

Policy Number: CP-AMCR24-007A

Effective Date: January 1, 2025

## Member Reimbursement

The purpose of this policy is to provide clarity and specificity for reimbursement to the member for services covered under the member's contract.

### DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for Aspirus benefits under Aspirus's health plans. They are intended to serve only as a general reference regarding Aspirus's administration of health benefits and are not intended to address all issues related to coverage for health services provided to Aspirus members.

These services may or may not be covered by all Aspirus products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their Aspirus patient refer to their Aspirus plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the Aspirus plan document, the Aspirus plan document is used to determine coverage.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

### Product Summary

This coverage policy applies to the following Aspirus products:

Aspirus product	Applies to
Aspirus Medicare Advantage Elite (PPO)	✓
Aspirus Medicare Advantage Essential Rx (PPO)	✓

### Benefit category:

None

## Definitions or summary

Member may request reimbursement from Aspirus by sending Aspirus a request in writing.

**Reimbursement-** Paying back money to the member for covered services the member paid out-of-pocket.

**Claim Reimbursement Form-** Form located on the Aspirus website used to request reimbursement from Aspirus. Form is submitted to Aspirus with required documentation.

**Qualified DME Supplier-** Suppliers who receive Medicare reimbursement for durable medical equipment, prosthetics, orthotics, and supplies.

## Coverage policy

*The coverage required by this section is subject to the co-payment, coinsurance, deductible, and other enrollee cost-sharing requirements that apply to similar types of items under the policy, plan, certificate, or contract.*

A Medicare (product) member may request reimbursement from Aspirus for a bill they received and paid which they feel should be paid by Aspirus.

- Aspirus will only cover Aspirus's share of the cost; member will be responsible for any copay, deductible or coinsurance.
- Aspirus will pay member back at rates no greater than the rates at which Original Medicare would pay.
- Provider must be a Medicare provider; if the provider opted out of Medicare Aspirus cannot reimburse the provider.
- Member must submit claim to Aspirus within 12 months of the date the member received the service or item.
- Aspirus will only cover services that would be covered under the member's contract.
- Aspirus will only pay for DME supplies from a qualified DME supplier.
- Aspirus requires an order for DME and supplies from member's provider. That order must be written and signed before the purchase of any items in order to qualify for reimbursement.

### What Aspirus needs:

- Claim Reimbursement Form- Members do not have to use this form but will help Aspirus process the information faster. Member sends the form to the address located on the form.
- Copies of bills, receipts, and itemized statements.
- Any medical records for services received. Order from provider for any DME and supplies member is requesting reimbursement for.

### **NOT COVERED (This is not an all- inclusive list- refer to the plan Evidence of Coverage)**

- Service not covered by the member contract.
- Non-emergency/non-urgent services outside of the United States.
- Non-Medicare supplier.
- DME and supplies without an order from a provider.
- Items purchased from non-qualified DME supplier such as Amazon, etc.
- Upgrades to supplies for convenience.
- Custodial care is not covered.

Shipping and handling

### CPT/ HCPCS/ICD-10 Codes

*\*Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.*

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description
None		

\*CPT is a registered trademark of the American Medical Association.

### Prior authorization

**Not required**

### Related policies and documentation

*References to other policies or documentation that may be relevant to this policy*

Policy Number	Policy Description
None	

### References and source documents

*Links to the Aspirus contracts, Center for Medicare and Medicaid Services (CMS), and other relevant documents used to create this policy*

[Aspirus Elite Medicare Evidence of Coverage \(EOC\)](#)

[Aspirus Essential Rx Medicare Evidence of Coverage \(EOC\)](#)

[Aspirus Health Plan Medicare Advantage Health Care Expense Claim Form](#)

### Coverage policy development and revision history

Version	Date	Note(s)
V1	8/1/24	New policy Aspirus
V2	10/9/2024	Annual review, Minor edits, add link to reimbursement form