

Marketplace National Regional Benefit Interpretation Document

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| Benefit Name | SERVICES WHILE CONFINED/INCARCERATED |
| Applicable State | California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin |
| Benefit Definition | <p>This policy addresses services received while confined/incarcerated, or, if a juvenile, while detained in any facility.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. 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.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">A. FEDERAL/STATE MANDATED REGULATIONS</div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>None</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">B. STATE MARKET PLAN ENHANCEMENTS</div> <p>None</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">C. COVERED BENEFITS</div> <p>IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.</p> <p>Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.</p> <p>Please refer to the next section for additional details on what is not covered.</p> <div style="border: 1px solid black; padding: 5px;">D. NOT COVERED</div> |

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

FELONY, RIOT, INSURRECTION, OR ILLEGAL ACTIVITIES

UTAH:

Felony, Riot, Insurrection, or Illegal Activities: The following services are not covered for Members when incurred in connection with injury or illness arising from the voluntary commission of:

- A felony;
- An assault, riot or breach of peace;
- A Class A misdemeanor;
- Any criminal conduct involving the illegal use of firearm or other deadly weapon;
- Other illegal acts of violence when the insured is a voluntary participant.

ILLEGAL OCCUPATION

SOUTH CAROLINA:

Illegal Occupation: The company is not liable for any loss which results from the insured committing or attempting to commit a felony or from the insured engaging in an illegal occupation.

SERVICES WHILE INCARCERATED

ALL STATES:

Services While Confined are not covered

ALL STATES:

Molina and Passport do not cover services required for injuries or illnesses experienced while under arrest, detained, imprisoned, incarcerated or confined according to federal, state or local law.

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

| Date | Action/Description |
|------|--------------------|
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|-------------------------------------|--|------------|-----------|---------------------|
| Procedure Codes (Internal Use Only) | <p>None</p> <p>Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.</p> | | | |
| Prior Authorization | <p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ul style="list-style-type: none"> a. Covered and No PA Required b. Not Covered <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p> | | | |
| Approval | Departments | Product | CIM | Clinical Management |
| | Date | 12/21/2021 | 3/31/2022 | 11/30/2021 |
| | Revised (for 1/1/2023) | 12/13/2022 | | 12/13/2022 |