# ADMINISTRATIVE POLICY STATEMENT
# Indiana Medicaid

| Policy Name & Number | Date Effective |
|---|---|
| Court Mandated Health Services-IN MCD-AD-0797 | 01/01/2023-02/29/2024 |
| **Policy Type** | |
| **ADMINISTRATIVE** | |

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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## A. Subject

**Court Mandated Health Services**

## B. Background

Court mandated health services are treatments ordered as a result of criminal, civil or custodial judicial proceedings. Services may include withdrawal management, medication assisted treatment, community-based services, behavioral health inpatient or outpatient treatment, medical inpatient or outpatient treatment and/or other treatment related to one's overall health.

## C. Definitions

- **Court Mandated Health Services –** Court order issued upon the decision of a judge or the result of a judicial proceeding for health-related services.

## D. Policy

I. Court mandated health services are subject to all existing CareSource policies and procedures, including medical necessity determination and prior authorization as necessary.

II. If court ordered health services are determined as not meeting medical necessity criteria, the member will be referred to care management to ensure access to the proper treatment and services and assist in coordination of necessary care.

## E. Conditions of Coverage

NA

## F. Related Policies/Rules

Medical Necessity Determinations

## G. Review/Revision History

| | DATES | ACTION |
|---|---|---|
| **Date Issued** | 02/19/2020 | New Policy |
| **Date Revised** | 11/10/2021<br>8/23/2022 | Reviewed, No changes.<br>Annual review. |
| **Date Effective** | 01/01/2023 | |
| **Date Archived** | 02/29/2024 | This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy. |

## H. References

NA

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The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

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