



eviCore healthcare Post-Acute Care and Home Health Care Clinical Guidelines for Medical Necessity

- **Post-Acute Care Prior Authorization Criteria includes, but not limited to:**
 - ◆ McKesson InterQual® Criteria
 - ◆ Medicare Benefit Policy Manuals & Clinical Findings

- **Home Health Care Prior Authorization Criteria includes, but not limited to:**
 - ◆ McKesson InterQual® Criteria
 - ◆ Medicare Benefit Policy Manual
 - ◆ Other Evidence-Based Tools along with Clinical Findings