

PerformCARE®		Policy and Procedure
Name of Policy:	Distribution of Medical Necessity Criteria to PerformCare Providers	
Policy Number:	PR-015	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Provider Relations Department	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	10/01/01	
Last Revision Date:	03/07/19	
Last Review Date:	09/16/24	
OMHSAS Approval Date:	N/A	
Next Review Date:	09/01/25	

Policy: PerformCare ensures that network providers have access to the Medical Necessity Criteria used to make level of care decisions.

Purpose: To assure that the PerformCare Provider Network has access to Medical Necessity Criteria.

Definitions: None

Acronyms: None

Procedure:

1. When PerformCare contracts with a new network provider, the provider receives a PerformCare Provider Manual, including references, description, and website location of approved Medical Necessity Criteria.
2. Providers can request additional copies of the approved criteria by calling Provider Relations at 1-888-700-7370.
3. PerformCare will notify Network Providers of availability of approved Medical Necessity Criteria when changes are made or annually.

Related Policies: None

Related Reports: None

Source Documents

and References: *Pennsylvania Department of Human Service HealthChoices Behavioral Health Program, Program Standards and*

*Requirements, Appendix S & T HealthChoices Behavioral Health
Services Guidelines for Mental Health Medical Necessity Criteria*

**Superseded Policies
and/or Procedures:** None

Attachments: None

Approved by:

A handwritten signature in blue ink, reading "David E. Edenburg", is written over a horizontal line.

Primary Stakeholder