

NO. 91086-R6

COMPLICATIONS TO NON-COVERED CARE

Effective date: 12/01/2025

Last reviewed: 11/2025

Instruction for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. 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. 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. 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policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community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.

Related policies

- Experimental/Investigational/Unproven Care/Benefit Exceptions #91117

I. MEDICAL NECESSITY CRITERIA

- A. Complications to non-covered care are covered if determined to be medically necessary.
 1. 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 are not a covered benefit, regardless of the reason for the service.
 2. Treatment of unexpected medical complications of non-covered care is a covered benefit.
 3. The medical director will determine, on a case-by-case basis, when coverage resumes following non-covered care.

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the [CMS Online Manual System \(IOMs\)](#) and Transmittals.

For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to [CMS Medicare Coverage Database](#).

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare [Coverage Database website](#) for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
National Coverage Determinations (NCDs)	N/A
Local Coverage Determinations (LCDs)	
Local Coverage Determinations (LCDs)	N/A

Medicare Benefit Policy Manual, [Chapter 16 - General Exclusions From Coverage](#), Section 180 - Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare

II. CODING

ICD-10 Codes that may support medical necessity

H59.88	Other intraoperative complications of eye and adnexa, not elsewhere classified
H59.89	Other post procedural complications and disorders of eye and adnexa, not elsewhere classified
L76.81 - L76.82	Other intraoperative and post procedural complications of skin and subcutaneous tissue
M96.89	Other intraoperative and post procedural complications and disorders of the musculoskeletal system
N98.0 - N98.9	Complications associated with artificial fertilization
T80.0xxA - T80A9XS	Complications following infusion, transfusion and therapeutic injection
T81.10xA - T81.9xxS	Complications of procedures, not elsewhere classified
T85.9xxA – T85.9xxS	Complications of other internal prosthetic devices, implants and grafts
T88.0xxA – T88.9xxS	Other complications of surgical and medical care, not elsewhere classified

III. APPLICATION TO PRODUCTS

Coverage is subject to the 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. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.

- **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); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN:** For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the [Michigan Medicaid Fee Schedule](#). If there is a discrepancy between this policy and the [Michigan Medicaid Provider Manual](#), the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

Past 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, 12/10, 12/11, 12/12, 12/13, 11/14, 11/15, 11/16, 11/17, 11/18, 11/19, 11/20, 11/21, 11/22, 11/23, 11/24

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