



Department of Origin: Medical Management	Effective Date: 02/08/23
Approved by: Chief Medical Officer	Date Approved: 02/03/23
Clinical Policy Document: Behavioral Health, Court-Ordered Substance Use Related Disorder Services	Replaces Effective Clinical Policy Dated: 02/09/22
Reference #: MP/C011	Page: 1 of 4

PURPOSE:

The intent of this clinical policy is to provide coverage guidelines for court-ordered substance use related disorder services.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Court-ordered substance use related disorders services intended to treat substance use related conditions that are eligible for payment under the member's Certificate of Coverage (COC) or applicable Summary Plan Description (SPD) are covered subject to meeting the guidelines listed below. See MP/C001 Court Ordered Mental Health Services for mental health commitments for substance-induced disorders if active substance abuse is not current or for mental health or mental illness combined with chemical dependency commitments.

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

COVERAGE:**I. PAS Non-ERISA and PIC Plans**

- A. Court-ordered substance use related services provided when not committed to custody
 1. To be eligible for coverage, all of the following are required: a - c
 - a. A copy of the evaluation and court order
 - b. The court-ordered behavioral care evaluation must be performed by a *participating* licensed alcohol and drug counselor (LADC), licensed psychiatrist, or doctoral level licensed psychologist.
 - c. The court-ordered behavioral care evaluation must include a diagnosis and individual treatment plan for care in the most appropriate and least restrictive environment.
 2. PAS Non-ERISA or PIC may make a motion to modify a court ordered plan and/or request a new behavioral care evaluation.
 3. On a periodic basis, at the discretion of the Plan, a current treatment plan including treatment goals and associated progress toward goals may be requested from the treating provider to help determine the need for a new behavioral care evaluation or need for modification to the court order.
 4. Court-ordered care may be subject to a separate medical necessity determination under utilization procedures.
 5. Benefits for the court-ordered services must be covered under the member's COC/SPD and are subject to all plan limitations and exclusions.

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B. Substance use related services (chemical dependency treatment) provided by the Department of Corrections when committed to custody following a conviction for first-degree driving while impaired offense

1. To be eligible for coverage, both of the following are required: a and b
 - a. Member has been committed to custody for a first-degree driving while impaired offense under section 169A.24 as evidenced by both of the following; 1) and 2)
 - 1) The court makes a preliminary determination based on a chemical use assessment that treatment may be appropriate and includes this determination as part of the sentencing order.
 - 2) The Department of Corrections makes a determination based on a chemical assessment conducted while the member is in the custody of the department that treatment is appropriate.
 - b. A copy of the court's preliminary determination, supporting documents and the assessment performed by the Department of Corrections.
2. Payment rates for treatment provided by the Department of Corrections shall not exceed the lowest rate for outpatient chemical dependency treatment paid by the health plan company to a *participating* provider of the health plan company.
3. Court-ordered care is not subject to a separate medical necessity determination under utilization procedures.
4. Benefits for the court-ordered services must be covered under the member's COC/SPD and are subject to all plan limitations and exclusions.

[Note: All court ordered cases will be discussed with a medical director.]

II. PAS ERISA Plans

- A. To be eligible for coverage, all of the following are required: 1 - 3
 1. A copy of the evaluation and court order
 2. The court-ordered behavioral care evaluation must be performed by a *participating* licensed alcohol and drug counselor (LADC), licensed psychiatrist, or doctoral level licensed psychologist.
 3. The court-ordered behavioral care evaluation must include a diagnosis and individual treatment plan for care in the most appropriate and least restrictive environment.
- B. The applicable Plan Administrator or designee may make a motion to modify a court-ordered plan and/or request a new behavioral care evaluation.
- C. On a periodic basis, at the discretion of the Plan, a current treatment plan including treatment goals and associated progress toward goals may be requested from the treating provider to help determine the need for a new behavioral care evaluation or need for modification to the court order.
- D. Court-ordered care may be subject to a separate medical necessity determination.

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- E. Benefits for court-ordered services must be covered under the member's SPD and are subject to all plan limitations and exclusions.

[Note: All court ordered cases will be discussed with a medical director.]

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description.

DEFINITIONS:

Court-Ordered Care:

Court-ordered substance use related services includes substance use related services which are provided as part of: a court hold, any type of commitment (which may include an order for early intervention), a stay of commitment, a continuance, or a revocation of a provisional discharge which are ordered by a court of competent jurisdiction. This includes substance use related services which are ordered by a juvenile court for a child who is adjudicated as needing protection or services, substance use related services which may be ordered by a criminal court as a condition of probation, or other situations in which a court of competent jurisdiction has included provision of, or participation in, substance use related services as a condition in its findings.

Non-participating Provider:

A provider not under contract as a participating provider.

Participating Provider:

A provider that PCHP, PIC or applicable Plan Administrator has contracted with, or made arrangements with, to provide health services to covered persons.

Provider:

A health care professional or facility licensed, certified, or otherwise qualified under state law to provide health care services.

Substance Use Related Disorders:

A pattern of substance use as defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

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Prior Authorization Required: Yes, per network provider agreement

REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: MP/C009 Coverage Determination Guidelines
3. Clinical Policy: MP/C001 Behavioral Health, Court Ordered Mental Health Services
4. Minnesota Statutes 62Q.137 Chemical Dependency Treatment: Coverage
5. Minnesota Statutes 169A.24 First-Degree Driving While Impaired

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PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ມີຢູ່ສະໄໝໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያገኙበት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው: 763.847.4013) .

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PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
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200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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