

# Services/Complications Related to Non-Covered Services

**Policy Number:** BIP106.O  
**Effective Date:** April 1, 2026

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Services While Confined/ Incarcerated</a> .....	1
<a href="#">Federal/State Mandated Regulations</a> .....	1
<a href="#">State Market Plan Enhancements</a> .....	1
<a href="#">Covered Benefits</a> .....	1
<a href="#">Not Covered</a> .....	1
<a href="#">Policy History/Revision Information</a> .....	1
<a href="#">Instructions for Use</a> .....	2

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

## 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
04/01/2026	<ul style="list-style-type: none"> <li>• Routine review; no change to coverage guidelines</li> <li>• Archived previous policy version BIP106.N</li> </ul>

## 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.