



## Comment Form: Magellan Medical Necessity Criteria

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

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

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

*Please submit to Nancy Siegel, RN, MBA*  
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