

**Mental Health Parity and Addiction Equity Act Disclosure  
Provider Reimbursement and Coding Edits  
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.

**How are benefits reimbursed?**

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Your plan documents will outline how benefits are reviewed and paid in agreement with your Plan's provider reimbursement and coding edit policies.	

**Who do provider reimbursement and coding edit policies apply to?**

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Provider reimbursement and coding edit policies apply to all claims from in-network and out-of-network providers.	

**Why are provider reimbursement and coding edit policies created?**

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Your Plan makes rules, called policies, to make sure that doctors and hospitals bill correctly and get paid the right amount. We use important and standard rules and guidelines from the healthcare industry to create those policies. Coding edits are the way your plan implements those policies.	
Reimbursement policies apply to all in-network and out-of-network professionals who deliver health care services.	

**How are provider reimbursement and coding edit policies created?**

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Your Plan follows important rules and uses trusted sources, like the American Medical Association and other healthcare guidelines, to create policies that make sure providers bill correctly.	
Your plan makes rules for paying doctors and hospitals using trusted sources. Here are the five steps we follow:	
<ol style="list-style-type: none"> <li>1. <b>Check Information:</b> Make sure we have the right data to support the rules.</li> <li>2. <b>Research:</b> Ask other parts of the company for their thoughts on any problems.</li> <li>3. <b>Approval:</b> Review and approve the rules.</li> <li>4. <b>Tell Providers:</b> Inform doctors and hospitals about the new rules, called policies, through online portals.</li> <li>5. <b>Put into Action:</b> Create systems to support the rules. Claims can be paid automatically, need more information, or be denied. We use claims edits to implement the policies.</li> </ol>	

**How often are provider reimbursement and coding edit policies updated?**

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Policies are reviewed at least once a year. They may be reviewed and updated more if:	
<ul style="list-style-type: none"> <li>• New information about paying for services comes up</li> <li>• Clarification is needed</li> <li>• Doctors and hospitals give feedback</li> </ul>	

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**What factors, sources, and evidentiary standards are involved in developing provider reimbursement and coding Edit policies?**

Medical/Surgical Benefits	Mental Health / Substance Use Disorder Benefits
<p>Here are the factors and sources your plan uses:</p> <ul style="list-style-type: none"> <li>• <b>State and Federal Rules:</b> These are the laws that set standards for healthcare transactions.               <ul style="list-style-type: none"> <li>○ <b>Sources:</b> Federal and state laws for proper claims coding and payment.</li> </ul> </li> <li>• <b>Benefit Design:</b> These are the rules that show how you can use your benefits.               <ul style="list-style-type: none"> <li>○ <b>Sources:</b> Your plan documents.</li> </ul> </li> <li>• <b>Industry Standard Reimbursement Logic:</b> This is the standard way of explaining payment rules.               <ul style="list-style-type: none"> <li>○ <b>Sources:</b> CMS, Clinical Laboratory Fee Schedule (CLFS), Medicare Administrative Contractors (MACs).</li> </ul> </li> <li>• <b>Valid CPT Coding:</b> These are codes for services that might qualify for certain exceptions.               <ul style="list-style-type: none"> <li>○ <b>Sources:</b> American Medical Association (AMA), Current Procedural Terminology (CPT), related publications.</li> </ul> </li> <li>• <b>Valid HCPCS Coding:</b> These are codes for services that might qualify for certain exceptions.               <ul style="list-style-type: none"> <li>○ <b>Sources:</b> Centers for Medicare and Medicaid Services (CMS), Healthcare Common Procedure Coding System (HCPCS), HCPCS Release and Code Sets.</li> </ul> </li> <li>• <b>Correct Coding:</b> These are methods to reduce incorrect coding and improper payments.               <ul style="list-style-type: none"> <li>○ <b>Sources:</b> CMS payments, National Correct Coding Initiative (NCCI) publications.</li> </ul> </li> </ul>	

**When your Plan develops provider reimbursement and coding edit policies, does your Plan treat mental health/substance use disorder differently than medical/surgical “as written?” Are mental health/substance use disorder decisions about provider reimbursement or coding edit policies made any differently than medical/surgical decisions in practice (“in operation”)?**

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>No. Your Plan found that the rules and processes for paying doctors and hospitals are the same for both medical/surgical services and mental health/substance use disorder services. This means the rules are not stricter for mental health/substance use disorder services “as written” and “in operation.” .</p>	