

ADMINISTRATIVE POLICY STATEMENT

Michigan Medicaid

Policy Name & Number	Date Effective
Court Mandated Health Services-MI MCD-AD-1372	06/01/2025
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statements 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 or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Administrative Policy Statements do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced in the Administrative Policy Statement. Except as otherwise required by law, if there is a conflict between the Administrative Policy Statement and the plan contract, then the plan contract 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 HAP CareSource policies and procedures, including medical necessity determination and prior authorization, as necessary.
- II. If court mandated health services do not meet medical necessity criteria, the member's care coordinator or case manager will provide assistance to ensure access to proper treatment, services, and coordination of necessary care.

E. Conditions of Coverage

N/A

F. Related Policies/Rules

Medical Necessity Determinations

G. Review/Revision History

DATE		ACTION
Date Issued	09/27/2023	New policy. Approved at Committee.
Date Revised	03/13/2024 02/26/2025	Review, no changes. Approved at Committee. Annual review, approved at Committee.
Date Effective	06/01/2025	
Date Archived		

H. References

N/A

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