

Services/Complications Related to Non-Covered Services

Policy Number: BIP106.L
Effective Date: May 1, 2023

 [Instructions for Use](#)

| | |
|---|------|
| Table of Contents | Page |
| Services While Confined/ Incarcerated | 1 |
| Federal/State Mandated Regulations | 1 |
| State Market Plan Enhancements | 1 |
| Covered Benefits | 1 |
| Not Covered | 1 |
| Policy History/Revision Information | 2 |
| Instructions for Use | 2 |

Related Benefit Interpretation Policy

- [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 |
|------------|--|
| 05/01/2023 | <ul style="list-style-type: none">• Routine review; no change to benefit coverage guidelines• Archived previous policy version BIP106.K |

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.