency Room-Post-Stabilization Services  EY  EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant-Certified Medication Technician)  Erectile Dysfunction Procedures  Eye Procedures—Inpatient  X  X  Eye Procedures—Inpatient			ν γ		
Durable Medical Equipment rental (≤ 3 months)  Emergency RoomEMTALA Screening  Emergency Room-Post-Stabilization Services  EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant-Certified Medication Technician)  Erectile Dysfunction Procedures  Eye ProceduresInpatient  X  X  X  Eye ProceduresInpatient			X		
Emergency RoomEMTALA Screening  Emergency Room-Post-Stabilization Services  Emergency Room-Post-Stabilization Services  EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant-Certified Medication Technician)  Erectile Dysfunction Procedures  Eye ProceduresInpatient  X  X  Eye ProceduresInpatient			**		
Emergency Room-Post-Stabilization Services  EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant-Certified Medication Technician)  Erectile Dysfunction Procedures  Eye ProceduresInpatient  X  X  X  X  X  X  X  X  X  X  X  X  X					x
EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant-Certified Medication Technician)  Erectile Dysfunction Procedures  Eye ProceduresInpatient  X  X					
Erectile Dysfunction Procedures X Eye ProceduresInpatient X			Х		^
Eye ProceduresInpatient X		X			
			Х		

Family Supports: Behavioral support services		Χ		
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		Χ		
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 Family Supports: Support broker services		X V		
Family Supports: Transportation		х У		
Family Supports: Vehicle modification		X		
Foster Care Evaluation/Check-up for children entering State custody			X	
Gender affirmation surgery	Х		•	
Genetic Counseling			X	
Grafts/Implants	Х			
Grafts/Implantsoutpatient			X	
HCBS: case management		Χ		
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))		Χ		
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)		Χ		
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) HH: Registered Nurse (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		× ×		
HH: Speech therapy		х У		
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: occupational therapy		X		
Home Health Services: physical therapy		Χ		
Home Health Services: skilled nursing services		X		
Home Health Services: speech pathology services		Χ		
Hospice: Short-term inpatient care	Х			
Hospice CareInpatient	Χ			
Hospital Careinpatient	Χ			
Hyperbaric Oxygen Therapy			X	
Hysterectomy	Х			
ICS: case management		X		
Infusion/Maintenance Drug Infusion	V		Х	
Institutional Long Term Care/Skilled Nursing Facility (first 90 days) Investigational Surgeries/Clinical Trialsinpatient	X X			
Investigational Surgeries/Clinical Trialsinpatient	^		X	
MCO administered prescription drug			^	X
Medical Day Care waiver with associated services(16+ years of age):		Χ		
National Diabetes Prevention Program Services			X	
Nerve Stimulatoroutpatient			X	
Neuro-Psychological Testing/Developmental Delay Programs			X	
Neurostimulators	Х			
Neurosurgical proceduresinpatient	Х			
Neurosurgical proceduresoutpatient			X	
Newborn Office Services			X	
NICU/Sick baby/Detained baby	X			
Nursing Facility: Activities	Х			
Nursing Facility: Dental services	X			
Nursing Facility: Dietary services	Х			

Nursing Facility: Laboratory, radiology and other diagnostic testing	X X	
Nursing Facility: Nursing services  Nursing Facility: Pharmaceutical services	×	
Nursing Facility: Physician services	^ x	
Nursing Facility: Social work	×	
Nursing Facility: Specialized rehabilitation	X	
Nutritional Counseling		Χ
Observation Stay up to 24 h		Х
OB Ultrasound		X
Occupational Therapy		X
Occupational Therapyinpatient	X	
Oncology Servicesinpatient	Χ	
Oncology Treatment		X
Oral Surgery Adult		X
Oral Surgery Child		Х
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)	Х	V
PACE: Medical specialty services (podiatry, psychiatry, dentistry, optometry and audiology) PACE: Rehabilitation		X X
Pain Management Procedures		x x
Pain Management Visits		X
Physical Therapy		X
Physical Therapyinpatient	X	^
Plastic and Restorative Surgeryinpatient	X	
Plastic and Restorative Surgeryoutpatient		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
Proton Therapy Treatment		X
Pulmonary Rehab		X
Rehabilitation Services (Acute)	X	
Remote Patient Monitoring	Х	
Room and Board	Х	
Sleep Studies /Sleep Apnea Studies		X
Somatic services related to gender dysphoria Specialty Care		X
Speech Therapyinpatient	X	X
Speech Therapy—inpatient  Speech Therapy—outpatient	^	X
Spinal Cord Stimulator	X	^
Sterlization servicesinpatient	X	
Sterlization Servicesoutpatient		X
Surgery (nonurgent)inpatient	X	
Surgery (urgent)inpatient	X	
Transplants	X	
Transplants Pre and Post Transplant Services	X	
Transplants Pre and Post Transplant Servicesoutpatient		X
Transportation between hospitals	X	
Urgent Care		X
Vision Services		Χ
Wound Vacuum-assisted closure (VAC)		X
MH/SUD Reposit	Innations Outsetient Other	Outpatient Office Raced Emergency Denefits Proceedings Dene
Acute Care Services  Acute Care Services	Inpatient Outpatient - Other X	Outpatient - Office Based Emergency Benefits Prescription Drugs
Alcohol and/or drug assessment		Х
Ambulatory detoxification		X
Biofeedback		X

Drug Testing		x			
Electroconvulsive therapy (ECT)outpatient			Χ		
Evaulation and Management-Outpatient			Χ		
Family Psycho-Educational Therapy			Χ		
Family Therapyoutpatient			Χ		
Group therapyoutpatient			Χ		
Group therapyoutpatient			X		
Health Behavior Assessment			X		
Health Behavior Reassessment			X		
Individual Psycho-Educational Therapy			X		
Individual therapyoutpatient			X		
Individual therapyoutpatient			Χ		
Inpatient ASAM 4.0	Χ				
Inpatient Detoxificationhospital	Χ				
Inpatient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)	Χ				
Intensive outpatient (IOP)			X		
Intensive Outpatient (IOP)ASAM 2.1			Χ		
Laboratory Services		X			
Laboratory Services		х			
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)			Χ		
MAT Initial Intake (Evaluation and Management, Including Rx)			Χ		
MAT Ongoing (Evaluation and Management, including Rx)			X		
Mental health assessment			X		
Mental health reassessment			Χ		
Mobile treatment-Assertive community treatment (ACT)		X			
Mobile treatment-non-ACT		X			
Multiple family group therapy			X		
Not Applicable				Χ	Х
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		
primary mental health services (assessment, clinical evaluation, referral to ASO)			Χ		
Psychiatric Rehabilitation Services			X		
Psychological or neuropsychological testing and evaluation			X		
Residential SUD TreatmentASAM 3.1	X				
Residential SUD TreatmentASAM 3.3	X				
Residential SUD TreatmentASAM 3.5	X				
Residential SUD TreatmentASAM 3.7	X				
Residential SUD TreatmentASAM 3.7WM (Licensed ASAM 3.7D in Maryland)	X				
Residential Treatment Centers	X				
Special Psychiatric Hospital	X				
Targeted Case Management		X			
Therapeutic Behavioral Services			X		
Traumatic Brain Injury (TBI) Day Habilitation			Х		

#### Evidentiary Standards Outlier Management

		Outlier Management		
		Med/Surg		
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.	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.	
2. 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.	
3. 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.		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	
4. prior authorization requirement	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
<ol><li>Relative reimbursement rates</li></ol>			Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	
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.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
7. Service type		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	
8. 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.	
9. 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.		
		Utilization is two standard deviations above average utilization per episode of care.		
10. was service medically necessary	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
		MH/SUD		
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits Prescription Drugs
Excessive utilization	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	
	Utilization is two standard deviations above average utilization per episode of care.	Utilization is two standard deviations above average utilization per episode of care.	Utilization is two standard deviations above average utilization per episode of care.	
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. Not Applicable	Not Applicable		Not Applicable	Not Applicable
5. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate 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.	
		Utilization is two standard deviations above average utilization per episode of care.	Utilization is two standard deviations above average utilization per episode of care.	

# Operation Measures Outlier Management Med/Surg

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	X			
Dollar spend trends					X
duplicate records (monthly)			X		
Frequency that authorization requirements are waived	X				
Frequency with which reviews are conducted	X	Х			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	Х			
Number of days or visits authorized per review	X				
Outlier Management Data		Х			
provider financial analysis (monthly)			X		
Requirements for the qualifications of provider staff involved in reviews	X	Х	X	X	
The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.	X	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
MH/SUD					
Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	<b>Emergency Benefits</b>	Prescription Drugs
Authorization Denial Rates for MH/SUD	X				
Authorization Denial Rates for MH/SUD	X	Х			
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	Х	X	x		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	Х	Х	x		
NQTL does not apply to any services in this classification				X	
NQTL does not apply to any services in this classification				Х	
NQTL does not apply to any services in this classification					X
Outlier Management Data	Y				~
Outlier Management Data	^	X			
Outlier Management Data		^	<b>v</b>		
Julier Internation Data			^		

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

		Wica/Julg					
	Benefit		Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
) Preventive services (cleanings, fluoride, etc.) - Clinic;					X		
) Diagnostic services (oral exams, x-rays, etc.) - Clinic;					X		
) Preventive services (semiannual cleanings, fluoride, etc.) - OP OR/ASC;				X			
) Diagnostic services (oral exams, x-rays, sealants, etc.) - Clinic;					X		
Restorative services (filings, crowns, etc) - Clinic;					X		
) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;				X			
) Endodontic services (root canals, etc.) - Clinic;					X		
Periodontal services (scaling, full mouth debridement, etc.) - Clinic;					X		
Restorative services (filings, crowns, etc) - Clinic;					X		
) Prosthodontics (adjustment of dentures, etc.) - Clinic;					X		
Restorative services (filings, crowns, etc) - OP OR/ASC;				X			
) Endodontic services (root canals, etc.) - Clinic;					X		
) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic; and					X		
Anesthesia - Clinic.					X		
) Endodontic services (root canals, etc.) - OP OR/ASC;				Х			
) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;					X		
0) Periodontal services (scaling, full mouth debridement, etc.) - OP OR/ASC;				X			
1) Prosthodontics (dentures, etc.) - Clinic;					X		
2)Prosthodontics (dentures, etc.) - OP OR/ASC;				X			
3) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic;					X		
4) Oral and Maxillofacial surgery services (extractions, etc.) - OP OR/ASC;				X			
5) Orthodontic services - Clinic;					X		
.7) Anesthesia - OP OR/ASC.				X			
mputationsinpatient			X				
mputationsoutpatient					X		
nesthesiaInpatient			X				
pplied Behavior Analysis (autism services)primarily in-home				Х			
utism: adult life planning				Х			
utism: Environmental accessibility adaption				Χ			
utism: Family leave (retainer day)				Χ			
utism: family training				×			
utism: Intensive individual support services				Y Y			
utism: Residential habilitation (regular and intensive)				× ×			
				× ×			
utism: Respite care				^ V			
utism: Therapeutic integration (regular and intensive)			V	Χ.			
ariatric Surgery			Х				
rain Injury: Day habilitation				X			
rain injury: Individual support services				X			
rain injury: medical Day Care				X			
rain Injury: Residential habilitation				Х			
rain injury: Supported employment				Х			
ypass surgeryinpatient			X				
ypass surgeryoutpatient					X		
apsule Endoscopy					X		
ardiac Procedures (non-emergent)inpatient			X				
ardiac Procedures (non-emergent)outpatient					X		
ardiac Rehabilitation					X		
FC: Accessibility adaptations				X			
FC: assistive technology				Χ			
FC: Consumer training				Χ			
FC: environmental assessments				X			
FC: home delivered meals				X			
FC: Personal emergency response system				Х			
				x			
· C: Transition services				^			
FC: Transition services			Y				
nemotherapyinpatient			Х		v		
nemotherapyinpatient nemotherapyoutpatient			Х		X		
nemotherapyinpatient			x x		x x		

Corrective Surgeryoutpatient			Χ
Cosmetic ProceduresInpatient	X		
CPAS and CFC: Nurse monitoring		X	
CPAS and CFC: Personal assistance services		X	
Dermatology Procedures			Х
DialysisInpatient	X		
Dialysisoutpatient			Х
Disposable Medical Equipment (w/o HCPCS)		Х	
Disposable Medical Supplies (> \$500.00)		X	
Disposable Medical Supplies (≤ \$500.00)		Χ	
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 ProceduresInpatient	Х		
FFS M/S Drug			
Gender affirmation surgery	Х	v	
Genetic Testing	V	Χ	
Grafts/Implants	Х		V
Grafts/Implantsoutpatient		V	Х
HCBS: Assisted living		X X	
HCBS: Behavioral consultation		X	V
HCBS: behavioral consultation		V	X
HCBS: family training		X X	
HCBS: Medical Day Care  HCBS: Nutritionist/Dietician		X	
HCBS: nutritionist/Dietician		^	X
HH: Home Health Aide		Χ	^
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 (> 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 (> 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 (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate)		Y	
HH: Speech therapy (≤1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		Y	
Home Health Services: medical supplies used for home heath visit		Y	
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 CareInpatient	X		
Hospice CareOutpatient		Χ	
Hospital Careinpatient	Χ		
Hyperbaric Oxygen Therapy			Х
Hysterectomy	X		
ICS: Assisted living		Χ	
ICS: behavioral consultation		X	
ICS: Behavioral consultation			X
ICS: Family training		Χ	
ICS: Medical Day Care		X	
ICS: Nutritionist/Dietician		X	
ICS: Nutritionist/Dietician			X
ICS: senior Center Plus		Х	
Infusion/Maintenance Drug Infusion			X

Institutional Long Term Care/Skilled Nursing Facility (first 90 days)	X			
Investigational Surgeries/Clinical Trialsinpatient	X			
Investigational Surgeries/Clinical Trialsoutpatient			X	
MCO administered prescription drug				Х
Neurostimulators	X			
Neurosurgical proceduresinpatient	X			
Nursing Facility: Activities	X			
Nursing Facility: Dental services	Χ			
Nursing Facility: Dietary services	Χ			
Nursing Facility: Laboratory, radiology and other diagnostic testing	Χ			
Nursing Facility: Nursing services	X			
Nursing Facility: Pharmaceutical services	X			
Nursing Facility: Physician services	X			
Nursing Facility: Social work	Χ			
Nursing Facility: Specialized rehabilitation	X			
Occupational Therapy			X	
Occupational Therapyinpatient	X			
Oncology Servicesinpatient	X			
Oncology Treatment			X	
Oral Surgery Adult			X	
Oral Surgery Child			X	
Outpatient hospital care (non-emergent)			X	
Outpatient Rehabilitative services			X	
Outpatient Surgery (Ambulatory Surgery Center)		V	X	
Oxygen (w/o HCPCS) PACE: In-home care		^ V		
PACE: Meals		X Y		
PACE: Medical specialty services (podiatry, psychiatry, dentistry, optometry and audiology)		٨	Χ	
PACE: Nursing care		X	^	
PACE: Personal care		X		
PACE: Recreation		X		
PACE: Rehabilitation			X	
PACE: Social work		Χ		
PACE: Transportation		X		
Pain Management Procedures			X	
Pain Management Visits			X	
Physical Therapy			X	
Physical Therapyinpatient	X			
Plastic and Restorative Surgeryinpatient	Χ			
Plastic and Restorative Surgeryoutpatient			X	
Podiatry Services			X	
Post-Stabilization Services			X	
Post-Stabilization Services-outpatient			X	
Proton Therapy Treatment			X	
Pulmonary Rehab  Pulmonary Rehab	V		X	
Rehabilitation Services (Acute)	X	V		
Remote Patient Monitoring Sleep Studies /Sleep Apnea Studies		X	<b>V</b>	
Somatic services related to gender dysphoria			×	
Speech Therapyinpatient	x		*	
Spinal Cord Stimulator	X			
Surgery (nonurgent)inpatient	X			
Transplants	X			
Transplants Pre and Post Transplant Services	X			
Transplants Pre and Post Transplant Servicesoutpatient			X	
Transportation between hospitals	X			
Wound Vacuum-assisted closure (VAC)			X	
MH/SUD				

Biofeedback			X
Electroconvulsive therapy (ECT)outpatient			X
Evaulation and Management-Outpatient			Χ
Family Therapyoutpatient			Χ
FFS MH Drug			
FFS SUD Drug			
Group therapyoutpatient			Χ
Group therapyoutpatient			Χ
health home services for MH reasons (serious and persistent mental illness (SPMI) - services by mobile treatment services (MTS) or psychological rehabilitation programs			Χ
Individual therapyoutpatient			Χ
Individual therapyoutpatient			Χ
Inpatient ASAM 4.0	X		
Inpatient Detoxificationhospital	X		
Inpatient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)	X		
Intensive outpatient (IOP)			X
Intensive Outpatient (IOP)ASAM 2.1			Χ
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)			X
MAT Initial Intake (Evaluation and Management, Including Rx)			Χ
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			Χ
Not Applicable		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			Χ
Partial hospitalization (PHP)			Χ
Partial Hospitalization (PHP)ASAM 2.5			X
Psychiatric Rehabilitation Services			X
Psychological or neuropsychological testing and evaluation			X
Residential SUD TreatmentASAM 3.1	X		
Residential SUD TreatmentASAM 3.3	X		
Residential SUD TreatmentASAM 3.5	X		
Residential SUD TreatmentASAM 3.7	X		
Residential SUD TreatmentASAM 3.7WM (Licensed ASAM 3.7D in Maryland)	X		
Residential Treatment Centers	X		
Special Psychiatric Hospital	X		
Targeted Case Management		X	
Therapeutic Behavioral Services			Χ
Traumatic Brain Injury (TBI) Day Habilitation			Χ

Factors
Prior Authorization/Pre-Authorization

Med/Sui	r <b>g</b>				
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	<b>Emergency Benefits</b>	Prescription Drugs
clinical appropriateness / medical necessity					R
Elasticity of demand		R			
Excessive utilization	R	R	R		R
fail first protocol					R
High variability in cost per episode of care			R		
Lack of clinical efficiency of treatment or service	R	R	R		R
Medicare/Medicaid program participation eligibility	R	R			R
medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					R
Provider discretion in determining type or length of treatment					R
Quality and performance measures (including customer feedback)		R			
Recent medical cost escalation					R
Relative reimbursement rates			R		
Safety risks					R
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		R
MH/SUI	D				
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	<b>Emergency Benefits</b>	Prescription Drugs
clinical appropriateness / medical necessity					R
fail first protocol					R
High levels of variation in length of stay		R	R		
Lack of clinical efficiency of treatment or service					R
Least restrictive appropriate level of care	R	R	R		
medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					R
Not Applicable	R	R	R		R
Service type		R	R		
	R	R	R		R
		R	R		
Severity or chronicity of an illness Variability in quality	R	R R	R R		R

#### **Operation Measures**

#### Prior Authorization/Pre-Authorization

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Criteria applied based on FDA labeling and requirements and Official					Х
Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					Х
Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.					X
Consequences or penalties that apply to benefits when an NQTL requirement is not met.					Х
Degree of discretion exercised by utilization review staff	X	Х			
evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis		Х			
Frequency that authorization requirements are waived	X				
Frequency with which reviews are conducted	X	Х			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				
Number of days or visits authorized per review	X	Х			
Requirements for the qualifications of provider staff involved in reviews	X	Х	X		
services preauthorized not received (monthly)			X		
The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.	X	Х	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					Х
MH/SUD					
Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drug
Authorization Denial Rates for MH/SUD	X				
Authorization Denial Rates for MH/SUD		X	Х		
Clinical Criteria applied based on FDA labeling and requirements and Official					Х
Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					х
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	X	Х	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
ounization dictios					^

#### **Service limitations**

Californiant convicus (continuous) desirations (activate, cat.) OF GRAGE   Californiant convent (activate, cat.) or GRAGE   Californiant convent (act.) or GRAGE   Californiant		Wieu/Suig					
	Benefit		Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
				X			
120   Personalizarior (ambient)   120				X			
23   13   13   13   13   13   13   13				X			
Stat Oral anticeal footbasic aurages regress softentions, and 10 POSACS   1				X			
27 Mandardaria-00 00/NSC, and protesting stations recover-primary in-force planety in-for				X			
Augined feature Analysis faciation revorsion—"printraliy informed pagined feature Analysis faciation revorsion—"printraliy informed pagined feature Analysis faciation (solit posterosity) and print (solit posterosity) and print (solit posterosity) and printraliy informed pagined feature Analysis faciation (solit posterosity) and printraliy information (solit posterosity) and printraliy information (solit posterosity) and (solit poste				X			
Agained Residency Analysis Quidos navinety-primarily in-none         X           Authins radii tille gene (estainer day)         X           Authins radii tille gene (estainer day)         X           Authins radii tille gene (estainer day)         X           Authins radii tille gene festianer day)         X           Authins radii bean (estainer day)         X           Authins radii bean (estainer day)         X           CFC, long additional program (regular and intense)         X           CFC Securition Security (estainer day)         X           CFC Securition Security (estainer day)         X           CFC Securition Security (estainer day)         X           LFCC Securition Security (estainer day)         X				Х			
Autom. dutilife planning         X           Autom. Enterformeting (September private privat				X			
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Hospice: nursing services       X         ICS: assisted living       X         ICS: case management       X         ICS: Family training       X         ICS: Nutritionist/Dietician       X         Not Applicable       X         Oxygen       X         PACE: Jahleth care       X         PACE: How health care       X         PACE: Masls       X         PACE: Mursing care       X         PACE: Personal care       X         PACE: Personal care       X         PACE: Resonal care       X         PACE: Social work       X				X			
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	PACE: Transportation			X			

Remote Patient Monitoring

Targeted Case Management

#### MH/SUD Benefit Outpatient - Office Based Outpatient - Other **Emergency Benefits** Inpatient **Prescription Drugs** Alcohol and/or drug assessment Ambulatory detoxification Χ Don't provide services for this classification Group therapy--outpatient Χ Individual therapy--outpatient Χ Intensive Outpatient (IOP)--ASAM 2.1 MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting) Χ MAT Initial Intake (Evaluation and Management, Including Rx) Χ Χ MAT Ongoing (Evaluation and Management, including Rx) Methadone Maintenance Χ Mobile treatment-Assertive community treatment (ACT) Χ Mobile treatment-non-ACT Χ Not Applicable Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified Opioid Treatment Program (OTP) services - including med management Χ Partial Hospitalization (PHP)--ASAM 2.5 Χ

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