

Court, Attorney, or Agency Requested Services

Policy Number: BIP031.J
Effective Date: January 1, 2022

[Instructions for Use](#)

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| Related Benefit Interpretation Policies |
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| • Emergency and Urgent Services |
| • Medical Necessity |
| • Preventive Care Services |
| • Services While Confined/Incarcerated |

Federal/State Mandated Regulations

None

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.

- Court/Attorney or Agency Requested Services and testing only when they are Medically Necessary and are preauthorized 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](#))

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 | Summary of Changes |
|------------|---|
| 01/01/2022 | <ul style="list-style-type: none"><li data-bbox="337 216 1029 243">• Routine review; no change to benefit coverage guidelines<li data-bbox="337 247 850 275">• Archived previous policy version BIP031.I |

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.