



## Aspirus Health Plan Medical Necessity Criteria Request Form

**Please allow up to 5 business days for a response. If you have questions, please call 715-631-7443.**

Provider:

Requestor Name:

Phone:

Send response by email:

Send response by fax:

Please Select Criteria:

Acute Inpatient Rehabilitation	Proton Beam Therapy
Back (Spinal) Surgery	Skilled Nursing Facility & Swing Bed
Bariatric Surgery	Spinal Cord Stimulation
Bone Growth Stimulator	Vein Procedure
Cosmetic or Reconstructive Procedures	Wheelchair & Accessories
Cranial Nerve Stimulation	Wound Vac
Durable Medical Equipment	Transcranial Magnetic Stimulation
Genetic Testing for Cancer	Inpatient Mental Health Admission
Long-Term Acute Care (LTAC)	Inpatient Substance Use Disorder Admission

Note: Use this section to list specific criteria requested (DME/procedure/surgery). Include HCPCS or CPT codes.