

Services/Complications Related to Non-Covered Services

Policy Number: BIP106.M
Effective Date: April 1, 2024

[Instructions for Use](#)

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Related Benefit Interpretation Policy
<ul style="list-style-type: none"> Services While Confined/Incarcerated

Federal/State Mandated Regulations

None

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Note: Refer to the member’s Evidence of Coverage (EOC)/ Schedule of Benefits (SOB) to determine coverage eligibility.

UnitedHealthcare will cover medically necessary services directly related to non-covered health care services when complications exceed routine follow up care such as life- threatening complications of cosmetic surgery.

Not Covered

- UnitedHealthcare does not cover the cost of services provided in preparation for a non-covered health care service where such services would not otherwise be medically necessary. Additionally, UnitedHealthcare does not cover the cost of routine follow- up care for non-covered health care services (as recognized by the organized medical community in the state of California)
- Services performed by immediate relatives or members of member’s household.

Policy History/Revision Information

Date	Summary of Changes
04/01/2024	<ul style="list-style-type: none"><li data-bbox="337 216 948 247">• Routine review; no change to coverage guidelines<li data-bbox="337 249 862 279">• Archived previous policy version BIP106.L

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.