

INDIAN HEALTH SERVICE MEDICAL PRIORITY LEVELS

1. RESPONSIBILITIES

A. The IHS Chief Medical Officer

The Indian Health Service (IHS) Chief Medical Officer (CMO) is responsible for maintaining the IHS Purchased Referred Care (PRC) Medical Priority Levels. The IHS CMO will review, update, and distribute the IHS Medical Priority Levels IHS-wide every four years.

B. Area Director

Each Area Director will:

- i. Develop Area medical priority levels that are consistent with the IHS Medical Priority Levels, annually.
- ii. Submit a copy of their respective Area medical priority levels to the Director, Division of Contract Care.
- iii. 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.

C. Director, Office of Resource Access and Partnerships (ORAP)

The Director, Office of Resource Access and Partnerships will adjudicate and issue responses to appeals of PRC denials.

D. Director, Division of Contract Care

The Director, Division of Contract Referred Care (DCC) will review the Area medical priority levels on an annual basis. The Director, DCC will recommend to the IHS CMO updates to the IHS Medical Priority Levels to reflect identified changes in acceptable medical practice.

E. Chief Executive Officer

Each Chief Executive Officer will establish a multi-disciplinary PRC management committee to develop and implement spending plans as well as to review, prioritize, and authorize payment for PRC referrals in compliance with Area medical priority levels. Medical prioritization determinations shall be informed by staff with appropriate clinical training.

2. TYPES OF SERVICES

A. PRC services are divided into four general CATEGORIES (each considered equal):

i. Preventive and Rehabilitative Services (Category A)

Services designed to maintain health, prevent disease or the complications of disease, as well as those services intended to return or maintain a higher level of physical functioning.

ii. Medical, Dental Vision, & Surgical Services (Category B)

Services provided by medical, dental, vision, or surgical specialists, as well as diagnostic tests, equipment, and supplies, whose purpose is the diagnosis and treatment of disease.

- iii. **Reproductive & Maternal/Child Health Services (Category C)**
Reproductive and gynecological services as well as services provided to newborns, children, and adolescents
- iv. **Behavioral Health Services (Category D)**
Services intended to address the mental health needs of the patient, including treatment of substance abuse disorders.

3. DESCRIPTION OF IHS MEDICAL PRIORITY LEVELS

- A. Within each category of PRC services, there are three PRIORITY LEVELS:
 - i. **CORE (Priority 1) = Essential Services must meet two criteria**;
 - 1) The service must be (one of the following);
 - a. **Either** necessary to protect life, limb, or vision in the next 30 days,
 - b. **Or** indicated for a substantial proportion of patients in the Indian Health Service.
 - 2) **AND** the service must be a core component of the current standards of care for the condition (i.e. you cannot provide appropriate care without the service)
 - ii. **INTERMEDIATE (Priority 2) = Necessary Services**
These are standard of care services which are necessary for the diagnosis and management of chronic and non-emergent acute conditions.
 - iii. **ELECTIVE (Priority 3) = Justifiable Services**
These are clinically justifiable services intended to enhance health and well-being.
- B. **Excluded Services (Priority 4)**
Excluded services include cosmetic procedures and experimental procedures which are excluded from authorization for PRC payment. Medical Excluded Services shall be based on the Centers for Medicare and Medicaid (CMS) Medicare National Coverage Determinations Manual.
 - i. **Cosmetic Procedures**
The IHS will not pay a claim for a potentially cosmetic procedure unless the Area CMO approval is obtained. This may be granted if a procedure which is normally considered cosmetic is necessary for proper mechanical function or clinically-indicated psychological reasons.
 - ii. **Experimental and Other Excluded Procedures**
The IHS will not make payment for Excluded Services, including cosmetic and experimental procedures unless a formal exception has been granted by the IHS CMO (see IHS Circular No. 93-03, "Cosmetic and Experimental Procedures Review.")
 - iii. **Payment for Direct Services**
Examples of direct care services that cannot be reimbursed with PRC funds are on-call hours, after-hours or weekend pay, and holiday coverage (e.g. including IHS on-site radiology, laboratory, and pharmacy services).

C. Controversial Types of Therapy

Controversial types of therapy shall have a rigorous review and may necessitate a second-opinion process established by the Area CMO.

4. REFERRALS, PAYMENTS, AND DENIALS

A. Referrals

i. 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.

ii. Patient's Condition

The condition of the patient at the time of the referral will influence the ultimate determination of medical priority level. 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)?

B. 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 PRC payment.

- i. 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 considered.
- ii. Payment should be authorized only for those cases falling within established PRC medical priorities and the patient meeting PRC eligibility requirements.

C. 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 (e.g. not within medical priority, alternate resources available) and the options for appeal.

5. IHS PRC MEDICAL PRIORITIES LIST

Guidelines

1. PRC services are meant to compliment, not replace, timely available direct care services.
2. Services must be deemed clinically essential, necessary, or justifiable following appropriate clinical review.
3. Listed Intermediate/Elective services may be judged Core (when meeting core criteria) on a case-by-case basis as determined by the local PRC Management Committee.
4. The IHS PRC Medical Priorities List is not intended to be comprehensive.
5. PRC Categories are considered equivalent (i.e. one category does not have precedence over another).
6. All services listed within a given PRC Priority Level are considered equivalent (i.e there are no sub-priorities).

CATEGORY A: PREVENTIVE AND REHABILITATIVE SERVICES

CORE (Priority 1): Essential

Hospitalization, Subacute Medical/Surgical
Hospice
Screening Mammogram
Screening Sigmoidoscopy/Colonoscopy
DEXA Scan
AAA Screening Ultrasound (smoker)
Lung Cancer Screening Low Dose CT (smoker)
Wound Management
Orthotics & Diabetic Footwear
Limb Prosthetics

INTERMEDIATE (Priority 2): Necessary

Residential Skilled Nursing Home, Short Term
Home Health
Physical/Occupational Therapy
Cardiac Rehabilitation
Speech, Hearing & Language Disorder Services
Diabetes Education
Medical Nutrition Therapy
Tobacco Cessation Counseling
Durable Medical Equipment & Supplies
Hearing Aids (Adult)

ELECTIVE (Priority 3): Justifiable

Residential Skilled Nursing Facility, Long Term
Infusion Services
Non-Emergency Medical Transportation
Cochlear Implants (Adult)
Genetic Counseling/Testing

CATEGORY B: MEDICAL, DENTAL, VISION, & SURGICAL SERVICES

CORE (Priority 1): Essential

Emergency Care
Emergency Transportation (EMS)
Hospitalization, Acute Medical/Surgical
Medical Specialty Consultation, Acute
Surgical Specialty Consultation, Acute
Cardiac Diagnostics
Coronary Reperfusion
Cancer Diagnosis/Treatment
Diagnostic Imaging
Renal Replacement Therapy (& Dialysis Access)
Renal Transplant
Diabetic Eye Exam
Glaucoma Management
Retinal Medical/Surgical Specialty Care
HIV Management

INTERMEDIATE (Priority 2): Necessary

Medical Specialty Consultation, Chronic
Surgical Specialty Consultation, Chronic
Cataract Surgery
Oxygen
Polysomnography
Home Sleep Apnea Testing/Portable Monitoring
Respiratory Therapy Equipment: CPAP/BiPAP
Interventional Radiology
Prosthodontics: Dentures, Crowns, and Bridges
Periodontal Surgery
Endodontics
Eye Prosthesis

ELECTIVE (Priority 3): Justifiable

Reconstructive/Restorative Surgery
Bariatric Surgery
Organ Transplant, Other
Respiratory Therapy Equipment: Nebulizer Machine
Oximetry
Corrective Lenses, Limited Indications
Contact Lenses, Limited Indications
Gender Affirming Services, Medical/Surgical
Laboratory Services
Electroencephalogram

Electromyography
Nerve Conduction Studies
Acupuncture

CATEGORY C: REPRODUCTIVE & MATERNAL/CHILD HEALTH SERVICES

CORE (Priority 1): Essential

Prenatal Care
Labor and Delivery
Postpartum and Newborn Care
Permitted Abortion services
Sexual Assault Evaluation
Obstetric/Gynecologic Medical/Surgical Consultation, Acute
Colposcopy
EPSDT Services
Pediatric Specialty Consultation/Care
Pediatric Diagnostic Services
Pediatric Oral Health Services
Pediatric Hearing Aids

INTERMEDIATE (Priority 2): Necessary

Breastfeeding Equipment/Counseling
Obstetric/Gynecologic Medical/Surgical Consultation, Chronic
Reproductive/Family Planning Services
Long-Acting Reversible Contraception
Bilateral Tubal Ligation
Vasectomy

ELECTIVE (Priority 3): Justifiable

Cochlear Implants, Pediatric
Infertility Services

CATEGORY D: BEHAVIORAL HEALTH SERVICES

CORE (Priority 1): Essential

Psychiatric Emergency Care
Psychiatric Hospitalization, Acute
Residential Psychiatric Care, Adult/Pediatric
Child Psychotherapy
Alcohol/Substance Detoxification
Inpatient Alcohol/Substance Rehabilitation

INTERMEDIATE (Priority 2): Necessary

Psychiatry, Ambulatory, Adult/Pediatric

Mental Health Counseling (Psychotherapy), Adult
Alcohol/Substance Abuse Counseling

ELECTIVE (Priority 3): Justifiable

Electroconvulsive Therapy
Transcranial Magnetic Stimulation