

#### UnitedHealthcare® West Benefit Interpretation Policy

# Services/Complications Related to Non-Covered Services

Policy Number: BIP106.N Effective Date: April 1, 2025

Instructions for Use

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#### **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
04/01/2025	Routine review; no change to coverage guidelines
	Archived previous policy version BIP106.M

### **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.