

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 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:
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.
- C. **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.
- D. **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.
- E. **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.

- A. **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.
- B. **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

- C. **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.
- D. **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.
- E. **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).
- F. **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:

- a. What is the rate of deterioration of the patient's condition (is the needed service deniable or non-deniable)?
- b. What will be the potential morbidity of the patient, if the desired care is not rendered (are there any uncertain but potentially grave outcomes)?
- c. What is the expected benefit from the evaluation or treatment (will the care likely result in a cure or improvement)?
- d. Is the procedure experimental or purely cosmetic (is the requested service on the excluded list)?

G. 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.

H. 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.

I. 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.

A. 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.

B. **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 infarctions
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 lithiasis, acute
Renal failure, acute
Respiratory failure
Sepsis
Shock
Spinal column injuries
Suicide attempt
Urinary retention, obstruction

2. **MEDICAL PRIORITY LEVEL II- PREVENTIVE CARE SERVICES.**

A. **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

B. **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

3. MEDICAL PRIORITY LEVEL III – PRIMARY AND SECONDARY CARE SERVICES.

A. **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.

B. **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

4. **MEDICAL PRIORITY LEVEL IV- CHRONIC TERTIARY AND EXTENDED CARE SERVICES**

A. **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)

B. **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:

Angiocardiology
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

5. **MEDICAL PRIORITY LEVEL V- EXCLUDED SERVICES.**

- A. **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.
- B. **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.)
- C. **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.
- D. **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.
- E. **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

2. **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