

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**Superseded Policies  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