



**COMPLICATIONS TO NON-COVERED CARE**

Effective Date: August 1, 2006

Review Dates: 1/93, 4/95, 12/94, 10/97, 12/99, 12/01, 11/02, 2/03, 1/04, 1/05, 12/05, 12/06, 12/07, 12/08, 12/09

Date Of Origin: June 30, 1988

Status: Current

**I. DESCRIPTION**

**II. POLICY/CRITERIA**

Complications to non-covered care are covered if determined to be medically necessary.

- A. Care or services normally expected to precede or follow non-covered care are not a covered benefit. Services that are normally performed as part of the non-covered care (e.g. laparoscopy with GIFT) are not a covered benefit, regardless of the reason for the service.
- B. Treatment of unexpected medical complications of non-covered care (e.g. post-operative bleeding, wound infection, allergic reaction to tattooing) is a covered benefit.
- C. The medical director will determine, on a case-by-case basis, when coverage resumes following non-covered care.

**III. MEDICAL NECESSITY REVIEW**

Required                       Not Required                       Not Applicable

**IV. APPLICATION TO PRODUCTS**

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*



- ❖ **MEDICARE:** Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).
- ❖ **MEDICAID:** Coverage is determined by the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html).
- ❖ **MICHILD:** For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.

## V. CODING INFORMATION

### *ICD9 Diagnosis Codes:*

*These codes may define the conditions described within this policy and should not be considered inclusive:*

- 634.8 Spontaneous abortion with unspecified complication
- 635.8 Legally induced abortion with unspecified complication
- 636.8 Illegally induced abortion with unspecified complication
- 637.8 Legally unspecified abortion with unspecified complication
- 638.7 Failed attempted abortion with other specified complication
- 638.8 Failed attempted abortion with unspecified complication
- 639.9 Unspecified complication following abortion or ectopic and molar pregnancies
  
- 909.3 Late effect of complications of surgical and medical care
  
- 996.2 Mechanical complication of nervous system device, implant, and graft
  
- 996.70 Other complications due to unspecified device, implant, and graft
- 996.89 Complications of other transplanted organ
- 997.99 Other complications affecting other specified body systems, NEC
- 998.59 Other postoperative infection
- 998.83 Non-healing surgical wound
- 998.89 Other complications of procedures, not elsewhere classified
- 998.9 Unspecified complication of procedure, not elsewhere classified
- 999.9 Other and unspecified complications of medical care, not elsewhere classified

*Special Note: See "Experimental/Investigational/Unproven Care" Policy.*

## VI. REFERENCES



**AMA CPT Copyright Statement:**

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

---

*This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.*

*Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.*

*The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.*