



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)	Non-Covered Services (L35008) .
Local Coverage Article	None

For Non-Medicare Members

Services to treat or to correct complications or negative outcomes that are a direct result of a non-covered service are not covered.

The examples below are provided to help define the following terms and are not inclusive of all possible situations that would define the term:

- Complications:
 - An adverse drug reaction
 - A splenic injury or bowel injury during abdominal surgery
 - A postoperative wound infection
 - A postoperative pulmonary embolism
- Negative Outcomes:
 - A nasal obstruction after rhinoplasty
 - The desired cosmetic outcome not achieved
 - The scarring of surgical wound
- Direct Result:
 - An adverse drug reaction during surgery
 - An uncontrolled postoperative hemorrhage
- Indirect Result:
 - The formation of gallstones due to rapid weight loss after bariatric surgery

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, KPWA 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: complications of 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
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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}	07/14/2008
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^{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.

Codes