



Indian Health Service

PRC Medical Priorities Update

MATTHEW A. CLARK, MD, FAAP, FACP

CMO, ALASKA AREA NATIVE HEALTH SERVICE

CHAIR, IHS NATIONAL PHARMACY & THERAPEUTICS COMMITTEE

PRC Medical Priorities- Training Sessions

- Recorded Training: <https://youtu.be/H6r5yFs4GEc>
 - 27-minute You Tube Video
- Live (Complementary) Training Sessions
 - Expanded Content + Q&A
 - Session 1: Feb 15 (8 AM MST), Repeat Mar 5 (1 PM MST)
 - Session 2: Feb 20 (1 PM MST), Repeat Mar 7 (9 AM MST)



Objectives- Session #1

1. Review the background and conceptual framework for the agency restructured PRC Medical Priorities Plan.
2. Evaluate the criteria for the updated PRC medical priorities in each novel category of referral care.
3. Provide an overview of the Clinical Topics List.

Dates: February 15 & March 5, 2024 (Repeat)

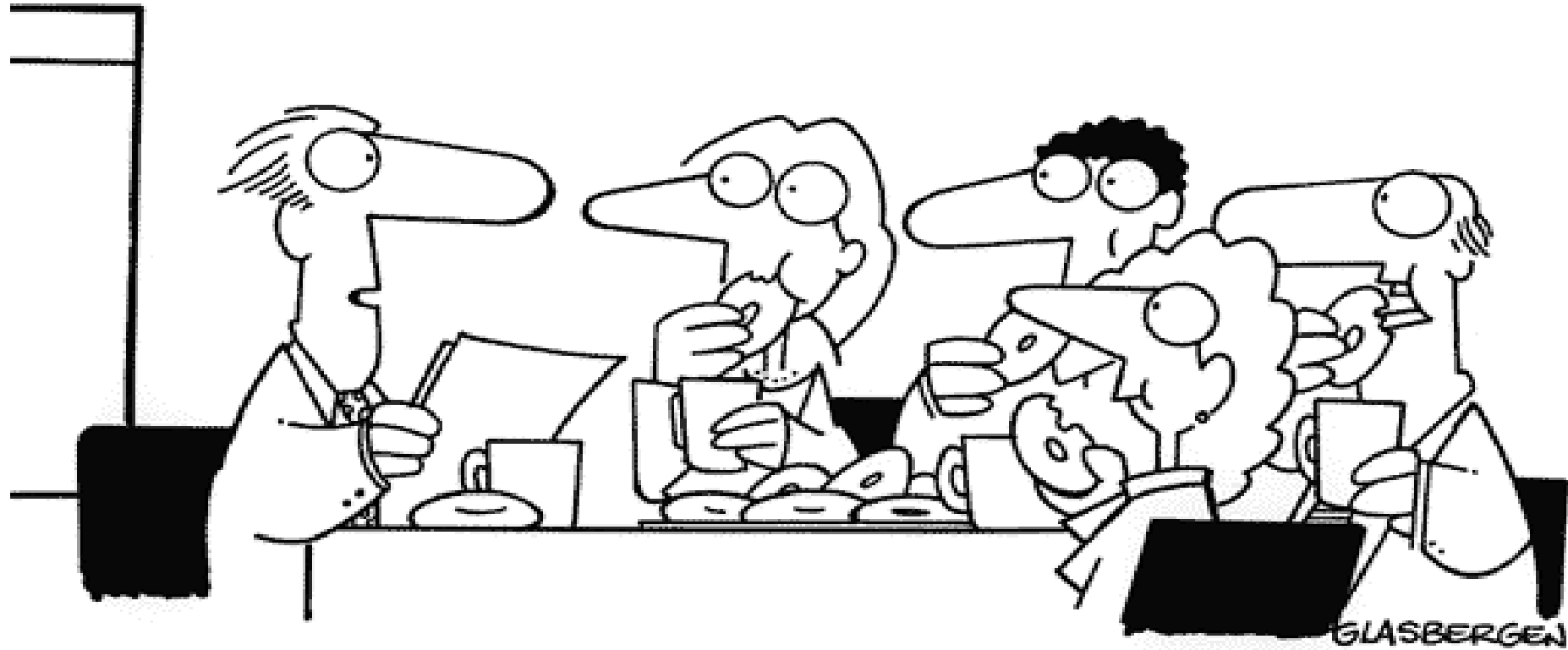


Objectives- Session #2

1. Detail of the updated 2023 IHS PRC Medical Priorities Clinical Topics List by priority level and category of service.
2. Consider draft metrics to monitor referral trends by priority and category of care to support decision-making related to resource allocation at the facility, Area, and Agency level.
3. Review PRC Medical Prioritization Case Examples (time permitting)

Dates: February 20 & March 7, 2024 (Repeat)





“At our last meeting, it was unanimously agreed to form a cult that worships coffee and doughnuts.”

Training Session #2



Part 1- Review

SESSION #1 HIGHLIGHTS



Conceptual Framework

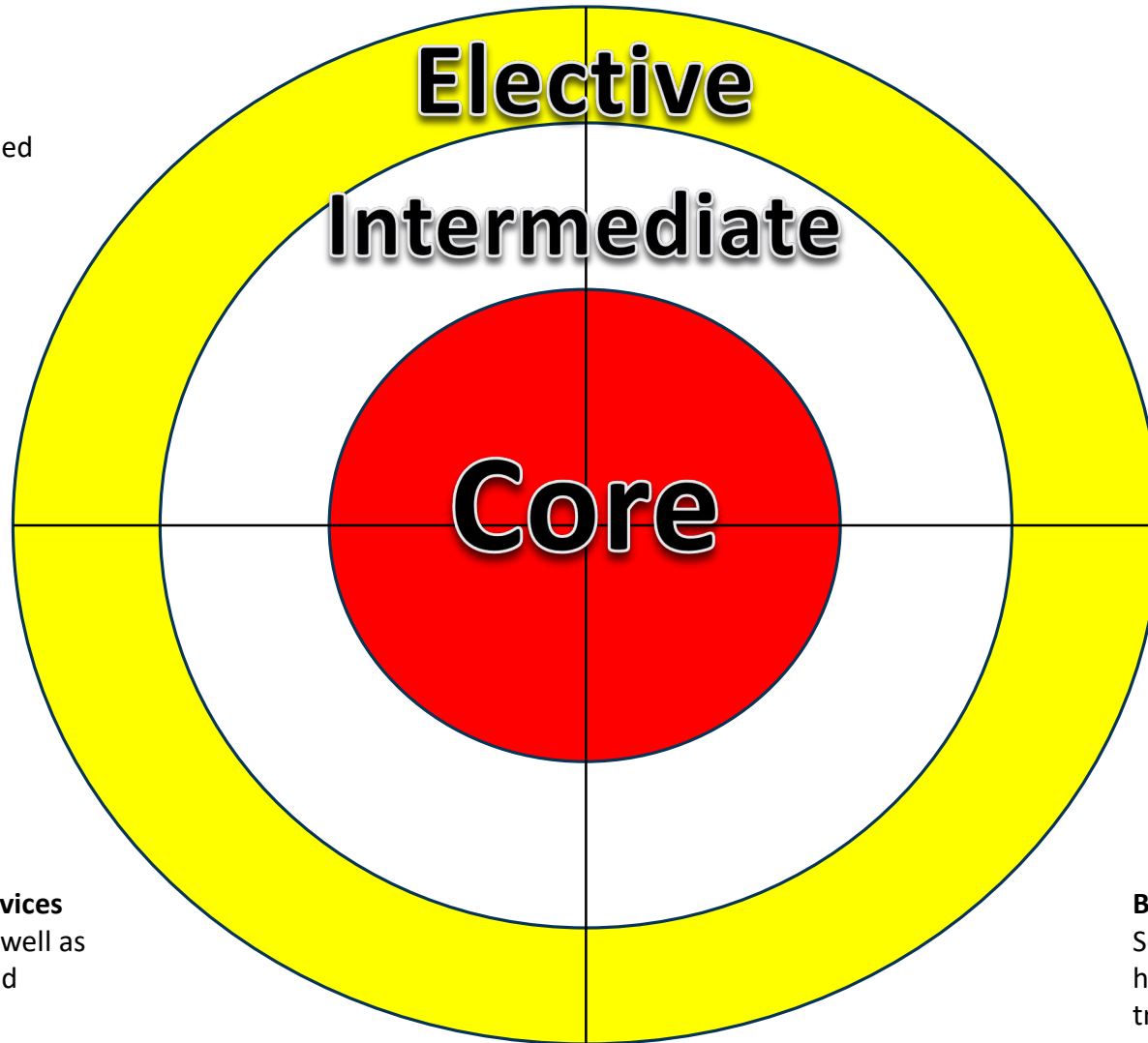


Preventive and Rehabilitative Services

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.

Reproductive & Maternal/Child Health Services

Reproductive and gynecological services as well as services provided to newborns, children, and adolescents.



Medical/Dental/Vision/Surgical Services

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.

Behavioral Health Services

Services intended to address the mental health needs of the patient, including treatment of substance abuse disorders.

A. Preventive and Rehabilitative Services

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.



B. Medical/Dental/Vision/Surgical Services

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.



C. Reproductive & Maternal/Child Health Services

Reproductive and gynecological services as well as services provided to newborns, children, and adolescents.



D. Behavioral Health Services

Services intended to address the mental health needs of the patient, including treatment of substance abuse disorders.



PRC services are meant to complement, not replace, direct care services.



Criteria for Core Services (Priority 1)

1. *The service must be;*
 - ***Either*** necessary to protect life, limb, or vision in the next 30 days,
 - ***Or*** indicated for a substantial proportion of patients in the Indian Health Service.
2. *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).*



Criteria for Intermediate Services (Priority 2)

Standard of care services which are necessary for the diagnosis and management of chronic and non-emergent acute conditions.



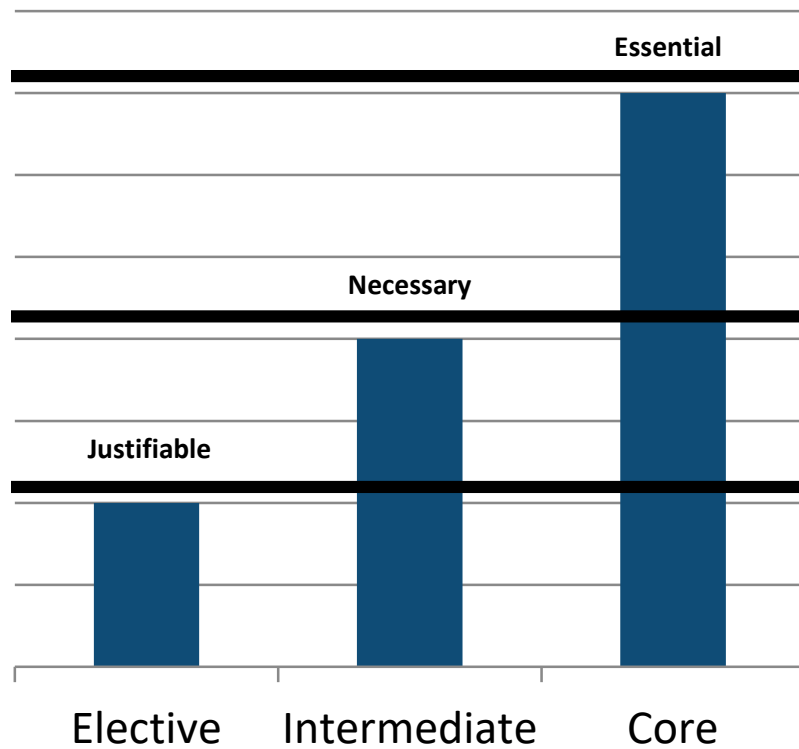
Criteria for Elective Services (Priority 3)

Clinically justifiable services intended to enhance health and well-being.



Summary

CRITERIA



PRIORITY

Core = Essential

Intermediate = Necessary

Elective = Justifiable



Excluded Services (Priority 4)

- Medical Excluded Services shall be based on the Centers for Medicare and Medicaid (CMS) Medicare National Coverage Determinations Manual.
 - Cosmetic Procedures
 - ✓ Except when necessary for proper mechanical function or clinically-indicated psychological reasons
 - Experimental and Other Excluded Procedures
 - ✓ Except when a formal exception has been granted by the IHS CMO
 - Payment for Direct Services
 - ✓ On-call hours
 - ✓ After-hours and weekend pay
 - ✓ Holiday coverage (e.g. on-site radiology, laboratory, and pharmacy services)



Controversial Types of Therapy

- Subject to rigorous review and a second opinion process established by the Area CMO.



Categories and Priorities

PRIORITIES

1. Core
2. Intermediate
3. Elective
4. Excluded

CATEGORIES

- A. Preventive & Rehabilitative Services
- B. Medical, Dental, & Surgical Services
- C. Reproductive & Maternal/Child Health Services
- D. Behavioral Health Services



PRC Clinical Topics List

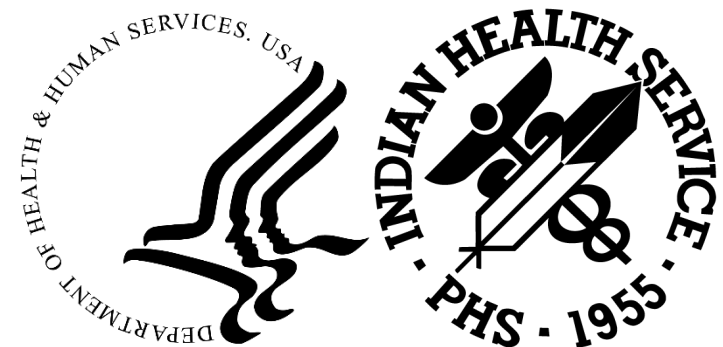
- Establishes “core” PRC services.
 - Considers unique needs of the service population.
 - Considers standards of care.
- Balanced
 - Each general category of care represented.
 - Not intended to represent every possible specific PRC service.
- Provides “reasonable basis” for consistency/parity within and across service units.
- Complements (does not over-ride) conceptual framework.
 - Conceptual framework is intended to guide prioritization decisions on a case-by-case basis.
- Establishes new “baseline.”
 - Process should be dynamic, changing with the changing needs of the service population and changing clinical science.

Guidelines

1. PRC services are meant to complement, 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. PRC Categories are considered equivalent (i.e. one category does not have precedence over another).
5. All services listed within a given PRC Priority Level are considered equivalent (i.e. there are no sub-priorities).

Part 2- Clinical Topics List

DEEP DIVE



A. Preventive/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 Facility, 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 and 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 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



Category A

Preventive and Rehabilitative Services

Intermediate (Priority 2) = Necessary

Residential Skilled Nursing Facility, 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 and Supplies

Hearing Aids (Adult)



Category A

Preventive and
Rehabilitative Services

Elective (Priority 3) = Justifiable

Residential Skilled Nursing Facility, Long Term

Infusion Services

Non-Emergency Medical Transportation

Cochlear Implants (Adult)

Genetic Counseling/Testing



B. Medical/Dental/Vision/Surgical

Core (Priority 1) = Essential

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

Intermediate (Priority 2) = Necessary

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

Elective (Priority 3) = Justifiable

Reconstructive/Restorative Surgery
Bariatric Surgery
Organ Transplant, Other
Respiratory Therapy Equipment: Neb Machine
Oximetry
Corrective Lenses, Limited Indications
Contact Lenses, Limited Indications
Orthodontics
Gender Affirming Services, Medical/Surgical
Laboratory Services
Electroencephalogram
Electromyography
Nerve Conduction Studies
Acupuncture



Category B

Medical, Dental, Vision, and Surgical Services

Core (Priority 1) = Essential

Emergency Care

Emergency Transportation (EMS)

Hospitalization, Acute Medical/Surgical

Specialty Consultation, Acute Medical/Surgical

Cardiac Diagnostics

Coronary Reperfusion

Cancer Diagnosis/Treatment

Diagnostic Imaging

Renal Replacement Tx & Dialysis Access

Renal Transplant

Diabetic Eye Exam

Glaucoma Management

Retinal Surgery/Retinal Specialty Care

HIV Management



Category B

Medical, Dental, Vision, and Surgical Services

Intermediate (Priority 2) = Necessary

Medical/Surgical Specialty Consultation, Chronic

Cataract Surgery

Oxygen

Polysomnography

Home Sleep Apnea Testing/Portable Monitoring

Respiratory Therapy Equipment: CPAP/BiPAP

Interventional Radiology

Prosthodontics: Dentures, Crowns, & Bridges

Periodontal Surgery

Endodontics

Eye Prosthesis



Category B

Medical, Dental, Vision, and Surgical Services

Elective (Priority 3) = Justifiable

Reconstructive/Restorative Surgery

Bariatric Surgery

Organ Transplant, Other

Respiratory Therapy Equipment: Neb Machine

Oximetry

Corrective Lenses, Limited Indications

Contact Lenses, Limited Indications

Orthodontics

Gender Affirming Services, Medical/Surgical

Laboratory Services

Electroencephalogram

Electromyography

Nerve Conduction Studies

Acupuncture



C. Reproductive & Maternal/Child Health

Core (Priority 1) = Essential

Prenatal Care
Labor and Delivery
Postpartum and Newborn Care
Permitted Abortion Services
Sexual Assault Evaluation
OB/GYN Medical/Surgical Consultation
Colposcopy
EPSDT Services
Pediatric Specialty Consultation/Care
Pediatric Diagnostic Services
Pediatric Oral Health Services
Pediatric Hearing Aids

Intermediate (Priority 2) = Necessary

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

Elective (Priority 3) = Justifiable

Cochlear Implants, Pediatric
Infertility Services



Category C

Reproductive & Maternal and Child Health Services

Core (Priority 1) = Essential

Prenatal Care

Labor and Delivery

Postpartum and Newborn Care

Permitted Abortion Services

Sexual Assault Evaluation

OB/GYN Medical/Surgical Consultation

Colposcopy

EPSDT Services

Pediatric Specialty Consultation/Care

Pediatric Diagnostic Services

Pediatric Oral Health Services

Pediatric Hearing Aids



Category C

Reproductive & Maternal
and Child Health Services

Intermediate (Priority 2) = Necessary

Breastfeeding Equipment/Counseling

OB/GYN Medical Consultation, Chronic

OB/GYN Surgical Consultation, Chronic

Reproductive/Family Planning Services

Consult, Long-Acting Reversible Contraception

Bilateral Tubal Ligation

Vasectomy



Category C

Reproductive & Maternal
and Child Health Services

Elective (Priority 3) = Justifiable

Cochlear Implants, Pediatric

Infertility Services



D. Behavioral Health

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



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



Category D

Behavioral Health Services

Intermediate (Priority 2) = Necessary

Psychiatry, Ambulatory, Adult/Pediatric

Mental Health Counseling (Psychotherapy), Adult

Alcohol/Substance Abuse Counseling



Category D

Behavioral Health Services

Elective (Priority 3) = Justifiable

Electroconvulsive Therapy

Transcranial Magnetic Stimulation

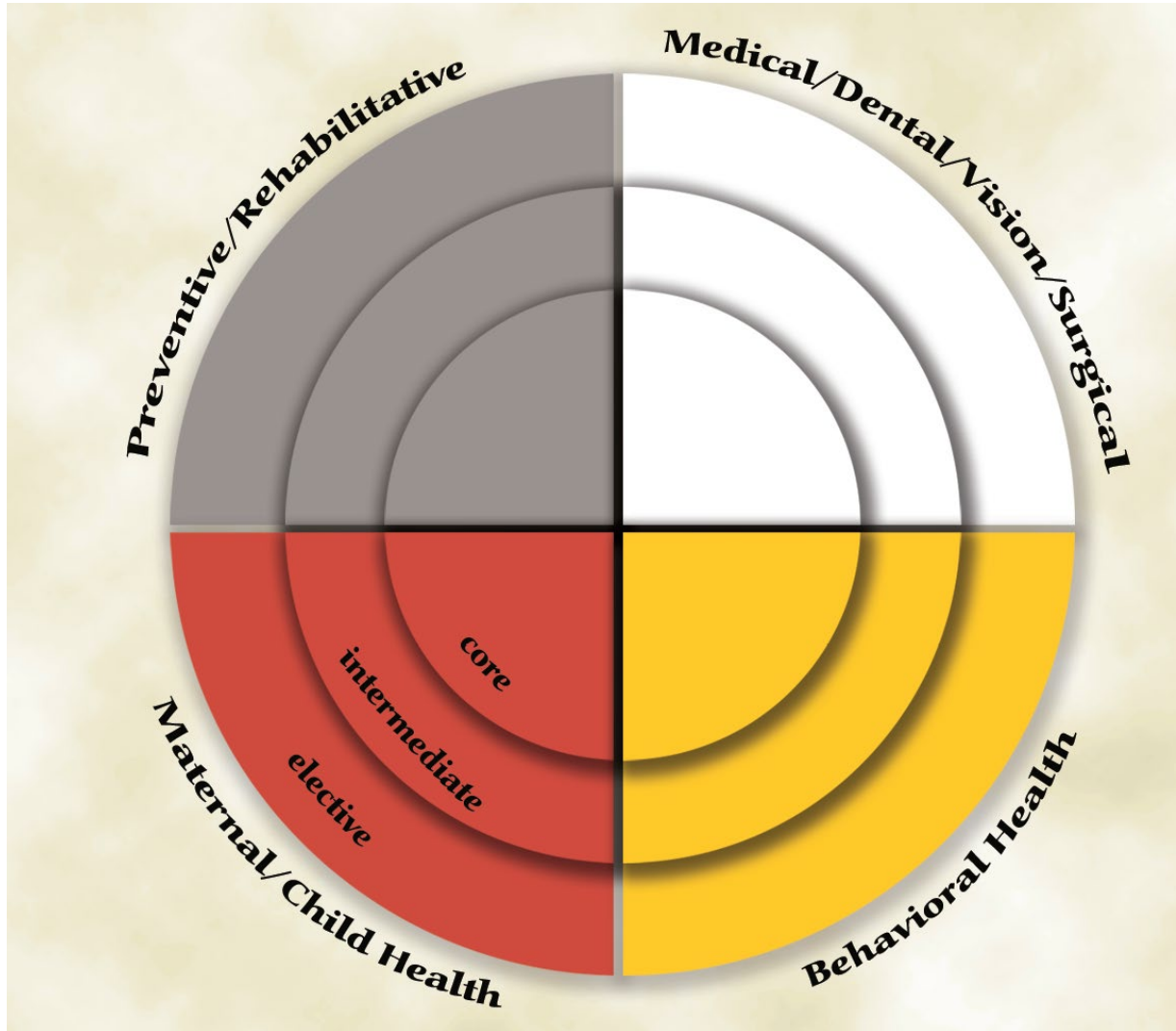


Conceptual Framework vs. Clinical Topics List

- The Clinical Topics List is not intended to be comprehensive.
 - Does not include all clinical services eligible for PRC coverage
 - Designed to support consistency and parity in Medical Prioritization decisions
- Complements (does not over-ride) conceptual framework.
- Conceptual framework is intended to guide ALL prioritization decisions on a case-by-case basis.
 - Respects Categories of Care and Priority Definitions



My PRC: Integrated Care for Healthier Communities



Educational Outreach

- Tribal communities
- IHS Staff
 - PRC Management Committees
 - Referring providers
- External customers (e.g. Contract providers)
 - Hospitals
 - Medical groups
 - Providers
 - Medical equipment suppliers



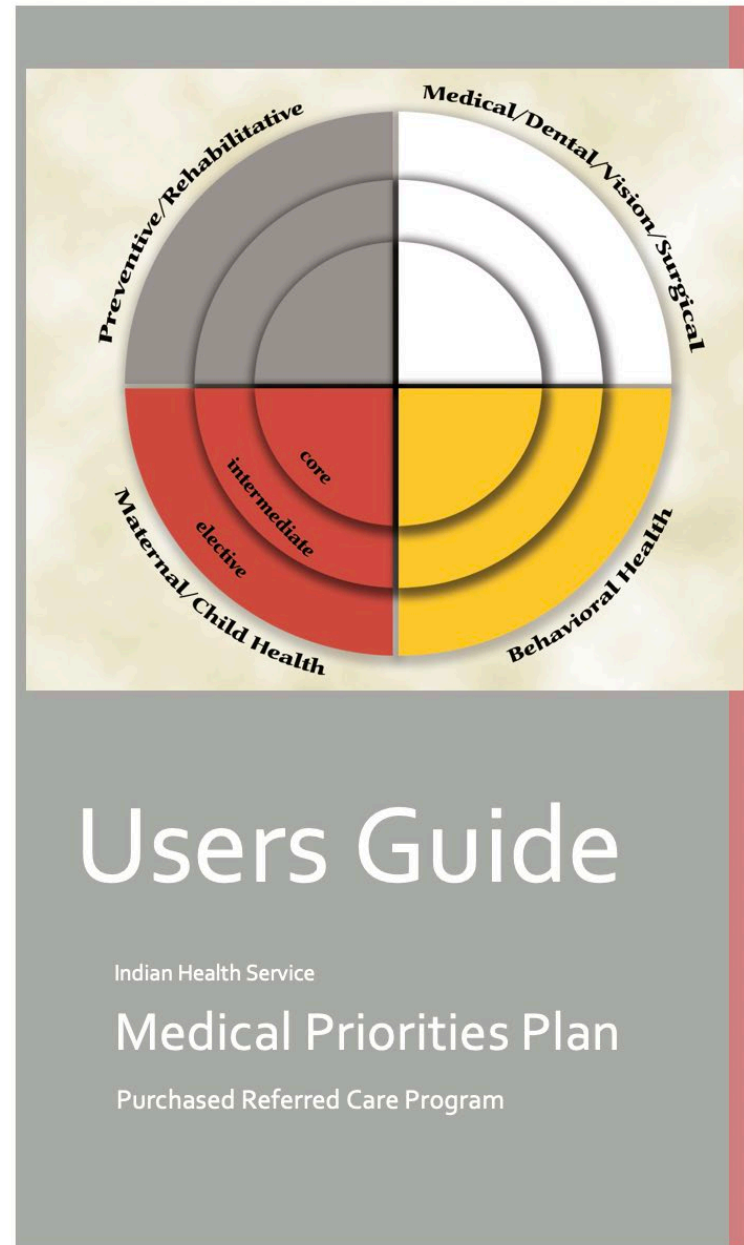
User's Guide

Personnel

- Facility Administrators
- PRC Management Committee
- PRC Staff
- Referring Providers

Details

- Categories and Priorities
- Case Management Guidelines
- FAQs



The Purchased Referred Care (PRC) Program provides access to recommended clinical referral services for eligible patients in the Albuquerque area.

Emergency Services

Eligible patients with a medical emergency may seek immediate care and must notify PRC staff within 72 hours of the beginning of treatment or admission to a health care facility. Elderly (65+) and disabled patients have 30 days to notify the Indian Health Service (IHS) of emergency medical care received from non-IHS medical providers or at non-IHS medical facilities.

Non-Emergency Referral Services

For clinically-indicated, non-emergency conditions that are not available as direct care services at an IHS clinic or hospital, referral is initiated by the IHS direct service clinical provider following patient evaluation. A determination of medical necessity based on the medical/dental priorities is one of five PRC eligibility requirements which must be met before approval for PRC payment for the referred service(s). For more information, please contact the PRC program staff at your local IHS facility.

Purchased Referred Care Clinical Priorities Plan

Services are organized into three priority levels: *Core*, *Intermediate*, and *Elective*, in each of four service categories: Preventive/Rehabilitative, Medical/Surgical/Dental/Vision, Behavioral Health, and Maternal/Child Health. As part of an integrated approach to patient care, PRC services are meant to compliment, not replace, direct care services available at the IHS facility where you receive care.

PRC services are assigned a Medical/Dental priority following evaluation. Services must be deemed medically essential, necessary or justifiable following appropriate clinical review.

Eligibility

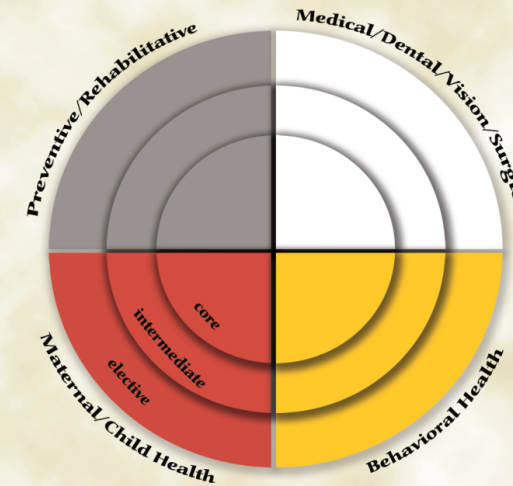
Before authorization of PRC payment:

- ◊ The medical/dental need at the time of service must be within the medical/dental priorities currently being funded by the facility, and;
- ◊ An individual must meet PRC eligibility requirements.

The five PRC eligibility requirements which must be met by each person needing and applying for PRC assistance are:

1. The patient is of American Indian and/or Alaska Native descent.
2. The patient must apply for and use all alternate resources that are available and accessible, such as Medicare, Medicaid or Private Insurance. The IHS is the "payer of last resort"
3. The patient must reside within his/her Tribal Contract Health Service Delivery Area (CHSDA).
4. Notification and authorization of approval for payment is required. The patient must be authorized by the PRC authorizing official for the payment of services. In cases of emergency based on IHS medical priorities; a 72 hour notification to the PRC program must be made by the individual or someone on behalf of the individual. Notification is extended to 30 days for the elderly (65 and older) and disabled.
5. PRC funds are limited to the medical or dental services considered medically necessary and listed within the established Area IHS medical/dental priorities plan.

My PRC Integrated Care for Healthier Communities



Purchased Referred Care Medical/Dental Priorities Plan

**Contact Info
Address
City, State, etc**

**phone
fax
email/website**

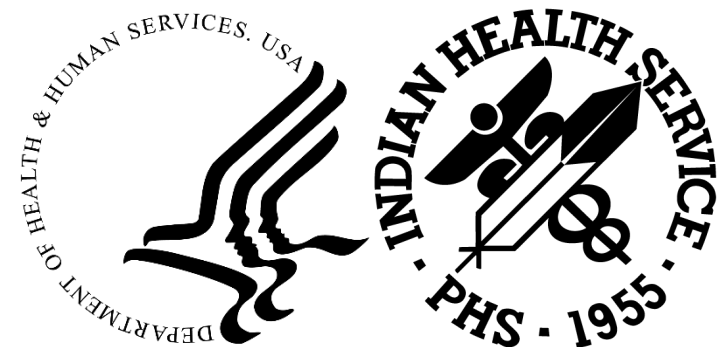


Eligibility Criteria

- PRC Medical Priorities Plan
- Does not change:
 - PRC eligibility
 - Administrative policies and procedures



Part #3- Referral Trends



Process Logistics

- RPMS/RCIS two-digit alpha-numeric designation for PRC service
 - $4 \times 4 = 16$ possible Medical Prioritization labels for PRC services
- Numeric priorities
 - 1 (core), 2 (intermediate), 3 (elective), and 4 (excluded)
- Alphabetical categories
 - A (Preventive/Rehab), B (Med/Dental/Vision/Surg), C (Mat/Child Health), D (Behavioral Health)
 - No sub-priorities in any category.
- Audit metrics
 - Assign numeric priority (1, 2, 3, 4)
 - Assign alpha to each category of care (A, B, C, D)
 - Measure balance of referrals by category and priority



RCIS Taxonomy: Categories and Priorities

PRIORITIES

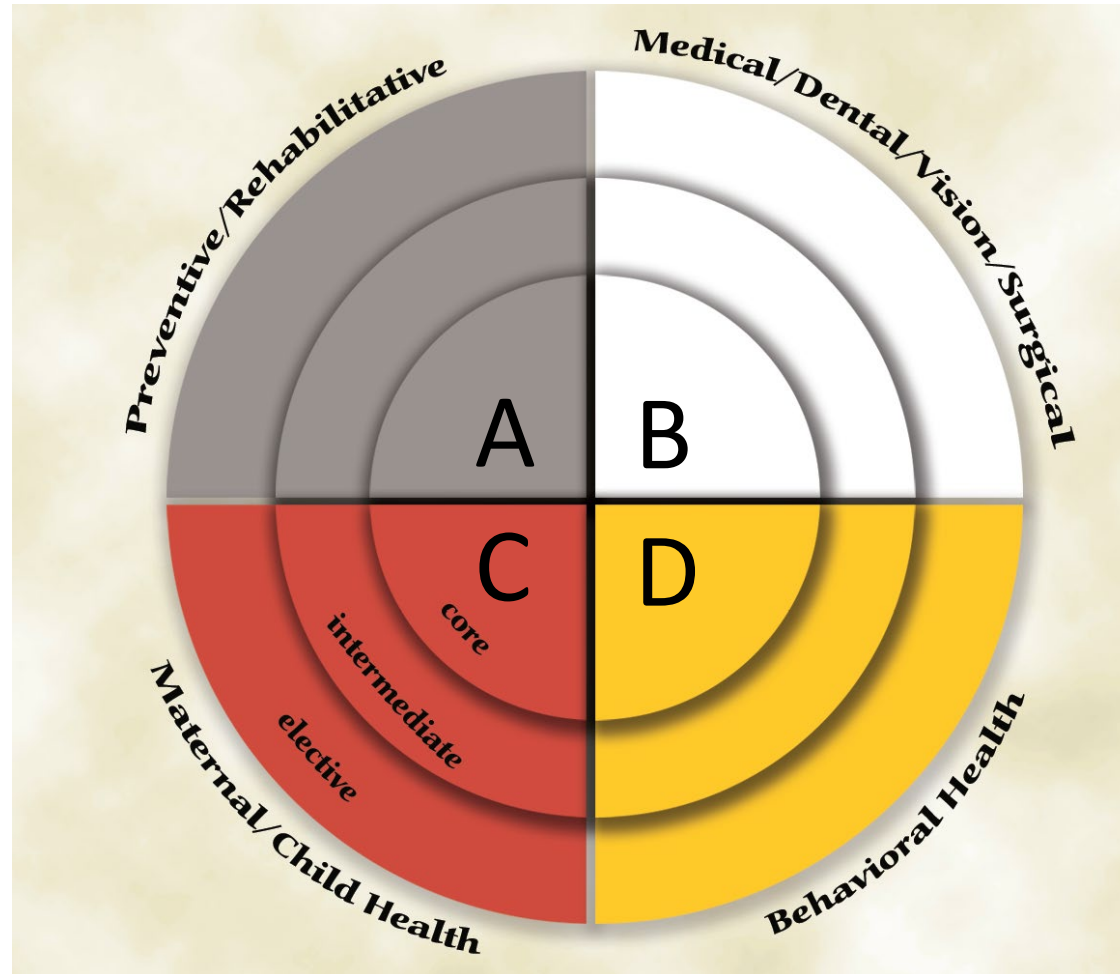
1. Core
2. Intermediate
3. Elective
4. Excluded

CATEGORIES

- A. Preventive & Rehabilitative Services
- B. Medical, Dental, & Surgical Services
- C. Reproductive & Maternal/Child Health Services
- D. Behavioral Health Services



RCIS Taxonomy: Categories



Taxonomy RPMS (ABQ Pilot 2016)

```
Referral: 2026141700036          Date Entered: OCT 7,2016
PATIENT: DEMO,PATIENT           PCC VISIT: OCT 5,2016@13:
-----
REQUESTING FACILITY: UTE MOUNTAIN UTE HEA  Display Face Sheet? N
REQUESTING PROVIDER: CLARK,MATTHEW MD
REFERRAL TYPE: CHS              PRIMARY PAYOR:
INPATIENT/OUTPATIENT:          CASE MANAGER: CLARK,MATTHEW MD
APPT/ADM DATE&TIME:           Insurance Auth No:
PROVISIONAL DRG:
ESTIMATED TOTAL REFERRAL COST:    ESTIMATED IHS REFERRAL COST:
Do you want to enter Eligibility Factors?: N
PURPOSE/SERVICE REQUESTED:
Referral SNOMEDurns referral (procedure)
PRIORITY: 3B
ARE YOU SENDING ADDITIONAL MEDICAL INFORMATION WITH THE PATIENT?
ICD DIAGNOSTIC CATEGORY:
CPT PROCEDURE CATEGORY:
```

BMC V4.0 PATCH 16- April 30, 2024

1A = Core - Preventive/Rehabilitative

1B = Core - Medical/Dental/Vision/Surgical

1C = Core - Reproductive & Maternal/Child

1D = Core - Behavioral Health

2A = Intermediate - Preventive/Rehabilitative

2B = Intermediate - Medical/Dental/Vision/Surgical

2C = Intermediate - Reproductive & Maternal/Child

2D = Intermediate - Behavioral Health

3A = Elective - Preventive/Rehabilitative

3B = Elective - Medical/Dental/Vision/Surgical

3C = Elective - Reproductive & Maternal/Child

3D = Elective - Behavioral Health

4A = Excluded - Preventive/Rehabilitative

4B = Excluded - Medical/Dental/Vision/Surgical

4C = Excluded - Reproductive & Maternal/Child

4D = Excluded - Behavioral Health

Taxonomy EHR

EHR RCIS GUI

Patient Eligibility Status:	CHS DIRECT	VA Eligibility:	NO
Priority	1A CORE-PREVENTIVE AND REHABILITATIVE SERVICES		
ICD Dx/IPL	1A CORE-PREVENTIVE AND REHABILITATIVE SERVICES		
Referring Provider	1B CORE-MEDICAL/DENTAL/VISION/SURGICAL SERVICES 1C CORE-REPRODUCTIVE AND MATERNAL/CHILD HEALTH SERVICES 1D CORE-BEHAVIORAL HEALTH SERVICES		
Referral Type	2A INTERMEDIATE-PREVENTIVE AND REHABILITATIVE SERVICES 2B INTERMEDIATE-MEDICAL/DENTAL/VISION/SURGICAL SERVICES 2C INTERMEDIATE-REPRODUCTIVE AND MATERNAL/CHILD HEALTH SERVICES 2D INTERMEDIATE-BEHAVIORAL HEALTH SERVICES 3A ELECTIVE-PREVENTIVE AND REHABILITATIVE SERVICES 3B ELECTIVE-MEDICAL/DENTAL/VISION/SURGICAL SERVICES 3C ELECTIVE-REPRODUCTIVE AND MATERNAL/CHILD HEALTH SERVICES 3D ELECTIVE-BEHAVIORAL HEALTH SERVICES		
Authorized Visits	4A EXCLUDED-PREVENTIVE AND REHABILITATIVE SERVICES 4B EXCLUDED-MEDICAL/DENTAL/VISION/SURGICAL SERVICES 4C EXCLUDED-REPRODUCTIVE AND MATERNAL/CHILD HEALTH SERVICES 4D EXCLUDED-BEHAVIORAL HEALTH SERVICES		
Visit Type			
ICD Diagnosis Category			



Ensuring Data Capture

- ❖ All referrals, regardless of payor source (e.g. Medicaid, Medicare, PI, PRC funds) should be entered in RCIS by priority and category of service.



Potential Benefits

- Program Evaluation
 - Assess balance of referrals
 - Total referral volumes and trends
 - Comparative referral volumes and trends (by Facility, Area)
 - Reports to Management & Stakeholders
 - CEO, Governing Body, HQ, Tribes, and other Federal agencies (? VA)
- Program Planning
 - Unmet Needs
 - Budgeting
 - Resource Allocation & Contract/Staffing Needs
 - Tribal Consultation
- Future Directions? (Requires NDW access)
 - Tie referral data to disease-specific trends & outcomes



PRC Priorities Report- Data Set

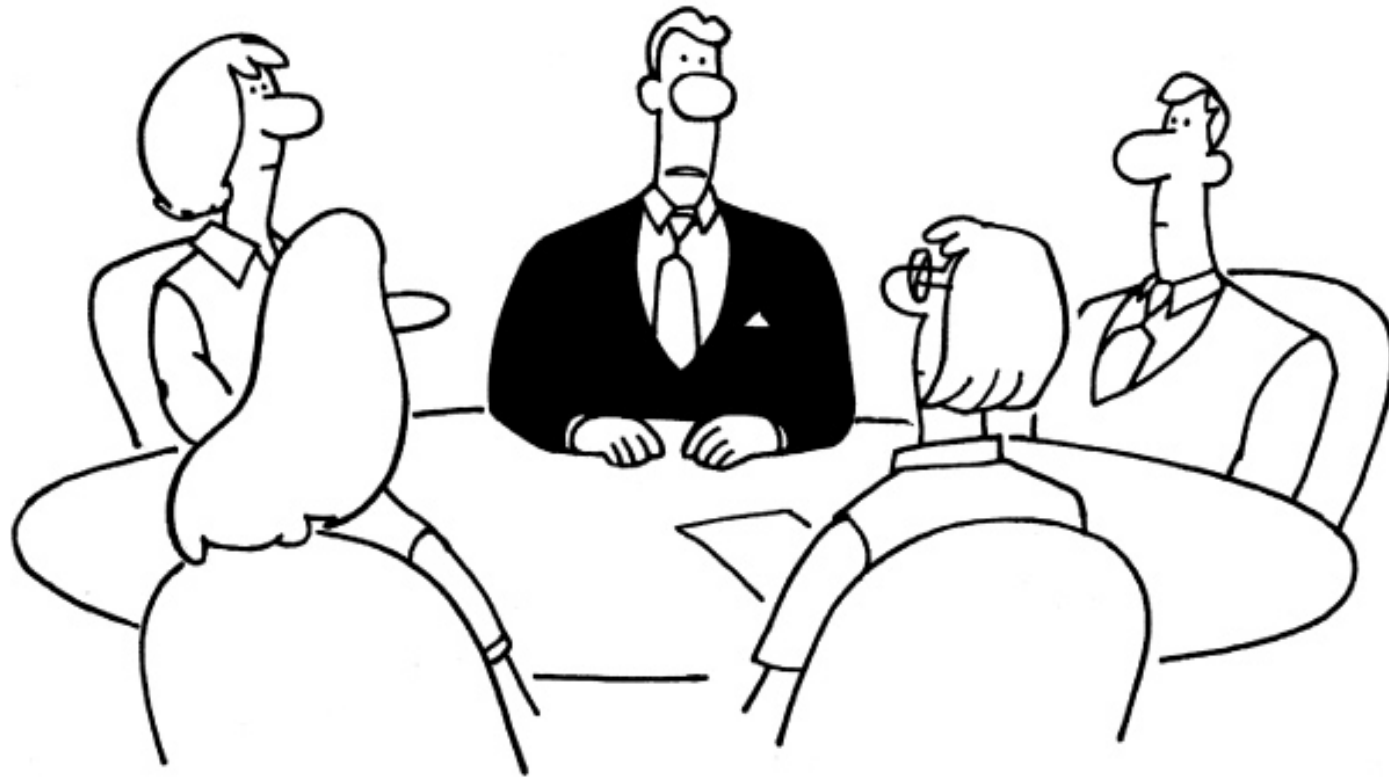
- Individual Facility Reports
 - Adherence to Taxonomy
 - Volume: Category and Priority
 - Volume Trends: Category and Priority
- IHS & Area Summary Reports
 - Volume: Category and Priority
 - Total Volume Quarterly Trend
 - Adherence to Taxonomy Quarterly Trend
 - Volume Trends: Category and Priority
 - Referral Percentage: Category and Priority
- IHS & Area Comparative Reports
 - Areas/Facilities by Category Volume
 - Areas/Facilities by Priority Volume
 - Areas/Facilities by Total Volume (Quarter and Trend)
 - Areas/Facilities by User Pop & Referral Volume as percentage of Area totals
 - IHS/Area Total by Priority



PRC Priorities- Trend Reports

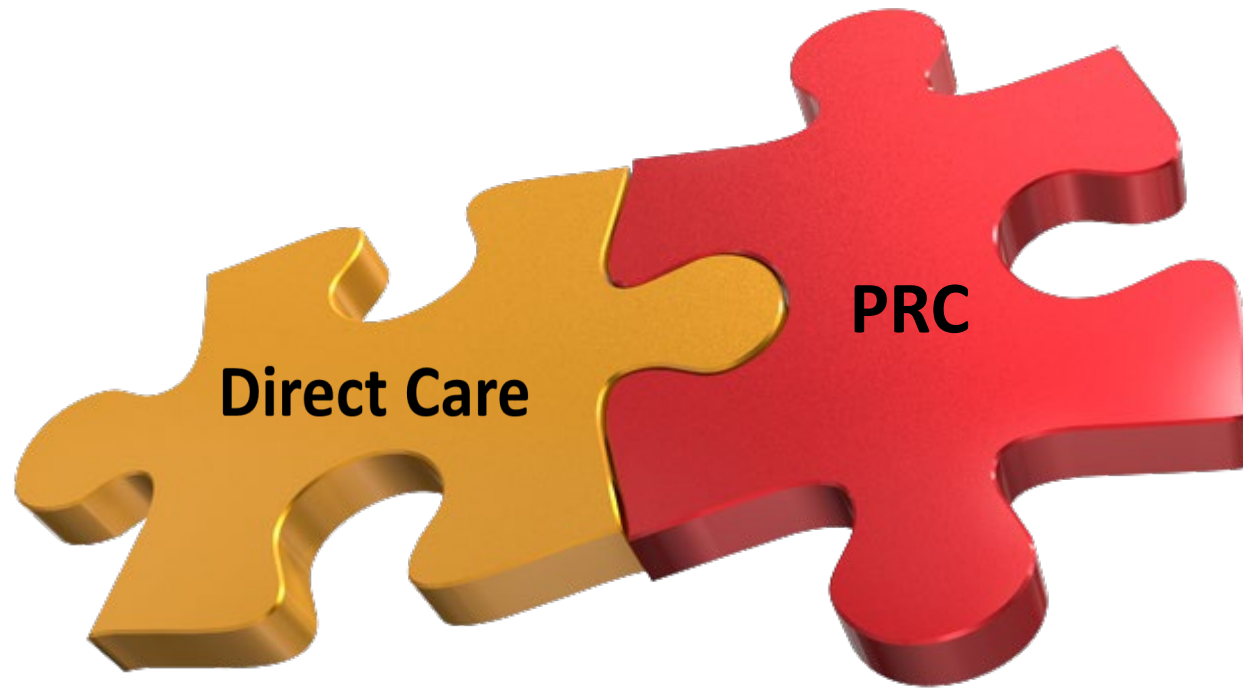
- Facility and Area
 - Trends by Category
 - Trends by Priority
 - Trends by Volume
 - Trends by User Pop & Referral Volume as percentage of Area totals
 - Comparative Trends (Facility Category, Priority, and Volume)





“Whew! That was close!
We almost decided something!”

Integrating Direct & Referral Care





Case Examples

PRC MEDICAL PRIORITIZATION



Case Example #1

- 26 yo female tribal member suffers a severe femur (thigh) fracture resulting from a motor vehicle accident and requires immediate Orthopedic surgical care. The patient is Medicaid eligible.
- PRC Medical Priority/Category designation?
- Eligible for PRC referral payment?



B. Medical/Dental/Vision/Surgical

Core (Priority 1) = Essential

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

Intermediate (Priority 2) = Necessary

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

Elective (Priority 3) = Justifiable

Reconstructive/Restorative Surgery
Bariatric Surgery
Organ Transplant, Other
Respiratory Therapy Equipment: Neb Machine
Oximetry
Corrective Lenses, Limited Indications
Contact Lenses, Limited Indications
Orthodontics
Gender Affirming Services, Medical/Surgical
Laboratory Services
Electroencephalogram
Electromyography
Nerve Conduction Studies
Acupuncture



For purposes of all remaining case examples,
assume that there are no alternate resources.



Case Example #2

- Non-AI/AN truck driver stops at IHS hospital emergency room for sudden onset of flank pain and passes a kidney stone. After stabilization and clinical improvement, the ER doctor recommends a follow up with the kidney specialist in the next 1-2 weeks.
- PRC Medical Priority/Category designation?
- Eligible for PRC referral care?



B. Medical/Dental/Vision/Surgical

Core (Priority 1) = Essential

Emergency Care
Emergency Transportation (EMS)
Hospitalization, Acute Medical/Surgical
Specialty Consultation, Acute Medical/Surgical
Cardiac Diagnostics
Coronary Reperfusion
Cancer Diagnosis/Treatment
Diagnostic Imaging
Renal Replacement Tx & Dialysis Access
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Orthodontics
Gender Affirming Services, Medical/Surgical
Laboratory Services
Electroencephalogram
Electromyography
Nerve Conduction Studies
Acupuncture



Case Example #3

- 31 yo non-Native wife of a tribal member is 39 weeks pregnant and presents to an outpatient IHS clinic and is found to be in active labor.
- Eligible for PRC referral care?
- PRC Medical Priority/Category designation?
- Within medical priority?



C. Reproductive & Maternal/Child Health

Core (Priority 1) = Essential

Prenatal Care
Labor and Delivery
Postpartum and Newborn Care
Permitted Abortion Services
Sexual Assault Evaluation
OB/GYN Medical/Surgical Consultation
Colposcopy
EPSDT Services
Pediatric Specialty Consultation/Care
Pediatric Diagnostic Services
Pediatric Oral Health Services
Pediatric Hearing Aids

Intermediate (Priority 2) = Necessary

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

Elective (Priority 3) = Justifiable

Cochlear Implants, Pediatric
Infertility Services



For purposes of all remaining case examples, assume PRC eligibility.



Case Example #4

- 37 yo with uncontrolled diabetes presents with toothache and is found to have a tooth abscess with possible early facial cellulitis. Dentist recommends endodontics evaluation today. Facility is currently limited to priority 1 referrals.
- PRC Medical Priority designation?
- PRC Category designation?
- Within medical priority?



B. Medical/Dental/Vision/Surgical

Core (Priority 1) = Essential

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

Intermediate (Priority 2) = Necessary

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

Elective (Priority 3) = Justifiable

Reconstructive/Restorative Surgery
Bariatric Surgery
Organ Transplant, Other
Respiratory Therapy Equipment: Neb Machine
Oximetry
Corrective Lenses, Limited Indications
Contact Lenses, Limited Indications
Orthodontics
Gender Affirming Services, Medical/Surgical
Laboratory Services
Electroencephalogram
Electromyography
Nerve Conduction Studies
Acupuncture



Criteria for Core Services (Priority 1)

1. *The service must be;*
 - ***Either*** necessary to protect life, limb, or vision in the next 30 days,
 - ***Or*** indicated for a substantial proportion of patients in the Indian Health Service.
2. *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).*



Guidelines

1. PRC services are meant to complement, 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. PRC Categories are considered equivalent (i.e. one category does not have precedence over another).
5. All services listed within a given PRC Priority Level are considered equivalent (i.e. there are no sub-priorities).

For purposes of all remaining case examples,
assume that facility is covering priorities 1-3.



Case Example #5

- 50 yo AI/AN female requests referral for a routine screening mammogram after being offered a mammogram appointment at her IHS clinic in 3 weeks.
- PRC Medical Priority designation?
- PRC Category designation?
- Eligible PRC referral service?



A. Preventive/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 Facility, 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 and 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



PRC services are meant to complement, not replace, direct care services.



For purposes of all remaining case examples, assume that service is not available as timely direct care.



Case Example #6

- 44 yo male with coronary heart disease requires pre-operative clearance for elective knee surgery. Based on initial assessment, PCP recommends cardiology evaluation.
- PRC Category designation?
- PRC Medical Priority designation?



B. Medical/Dental/Vision/Surgical

Core (Priority 1) = Essential

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



Intermediate (Priority 2) = Necessary

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

Elective (Priority 3) = Justifiable

Reconstructive/Restorative Surgery
Bariatric Surgery
Organ Transplant, Other
Respiratory Therapy Equipment: Neb Machine
Oximetry
Corrective Lenses, Limited Indications
Contact Lenses, Limited Indications
Orthodontics
Gender Affirming Services, Medical/Surgical
Laboratory Services
Electroencephalogram
Electromyography
Nerve Conduction Studies
Acupuncture



Case Example #7

- 62 yo female requests referral for blepharoplasty (eyelid surgery) so she can look better in her family photograph.
- PRC Medical Priority designation?
- Within medical priority?



Excluded Services (Priority 4)

- Medical Excluded Services shall be based on the Centers for Medicare and Medicaid (CMS) Medicare National Coverage Determinations Manual.
 - **Cosmetic Procedures**
 - ✓ Except when necessary for proper mechanical function or clinically-indicated psychological reasons
 - Experimental and Other Excluded Procedures
 - ✓ Except when a formal exception has been granted by the IHS CMO
 - Payment for Direct Services
 - ✓ On-call hours
 - ✓ After-hours and weekend pay
 - ✓ Holiday coverage (e.g. on-site radiology, laboratory, and pharmacy services)



Case Example #8

- 45 yo male is released from the hospital after treatment for alcoholic hepatitis. He indicates a desire to stop drinking and requests outpatient counseling. The only available substance rehabilitation program is a nearby non-IHS program.
- PRC Medical Priority designation?
- PRC Category designation?
- What is the two-digit code to be entered in RCIS for PRC Medical Priority/Category for tracking purposes?



D. Behavioral Health

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



