



## **eviCore healthcare Durable Medical Equipment (DME)** **Clinical Guidelines for Medical Necessity**

- DME Prior Authorization Criteria includes, but not limited to:
  - ◆ Medicare Benefit Policy Manual (**Medicare only**)
  - ◆ National and Local Coverage Determination (**Medicare only**)
  - ◆ eviCore DME guidelines - **effective 1/1/2021**
  - ◆ MCG™ evidence-based Care Guidelines® - **effective 1/1/2021**