**INDIAN HEALTH SERVICE MEDICAL PRIORITY LEVELS**

1. **RESPONSIBILITIES**
   1. **The IHS Chief Medical Officer.** The Indian Health Service (IHS) Chief Medical Officer (CMO) is responsible for maintaining the IHS Medical Priority Levels. The IHS CMO, will review, update, and distribute the IHS Medical Priority Levels IHS-wide every four years.
   2. **Area** Director**.** Each Area Director will:
      1. Develop Area medical priority levels that are consistent with the IHS Medical Priority Levels, annually.
      2. Submit a copy of their respective Area medical priority levels to the Director, Division of Contract Care.
      3. Integrate the Area medical priority levels with the annual spending plans, since the availability of funds determines the level of medical care that can be provided.
   3. **Director, Office of Resource Access and Partnerships.** The Director, Office of Resource Access and Partnerships (ORAP), will ensure that CHS payment denial appeals are reviewed and final opinions are issued.
   4. **Director, Division of Contract Care.** The Director, Division of Contract Care (DCC) will review the Area **medical** priority levels on an annual basis. Director, DCC will recommend to the IHS CMO updates to the IHS Medical Priority Levels to reflect identified changes in acceptable medical practice.
   5. **Chief Executive Officer.** Each Chief Executive Officer will establish CHS management committees to develop **and** implement spending plans and authorize payment for CHS referrals in compliance with the Area medical priority levels.
2. **TYPES OF SERVICES.** 
   1. **Emergent or Acutely Urgent Care Services.** Medical Priority Level I-Emergent or Acutely Urgent Care Services are diagnostic or therapeutic services that are necessary to prevent the immediate death or serious impairment of the health of the individual, and which, because of the threat to the life or health of the individual necessitate the use of the most accessible health care available and capable of furnishing such services. Diagnosis and treatment of injuries or medical conditions that if left untreated, would result in uncertain but potentially grave outcomes.
   2. **Preventive Services.** Medical Priority Level II-Preventive Services are distinguished from emergency care, sophisticated diagnostic procedures, treatment of acute conditions, and care primarily intended for symptomatic relief or chronic maintenance. Most services listed as Priority Level II are available at IHS direct care facilities. If no direct care capabilities are available at the IHS or Tribal direct care facility, preventative services can be purchased using CHS funds
   3. **Primary and Secondary Care Services.** Medical Priority Level III-Primary and Secondary Care Services include inpatient and outpatient care services. The inpatient and outpatient services involve the treatment of prevalent illnesses or conditions that have a significant impact on morbidity and mortality. This involves treatment for conditions that may be delayed without progressive loss of function or risk of life, limb, or senses. It also includes services that may not be available at many IHS facilities and/or may require specialty consultation.
   4. **Chronic Tertiary and Extended Care Services.** Medical Priority Level IV - Chronic Tertiary and Extended Care Services are services that (1) are not essential for initial/emergent diagnosis or therapy, (2) have less impact on mortality than morbidity, or (3) are high cost, are elective, and often require tertiary care facilities. These services are not readily available from direct care IHS facilities.
   5. **Excluded Services.** Medical Priority Level V-Excluded Services includes cosmetic procedures and experimental and other procedures excluded from authorization for CHS payment. The list of Medical Priority Level V-Excluded Services is based upon the Centers for Medicare and Medicaid’s (CMS) Medicare National Coverage Determinations Manual.
      1. **Cosmetic Procedures.** The Fiscal Intermediary (FI) will not pay a claim for a potentially cosmetic procedure listed in Medical Priority Level V-Excluded Services, unless the Area CMO approval is obtained. This may be granted if one of the listed procedures, normally considered cosmetic, is necessary for proper mechanical function or psychological reasons.
      2. **Experimental and other Excluded Procedures.** Payment for the excluded procedures listed in Medical Priority Level V-Excluded Services will not be paid by the FI, unless a formal exception has been granted by the IHS CMO (See IHS Circular No. 93-03, “Cosmetic and Experimental Procedures Review.”)
      3. **Payment for Direct Services.** Examples of direct care services that cannot be reimbursed with CHS funds are on-call hours, after hours or weekend pay, holiday coverage (e.g., for x-ray, laboratory, pharmacy).
   6. **Referrals.**
      1. **Elective Referrals Initiated by IHS Providers.** When patients are referred for elective procedures, consultation, outpatient care, or inpatient care, the payment for eligible patients should be authorized only when the care required is medically necessary and falls within established medical priorities. All referrals will be reviewed and approved in a prescribed manner. In general, authorization should be made for only one visit at a time, or for a prescribed number of visits. If additional procedures or care are required, the medical priority of the follow-up request may be different. Patients are to be instructed to return for another referral.
      2. **Patient’s Condition.** The condition of the patient at the time of the referral will influence the ultimate determination of Medical Priority Level III and IV services. In order to determine whether or not the needed care is within established medical priorities, the following questions should be considered:
         1. What is the rate of deterioration of the patient’s condition (is the needed service deniable or non-deniable)?
         2. What will be the potential morbidity of the patient, if the desired care is not rendered (are there any uncertain but potentially grave outcomes)?
         3. What is the expected benefit from the evaluation or treatment (will the care likely result in a cure or improvement)?
         4. Is the procedure experimental or purely cosmetic (is the requested service on the excluded list)?
   7. **Controversial Types of Therapy.** Controversial types of therapy shall have a rigorous review. Services such as, disc surgery; hysterectomies; tonsillectomies and adenoidectomies; portacaval shunts; obesity surgery; etc., may necessitate a second opinion process established by the Area CMO.
   8. **Request for Payment without Prior Authorization.** When emergency care is performed in non-IHS facilities without prior authorization, a review of the patient’s eligibility status, compliance with notification requirements, and clinical information must be performed prior to approving CHS payment.
      1. The decision to approve or deny payment should not be based solely on the final diagnosis; the entire clinical encounter, including the patient’s condition should be taken into account.
      2. Payment should be authorized only for those cases falling within established CHS medical priorities and the patient meeting CHS eligibility requirements.
   9. **Payment Denial Letters.** If care is denied, patients and providers will not be issued a payment denial letter for “lack of funds.” The letter will clearly state the reason(s) for the denial of payment (i.e. not within medical priority, alternate resources available) and the opportunities for appeal.

**PART THREE - DESCRIPTION OF IHS MEDICAL PRIORITY LEVELS**

1. **MEDICAL PRIORITY** **LEVEL I – EMERGENT OR ACUTELY URGENT CARE SERVICES.** 
   1. **Definition.** Emergent or acutely urgent care services are diagnostic or therapeutic services that are necessary to prevent the immediate death or serious impairment of the health of the individual, and which, because of the threat to the life or health of the individual necessitate the use of the most accessible health care available and capable of furnishing such services. Diagnosis and treatment of injuries or medical conditions that if left untreated, would result in uncertain but potentially grave outcomes. Categories of emergent or acutely urgent care services include (random order):
      1. Emergency room care for emergent or urgent medical conditions, surgical conditions, or acute trauma.
      2. Emergency inpatient care for emergent or urgent medical conditions, surgical conditions, or acute injury.
      3. Acute and chronic renal replacement therapy.
      4. Emergency psychiatric care involving suicidal persons or those who are a serious threat to themselves or others.
      5. Services and procedures necessary for the evaluation of potentially life threatening illness or conditions.
      6. Obstetrical deliveries and acute perinatal care.
      7. Neonatal care.
   2. **Medical Priority Level I -Diagnosis.** Examples of diagnosis that usually require emergent/acutely urgent care services include but are not limited to:

Musculoskeletal trauma acute  
Cancer Chemotherapy  
Cholecystitis, acute  
Coma  
Concussion  
Congestive heart failure, decompensated  
Pancreatitis  
Dehydration, severe  
Delirium tremens  
Diabetic ketoacidosis  
Drowning, near  
Embolism, cerebral or peripheral  
Encephalitis  
Epididymitis, acute  
Epiglottitis  
Eye disease, acute  
Flail chest  
Fractures  
Glomerulonephritis  
Gunshot wounds  
Head injury  
Heat exhaustion and prostration  
Hemoptysis  
Hemorrhage  
Hepatic encephalopathy  
Myocardial infractions  
Myocardial ischemia, acute  
Obstetrical emergencies  
Pelvic inflammatory disease  
Peritonitis  
Pneumonia, acute  
Pneumothorax  
Poisoning  
Premature infant  
Pulmonary embolism  
Pulmonary edema  
Puncture or stab wounds  
Radiation Therapy  
Rape, alleged, examination  
Renal lithisasis, acute  
Renal failure, acute  
Respiratory failure  
Sepsis  
Shock  
Spinal column injuries  
Suicide attempt  
Urinary retention, obstruction

1. **MEDICAL PRIORITY LEVEL II- PREVENTIVE CARE SERVICES.**
   1. **Definition**. Preventive care services are available at most IHS facilities. Preventive care service is primary health care that is aimed at the prevention of disease or disability. This includes services proven effective in avoiding the occurrence of a disease (primary prevention) and services proven effective in mitigating the consequences of an illness or condition (secondary prevention). Categories of services included (random order):
      1. Routine prenatal care
      2. Non-urgent preventative ambulatory care (primary prevention)
      3. Screening for known disease entities (secondary prevention)
      4. Screening Mammograms
      5. Public health intervention
   2. **Medical Priority Level II - Examples.** Examples of procedures or services that are usually considered preventive **care** services include but are not limited to:

Audiology screening  
Diabetes maintenance  
Hemophilus prophylaxis  
HIV testing  
Immunizations  
Mammography  
Periodic health exams of infants, children, and adults  
Podiatry care for diabetics  
Sexually transmitted diseases, testing and treatment  
Vision examinations  
Cancer screening  
Family planning services  
Hepatitis prophylaxis  
Hypertensive screening, diagnosis, and control  
Laboratory services supporting primary care evaluations  
Meningitis prophylaxis  
Pregnancy and infant care  
Routine PAP smears/Colposcopy  
Tuberculosis screening, prophylaxis, and treatment  
X-ray services supporting primary care evaluations

1. **MEDICAL PRIORITY LEVEL III – PRIMARY AND SECONDARY CARE SERVICES.**
   1. **Definition.** Primary and Secondary Care Services include inpatient and outpatient care services. The inpatient and outpatient services involve the treatment of prevalent illnesses or conditions that have a significant impact on morbidity and mortality. This involves treatment for conditions that may be delayed without progressive loss of function or risk of life, limb, or senses. It also includes services that may not be available at many IHS facilities and/or may require specialty consultation. Categories of services included (random order):
      1. Scheduled ambulatory services for non-emergent conditions.
      2. Specialty consultations in surgery, medicine, obstetrics, gynecology, pediatrics, ophthalmology, ENT, orthopedics, and dermatology.
      3. Elective, routine surgeries that have a significant impact on morbidity and mortality.
      4. Diagnostic evaluations for non-acute conditions.
      5. Specialized medications not available at an IHS facility, when no suitable alternative exists.
   2. **Medical Priority Level III - Examples.** Procedures or referrals that usually are considered Primary and Secondary Care Services included but are not limited to:

Arthroscopy  
Bladder suspension  
Cardiac catheterization  
Cardiology referral (non-acute)  
Cholecystectomy  
CT Scan/MRI  
Dermatology  
Electroencephalogram  
Electronystagmogram  
Endocrinology  
Exercise stress testing  
Eye glasses refractions  
Gastroscopy  
Gynecology  
Hearing aids  
Hematology referral  
Hemorrhoidectomy  
Hemiorrhaphy  
Hysterectomy  
Lumbar laminectomy  
Nephrology/urology referral  
Neurology evaluations (elective)  
Nuclear medicine  
Orthotics  
Ophthalmology  
Podiatry, non-diabetic  
Prosthetics  
Psychiatric evaluations  
Pulmonary referral  
Pulmonary function testing  
Rheumatology  
Surgery referral, elective  
Tonsillectomy  
Tympanoplasty

1. **MEDICAL PRIORITY LEVEL IV- CHRONIC TERTIARY AND EXTENDED CARE SERVICES**
   1. **Definition.** Chronic Tertiary and Extended Care Services are services that (1) are not essential for initial/emergent diagnosis or therapy, (2) have less impact on mortality than morbidity, or (3) are high cost, are elective, and often require tertiary care facilities. These services are not readily available from direct care IHS facilities. Careful case management by the service unit CHS committee is a requirement, as is monitoring by the Area CMO or his/her designee. Depending on cost, the referral may require concurrence by the CMO. Categories of services included (random order):
      1. Rehabilitation care
      2. Skilled nursing facility (Medicare defined)
      3. Highly specialized medical services/procedures
      4. Restorative orthopedic and plastic surgery
      5. Other specialized elective surgery such as obesity surgery
      6. Elective open cardiac surgery
      7. Organ transplantation (CMS approved organs only)
   2. **Medical Priority Level IV - Examples.** Diagnosis or procedures that usually are considered Medical Priority Level IV -Chronic Tertiary and Extended Care Services included but are not limited to:

Angiocardiography  
Coronary bypass (non-acute)  
Facial bone repair  
Immunotherapy  
Lithotripsy  
Neurosurgery  
Pain control programs  
Plasmapheresis  
Portable fusion pumps  
Radical neck surgery  
Rhytidectomy  
Valvular open-heart surgery  
BCG vaccine (as adjuvant therapy for cancer)  
Esophageal pH monitoring  
Gastric bypass surgery  
Joint replacement  
Mammoplasty, reconstructive  
Osteoplasty (osteotomy)  
Passive motion exercise devices  
Plastic surgery, reconstructive  
Porta-caval shunt  
Rhinoplasty  
Sympathectomy

1. **MEDICAL PRIORITY LEVEL V- EXCLUDED SERVICES.**
   1. **Definition.** Excluded services are services and procedures that are considered purely cosmetic in nature, experimental or investigational, or have no proven medical benefit. The list of therapies and procedures classified as potentially cosmetic in nature, experimental, or excluded will be reviewed and updated on an annual basis.
   2. **Excluded Services - Categories.** Categories of excluded services include:
      1. all purely cosmetic (not reconstructive) plastic surgery;
      2. procedures defined as experimental by the Centers for Medicare and Medicaid Services;
      3. procedures for which there is no proven medical benefit procedures listed as “Not Covered” in the CMS Medicare National Coverage Determinations Manual;
      4. extended care nursing homes (intermediate or custodial care); and
      5. alternate medical practices (e.g., homeopathy, acupuncture, chemical endarterectomy, naturopathy.)
   3. **Cosmetic Procedures.** Payment for certain cosmetic procedures may be authorized if these services are necessary for proper mechanical function or psychological reasons. Approval from the Area CMO is required.
   4. **Experimental and other Excluded Services Procedures.** Payment for Experimental and Other Excluded Services is not authorized, unless a formal exception is granted by the IHS CMO.
   5. **Medical Priority** Level **V - Examples.**
      1. **Cosmetic.** Examples of cosmetic services that are considered either experimental or excluded. (Not an all-inclusive list.)

Argon Laser Treatment for Congenital Hemangiomas  
Topical Chemotherapy (Total Face and/or Neck)  
Mastectomy for Gynecomastia  
Mastectomy, Subcutaneous with Delayed Prosthetic Implant  
Removal of Mammary Implant Material  
Reconstruction of Nipple and/or Areola  
Revision (Release of Scar Contracture) of Breast, following Mammoplasty  
Blepharoptosis Repair  
Tattooing  
Subcutaneous Injection of “Filling” Material (i.e., Collagen)  
Insertion of Tissue Expanders  
Dermabrasion  
Abrasion (i.e., Keratoses)  
Chemical Peell  
Salabrasion  
Cervicoplasty  
Rhytidectomy  
Excision Excessive Skin and Subcutaneous Tissue (Including Lipectomy)  
Suction Assisted Lipectomy  
Cryotherapy for Acne  
Electrolysis Epilation  
Mastopexy  
Reduction Mammoplasty  
Augmentation Mammoplasty  
Breast Reconstruction  
Application of Halo Type Appliance for Maxillofacial Fixation

* + 1. **Experimental and other Excluded Services.** Examples of Experimental and other Excluded Services include but are not limited to:

Acupuncture  
Intestinal bypass surgery  
Intravenous histamine therapy monitoring  
Joint and ligament sclerosing therapy  
Chelation therapy for atherosclerosis  
Cochlear implants (under 18 years of age)  
Cytotoxic food tests  
Electrosleep therapy  
Food allergy testing  
Gastric balloon for treatment of obesity  
Hair transplants  
Heat treatment for pulmonary conditions  
Hemodialysis for Schizophrenia therapy  
Mammoplasty, cosmetic  
Sex-change operations  
Tattoo removal  
Tinnitus masking  
Plastic surgery (purely cosmetic, not reconstructive)  
Portable hand held x-ray instruments  
Pulmonary embolectomy, transvenous (catheter)  
Electric aversion therapy  
Electric nerve stimulation for motor dysfunction (not pain control)  
In-vitro fertilization  
Ambulatory blood pressure  
Artificial Hearts  
Cellular therapy  
Keratoplasty, refractive  
Colonic irrigation  
Dermabrasion  
External counterpulsation  
Gastric freezing  
Hair analysis  
Human tumor stem cell drug  
Rhinoplasty, cosmetic  
Sensitivity assays  
Scalp replantation  
Thermogenic therapy