



Reimbursement Policy

Effective Date.....04/07/2017
Reimbursement Policy NumberR27

Related Services, Supplies, Drugs, and Equipment

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Related Policies

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INSTRUCTIONS FOR USE

Reimbursement policies are intended to supplement certain **standard** benefit plans. Please note, the terms of an individual's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which a reimbursement policy is based. For example, an individual's benefit plan document may contain specific language which contradicts the guidance outlined in a reimbursement policy. In the event of a conflict, an individual's benefit plan document **always supersedes** the information in a reimbursement policy. Reimbursement terms in agreements with participating health care providers may also supersede the information in a reimbursement policy. Proprietary information of Cigna. Copyright ©2018 Cigna

Overview

Certain primary services involve related services and supplies that together comprise the total care required. The separate components can be supplied by the same or different health care providers. The individual components or related services would not be necessary absent the primary service. Related services are services that are directly tied to the primary service and without the primary service being performed, the related service would not be required or indicated.

Reimbursement Policy

When a primary service or supply (including a medication, device or equipment) is not covered, any directly related service or supply is also not covered.

General Background

Certain primary services involve related services and supplies that together comprise the total care required. The separate components can be supplied by the same or different health care providers. The individual components or related services would not be necessary absent the primary service. For example, in the case of a surgical procedure, the anesthesia for the patient would only be rendered if the surgical procedure was actually performed. In the case of a radiological procedure that requires contrast, the contrast would only be necessary if the radiological procedure was actually performed. Related services are services that are directly tied to the primary service and without the primary service being performed, the related service would not be required or indicated.

For the purpose of this policy, primary services or supplies that are not covered typically fall into one of the following categories:

- Benefit Plan Exclusion
- Not Medically Necessary
- Experimental, Investigational or Unproven

Related services or supplies that are considered to be non-covered can be:

- By the same or a different provider as the non-covered primary service or supply
- On the same or a different claim as the non-covered primary service or supply
- On the same or a different date of service as the non-covered primary service or supply

For example, in the case of a surgical procedure that is not covered, related services and supplies would include (but not limited to):

- Preoperative professional services such as a history and physical
- Preoperative laboratory, cardiology and radiology testing
- Facility charges
- Surgeon, assistant surgeon, co-surgeon and team surgeon charges
- Supporting professional care such as anesthesiologist, pathologist and radiologist charges
- Postoperative laboratory, cardiology and radiology testing when directly related to the non-covered surgery
- Supplies, drugs or durable medical equipment used as part of operative or postoperative care

In the case of equipment that is not covered, related services would include (but not limited to):

- Supplies
- Batteries
- Replacement equipment
- Set-up fees

In the case of injectable drugs that are not covered, related services would include (but not limited to):

- Associated professional charges to administer the drug
- Associated supplies or equipment charges to administer the drug
- Associated facility charges

References

1. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual, Chapter 14, Section 40, November 2014.
2. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 16, Section 180, November 2014.
3. Centers for Medicare and Medicaid Services (CMS). Medicare Learning Network. Items and Services that are not covered under the Medicare Program, January 2015, p.12.

Policy History/Update

Date	Change/Update
11/15/2018	Updated to new template. Added overview
07/07/2017	Policy effective date
04/07/2017	Notification for July 7, 2017 release of new policy

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