



**Memo**

**To:** Aspirus Health Plan Network Providers

**From:** Aspirus Health Plan Utilization Management Department

**Date:** 4/7/2026

**Re:** Utilization Management Criteria

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### **Utilization Management Criteria**

The Aspirus Health Plan Utilization Management Program is based on nationally recognized, evidence-based medical necessity guidelines. Aspirus uses the decision support tool, Milliman Care Guidelines (MCG), which is provided electronically. MCG is built on Medicare criteria and is reviewed annually by a panel of national experts, including physicians, surgeons, psychiatrists, physical therapists, and other health care professionals. Additionally, our vendor continuously monitors changes to NCDs, LCDs, and other national guidelines and requirements and provides quarterly releases of changes to the medical necessity criteria.

Aspirus makes available to physicians and all other health care professionals the medical necessity criteria used when making medical necessity determinations. Information regarding accessing these criteria is available on the Aspirus website, and requests are also taken via phone.

The utilization management criteria are presented annually to the Aspirus Quality Improvement and Medical Management Committee for adoption and approval. The Utilization Management Program is based on the following guidelines and criteria are applied in the rank order below:

#### **Aspirus Medicare Plans (Medicare Advantage)**

1. MCG Medical Necessity Criteria for Medicare
2. Written criteria developed and published by the Center for Medicare and Medicaid Services (CMS).
  - a) Local coverage determinations (LCDs)
  - b) National coverage determination (NCDs)
3. Medicare Benefit Policy Manual
4. Aspirus Health Plan medical policy is applied when none of the above is appropriate to the coverage determination.