Oregon Division of Financial Regulation

Guidelines for Annual Behavioral Health Parity Non-Quantitative Treatment Limitation (NQTL) Reporting

Following the review of the submitted 2022 Behavioral Health Parity responses, the Division would like to take the opportunity to provide guidance for next year's reporting. As with last year, the reporting includes two sections of reporting, a claims data portion, and a "non-quantitative treatment limits," (NQTL), portion.

In order to better assist in submitting complete reporting, the Division is providing the following, "NQTL Guidance," document to be used in completing the NQTL reporting portion of Plan responses.

Step 1) Identify the NQTL being addressed in the response. Also, please identify:

- Any abbreviated version, acronym, or otherwise "industry term," for the applicable NQTL,
- Which specific plan benefits or services the NQTL applies to, whether they are considered Medical/Surgical, or Behavioral Health,
- If there are any exceptions to the normal process for the NQTL, (i.e. expedited, peer-to-peer, etc.)

Step 2) Identify all factors used to determine the NQTL will apply to the benefits listed in Step 1. Also,

- If utilizing multiple factors, for example ASAM, LOCUS, CALOCUS, for a particular benefit type, identify which factor(s) were specifically used for a specific benefit. (In contrast, blanket statement such as "For Behavioral Health and SUD, ASAM, LOCUS, CALOCUS, and internal Medical Review policies are used," would not be acceptable unless it is true for EVERY BH/SUD benefit to which the NQTL applies),
- Provide specifics regarding any specific "weight," or consideration given to particular factor the decision to apply the NQTL.

Step 3) For the above factors, report the specific evidentiary standards used in determining the application of the NQTL, For example,

- If ASAM criteria are used to determine application of the NQTL, which specific criteria or standard was utilized
- If an internal policy or committee is used to determine the application of the specific definitions, terminology, and the supporting source materials that led to the determination should be reported.

An example of reporting an internal policy could be similar to the following:

Transcranial Magnetic Stimulation (TMS)

POLICY

Transcranial magnetic stimulation (TMS) is considered medically necessary if the **medical appropriateness** criteria are met. (**See Medical Appropriateness below**.)

Transcranial magnetic stimulation (TMS) for any other indication, including but not limited to migraine headaches and maintenance therapy, is considered investigational.

Any device utilized for this procedure must have FDA approval specific to the indication, otherwise it will be considered investigational.

MEDICAL APPROPRIATENESS

Transcranial magnetic stimulation (TMS) is considered medically appropriate if ALL the following have been met:

-Age 18 years or older

-Confirmed diagnosis of severe Major Depressive Disorder (initial or recurrent episode) documented by a standardized-rating scale that reliably measures depressive symptoms (e.g., Hamilton Rating Scale for Depression, Beck Depression Inventory-II, or Clinically Useful Depression Outcome Scale).

-Failure of a trial of psychotherapy

Documentation of ANY ONE of the following:

-Failure of two (2) trials of psychopharmacologic agents for depression, including two (2) different agent classes and at least one of the treatment trials must have been administered as an adequate course of mono- or poly- drug therapy

-Inability to tolerate a therapeutic dose of medications as evidenced by two (2) trials of psychopharmacologic agents with documented side effects

-History of response to TMS in a previous depressive episode

-Individual is a candidate for electroconvulsive therapy (ECT), and ECT would not be clinically superior to TMS

ADDITIONAL INFORMATION

For conditions other than treatment-resistant major depression, the evidence is insufficient to determine if treatment with TMS leads to improved outcomes. Currently, FDA approved devices are indicated for adult use only.

SOURCES

American Psychological Association. (2013). Guideline watch (March 2013): practice guideline for the treatment of patients with obsessive-compulsive disorder. Retrieved September 1, 2022 from https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/ocd-watch.pdf.

American Psychological Association. (2019). Clinical practice guideline for the treatment of depression across three age cohorts. Retrieved August 3, 2021 from https://www.apa.org.

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Step 4) Provide the comparative analyses demonstrating that the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to BH/SUD benefits, as written and in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTLs to medical or surgical benefits. This includes;

- For any NQTL that includes insurer review or approval, (pre-authorization, concurrent/retrospective review, etc.), rates of approval or denial should be compared and analyzed between med-surgical and behavioral health,
- Any NQTL that involves a determination should also include data comparing the decision making timeframes surrounding the resulting decisions,
- Any NQTL that includes differing pricing or benefit levels (Rx tiering, network contracted rates, etc.), should include analysis between the differences in med-surgical and behavioral health,
- Any NQTL that requires evidence of comparable action by the insurer should include a summary of the actions taken for both Med-Surgical and Behavioral Health benefits and services. (i.e. provider contracting attempts, service pricing changes, etc.)
- **While reporting the results of peer review or inter-relater reliability results is welcome, this would not be considered as meeting the requirement to perform and report on NQTL comparative analysis unless all the above guidance is incorporated.**

Below is an example of reporting NQTL determinations:

Category	2022 Prior Authorization Req.	Denial Count	Days to decision
Medical/Surgical	12,533	1,106	2.6
Behavioral Health	157	11	3.2

Pre-Auth Medical Appeals	248	Non-BH Appeals Upheld	201
Pre-Auth BH Appeals	4	BH Appeals Upheld	3

Step 5) The Insurer's conclusion regarding parity between medical surgical and behavioral health applications of the NQTL.

- This is the portion of reporting where it is appropriate to specifically call out review results that appear to show parity between benefit types, as well as evidences of non-parity,
- Also include specific processes, programs, or initiatives taken or planed to address identified parity issues.