



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