

SCOPE OF SERVICES

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IDAHO DEPARTMENT OF CORRECTION HEALTH SERVICES

CATEGORIES OF CARE

CATEGORY 1

Medically Necessary – Acute or Emergent

Medical conditions that are of an immediate, acute or emergent nature, which without care would cause rapid deterioration of the resident's health, significant irreversible loss of function, or may be life threatening.

Examples of conditions considered a Category 1 include, but are not limited to:

- myocardial infarction
- severe trauma such as head injury
- hemorrhage
- stroke
- status asthmaticus
- precipitous labor or complications associated with pregnancy
- detached retina, sudden loss of vision

Treatments for conditions in Category 1 are essential to sustain life or function and warrant immediate attention.

A condition that is a Category 1 does not require a Medical Authorization to treat initially, however, a Medical Authorization must be submitted within 72 hours (3 days) for approval of treatment that was provided.

CATEGORY 2

Medically Necessary – Non-Emergent

Medical conditions that are not immediately life threatening but which without care the offender could not be maintained without significant risk of:

- serious deterioration leading to premature death
- significant reduction in the possibility of repair later without present treatment
- significant pain or discomfort which impairs the resident's participation in activities of daily living

Examples of conditions considered a Category 2 include, but are not limited to:

- chronic conditions (diabetes, heart disease, bipolar disorder, schizophrenia, cancer)
- infectious disorders in which treatment allows for a return to previous state of health or improved quality of life (HIV, tuberculosis)
- A condition that is a Category 2 will require a Medical Authorization approval prior to treatment.

CATEGORY 3

Medically Acceptable – Not Always Necessary

Medical conditions which are considered elective procedures when treatment may improve the resident's quality of life. Examples in this category include, but are not limited to:

- dental prosthetics
- minor surgical procedures
- diagnostic testing
- treatment of non-cancerous skin conditions

A condition that is a Category 3 will require a Medical Authorization prior to any treatment.

CATEGORY 4

Limited Medical Value

Medical conditions in which treatment provides little or no medical value, are not likely to provide substantial long-term gain, or are expressly for cosmetic purposes or the resident's convenience.

Examples of items and treatments in Category 4 include, but are not limited to:

Cosmetic / Acne Treatments:

- Face cream, lotion, or wash of any kind
- Acne cream, lotion or wash of any kind
- Antibiotics for acne

Supplements:

- Vitamin or herbal supplements of any kind

Nail Fungus:

Insomnia:

Miscellaneous:

- shoe inserts
- special footwear
- special shampoo
- chiropractic care
- dry skin
- cracked feet
- treatment for dry eyes

Dental:

- prosthetics

- night or occlusal guards
- teeth cleaning
- root canals
- root scaling
- denture cleaner or adhesive

A condition that is a Category 4 will always require a Medical Authorization approval prior to treatment, however, only on rare occasions will these items / treatments receive approval. Any item / treatment in this category which a health care provider recommends may be referred to the IDOC for review. The referral must include documentation from the licensed medical provider stating the clinical justification for the requested treatment.

Optometry Care:

If a medical authorization is approved for an optical evaluation that evaluation will be scheduled by the county. Any prescriptions for corrective eyewear will be sent to Judy Wormington and the prescription will be filled by the IDOC vendor.

Dental Care:

Examples of dental conditions considered acute or emergent include, but are not limited to:

- face / neck swelling
- face / neck pitting edema
- fractured jaw
- fever
- purulent drainage
- fractured tooth at gum line

A dental condition that is acute or emergent does not require a Medical Authorization approval to treat initially, however, a Medical Authorization must be submitted within 72 hours (3 days) for approval of treatment that was provided.

All other requests for dental care will be approved for **extraction or filling only** and only on the **one** tooth that is causing the problem e.g., pain, cracked, broken, filling fell out, etc. The IDOC does not authorize payment for the routine extraction of impacted wisdom teeth. If your dental provider feels that extraction of an impacted wisdom is medically necessary, please provide the IDOC with documentation from the dental provider. If a licensed dental provider indicates that non-emergent, extensive dental work is needed, please submit this information to the IDOC Health Services for approval to treat at the county or move to a state facility for further treatment.

Medical Authorizations:

All requests for provider visits, medications, tests, optometry needs, dental needs, or any other medical treatment require an approved Medical Authorization form prior to providing such services. The Medical Authorization form should be submitted at the time of service but can be submitted

within a 72-hour period. **Medical Authorizations that are submitted after 72 hours are subject to non-payment.**

**** Please specify whether payments are to be sent to the county or to the vendor.**

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If you have any medical questions or concerns, please contact Zarah Martin or Rona Siegert.
If you have any questions regarding billing, please contact Judy Wormington.