Coverage Summary

Court, Attorney or Agency Requested Services

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<tr>
<td>Approved by:</td>
<td>UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 10/15/2019</td>
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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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I. COVERAGE

Coverage Statement: Court, attorney or agency requested services are covered when the requested services are covered (not excluded) under the member’s health plan, reasonable and medically necessary and Medicare regulations for coverage are met.

Guidelines/Notes:

1. Court, attorney or agency requested services are only covered if medically reasonable and necessary and the services requested are covered under the member’s health plan.

   See the CFR Title 42, Chapter IV, §411.4 - Services for which neither the beneficiary nor any other person is legally obligated to pay. (Accessed October 6, 2019)

   Also see the Medicare Benefit Policy, Chapter 16, §50.3 - Items or Services Paid for by Government Entity. (Accessed October 6, 2019)

2. Court, attorney or agency requested services that are emergency services or urgently needed services are covered. See the Coverage Summary for Emergent/Urgent Services, Post-Stabilization Care and Out-of-Area Services for the definitions of Emergency Medical Condition and Urgently-needed Services.

Also refer to the Coverage Summary for Services While Confined/Incarcerated.

II. DEFINITIONS

III. REFERENCES

IV. REVISION HISTORY

10/15/2019  • Routine review; no change to coverage guidelines