(1) A health plan providing mental health or substance use disorder benefits, must pro-
vide mental health or substance use disorder benefits in every classi-
fication in which medical/surgical benefits are provided.

(2) Parity requirements must be applied to the following six
classifications of benefits: Inpatient, in-network; inpatient, out-of-
network; outpatient, in-network; outpatient, out-of-network; emergency
care; and prescription drugs. These are the only classifications of
benefits that can be used.

(a) Inpatient, in-network. Benefits furnished on an inpatient ba-
sis and within a network of providers established or recognized under
a plan or health insurance coverage.

(b) Inpatient, out-of-network. Benefits furnished on an inpatient
basis and outside any network of providers established or recognized
under a plan or health insurance coverage. This classification in-
cudes inpatient benefits under a plan (or health insurance coverage)
that has no network of providers.

(c) Outpatient, in-network. Benefits furnished on an outpatient
basis and within a network of providers established or recognized un-
der a plan or health insurance coverage.

(d) Outpatient, out-of-network. Benefits furnished on an outpa-
tient basis and outside any network of providers established or recog-
nized under a plan or health insurance coverage. This classification
includes outpatient benefits under a plan (or health insurance cover-
age) that has no network of providers.

(e) Emergency care. Benefits for treatment of an emergency condi-
tion related to a mental health or substance use disorder. Such bene-
fits must comply with the requirements for emergency medical services
in RCW 48.43.093. Medically necessary detoxification must be covered
as an emergency medical condition according to RCW 48.43.093, and may
be provided in hospitals licensed under chapter 70.41 RCW. Medically
necessary detoxification services must not require prenotification.

(f) Prescription drugs. Benefits for prescription drugs.

(3) In determining the classification in which a particular bene-
fit belongs, a plan must apply the same standards to medical/surgical
benefits as applied to mental health or substance use disorder bene-
fits.

An issuer or health plan must assign covered intermediate mental
health/substance use disorder benefits such as residential treatment,
partial hospitalization, and intensive outpatient treatment, to the
existing six classifications in the same way that they assign compara-
ble intermediate medical/surgical benefits to these classifications.
For example, if a health plan classifies medical care in skilled nurs-
ing facilities as inpatient benefits, then it must also treat covered
mental health care in residential treatment facilities as inpatient
benefits. If a health plan or issuer treats home health care as an
outpatient benefit, then any covered intensive outpatient mental
health or substance use disorder services and partial hospitalization
must be considered outpatient benefits as well.

(4) A health plan or issuer may not apply any financial require-
ment or treatment limitation to mental health or substance use disor-
der benefits that is more restrictive than the predominant financial
requirement or treatment limitation applied to medical/surgical bene-
fits. This parity analysis must be done on a classification-by-classi-
fication basis.

(5) Medical/surgical benefits and mental health or substance use
disorder benefits cannot be categorized as being offered outside of
these six classifications and therefore not subject to the parity analysis.

(a) A health plan or issuer must treat the least restrictive level of the financial requirement or quantitative treatment limitation that applies to at least two-thirds of medical/surgical benefits across all provider tiers in a classification as the predominant level that it may apply to mental health or substance use disorder benefits in the same classification.

(b) If a health plan or issuer classifies providers into tiers, and varies cost-sharing based on the different tiers, the criteria for classification must be applied to generalists and specialists providing mental health or substance use disorder services no more restrictively than such criteria are applied to medical/surgical benefit providers.

(6) **Permitted subclassifications:**

(a) A health plan or issuer is permitted to divide benefits furnished on an outpatient basis into two subclassifications: 

(i) Office visits; and

(ii) All other outpatient items and services.

(b) A health plan or issuer may divide its benefits furnished on an in-network basis into subclassifications that reflect network tiers, if the tiering is based on reasonable factors and without regard to whether a provider is a mental health or substance use disorder provider or a medical/surgical provider.

(c) After network tiers are established, the health plan or issuer may not impose any financial requirement or treatment limitation on mental health or substance use disorder benefits in any tier that is more restrictive than the predominant financial requirement or treatment limitation that applies to substantially all medical/surgical benefits in that tier.

(d) If a health plan applies different levels of financial requirements to different tiers of prescription drug benefits based on reasonable factors and without regard to whether a drug is generally prescribed with respect to medical/surgical benefits or with respect to mental health/substance use disorder benefits, the health plan satisfies the parity requirements with respect to prescription drug benefits. Reasonable factors include: Cost, efficacy, generic versus brand name, and mail order versus pharmacy pick-up.

(e) A parity analysis applying the financial requirement and treatment rules found in WAC 284-43-7040 and 284-43-7060 must be performed within each subclassification.

(7) **Prohibited subclassifications:** All subclassifications other than the permitted subclassification listed in subsection (6) of this section are specifically prohibited. For example, a plan is prohibited from basing a subclassification on generalists and specialists.