



JUDICIAL OR ADMINISTRATIVE PROCEEDINGS OR ORDERS

Policy Number: BH803JAPO0518

Effective Date: May 9, 2018

Table of Contents

BENEFIT CONSIDERATIONS	1
COVERAGE RATIONALE	1
LEVEL OF CARE GUIDELINES	2
UNITEDHEALTHCARE BENEFIT PLAN DEFINITIONS	2
REFERENCES	3
HISTORY/REVISION INFORMATION	3

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member’s specific benefit plan requirements and any federal or state mandates, if applicable.

COVERAGE RATIONALE

Except in the circumstances described below, psychological evaluations, testing or behavioral health treatments or services when related solely to Judicial or Administrative Proceedings or Orders are excluded (Certificate of Coverage (COC)).

Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments related to judicial or administrative proceedings or orders are excluded, unless they would otherwise meet the definition of a Covered Health Service or be covered under the Policy absent the judicial or administrative proceedings or orders.

- The lack of a specific exclusion of a service does not imply that the service is covered.
- The following are examples of judicial or administrative proceedings or orders (not an all-inclusive list):
 - Court-ordered evaluations (COEs);
 - Court-ordered treatment (COTs);
 - Police detention.

Judicial or Administrative Proceedings or Orders is an umbrella term that encompasses a legal proceeding that issues a directive for the member to obtain, or for Optum to cover behavioral health services such as evaluations and treatment by a court of law.

- A court order alone does not guarantee coverage. Rather, coverage of such services may be indicated under the following conditions (see COC):
 - Services or supplies provided for the purpose of preventing, evaluating, diagnosing or treating a mental illness or substance use disorder, or its symptoms as determined by us or our designee;
 - Services that otherwise meet the definition of a Covered Health Service.

In evaluating requests for court-ordered treatment services, Optum considers the member's acute symptoms and the precipitant for admission, the appropriateness of treatment, the terms of the member's benefit plan, the stipulations of the court order, and applicable state law.

In situations in which a state mandate requires specifically that Optum provide coverage for court-ordered treatment services, Optum complies directly with the state’s requirements.

- In the event that Optum is court-ordered to cover treatment, further consultation between Optum’s Legal Department and the court may be needed. Based on the urgency of the case and associated timelines, the Optum Legal Department determines whether Optum is responsible for the cost of the services.

Examples of circumstances when orders should be reviewed with the Optum Legal Department include:

- The member is mandated by court order to receive services;

- The court order stipulates that Optum is responsible for the cost of care;
- Coverage is not clinically indicated and/or services are excluded; or
- The member's clinical status indicates another level of care than that ordered.

The requested service or procedure must be reviewed against the language in the member's benefit document. When the requested service or procedure is limited or excluded from the member's benefit document, or is otherwise defined differently, it is the terms of the member's benefit document that prevails.

All services must be provided by or under the direction of a properly qualified behavioral health provider.

LEVEL OF CARE GUIDELINES

Optum / OptumHealth Behavioral Solutions of California Level of Care Guidelines are available at:
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>

The Level of Care Guidelines are a set of objective and evidence-based behavioral health guidelines used to standardize coverage determinations, promote evidence-based practices, and support members' recovery, resiliency, and wellbeing.

UNITEDHEALTHCARE BENEFIT PLAN DEFINITIONS

For plans using 2001 and 2004 generic UnitedHealthcare COC/SPD, unless otherwise specified

Covered Health Service(s)

Those health services provided for the purpose of preventing, diagnosing or treating a sickness, injury, mental illness, substance abuse, or their symptoms.

A Covered Health Service is a health care service or supply described in *Section 1: What's Covered--Benefits as a Covered Health Service*, which is not excluded under *Section 2: What's Not Covered--Exclusions*.

For plans using 2007 and 2009 generic UnitedHealthcare COC/SPD, unless otherwise specified

Covered Health Service(s)

Those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following:

- Provided for the purpose of preventing, diagnosing or treating a sickness, injury, mental illness, substance abuse, or their symptoms.
- Consistent with nationally recognized scientific evidence as available, and prevailing medical standards and clinical guidelines as described below.
- Not provided for the convenience of the Covered Person, Physician, facility or any other person.
- Described in the *Certificate of Coverage* under *Section 1: Covered Health Services* and in the *Schedule of Benefits*.
- Not otherwise excluded in the *Certificate of Coverage* under *Section 2: Exclusions and Limitations*.

In applying the above definition, "scientific evidence" and "prevailing medical standards" shall have the following meanings:

- "Scientific evidence" means the results of controlled clinical trials or other studies published in peer-reviewed, medical literature generally recognized by the relevant medical specialty community.
- "Prevailing medical standards and clinical guidelines" means nationally recognized professional standards of care including, but not limited to, national consensus statements, nationally recognized clinical guidelines, and national specialty society guidelines.

For plans using 2011 and more recent generic UnitedHealthcare COC/SPD, unless otherwise specified

Covered Health Care Service(s) - health care services, including supplies or Pharmaceutical Products, which we determine to be all of the following:

- Medically Necessary.
- Described as a Covered Health Care Service in the *Certificate* under *Section 1: Covered Health Care Services* and in the *Schedule of Benefits*.
- Not excluded in the *Certificate* under *Section 2: Exclusions and Limitations*.

Medically Necessary - health care services provided for the purpose of preventing, evaluating, diagnosing or treating a Sickness, Injury, Mental Illness, substance-related and addictive disorders, condition, disease or its symptoms, that are all of the following as determined by us or our designee.

- In accordance with Generally Accepted Standards of Medical Practice.

- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms.
- Not mainly for your convenience or that of your doctor or other health care provider.
- Not more costly than an alternative drug, service(s) or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms.

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on Doctor specialty society recommendations or professional standards of care may be considered. We have the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Doctor specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by us.

We develop and maintain clinical policies that describe the Generally Accepted Standards of Medical Practice scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services.

DEFINITIONS

Court-Ordered Evaluation (COE) is the use of legal means to order a person to undergo a psychosocial evaluation and/or medical evaluation for a variety of court purposes, such as to determine the need for court-ordered treatment.

Court-Ordered Treatment (e.g., Involuntary Commitment; COT) is the process of using legal means to commit a person to treatment.

Police Detention is the forcible restraint or taking a person into custody by legal authority in response to a criminal charge.

REFERENCES*

Generic UnitedHealthcare Certificate of Coverage, 2001
 Generic UnitedHealthcare Certificate of Coverage, 2007
 Generic UnitedHealthcare Certificate of Coverage, 2009
 Generic UnitedHealthcare Certificate of Coverage, 2011
 Generic UnitedHealthcare Certificate of Coverage, 2017

*Additional reference materials can be found in the reference section(s) of the applicable Level of Care Guidelines

HISTORY/REVISION INFORMATION

Date	Action/Description
05/09/2017	• Version 1 – Annual Update
05/09/2018	• Annual Update: Update to formatting