



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 (Medicare members only)
- Home Health Care Prior Authorization Criteria includes, but not limited to:
 - ◆ **McKesson InterQual® Criteria**
 - ◆ Medicare Benefit Policy Manual (Medicare members only)
 - ◆ Other Evidence-Based Tools