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General Comment

Please clarify the rules around nonquantitative limitations for outpatient care as soon as possible. As I read it now, it appears that even if a health plan requires utilization review of a great variety of medical/surgical interventions (e.g., requiring review of all advanced imaging, ambulatory surgical procedures, chiropractic care, physical & occupational therapy, and home nursing visits), if those don't add up to meet the "two-thirds" rule, then they can't require utilization review for ANY outpatient mental health service-- not even partial hospitalization, electroconvulsive therapy, transcranial magnetic stimulation, implantation of a vagus nerve stimulator to treat depression, or ambulatory psychosurgery for refractory obsessive-compulsive disorder. Please clarify!