

Non-Covered Services

Scope

This policy applies to:

- | | | |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | <input type="checkbox"/> Medicaid |
| <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Medicare | |

Policy

Original Effective Date: 06/01/2014

Kaiser Permanente will not separately reimburse for services considered to be non-covered. Examples of services that can be considered non-reimbursable, but not limited to:

- Autopsy and associated expenses
- [Code Editing](#)
- Category II CPT codes for supplemental tracking
- Complications or follow-up care related to non-covered services
- [Cosmetic procedures](#)
- [Durable medical equipment items](#)
- Experimental or investigational services
- Hypnotherapy and all services related to hypnotherapy
- [Self-treatment or treatment of immediate family members](#)
- Services or supplies and drugs that are not medically necessary
- Statutorily excluded services
- [Robotic assisted surgery](#)

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

Policy Definitions

Not Applicable

Prerequisite(s)

Not Applicable

References

Not Applicable

Frequently Asked Questions

Not Applicable

Revision History

03/30/2022 – updated Hyperlinks

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.