

**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 your 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>Medical Necessity means that healthcare services, treatments, and technologies should follow accepted medical standards. They should be right for your disorder, disease, or symptoms and be cost-effective. These services must be necessary to diagnose, prevent, or treat a medical condition. The term may also be defined by the rules in your state. Your 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>Your Plan has created committees and a standard process to approve what is medical necessity. These committees include board-certified doctors, Medical Directors, and senior leaders from different departments and medical specialties.</p> <p>The committees look at:</p> <ul style="list-style-type: none"> • How well the service or technology works. This is also called clinical effectiveness. • Safety of the services or technologies • If service or technology is appropriate <p>They use information from:</p> <ul style="list-style-type: none"> • Scientific clinical evidence • Peer-reviewed articles • Levels of clinical evidence <p>If there isn't strong scientific evidence, national statements and publications from trusted sources like government agencies or professional groups can be used.</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, your Plan checks how well its clinical staff follow the guidelines for making decisions about your requests for services. This check is called an Inter-rater Reliability assessment, or IRR. This check helps make sure our clinical staff use the guidelines correctly, find ways to get better, and give feedback to staff and leaders.</p> <p>If staff don't do well on this check (less than 90% in two tries), they get extra training to help them improve.</p>	

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When your 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?” 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
No. Your Plan found that the rules and processes for creating and approving policies for mental health/substance use disorder are the same as for medical/surgical services. This means the rules are not stricter for mental health/substance use disorder services “as written.” The processes for deciding what is medically necessary for mental health/substance use disorder and medical/surgical services are the same in practice, or “in operation.”	