



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**