

**Mental Health Parity and Addiction Equity Act Disclosure  
Medical Necessity Frequently Asked Questions**

This document includes standard responses to questions related to Mental Health Parity (MHP) and Non-Quantitative Treatment Limitations (NQTL). This communication is not intended, nor should it be treated, as legal advice. Federal and state laws and regulations are subject to change. The content provided is for informational purposes only and is not medical advice. Decisions about medical care should be made by the doctor and patient. Please note, your plan documents govern all benefit determinations and in the case of conflict with this document your plan controls. Always refer to the plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the ID card.

The following explanations apply to both medical/surgical benefits and mental health/substance use disorder benefits unless stated otherwise.

**What is Medical Necessity?**

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>The term Medical Necessity is defined in your plan documents. The term may also be defined by state-specific requirements. The Plan uses the same definition for both medical/surgical benefits and mental health/substance use disorder benefits.</p>	

**What factors, sources, and evidentiary standards are used in creating Medical Necessity criteria?**

Medical/Surgical Benefits	Mental Health / Substance Use Disorder Benefits
<p>The Plan has created committees and a standard process to approve medical necessity criteria. The committees include board-certified physicians, Medical Directors, and senior leaders from a variety of different departments and medical specialties.</p> <p>The committees consider the following factors:</p> <ul style="list-style-type: none"> <li>• Clinical effectiveness</li> <li>• Safety of services or technologies</li> <li>• Appropriateness of the proposed service or technology</li> </ul> <p>The sources and evidentiary standards include:</p> <ul style="list-style-type: none"> <li>• Scientifically based clinical evidence</li> <li>• Peer-reviewed literature</li> <li>• Hierarchy of clinical evidence</li> </ul>	

**When the Plan looks at medical necessity, is the process to develop and approve mental health/substance use disorder clinical criteria different from the process used to develop and approve medical/surgical clinical criteria “as written”?**

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>No. The Plan’s analysis found that the strategies, processes, factors, evidentiary standards and source information used to develop internal evidence-based policies and approve externally developed clinical criteria for mental health/substance use disorder are comparable to, and applied no more stringently than, the strategies, processes, factors, evidentiary standards, and source information used to develop internal evidence-based policies and approve externally developed clinical criteria for medical/surgical “as written.”</p>	

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Are mental health/substance use disorder medical necessity decisions made any differently than medical/surgical decisions in practice (“in operation”)?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>No. The processes used for mental health/substance use disorder medical necessity decisions and medical/surgical decisions are comparable in practice.</p> <p>Both mental health/substance use disorder coverage decisions and medical/surgical coverage decisions are made using third party externally developed guidelines or medical/behavioral clinical policies. Also, all medical/surgical clinical staff and mental health/substance use disorder clinical staff who make coverage determinations using guidelines and medical/behavioral clinical policies are required to participate in annual Inter-rater Reliability (IRR) assessment to make sure they are applied in a consistent and appropriate manner in practice.</p>	

What is the Inter-rater Reliability (or “IRR”) assessment and how is it used?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>Every year, the Plan conducts an IRR assessment of its clinical staff who make decisions based on the nationally recognized guidelines mentioned in this document. The IRR assessment makes sure that staff use these guidelines consistently, looks for areas where staff can improve, and makes sure that staff and leaders receive feedback about the appropriateness of how the guidelines are used.</p> <p>The Plan uses the IRR assessment results to make sure staff receive additional training when needed. Training is required for staff who fail to score 90 percent or better on the IRR within two (2) tries.</p>	