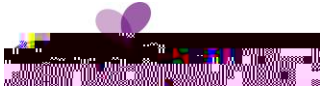


ADMINISTRATIVE POLICY STATEMENT
Georgia Medicaid

Policy Name & Number	Date Effective
0038	



In accordance with generally accepted standards of mental health or substance use disorder care

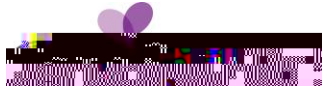
Clinically appropriate in terms of type, frequency, extent, site and duration

Not primarily for the economic benefit of the insurer, purchaser, or for the convenience of the patient, treating physician or other health care provider

- **Mental Health Parity and Addictions Equity Act (MHPAEA)** - A 2008 federal law that generally prevents group health plans and health insurance issuers providing mental health and substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations than on medical/surgical coverage.
- **MCG Health** - Developed care guidelines in strict accordance with the principles of evidence-based medicine and best practices that direct informed care.
- **Treatment** - A medical service, diagnosis, procedure, therapy, drug, or device.

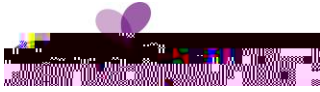
D. Policy

- I. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy. The reviewer will determine medical necessity based on the following hierarchy:
 - A. Benefit contract language.
 - B. Federal or state regulation, including state waiver regulations when applicable.
 - C. CareSource medical policy statements, as approved by the State.
 - D. Nationally accepted evidence-based clinical guideline, such as MCG Health, Interqual, or American Society of Addiction Medicine.
 - E. Professional judgment of the medical or behavioral health reviewer based on the following potential resources, which may include, but are not limited to:
 1. Clinical practice guidelines published by consortiums of medical organizations and generally accepted as industry standard.
 2. Evidence from two (2) published studies from major scientific or medical peer-reviewed journals less than five (5) years old (preferred) and/or less than ten (10) years (required) to support the proposed use for the specific condition as safe and effective.
 3. National panels and consortiums,



General Area	Specialty Society
Addiction	American Society of Addiction Medicine, American Academy of Addiction Psychiatry
Allergy & Immunology	American Academy of Asthma, Allergy & Immunology American College of Allergy, Asthma & Immunology
Anesthesiology	American Society of Anesthesiologists
Cardiology	American College of Cardiology, American Heart Association
Colorectal Care	American Society of Colon & Rectal Surgeons

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.



E. Conditions of Coverage

The following does not guarantee coverage or claims payment for a procedure or treatment under a plan (not an all-inclusive list):

- A. A physician has performed or prescribed a procedure or treatment.
- B. The procedure or treatment may be the only available treatment for an injury, sickness, or behavioral health disorder.
- C. The physician has determined that a particular health care service is medically necessary or medically appropriate.

F. Related Policies/Rules

NA

G. Review/Revision History

DATE		ACTION
Date Issued	09/01/2017	
Date Revised	06/01/2020	Added definitions, removed hyperlinks, up Tf43q0.0000ETQq0.00000912 C
	04/01/2020	
	01/25/2021	
	03/09/2022	
	06/21/2023	