

COVERAGE POLICY 2024 ANNUAL REVIEW AND OVERSIGHT COMMITTEE APPROVAL

Aspirus

POLICY NUMBER	POLICY NAME	ORIGINAL EFFECTIVE DATE	NEW EFFECTIVE DATE	2024 ANNUAL REVIEW (2025 Contract)
CP-AMCR24-001A	Post Stabilization Care	1/1/2024	1/1/2025	Review completed 10/8/24. New Disclaimer added. No substantive Changes
CP-AMCR24-002A	Medicare Transplants Lodging and Transportation related expenses Member Reimbursement	1/1/2024	1/1/2025	Review completed 10/9/24 New Disclaimer added No Substantive changes.
CP-AMCR24-003A	Category III Codes	1/1/2024	1/1/2025	Review completed 10/3/24. New Disclaimer added. No substantive changes.
CP-AMCR24-004A	Septoplasty	1/1/2024	1/1/2025	Review completed 10/8/24. New Disclaimer added. No substantive changes.
CP-AMCR24-005A	Medicare Physical Exam Coverage	1/1/2024	1/1/2025	Review completed 10/9/24. New Disclaimer added. No substantive changes.
CP-AMCR24-006A	Bone Mineral Density Studies	1/1/2024	1/1/2025	Review completed 10/8/24. New Disclaimer added. No substantive changes.
CP-AMCR24-007A	Member Reimbursement	1/1/2024	1/1/2025	Review completed 10/9/24. New Disclaimer added. No substantive changes.
CP-AMCR24-008A	Worldwide Travel (Worldwide Emergency Care)	1/1/2024	1/1/2025	Review completed 10/9/24. New Disclaimer added. No substantive changes.
CP-AMCR24-009A	Oxygen and Oxygen Equipment Policy	1/1/2024	1/1/2025	Review completed 10/9/24. New Disclaimer added. No substantive changes.
	Medicare Transplants Lodging and Transportation related expenses Member Reimbursement FORM	1/1/2024	1/1/2025	Review completed 10/9/24. Not a Coverage Policy.