

Brief Overview of PRC Medical Levels of Care

- I. **Medical Priority Level I** - Emergent or Acutely Urgent Care Services.
 - a. 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.
- II. **Medical Priority Level II** - Preventive Services.
 - a. 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 PRC funds
- III. **Medical Priority Level III** - Primary and Secondary Care Services.
 - a. 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 Tribal and IHS facilities and/or may require specialty consultation.
- IV. **Priority Level IV** - Chronic Tertiary and Extended Care Services.
 - a. 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 or Tribal facilities.
- V. **Medical Priority Level V** - Excluded Services.
 - a. Excluded Services includes cosmetic procedures, experimental and other procedures excluded from authorization for PRC 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.
 - i. Procedures. The Fiscal Intermediary (FI) will not pay a claim for a potentially cosmetic procedure listed in Medical Priority Level V-Excluded Services, Exceptions may be granted if one of the listed procedures, normally considered cosmetic, is necessary for proper mechanical function or psychological reasons.
 - ii. Experimental and other Excluded Procedures. Payment for the excluded procedures listed in Medical Priority Level V-Excluded Services will not be paid.
 - 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, holiday coverage (e.g., for x-ray, laboratory, pharmacy).

Through Overview of PRC Medical Priority Levels

I. **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):

- i. Emergency room care for emergent or urgent medical conditions, surgical conditions, or acute trauma.
 - ii. Emergency inpatient care for emergent or urgent medical conditions, surgical conditions, or acute injury.
 - iii. Acute and chronic renal replacement therapy.
 - iv. Emergency psychiatric care involving suicidal persons or those who are a serious threat to themselves or others.
 - v. Services and procedures necessary for the evaluation of potentially life threatening illness or conditions.
 - vi. Obstetrical deliveries and acute perinatal care.
 - vii. 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

II. 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):
 - i. Routine prenatal care
 - ii. Non-urgent preventative ambulatory care (primary prevention)
 - iii. Screening for known disease entities (secondary prevention)
 - iv. Screening Mammograms
 - v. 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

III. **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):
 - i. Scheduled ambulatory services for non-emergent conditions.
 - ii. Specialty consultations in surgery, medicine, obstetrics, gynecology, pediatrics, ophthalmology, ENT, orthopedics, and dermatology.
 - iii. Elective, routine surgeries that have a significant impact on morbidity and mortality.
 - iv. Diagnostic evaluations for non-acute conditions.
 - v. 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

IV. 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):
- i. Rehabilitation care
 - ii. Skilled nursing facility (Medicare defined)
 - iii. Highly specialized medical services/procedures
 - iv. Restorative orthopedic and plastic surgery
 - v. Other specialized elective surgery such as obesity surgery
 - vi. Elective open cardiac surgery
 - vii. 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

V. **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:
- i. All purely cosmetic (not reconstructive) plastic surgery;
 - ii. Procedures defined as experimental by the Centers for Medicare and Medicaid Services;
 - iii. Procedures for which there is no proven medical benefit procedures listed as “Not Covered” in the CMS Medicare National Coverage Determinations Manual;
 - iv. Extended care nursing homes (intermediate or custodial care); and

- v. 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.
 - i. 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
 - ii. 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