



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.
Medical necessity criteria request for pharmacy please reach out to

- Part D: Navitus Health Solutions at 1.833.837.4300
- Part B: Care Continuum at 1.866.540.8289

Provider:

Requestor Name:

Phone:

Send response by email:

Send response by fax:

Please Select Criteria:

Acute Inpatient Rehabilitation (AIR)
Back (Spinal) Surgery
Bariatric Surgery
Cosmetic or Reconstructive Procedures
Cranial Nerve Stimulation
Durable Medical Equipment
Genetic or Molecular Diagnostic Tests
Long-Term Acute Care (LTAC)

Proton Beam Therapy
Skilled Nursing Facility & Swing Bed
Spinal Cord Stimulation
Transcranial Magnetic Stimulation
Vein Procedure
Wheelchair & Accessories
Other

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