



**Medical Necessity Criteria (MNC)
Comment Form**

Comment submitted by:	Date:
Comment submitted on behalf of (if applicable):	
The title of the criteria set this comment refers to is:	
This comment could be categorized as: <input type="checkbox"/> Grammatical (punctuation, numbering, typographical errors, etc.) <input type="checkbox"/> Wording (a concern about how a criterion is worded, e.g., unclear, too vague, too specific) <input type="checkbox"/> Content (a comment about deleting or adding a specific criterion, or an entire criteria set) <input type="checkbox"/> Other (e.g., a comment about how the criteria are helpful and effective)	
My comment (and accompanying rationale) is:	

The MNC Task Force invites you to provide the following additional information when relevant:

1. Make a recommendation for how to re-word/re-write the MNC item. <i>A better way to say it would be...</i>
2. Identify the problem with the MNC as it is currently written (use a patient example if applicable): <i>The problem this proposed changed is expected to solve is...</i>
3. What priority would you assign this comment? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High

Please submit the completed comment form to:

Magellan Healthcare, Attn: Network Operations – MNC Comment/M Shorter
14100 Magellan Plaza, Maryland Heights, MO 63043
Or via email at MCGGuidelineRequest@MagellanHealth.com.

Comments received after Nov. 15 may miss inclusion in the annual review.