

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

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 the Plan’s provider reimbursement and coding edit policies.	

Who do Provider Reimbursement/Coding Edit policies apply to?

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

Why are Provider Reimbursement/Coding Edit policies created?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
The Plan develops reimbursement policies to ensure accurate coding, billing, and administration of claims. The Plan considers information such as industry-standard reimbursement logic, regulatory requirements, and benefit design when developing the reimbursement policies.	
Reimbursement policies apply to all in-network and out-of-network professionals who deliver health care services.	

How is a Provider Reimbursement/Coding Edit policy created?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
The Plan uses industry standards and third-party sources (e.g., AMA’s CPT, CMS’ Healthcare Common Procedure Coding System (HCPCS), CMS’ CCI publications, etc.) in drafting reimbursement policy content.	
The Plan’s reimbursement policies are supported by third-party external sources for policy creation and uses the following five phases of development:	
<ol style="list-style-type: none"> 1. Triage/Prioritization: Confirming source and data is available to support a provider reimbursement or coding edit policy. 2. Research/Analysis: The Plan will request input from internal business areas on any possible provider and/or member concerns. 3. Governance: The policies are reviewed and approved by the Plan. 4. Communication: Providers are notified of new policies through external provider portals. Additional provider communication is completed based on provider impact. 5. Deployment: The Plan develops system programming to support provider reimbursement or coding edit policies. Based upon the programming, claims may be paid automatically; pending for additional information from the provider; or administratively denied. 	

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How often are Provider Reimbursement/Coding Edit policies updated?

Medical/ Surgical Benefits	Mental Health/ Substance Use Disorder Benefits
<p>Policies are reviewed at least once a year. They may be reviewed and updated more frequently:</p> <ul style="list-style-type: none"> • If the Plan becomes aware of new information related to reimbursement of the service • If clarification is needed • Based on provider feedback 	

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What factors, sources, and evidentiary standards are involved in developing Provider Reimbursement/Coding Edit policies?

Medical/Surgical Benefits	Mental Health / Substance Use Disorder Benefits
<p>The following factors, sources, and evidentiary standards are included in the Plan’s methodology:</p> <p><u>Factor</u></p> <p>State and Federal regulatory requirements: The State and Federal rules established as the standards for healthcare transactions</p> <p><u>Sources and Evidentiary Standards:</u></p> <ul style="list-style-type: none"> • Relevant federal and state laws govern proper claims coding and reimbursement <p><u>Factor</u></p> <p>Benefit Design: Rules that structure how you access your benefits</p> <p><u>Sources and Evidentiary Standards:</u></p> <ul style="list-style-type: none"> • Your plan documents <p><u>Factor</u></p> <p>Industry Standard Reimbursement Logic is defined as standard reimbursement terminology that appears in plan requirements</p> <p><u>Sources and Evidentiary Standards:</u></p> <ul style="list-style-type: none"> • CMS • Clinical Laboratory Fee Schedule (CLFS) • Medicare Administrative Contractors (MACs) <p><u>Factor</u></p> <p>Valid Current Procedural Terminology (CPT) Coding: The items and services included within certain designated health services (DHS) categories or that may qualify for certain exceptions</p> <p><u>Sources and Evidentiary Standards:</u></p> <ul style="list-style-type: none"> • American Medical Association • Current Procedural Terminology • Associated publications and services <p><u>Factor</u></p> <p>Valid Healthcare Common Procedure Coding System (HCPCS) Coding: The items and services included within certain designated health services (DHS) categories or that may qualify for certain exceptions.</p> <p><u>Sources and Evidentiary Standards:</u></p> <ul style="list-style-type: none"> • Centers for Medicare and Medicaid Services (CMS) • Healthcare Common Procedure Coding System (HCPCS) • HCPCS Release and Code Sets <p><u>Factor</u></p> <p>Correct Coding: National correct coding methodologies to reduce improper coding, with the overall goal of reducing improper payments</p> <p><u>Sources and Evidentiary Standards:</u></p> <ul style="list-style-type: none"> • CMS payments • National Correct Coding Initiative (NCCI) publications 	

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When the Plan develops Provider Reimbursement/Coding Edit policies, does the Plan treat mental health/substance use disorder differently than medical/surgical “as written”?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>No. The Plan found the strategy, process, factors, evidentiary standards, and source information used in the development of provider reimbursement or coding edit policies is similar for medical/surgical and mental health/substance use disorder services and therefore comparable and no more stringent for mental health/substance use disorder services “as written.”</p>	

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. The Plan concluded the factors, evidentiary standards, and source information used to develop mental health/substance use disorder provider reimbursement or coding edit policies are comparable to, and applied no more stringently than, the factors, evidentiary standards and source information used to develop medical/surgical provider reimbursement or coding edits policies “in operation.”</p>	