

**Mental Health Parity and Addiction Equity Act Disclosure  
Experimental, Investigational, and Unproven 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.

What does it mean if something is considered Experimental, Investigational and/or Unproven (EIU)?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>If a service or technology is not proven to be effective for the treatment of a condition, the Plan may decide the service is Experimental, Investigational and/or Unproven (EIU). Benefit coverage is excluded for services that are decided to be EIU. The definition of the terms can be found in your Plan documents.</p>	

What factors and sources are involved in determining if a service is EIU?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>The Plan has created committees and has a standard process to identify if a service is EIU and to develop clinical policies that apply to the services. The committees include board-certified physicians, Medical Directors, and senior leaders from a variety of different departments and medical specialties.</p> <p>The committees may consider the following factors:</p> <ul style="list-style-type: none"> <li>• Clinical effectiveness</li> <li>• Safety of services or technologies</li> <li>• Appropriateness of the proposed service or technology</li> </ul> <p>The sources and evidentiary standards may include:</p> <ul style="list-style-type: none"> <li>• Scientifically based clinical evidence</li> <li>• Peer-reviewed literature</li> <li>• Hierarchy of clinical evidence</li> </ul>	

For EIU services, 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’s analysis found that the strategies, processes, factors, evidentiary standards, and source information used to determine whether certain mental health/substance use disorder services are EIU are comparable to, and applied no more stringently than, the strategies, processes, factors, evidentiary standards, and source information used to determine whether medical/surgical services are EIU “as written.”</p> <p>In addition, the clinical policies developed to assess the services are comparable and not applied any more stringently to mental health/substance use disorder services.</p>	

Are mental health/substance use disorder decisions about EIU services made any differently than medical/surgical decisions in practice (“in operation”)?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>No. The Plan uses the same definitions for EIU services as defined in the Plan documents. Both mental health/substance use disorder coverage decisions and medical/surgical coverage decisions are made using clinical policies.</p>	