Court, Attorney or Agency Requested Services

Policy Number: MCS023.02
Approval Date: October 19, 2021

Instructions for Use

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Related Policies
None

Coverage Guidelines

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.

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

Court, Attorney or Agency Services

Requested services from a court, attorney or agency are only covered if medically reasonable and necessary and the services requested are covered under the member's health plan.

Refer to 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 4, 2021)

Also refer to the Medicare Benefit Policy, Chapter 16, §50.3 – Items or Services Paid for by Government Entity. (Accessed October 4, 2021)

Emergency and Urgent Services

Court, attorney or agency requested services that are an emergency or urgently needed services are covered. Refer to the Coverage Summary titled Emergent/Urgent Services, Post-Stabilization Care and Out-of-Area Services for the definitions of emergency medical condition and urgently-needed services.

Paternity Test Request

Paternity testing is not covered. Refer to the Medicare Benefit Policy Manual, Chapter 16, § 20 – Services Not Reasonable and Necessary. (Accessed October 4, 2021)

Policy History/Revision Information

Date	Summary of Changes
10/19/2021	• Routine review; no change to coverage guidelines • Archived previous policy version MCS023.01

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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 are 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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