



Kaiser Foundation Health Plan of Washington

Clinical Review Criteria Complications of Non-Covered Services

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Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	Benefit Manual Chapter 16, 180 - Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article	None

For Non-Medicare Members

All services related to the non-covered services are excluded from coverage. However, certain contracts, but not all, have provisions to cover specific complications of non-covered services for acute medical complications. Contracts that have coverage may allow for coverage of specific medically necessary interventions to resolve an acute, potentially life threatening medical complication (not necessarily covering non-acute issues). Refer to the member specific contract language to determine the benefit coverage for non-covered services. Coverage does not include complications that occur during or immediately following the non-covered service. Additional surgeries or other medical services to resolve other acute medical complications resulting from non-covered services shall not be covered.

Examples of -Non-covered complications may include but are not inclusive of the following possible situations:

- A nasal obstruction after cosmetic rhinoplasty
- Desired cosmetic outcomes not achieved
- Scarring of surgical wounds arising from a cosmetic procedure
- Request for removal of breast implants due to contracture or leakage, when placed for cosmetic purposes

All requests that appear to involve complications of a non-covered services, or any from dental services should be sent to the clinical review physicians for review.

If requesting these services, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist
- Last 6 months of radiology if applicable

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Most Kaiser Permanente contracts state “Excluded: non-covered surgical services.” In applying this exclusion guidance was requested by staff making coverage determinations. The above criteria were developed to provide guidance.

Creation Date	Review Dates	Date Last Revised
09/24/2007	04/06/2010 ^{MDCRPC} , 02/11/2011 ^{MDCRPC} , 02/06/2011 ^{MDCRPC} , 10/02/2012 ^{MDCRPC} , 08/06/2013 ^{MPC} , 06/03/2014 ^{MPC} , 04/07/2015 ^{MPC} , 02/02/2016 ^{MPC} , 12/06/2016 ^{MPC} , 10/03/2017 ^{MPC} , 08/07/2018 ^{MPC} , 08/06/2019 ^{MPC} , 08/04/2020 ^{MPC} , 08/03/2021 ^{MPC} , 08/02/2022 ^{MPC} , 08/01/2023 ^{MPC}	08/03/2021

^{MDCRPC} Medical Director Clinical Review and Policy Committee

^{MPC} Medical Policy Committee

Revision History	Description
09/01/2015	Revised LCD L34886 and L35008 Non-Covered Services.
11/12/2018	Updated KPWA criteria for Non-Medicare Members
12/5/2018	Revised ALL reviews must go to Medical Director Review
05/07/2019	MPC approved to adopt criteria for complications of non-covered services
08/04/2020	Added Medicare LCA A57642
08/03/2021	Removed retired Medicare LCD L35008 and LCA A57642.