



## 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:
  - ◆ **MCG™ evidence-based care guidelines® - effective 1/1/2021**
  - ◆ Medicare Benefit Policy Manuals (Medicare members only)
- Home Health Care Prior Authorization Criteria includes, but not limited to:
  - ◆ **MCG™ evidence-based care guidelines® - effective 1/1/2021**
  - ◆ Medicare Benefit Policy Manual (Medicare members only)
  - ◆ Other Evidence-Based Tools