

# Court, Attorney, or Agency Requested Services

**Policy Number:** BIP032.K  
**Effective Date:** January 1, 2024

[Instructions for Use](#)

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Related Benefit Interpretation Policies
• <a href="#">Emergency and Urgent Services</a>
• <a href="#">Medical Necessity</a>
• <a href="#">Preventive Care Services</a>
• <a href="#">Services While Confined/Incarcerated</a>

## Federal/State Mandated Regulations

**Note:** The most current federal/state mandated regulations for each state can be found in the links below.

### Washington

**WAC 284-43 Health Carriers and Health Plans, Subchapter K: Mental Health and Substance Use Disorder / WAC 284-43-7080 Prohibited Exclusions.**

<https://apps.leg.wa.gov/WAC/default.aspx?cite=284-43-7080>

- (5) Nothing in this section relieves a plan or an issuer from its obligations to pay for a court ordered substance use disorder benefit or mental health benefit when it is medically necessary.

## State Market Plan Enhancements

None

## Covered Benefits

**Important Note:** Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

- Court/attorney or agency requested services and testing only when they are medically necessary and are prior authorized by UnitedHealthcare. (Refer to the Benefit Interpretation Policies titled [Medical Necessity](#) and [Preventive Care Services](#))
- Emergency services or urgently needed services (Refer to the Benefit Interpretation Policy titled [Emergency and Urgent Services](#))
- **Oregon:** UnitedHealthcare cannot deny a court-ordered screening or treatment of a policy holder who is convicted of driving under the influence of intoxicants. The member must receive all covered health care services from a network provider, except for emergency health care services. **Note:** All covered health care services must be medically necessary as defined in the Evidence of Coverage (EOC) document.

**Note:** For coverage of services required for injuries or illnesses while under arrest, detained, imprisoned, or incarcerated, refer to the Benefit Interpretation Policy titled [Services While Confined/Incarcerated](#).

## Not Covered

Examples include, but are not limited to:

- Evaluation and therapy orders by a court for accused sex offenders
- Attorney requesting a medical consultation in a civil liability case
- Paternity testing

## Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
01/01/2024	All	<b>Covered Benefits</b> <ul style="list-style-type: none"><li>• Added instruction to refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility</li></ul> <b>Supporting Information</b> <ul style="list-style-type: none"><li>• Archived previous policy version BIP032.J</li></ul>
	Washington	<b>Federal/State Mandated Regulations</b> <ul style="list-style-type: none"><li>• Revised language pertaining to <i>Washington Administrative Code Section 284-43-7080</i></li></ul>

## Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.