Concurrent Review

Med/Surg

	Med/Surg				
Benefit Asupunture	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acupanture			Х		
Acute Care Services (Medical/Surgical)	X		V		
Amputationsoutpatient		V	X		
Applied Behavior Analysis (autism services)primarily in-home		X	X		
Audiology Services (hearing loss assessment and treatment) Autism: adult life planning		V	^		
Autism: Environmental accessibility adaption		У			
Autism: Family leave (retainer day)		X Y			
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)		Χ			
Brain Injury: Day habilitation		Х			
Brain injury: Individual support services		Х			
Brain injury: medical Day Care		Χ			
Brain Injury: Residential habilitation		X			
Brain injury: Supported employment		Х			
Bypass surgeryoutpatient			X		
Capsule Endoscopy			X		
Cardiac Rehabilitation			X		
FC: Accessibility adaptations		Х			
FC: assistive technology		Χ			
FC: Consumer training		X			
FC: environmental assessments		X			
CFC: home delivered meals		Χ			
FC: Personal emergency response system		Χ			
FC: Transition services		Χ			
Chemotherapyoutpatient			X		
Chiropractic Services			X		
ircumcision			X		
Community Pathways and Community Supports waivers: Assistive technology and services		Χ			
Community Pathways and Community Supports waivers: Behavioral support services		Χ			
Community Pathways and Community Supports waivers: Career exploration		Χ			
Community Pathways and Community Supports waivers: Community development		X			
Community Pathways and Community Supports waivers: Day habilitation		Χ			
ommunity Pathways and Community Supports waivers: Employment discovery and customization		X			
Community Pathways and Community Supports waivers: Employment services		X			
ommunity Pathways and Community Supports waivers: Environmental assessment		X			
ommunity Pathways and Community Supports waivers: Environmental modification		X			
ommunity Pathways and Community Supports waivers: Environmental modification		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		Y Y			
Community Pathways and Community Supports waivers: Nurse case management and delegation		^ V			
Community Pathways and Community Supports waivers: Nurse health case management		^ V			
		^ V			
Community Pathways and Community Supports waivers: Participant education, training and advocacy		Λ			
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 Surgeryoutpatient		Χ
Cosmetic Procedures/Surgeriesoutpatient		Χ
CPAS and CFC: Nurse monitoring	X	
CPAS and CFC: Personal assistance services	X	
Dermatology Procedures		Χ
Diagnostic and X-ray services: CToutpatient		Χ
Diagnostic and X-ray services: MRIoutpatient		Χ
Diagnostic and X-ray services: PEToutpatient		Χ
Diagnostic and X-ray services: Radiographyoutpatient		Χ
Disposable Medical Equipment (w/o HCPCS)	Χ	
Disposable Medical Supplies (> \$500.00)	Χ	
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.	Χ	
Durable Medical Equipment (> \$1,000.00)	Χ	
Durable Medical Equipment (DME)/Disposable Medical Supplies (DMS)	Χ	
Durable Medical Equipment (w/o HCPCS)	X	
Durable Medical Equipment rental (≤ 3 months)	Χ	
EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant-Certified Medication Technician)	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	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	
Genetic Testing	X	
Grafts/Implantsoutpatient		Χ
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	

Hepatitis C Virus Genotyping		X		
HH: Home Health Aide		Х		
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)		Χ		
HH: Occupational therapy		Χ		
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)		Χ		
HH: physical therapy		Χ		
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)		Χ		
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)		Χ		
HH: Registered Nurse (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		X		
HH: Speech therapy		Χ		
HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate)		Χ		
HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		Χ		
Home Health Services: occupational therapy		Χ		
Home Health Services: physical therapy		Χ		
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		
		X		
Hospice: nursing services	V	۸		
Hospice: Short-term inpatient care	X X			
Hospice CareInpatient	Χ	V		
Hospice CareOutpatient	V	Χ		
Hospital Careinpatient	X			
Hyperbaric Oxygen Therapy			Х	
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		Х		
Infusion/Maintenance Drug Infusion			X	
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)	X			
Investigational Surgeries/Clinical Trialsoutpatient			X	
MCO administered prescription drug				X
Medical Day Care waiver with associated services(16+ years of age):		Χ		
Molecular Pathology Labs		Χ		
Nerve Stimulatoroutpatient			X	
Neuro-Psychological Testing/Developmental Delay Programs		Х		
Neuro-Psychological Testing/Developmental Delay Programs			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	Χ			
Nursing Facility: Nursing services	Χ			
Nursing Facility: Pharmaceutical services	X			

Nursing Facility: Physician services	Χ		
Nursing Facility: Social work	Χ		
Nursing Facility: Specialized rehabilitation	Χ		
Occupational Therapy			Χ
Oncology Treatment			Χ
Oral Surgery Adult			Χ
Oral Surgery Child			Χ
Outpatient Rehabilitative services			Χ
Outpatient Surgery (Ambulatory Surgery Center)			Χ
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	
Pain Management Procedures			Χ
Physical Therapy Physical Therapy			Χ
Plastic and Restorative Surgeryoutpatient			Χ
Podiatry Services			Χ
Private Duty Nursing		X	
Proton Therapy Treatment			Χ
Rehabilitation Services (Acute)	Χ		
Remote Patient Monitoring		X	
Room and Board	Χ		
Sleep Studies /Sleep Apnea Studies			Χ
Speech Therapyoutpatient			Χ
Sterlization Servicesoutpatient			Χ
Transplants Pre and Post Transplant Servicesoutpatient			Χ
Wound Vacuum-assisted closure (VAC)			Χ

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		
amily Therapyoutpatient			X		
Group therapyoutpatient			X		
roup therapyoutpatient			X		
nealth home services for MH reasons (serious and persistent mental illness (SPMI) - services by mobile treatment services (MTS) or psychological rehabilitation programs			X		
ndividual therapyoutpatient			X		
ndividual therapyoutpatient			X		
npatient ASAM 4.0	X				
npatient Detoxificationhospital	X				
npatient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)	X				
ntensive outpatient (IOP)			X		
ntensive Outpatient (IOP)ASAM 2.1			X		
MAT Ongoing (Evaluation and Management, including Rx)			X		
1ethadone Maintenance			X		

	X		
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	X		Χ
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Medical necessity

Med/Surg

		Med/Surg		
	Benefit		Inpatient Outpatient - Other	Outpatient - Office Based Emergency Benefits Prescription Drugs
(1) Preventive services (cleanings, fluoride, etc.) - Clinic;				Χ
(1) Preventive services (semiannual cleanings, fluoride, etc.) - Clinic;				X
(2) Diagnostic services (oral exams, x-rays, etc.) - Clinic;				X
(2) Preventive services (semiannual cleanings, fluoride, etc.) - OP OR/ASC;			X	
(3) Diagnostic services (oral exams, x-rays, sealants, etc.) - Clinic;				X
(3) Restorative services (filings, crowns, etc) - Clinic;				Χ
(4) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;			Х	
(4) Endodontic services (root canals, etc.) - Clinic;				χ
(5) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;				χ
(5) Restorative services (filings, crowns, etc) - Clinic;				Χ
(6) Prosthodontics (adjustment of dentures, etc.) - Clinic;				Χ
(6) Restorative services (filings, crowns, etc) - OP OR/ASC;			X	
(7) Endodontic services (root canals, etc.) - Clinic;				χ
(7) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic; and				Y
(8) Anesthesia - Clinic.				Y Y
(8) Endodontic services (root canals, etc.) - OP OR/ASC;			X	^
			X	X
(9) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;			v	Λ
(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				χ
(17) Anesthesia - OP OR/ASC.			X	
1915c: case management			X	
1915c: certified Nursing Assistant/Home Health Aide			 X	
1915c: medical Day Care			v	
			^ X	
1915c: nursing (private duty) (21+ years of age)			X	v
1915c: physician participation in plan of care meeting				X
1915c: Physician participation in plan of care meeting				X
Acne Services				Х
Acupunture				Χ
Acute Care Services (Births/Deliveries)			X	
Acute Care Services (Medical/Surgical)			X	
Amputationsinpatient			X	
Amputationsoutpatient				χ
Ancillary Services			X	
AnesthesiaInpatient			X	
Applied Behavior Analysis (autism services)primarily in-home			`` X	
			Λ V	
Applied Behavior Analysis (autism services)primarily in-home			X	v
Audiology Services (hearing loss assessment and treatment)				X
Augmentive communication devices			X	
Autism: adult life planning			X	
Autism: Environmental accessibility adaption			Х	
Autism: Family leave (retainer day)			Х	
Autism: family training			X	
Autism: Intensive individual support services			X	
Autism: Residential habilitation (regular and intensive)			Х	
Autism: Respite care			X	
Autism: Therapeutic integration (regular and intensive)			X	
Bariatric Surgery			X	
Blood/Blood Products			۸	X
				۸
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 surgeryinpatient			X	
Bypass surgeryoutpatient				X
Capsule Endoscopy				X
Cardiac Procedures (non-emergent)inpatient			X	
Cardiac Procedures (non-emergent)—inpatient			^	X
				X
Cardiac Rehabilitation				٨
Care Management			X	

CFC: Accessibility adaptations		х	
CFC: assistive technology		X	
CFC: Consumer training		X X	
CFC: environmental assessments CFC: home delivered meals		X	
CFC: Personal emergency response system		X	
CFC: Transition services		Х	
Chemotherapyinpatient Chemotherapy system of the control of the	X		V
Chemotherapyoutpatient Chiropractic Services			X X
Circumcision			X
Clinic ServicesCoumadin Clinic			X
Clinic ServicesFQHC			X
Clinic ServicesHeart Failure Clinic Clinic ServicesOther			X X
Clinic ServicesSBHC			X
Clinic ServicesWound Clinic			X
Community Pathways and Community Supports waivers: Assistive technology and services		X	
Community Pathways and Community Supports waivers: Behavioral support services Community Pathways and Community Supports waivers: Career exploration		X X	
Community Pathways and Community Supports waivers: Career exploration Community Pathways and Community Supports waivers: Community development		X	
Community Pathways and Community Supports waivers: Day habilitation		Χ	
Community Pathways and Community Supports waivers: Employment discovery and customization		X	
Community Pathways and Community Supports waivers: Employment services		X X	
Community Pathways and Community Supports waivers: Environmental assessment 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 Community Pathways and Community Supports waivers: Medical Day Care		X 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 X	
Community Pathways and Community Supports waivers: Personal supports Community Pathways and Community Supports waivers: Respite care services		X	
Community Pathways and Community Supports waivers: Support broker services		Х	
Community Pathways and Community Supports waivers: Supported employment		Χ	
Community Pathways and Community Supports waivers: Transportation		X	
Community Pathways and Community Supports waivers: Vehicle modification Community Pathways only: community living		X	
Community Pathways only: live-in caregiver supports		Х	
Community Pathways only: Remote support services		X	
Community Pathways only: Shared living		X X	
Community Pathways only: Support living Community Pathways only: transition services		X	
Corrective Surgeryinpatient	X		
Corrective Surgeryoutpatient			X
Cosmetic ProceduresInpatient	X		V
Cosmetic Procedures/Surgeriesoutpatient CPAS and CFC: Nurse monitoring		Х	Х
CPAS and CFC: Personal assistance services		Х	
Dermatology Procedures			X
Diabetic Education Diagnostic and X-ray consists: CT_innation:	Х	Χ	
Diagnostic and X-ray services: CTinpatient Diagnostic and X-ray services: CToutpatient	^		Х
Diagnostic and X-ray services: MRIinpatient	Х		
Diagnostic and X-ray services: MRIoutpatient			X
Diagnostic and X-ray services: PETinpatient Diagnostic and X-ray services: PET- outpatient	Х		X
Diagnostic and X-ray services: PEToutpatient Diagnostic and X-ray services: Radiographyinpatient	X		^
Diagnostic and X-ray services: Radiographyoutpatient	~		х
DialysisInpatient	X		
Dialysisoutpatient Disposable Medical Equipment (v./o HCDCS)		v	Х
Disposable Medical Equipment (w/o HCPCS) Disposable Medical Supplies (> \$500.00)		X X	
Disposable Medical Supplies (≤ \$500.00)		X	
DME/DMS Alternative ApproachFull category; need to identify any NQTLs that apply to any DME/DMS under the broad category. Description of NQTL factors should be more detailed.		X	

Durable Medical Equipment (> \$1,000.00)	X	
Durable Medical Equipment (DME)/Disposable Medical Supplies (DMS)	x	
Durable Medical Equipment (w/o HCPCS)	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 Eve ProceduresInpatient X		
	V	
Family Supports: Assistive technology and services Family Supports: Behavioral support services	^ Y	
Family Supports: Environmental assessment	×	
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 Family Supports: Transportation	^ Y	
Family Supports: Vehicle modification	×	
FFS M/S drug		
Foster Care Evaluation/Check-up for children entering State custody	Х	
Gender affirmation surgery X		
Genetic Counseling	Х	
Genetic Testing	X	
Grafts/Implants X		
Grafts/Implantsoutpatient	Х	
HCBS: Assisted living	X	
HCBS: Behavioral consultation HCBS: behavioral consultation	X	
HCBS: case management	X	
HCBS: family training	X	
HCBS: Medical Day Care	X	
HCBS: Nutritionist/Dietician	x	
HCBS: nutritionist/Dietician	Х	
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	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) 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	
	V	
HH: physical therapy	X	
HH: Physical therapy	X	
HH: Physical therapy HH: Physical therapy (> 1 visit per day; ; services rendered during a 30-day period in excess of the Medicaid NF rate)	**	
HH: Physical therapy HH: Physical therapy (> 1 visit per day; ; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Physical therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)	X	
HH: Physical therapy HH: Physical therapy (> 1 visit per day; ; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Physical therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Registered Nurse	X	
HH: Physical therapy HH: Physical therapy (> 1 visit per day; ; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Physical therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Registered Nurse HH: registered Nurse	X	
HH: Physical therapy HH: Physical therapy (> 1 visit per day; ; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Physical therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Registered Nurse HH: registered Nurse HH: Registered Nurse (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate)	X	
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HH: Physical therapy HH: Physical therapy (> 1 visit per day; ; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Physical therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Registered Nurse HH: registered Nurse 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 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)	X	
HH: Physical therapy HH: Physical therapy (> 1 visit per day; ; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Physical therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Registered Nurse HH: registered Nurse 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: Registered Nurse (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Speech therapy	x x x x x x x	
HH: Physical therapy HH: Physical therapy HH: Physical therapy (> 1 visit per day; ; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Physical therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Registered Nurse HH: registered Nurse HH: Registered Nurse (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Registered Nurse (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Speech therapy HH: Speech therapy	x x x x x x x	
HH: Physical therapy HH: Physical therapy (> 1 visit per day; ; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Physical therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Registered Nurse HH: Registered Nurse HH: Registered Nurse (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Speech therapy HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)	x x x x x x x x x x x x x x x x x x x	
HH: Physical therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Physical therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Registered Nurse HH: Registered Nurse HH: Registered Nurse (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Registered Nurse (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Speech therapy HH: Speech therapy HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: One and Community Based Options waiver:	x x x x x x x	
HH: Physical therapy HH: Physical therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Physical therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Registered Nurse HH: Registered Nurse HH: Registered Nurse (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Registered Nurse (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Speech therapy HH: Speech therapy HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: AlbS laboratory services HN/AIDS laboratory services HOME and Community Based Options waiver: Home Health Services: medical supplies used for home heath visit	x x x x x x x x x x x x x x x x x x x	
HH: Physical therapy (> 1 visit per day; ; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Physical therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Registered Nurse HH: Registered Nurse (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Registered Nurse (≤ 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Speech therapy HH: Speech therapy HH: Speech therapy HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Speech therapy (Solve the	x x x x x x x x x x x x x x x x x x x	
HH: Physical therapy HH: Physical therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Physical therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Registered Nurse HH: Registered Nurse HH: Registered Nurse (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Registered Nurse (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Speech therapy HH: Speech therapy HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate) HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH: Speech therapy (> 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate) HH/AIDS laboratory services Home and Community Based Options walver: Home Health Services: medical supplies used for home heath visit	x x x x x x x x x x x x x x x x x x x	

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 services		X		
Hospice: nursing services Hospice: Occupational therapy		^	X	
Hospice: Physical therapy			X	
Hospice: Physician services			X	
Hospice: Short-term inpatient care	Х			
Hospice: Speech therapy			X	
Hospice CareInpatient	Х			
Hospice CareOutpatient		X		
Hospital Careinpatient	Х			
Hyperbaric Oxygen Therapy Hyperbaric Oxygen Therapy	X		X	
Hysterectomy 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		Χ	X	
Infusion/Maintenance Drug Infusion Institutional Long Term Care/Skilled Nursing Facility (first 90 days)	X		*	
Investigational Surgeries/Clinical Trialsinpatient	X			
Investigational Surgeries/Clinical Trialsoutpatient			X	
Laboratory Services		Χ		
MCO administered prescription drug				Х
Medical Day Care Waiver with associated services		X		
Medical Day Care waiver with associated services(16+ years of age):		X		
Molecular Pathology Labs		X		
National Diabetes Prevention Program National Diabetes Prevention Program Services		X	V	
National Diabetes Prevention Program Services Nerve Stimulatoroutpatient			X X	
Neuro-Psychological Testing/Developmental Delay Programs		Χ	^	
Neuro-Psychological Testing/Developmental Delay Programs			X	
Neurostimulators	X			
Neurosurgical procedures—inpatient	Х			
Neurosurgical proceduresoutpatient			X	
Newborn Office Services	V		X	
NICU/Sick baby/Detained baby Nursing Facility: Activities	X			
Nursing Facility: Dental services	X			
Nursing Facility: Dietary services	X			
Nursing Facility: Laboratory, radiology and other diagnostic testing	Х			
Nursing Facility: Nursing services	Х			
Nursing Facility: Pharmaceutical services	X			
Nursing Facility: Physician services	X			
Nursing Facility: Social work Nursing Facility: Specialized rehabilitation	X X			
Nursing Facility: Specialized renabilitation Nutritional Counseling	*		X	
OB Ultrasound			X	
Occupational Therapy			X	
Occupational Therapy—inpatient	Х			
Oncology Services—inpatient	X			
Oncology Treatment			x	
Oral Surgery Adult			X	
Oral Surgery Child			X	
Outpatient hospital care (emergent) Outpatient hospital care (emergent)			X	
Outpatient hospital care (non-emergent) Outpatient Rehabilitative services			^ x	
Outpatient Renabilitative Services Outpatient Surgery (Ambulatory Surgery Center)			X	
Oxygen		X		
Oxygen (w/o HCPCS)		X		
PACE: Day health care		X		
PACE: In-home care		Х		

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

		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				
AnesthesiaInpatient			X				
Biofeedback					X		
Buprenorphine guest dosing					X		
Discharge Day			Х				
Drug Testing				Χ			
Electroconvulsive therapy (ECT)inpatient			Х				
Electroconvulsive therapy (ECT)outpatient					X		
Evaulation and Management-Outpatient					X		
Family Psycho-Educational Therapy					X		
Family therapyinpatient			X				
Family Therapyoutpatient					X		
Family therapy—SUD inpatient			X				
FFS MH Drug							Х
FFS SUD Drug							Х
Group therapyinpatient			Х				
Group therapyoutpatient					X		
Group therapyoutpatient					X		
and the state of t					•		

Group therapy—SUD inpatient	X		
Health Behavior Assessment			Χ
Health Behavior Reassessment			Х
health home services for MH reasons (serious and persistent mental illness (SPMI) - services by mobile treatment services (MTS) or psychological rehabilitation programs			Χ
health home services for SUD (opioid addiction) - opioid treatment program			Χ
Individual Psycho-Educational Therapy			X
Individual therapyinpatient	Х		~
Individual therapyoutpatient			Х
Individual therapyoutpatient			X
Individual therapy—SUD inpatient	Х		
Inpatient ASAM 4.0	X		
Inpatient Detoxificationhospital	X		
Inpatient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)	X		
Intensive outpatient (IOP)			Х
Intensive Outpatient (IOP)ASAM 2.1			X
Laboratory Services		Х	Α
Laboratory Services 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)		Χ	^
Mobile treatment-non-ACT		X	
Multiple family group therapy		^	X
Not Applicable			^
nursing facility - MH services	Х		
Nursing Facility: SUD services	X		
Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified	^		X
Opioid Treatment Program (OTP) services - including med management			X
Partial hospitalization (PHP)			X
Partial Hospitalization (PHP)ASAM 2.5			X
Patient Consultation	Х		^
Peer Support Services		Χ	
Psychiatric Rehabilitation Services		Λ	X
Psychological or neuropsychological testing and evaluation			X
Psychological or neuropsychological testing and evaluation—inpatient	Х		~
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	^	Χ	
Therapeutic Behavioral Services			X
Transcranial Magnetic Stimulation (TMS)			X
Transcrana wagneric (m. /Tri) para lakilikatan			У

Traumatic Brain Injury (TBI) Day Habilitation

Operation Measures

Medical necessity

Med/Surg					
Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
werage length of stay authorized per episode of care	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
Degree of discretion exercised by utilization review staff	X	X	X		X
duplicate restorations (quarterly)			X		
Frequency potential treatments are reviewed to determined whether they are experimental and investigational		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
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	X	X	X		X
Number of days or visits authorized per review	X	X			X
he 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		Х
cracking 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
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					Х
nter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	Х	Х	Х		
nternal audit findings related to coverage determination consistency with the plan's medical necessity criteria	х	Х	X		
NQTL does not apply to any services in this classification				Х	
ervices not provided for this classification			X	Χ	
ype and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews			^	~	X
7F					

Utilization trends

Outlier Management Med/Surg

Med/Surg				
Benefit	Inpatient Outpatient - Oth	er 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 (filings, crowns, etc) - Clinic;	v	Х		
(4) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;	X	V		
(4) Endodontic services (root canals, etc.) - Clinic;		X		
(5) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;		X		
(5) Restorative services (filings, crowns, etc.) - Clinic; (6) Prosthodontics (adjustment of dentures, etc.) - Clinic;		X V		
(6) Restorative services (filings, crowns, etc.) - OP OR/ASC;	Х	^		
(7) Endodontic services (root canals, etc.) - Clinic;	^	×		
(7) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic; and		×		
(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		×		
(17) Anesthesia - OP OR/ASC.	X	•		
1915c: certified Nursing Assistant/Home Health Aide	×			
1915c: nursing (private duty) (21+ years of age)	×			
Acute Care Services (Births/Deliveries)	Υ			
Acute Care Services (Medical/Surgical)	X			
Amputationsinpatient	X			
Ancillary Services	X			
AnesthesiaInpatient	X			
Applied Behavior Analysis (autism services)primarily in-home	Υ Υ			
Autism: adult life planning	×			
Autism: Environmental accessibility adaption	×			
Autism: Family leave (retainer day)	×			
Autism: family training	×			
Autism: Intensive individual support services	×			
Autism: Residential habilitation (regular and intensive)	, v			
Autism: Respite care	× ×			
Autism: Therapeutic integration (regular and intensive)	^ v			
	× ×			
Bariatric Surgery Brain Injury: Day habilitation	^ _			
Brain injury: Individual support services	^ v			
Brain injury: medical Day Care	^ v			
Brain Injury: Residential habilitation	^ v			
	^ v			
Brain injury: Supported employment	χ ,			
Bypass surgeryinpatient Cardiac Procedures (non-emergent), inpatient	^ X			
Cardiac Procedures (non-emergent)inpatient CFC: environmental assessments	^			
	^ _			
CFC: home delivered meals Chemotherany-inpatient	X X			
Chemotherapyinpatient Community Bathways and Community Supports waivers: Assistive technology and convices	Α			
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			
	X			
Community Pathways and Community Supports waivers: Employment discovery and customization	A			
Community Pathways and Community Supports waivers: Employment services	X			
	x x			

Community Pathways and Community Supports waivers: Family and peer mentoring supports		Х
Community Pathways and Community Supports waivers: Family caregiver training and empowerment		X
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		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 Community Pathways and Community Supports waivers: Respite care services		X X
Community Pathways and Community Supports waivers: Nespite Care services 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		Χ
Community Pathways only: community living		X
Community Pathways only: live-in caregiver supports		Χ
Community Pathways only: Remote support services		X
Community Pathways only: Shared living		X
Community Pathways only: Support living		X
Corrective Surrect, innations	x	X
Corrective Surgeryinpatient Cosmetic ProceduresInpatient	X	
CPAS and CFC: Personal assistance services	^	Х
Diagnostic and X-ray services: CTinpatient	Х	
Diagnostic and X-ray services: MRIinpatient	Х	
Diagnostic and X-ray services: PETinpatient	Х	
Diagnostic and X-ray services: Radiographyinpatient	X	
DialysisInpatient	X	
Disposable Medical Equipment (w/o HCPCS)		X
Disposable Medical Supplies (> \$500.00)		X
Disposable Medical Supplies (≤ \$500.00) PMF / DMS Abstractive Approach Full statement peed to identify any NOTI of that apply to any DMF / DMS under the broad statement, Description of NOTI factors should be more detailed.		X X
DME/DMS Alternative ApproachFull category; need to identify any NQTLs that apply to any DME/DMS under the broad category. Description of NQTL factors should be more detailed. 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)		Χ
Durable Medical Equipment rental (> 3 months)		Χ
Durable Medical Equipment rental (≤ 3 months)		Χ
Emergency RoomBeyond EMTALA Screening		
Emergency Room- All inclusive ancillary services EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant-Certified Medication Technician)		V
Erectile Dysfunction Procedures	Х	X
Eye ProceduresInpatient	X	
Family Supports: Assistive technology and services		X
Family Supports: Behavioral support services		Χ
Family Supports: Environmental assessment		X
Family Supports: Environmental modification		Χ
Family Supports: Family and peer mentoring supports		X
Family Supports: Family caregiver training and empowerment		X
Family Supports: Housing support services		X X
Family Supports: Individual and family directed goods and services 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		Χ
Family Supports: Support broker services		X
Family Supports: Transportation		X
Family Supports: Vehicle modification	V	Х
Gender affirmation surgery Genetic Testing	Х	X
Grafts/Implants	X	^
HCBS: case management		Х

X X

HH: Home Health Aide		Х		
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)		Х		
HH: Occupational therapy		Χ		
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		Χ		
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 HH: registered Nurse		X V		
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		Х		
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)		Χ		
HH: Speech therapy (≤ 1 visit per day; services rendered during a 30-day period that do not exceed the Medicaid NF rate)		X		
Hospice: Short-term inpatient care	Χ			
Hospice Care—Inpatient	Χ			
Hospital Careinpatient	Х			
Hysterectomy	Х			
ICS: case management	v	Х		
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)	X X			
Investigational Surgeries/Clinical Trialsinpatient Laboratory Services	^	Х		
MCO administered prescription drug		۸		Χ
Medical Day Care waiver with associated services(16+ years of age):		Χ		
Molecular Pathology Labs		Χ		
Neurostimulators	Χ			
Neurosurgical proceduresinpatient	Χ			
NICU/Sick baby/Detained baby	X			
Nursing Facility: Activities	Χ			
Nursing Facility: Dental services	X			
Nursing Facility: Dietary services	X			
Nursing Facility: Laboratory, radiology and other diagnostic testing	X			
Nursing Facility: Nursing services Nursing Facility: Pharmaceutical services	X			
Nursing Facility: Physician services Nursing Facility: Physician services	X			
Nursing Facility: Social work	X			
Nursing Facility: Specialized rehabilitation	X			
Occupational Therapyinpatient	Χ			
Oncology Servicesinpatient	X			
Oxygen		Χ		
Oxygen (w/o HCPCS)		Х		
PACE: Day health care		X		
PACE: In-home care		X		
PACE: Meals PACE: Nursing care		X		
PACE: Personal care		X		
PACE: Recreation		X		
PACE: Social work		X		
PACE: Transportation		Х		
Pain Management Procedures			Χ	
Physical Therapyinpatient	X			
Plastic and Restorative Surgeryinpatient	X			
Post-Stabilization Services-inpatient	X			
Primary Care			X	
Rehabilitation Services (Acute)	X			
Room and Board Specialty Care	Х		v	
Specialty Care Speech Therapyinpatient	X		X	
opecon medapy impations	^			

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

	MH/SUD				
Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Dr
ute Care Services	X				
cohol and/or drug assessment			X		
nbulatory detoxification			X		
ofeedback			X		
rug Testing		X			
ectroconvulsive therapy (ECT)outpatient			X		
aulation and Management-Outpatient			X		
mily Psycho-Educational Therapy			X		
mily Therapyoutpatient			X		
roup therapyoutpatient			X		
roup therapyoutpatient			X		
ealth Behavior Assessment			X		
ealth Behavior Reassessment			X		
dividual Psycho-Educational Therapy			x		
dividual therapyoutpatient			×		
dividual therapyoutpatient			X		
npatient ASAM 4.0	X		^		
patient Detoxificationhospital	X				
	×				
patient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)	X		V		
tensive outpatient (IOP)			X		
tensive Outpatient (IOP)ASAM 2.1		.,	Х		
sboratory Services		X			
aboratory Services		Х			
IAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)			X		
IAT Initial Intake (Evaluation and Management, Including Rx)			X		
AT Ongoing (Evaluation and Management, including Rx)			X		
ental health assessment			X		
lental health reassessment			X		
lobile treatment-Assertive community treatment (ACT)		Х			
Tobile treatment-non-ACT		X			
fultiple family group therapy			X		
ot Applicable				X	Х
ursing facility - MH services	Х				
ursing Facility: SUD services	Х				
pioid Treatment Program (OTP) services - including med management			X		
artial hospitalization (PHP)			X		
artial Hospitalization (PHP)ASAM 2.5			X		
sychiatric Rehabilitation Services			X		
sychological or neuropsychological testing and evaluation			X		
esidential SUD TreatmentASAM 3.1	X				
esidential SUD TreatmentASAM 3.3	X				
esidential SUD TreatmentASAM 3.5	X				
esidential SUD TreatmentASAM 3.7	Y				
	^ v				
sidential SUD TreatmentASAM 3.7WM (Licensed ASAM 3.7D in Maryland)	X				
sidential Treatment Centers	X				
ecial Psychiatric Hospital	X	.,			
rgeted Case Management		Х			
erapeutic Behavioral Services			X		
anscranial Magnetic Stimulation (TMS)			X		
raumatic Brain Injury (TBI) Day Habilitation			X		

Evidentiary Standards Outlier Management

	Med/Surg								
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits Prescrip	ription Drugs				
 Claim types with high percentage of fraud 		Not Applicable							
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.							
3. Safety risks		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.							
4. Service type		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.							
5. 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.							
		MH/SUD							
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits Prescrip	ription 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 App	pplicable				
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.	Utilization is two standard deviations above average utilization per episode of care.						

Prior Authorization/Pre-Authorization Med/Surg

	Med/Surg				
Benefit	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;		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;		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;		V	X		
(6) Restorative services (filings, crowns, etc) - OP OR/ASC;		Х	V		
(7) Endodontic services (root canals, etc.) - Clinic; (7) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic; and			X		
		х	^		
(8) Endodontic services (root canals, etc.) - OP OR/ASC; (9) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;		^	Χ		
(10) Periodontal services (scaling, full mouth debridement, etc.) - OP OR/ASC;		Х	^		
(11) Prosthodontics (dentures, etc.) - Clinic;		^	Х		
		X	^		
(12) Prosthodontics (dentures, etc.) - OP OR/ASC;		^	V		
(13) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic;		v	Х		
(14) Oral and Maxillofacial surgery services (extractions, etc.) - OP OR/ASC;		Х	v		
(15) Orthodontic services - Clinic;			Х		
(17) Anesthesia - OP OR/ASC.		X			
1915c: nursing (private duty) (21+ years of age)		Х			
1915c: Physician participation in plan of care meeting			X		
Acupunture			X		
Amputationsinpatient	X				
Amputationsoutpatient			X		
Applied Behavior Analysis (autism services)primarily in-home		Х			
Audiology Services (hearing loss assessment and treatment)			X		
Autism: adult life planning		Х			
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)		Х			
Autism: Respite care		Х			
Autism: Therapeutic integration (regular and intensive)		Χ			
Bariatric Surgery	χ				
Brain Injury: Day habilitation		Х			
Brain injury: Individual support services		Х			
Brain injury: medical Day Care		Х			
Brain Injury: Residential habilitation		Х			
Brain injury: Supported employment		X			
Bypass surgeryinpatient	Х				
Bypass surgeryoutpatient	^		Х		
Capsule Endoscopy			X		
Cardiac Procedures (non-emergent)inpatient	Х		^		
Cardiac Rehabilitation	۸		Χ		
		V	^		
CFC: Accessibility adaptations		χ ,			
CFC: assistive technology		X			
CFC: Consumer training		X			
CFC: environmental assessments		X			
CFC: home delivered meals		Х			
CFC: Personal emergency response system		X			
CFC: Transition services		Х			
Chemotherapyinpatient	Х				
Chemotherapyoutpatient			X		
Chiropractic Services			X		
Circumcision			X		
Corrective Surgeryinpatient	Х				
Corrective Surgeryoutpatient			x		

Cosmetic ProceduresInpatient	X		
Cosmetic Procedures/Surgeriesoutpatient			X
CPAS and CFC: Nurse monitoring		X	
CPAS and CFC: Personal assistance services		Χ	
Dermatology Procedures			X
Diagnostic and X-ray services: CToutpatient			X
Diagnostic and X-ray services: MRIoutpatient Diagnostic and X-ray services: MRIoutpatient			X
Diagnostic and X-ray services: PEToutpatient Diagnostic and X-ray services: Radiographyoutpatient			X Y
Disposable Medical Equipment (w/o HCPCS)		X	^
Disposable Medical Supplies (> \$500.00)		X	
Disposable Medical Supplies (≤ \$500.00)		X	
DME/DMS Alternative ApproachFull category; need to identify any NQTLs that apply to any DME/DMS under the broad category. Description of NQTL factors should be more detailed.		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 (≤ \$1,000.00)		Χ	
Durable Medical Equipment rental (> 3 months)		Χ	
Durable Medical Equipment rental (≤ 3 months)		X	
EPSDT: Nursing services (Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant-Certified Medication Technician)		Χ	
Erectile Dysfunction Procedures	Х		
Eye ProceduresInpatient	Х		
FFS M/S drug	V		X
Gender affirmation surgery Constitution	Х	v	
Genetic Testing Grafts/Implants	X	Х	
HCBS: Assisted living	X	Χ	
HCBS: Behavioral consultation		X	
HCBS: behavioral consultation			X
HCBS: family training		Χ	
HCBS: Medical Day Care		Χ	
HCBS: Nutritionist/Dietician		Χ	
HCBS: nutritionist/Dietician			X
HCBS: senior Center Plus		Χ	
Hepatitis C Virus Genotyping		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	V
HH: Occupational therapy HH: Occupational therapy (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate))		X	X
HH: physical therapy		X	
HH: Physical therapy		X	X
HH: Physical therapy (> 1 visit per day; ; services rendered during a 30-day period in excess of the Medicaid NF rate)		Χ	
HH: registered Nurse		Χ	
HH: Registered Nurse (> 1 visit per day; services rendered during a 30-day period in excess of the Medicaid NF rate)		Χ	
HH: Speech therapy		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)		Χ	
Home Health Services: occupational therapy		Χ	
Home Health Services: physical therapy		X	
Home Health Services: skilled nursing services		X	
Home Health Services: speech pathology services Hospice: Short-term inpatient care	X	X	
Hospice CareInpatient	X		
Hospice CareOutpatient	**	Х	
Hyperbaric Oxygen Therapy		••	X
Hysterectomy	X		
ICS: Assisted living		Х	
ICS: behavioral consultation		Χ	
ICS: Behavioral consultation			X
ICS: Family training		X	
ICS: Medical Day Care		Χ	
ICS: Nutritionist/Dietician		X	

ICS: Nutritionist/Dietician					X	
ICS: senior Center Plus				Χ		
Infusion/Maintenance Drug Infusion					X	
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)			Χ			
Investigational Surgeries/Clinical Trialsinpatient			Χ			
Investigational Surgeries/Clinical Trialsoutpatient					X	
MCO administered prescription drug						Х
Molecular Pathology Labs				X		
Nerve Stimulatoroutpatient					X	
Neuro-Psychological Testing/Developmental Delay Programs					X	
Neurostimulators			X			
Nursing Facility: Activities			v			
Nursing Facility: Dental services			Λ V			
			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			Х			
Nursing Facility: Social work			Χ			
Nursing Facility: Specialized rehabilitation			Χ			
Occupational Therapy					X	
Oncology Treatment					X	
Oral Surgery Adult					X	
Oral Surgery Child					X	
Outpatient Rehabilitative services					X	
Outpatient Surgery (Ambulatory Surgery Center)					X	
Oxygen (w/o HCPCS)				X		
PACE: Day health care				Χ		
PACE: In-home care				Χ		
PACE: Meals				X		
PACE: Medical specialty services (podiatry, psychiatry, dentistry, optometry and audiology)				^	Χ	
PACE: Nursing care				Х	*	
PACE: Personal care				X		
PACE: Recreation				X		
				^	v	
PACE: Rehabilitation				.,	Х	
PACE: Social work				X		
PACE: Transportation				X		
Pain Management Procedures					X	
Physical Therapy					X	
Plastic and Restorative Surgeryinpatient			Χ			
Plastic and Restorative Surgeryoutpatient					X	
Podiatry Services					X	
Private Duty Nursing				X		
Proton Therapy Treatment					X	
Rehabilitation Services (Acute)			X			
Remote Patient Monitoring				Χ		
Sleep Studies /Sleep Apnea Studies					x	
Speech Therapyoutpatient					X	
Spinal Cord Stimulator			Χ			
Sterlization servicesinpatient			Χ			
Surgery (nonurgent)inpatient			Χ			
Transplants			Χ			
Transplants Pre and Post Transplant Services			Χ			
Transportation between hospitals			X			
Wound Vacuum-assisted closure (VAC)					X	
					^	
		MH/SUD				
	enefit		unationt Outpotion	nt - Other Outpationt	- Office Based Emergency E	anafits Prescription Drugs
	CHCHL	ır	patient Outpatie	int - Other Outpatient	- Office Based Emergency E	enefits Prescription Drugs
Acute Care Services			Х		v	
Ambulatory detoxification					X	
Biofeedback					X	
Electroconvulsive therapy (ECT)outpatient					X	
Evaulation and Management-Outpatient					X	
Family Therapy-outpatient					V	

Family Therapy--outpatient

FFS MH Drug			
FFS SUD Drug			
Group therapyoutpatient			Χ
Group therapyoutpatient			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)	Χ		
Intensive outpatient (IOP)			Χ
Intensive Outpatient (IOP)ASAM 2.1			Χ
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)			Χ
MAT Initial Intake (Evaluation and Management, Including Rx)			Χ
MAT Ongoing (Evaluation and Management, including Rx)			Χ
Methadone Maintenance			Χ
Mobile treatment-Assertive community treatment (ACT)		X	
Mobile treatment-non-ACT		x	
Multiple family group therapy			Χ
Not Applicable		X	
nursing facility - MH services	X		
Nursing Facility: SUD services	X		
Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified			Χ
Opioid Treatment Program (OTP) services - including med management			Χ
Partial hospitalization (PHP)			Χ
Partial Hospitalization (PHP)ASAM 2.5			Χ
Psychiatric Rehabilitation Services			Χ
Psychological or neuropsychological testing and evaluation			Χ
Residential SUD TreatmentASAM 3.1	Χ		
Residential SUD TreatmentASAM 3.3	Χ		
Residential SUD TreatmentASAM 3.5	Χ		
Residential SUD TreatmentASAM 3.7	Χ		
Residential SUD TreatmentASAM 3.7WM (Licensed ASAM 3.7D in Maryland)	X		
Residential Treatment Centers	X		
Special Psychiatric Hospital	X		
Targeted Case Management		X	
Therapeutic Behavioral Services			Χ
Transcranial Magnetic Stimulation (TMS)			Χ
The state of the s			

Traumatic Brain Injury (TBI) Day Habilitation

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		
clinical appropriateness/medical necessity					R
Current and projected demand for services	R				
Demand for services			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
Medicare/Medicaid program participation eligibility	R	R			
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R
Not Applicable					R
Quality and performance measures (including customer feedback)		R			
Recent medical cost escalation					R
Relative reimbursement rates			R		
Service type	R	R	R		
Severity or chronicity of an illness					R
MH/SUD					
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
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
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R
Not Applicable		R			R
Service type		R	R		
Severity or chronicity of an illness	D	 R	R		R
Variability in quality	IV.	IV.	R		IX
variability in quanty			15		

Service limitations

Med/Surg

	ivied/Surg					
	enefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
(1) Preventive services (cleanings, fluoride, etc.) - Clinic;				X		
(1) Preventive services (semiannual cleanings, fluoride, etc.) - Clinic;				X		
(2) Diagnostic services (oral exams, x-rays, etc.) - Clinic;				X		
(3) Diagnostic services (oral exams, x-rays, sealants, etc.) - Clinic;				X		
(3) Restorative services (filings, crowns, etc) - Clinic;				X		
(4) Endodontic services (root canals, etc.) - Clinic;				X		
(5) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;				X		
(5) Restorative services (filings, crowns, etc) - Clinic;				X		
(6) Prosthodontics (adjustment of dentures, etc.) - Clinic;				X		
(7) Endodontic services (root canals, etc.) - Clinic;				X		
(7) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic; and				X		
(8) Anesthesia - Clinic.				X		
(9) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;				X		
(11) Prosthodontics (dentures, etc.) - Clinic;				X		
(13) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic;				X		
(15) Orthodontic services - Clinic;				X		
(16) Anesthesia - Clinic; and			V	X		
Applied Behavior Analysis (autism services)primarily in-home			X			
CFC: Accessibility adaptations			X			
CFC: assistive technology			X			
CFC: environmental assessments			Х			
Hospice: Short-term inpatient care		Х				
Nursing Facility: Activities		Х				
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		Х				
Nursing Facility: Physician services		Х				
Nursing Facility: Social work		Χ				
Nursing Facility: Specialized rehabilitation		Х				
	MH/SUD					
Be	enefit enefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Alcohol and/or drug assessment		•	•	X	5 ,	
Ambulatory detoxification				X		
Biofeedback				X		
Evaulation and Management-Outpatient				X		
Family Psycho-Educational Therapy				X		
Family Therapyoutpatient				×		
Group therapyoutpatient				Y		
Group therapyoutpatient Group therapyoutpatient				^ Y		
Health Behavior Assessment				^ V		
nealth behavior Assessment				X		

Health Behavior Reassessment		Χ
Individual therapyoutpatient		Χ
Individual therapyoutpatient		Χ
Intensive outpatient (IOP)		Χ
Intensive Outpatient (IOP)ASAM 2.1		Χ
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)		Χ
MAT Initial Intake (Evaluation and Management, Including Rx)		Χ
MAT Ongoing (Evaluation and Management, including Rx)		Χ
Mental health assessment		Χ
Mental health reassessment		Χ
Methadone Maintenance		Χ
Mobile treatment-Assertive community treatment (ACT)	X	
Mobile treatment-non-ACT	Χ	
Multiple family group therapy		Χ
Not Applicable	X	
Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified		Χ
Opioid Treatment Program (OTP) services - including med management		Χ
Partial hospitalization (PHP)		Χ
Partial Hospitalization (PHP)ASAM 2.5		Χ
Psychiatric Rehabilitation Services		Χ
Psychological or neuropsychological testing and evaluation		Χ
Targeted Case Management	X	
Therapeutic Behavioral Services		Χ