

Notification of Inpatient Substance Use Disorder Medicare Advantage Plans

FYI Incomplete, illegible or inaccurate forms will be returned to sender. Please complete the

entire form and allow 14 calendar days for o	lecision.
For questions, call Mental Health and Substa Use Disorder Services at: 715-631-7442 of 1-855-931-5264	
Submit Request: : mhsudservicesMA@aspiru	shealthplan.com
MEMBER INFORMATION	
Aspirus ID	
Member Name	DOB
Address	
City, State, Zip	Phone
ORDERING PRACTITIONER INFORMATION	
Practitioner Name	NPI Number
Address	
City, State, Zip	
Contact Phone	
SERVICING CLINIC INFORMATION	
Clinic Name	NPI Number
Location Address	
Facility Phone	
REQUESTER INFORMATION	
Request Sent By	
Phone	_ Total Pages Faxed
OTHER FACILITY TRANSITION	
Member has already admitted to your facility?	
☐ Yes ☐ No – Anticipated Admit Date	

SUD - Inpatient (Continued)

ADMISSION DETAILS		
□ Intitial Admits at an	☐ Concurrent Review	
Initial Admission Previously Approved Notification Number		nber
Start/Admit Date	Anticipated/Discharge Date	Units/Days Requested
Attach the following applicable documents:		
☐ Inpatient Mental Health Admission		
 H&P, Treatment Plan, Medication Administration Record, Social Work, Practitioner & Nursing Progress Notes (from past 24-48 hours) 		
 Comprehensive Assessment, Discharge Summary, Court Documents (commitments, court holds, court orders) 		
Additional Information that may support medical necessity:		