

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION ADMINISTRATIVE – Managed Care

POLICY # AD III-7

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SUBJECT: Utilization Management Policies

EFFECTIVE DATE: December 2010

SUPERCEDES DATE: October 2007

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## PURPOSE

The Division of Prisons (DOP) Health Services Utilization Management is designed to evaluate the appropriateness and medical necessity of services provided to inmates. The program seeks to assure that services are provided efficiently, cost effectively and meet recognized standards of care. The program controls the cost of services provided through the establishment of a network of contracted providers. The UM program coordinates review of services to meet constitutional and community standards of care. The Utilization Management Plan will operate under the following policies and guidelines.

## POLICY

All Providers and Vendors are to follow these Utilization Management (UM) guidelines when requesting or providing inmates with specialty care or ancillary services.

DOP Utilization Management staff uses evidence-based clinical guidelines from nationally recognized authorities to guide utilization management decisions involving precertification, prospective review, concurrent inpatient review, discharge planning and retrospective review. Guidelines for prospective/concurrent approval of medical services are based on Severity of Illness and Intensity of Service.

With the specific information collected regarding an inmate's clinical condition, DOP staff use the following criteria as guides in making coverage determinations as applicable:

- Milliman Care Guidelines® for medical and surgical care.
- DOP Clinical Practice and UM Coverage Guidelines
- DOP Chronic Disease Guidelines
- Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations and Local Coverage Determinations for NC [LMRPs/LCDs for CIGNA Government Services]

## Precertification and Preauthorization

A Utilization Review Request (UR) must be submitted by the facility providers for any service that requires precertification or prior authorization. Precertification and preauthorization is the process of confirming eligibility and obtaining authorization number prior to :

- Scheduled inpatient admissions and,
- Selected ambulatory procedures and specialty consult services listed below:
  - All Specialty Clinic visits
  - All radiological procedures except routine X-rays
  - All diagnostic/therapeutic procedures not being done by a DOP primary care provider
  - Orthotic supplies not available at Central supply
  - Non formulary medications
  - Hemodialysis
  - (X-rays and EKGs done at the prison facilities will be provided via the purchase care process)

All services on the above list must be preauthorized by the DOP Utilization Management Section.

- Coverage determination may require the review of clinical information regarding the service or supply to determine whether clinical guidelines/criteria for coverage are met. Specific clinical information will be collected on these inmates.
- Coverage decisions may be based on nationally recognized and evidence based guidelines/criteria such as Milliman Care Guidelines, the Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations and Local Coverage Determinations for NC [LMRPs/LCDs for CIGNA Government Services], or guideline/policy listed in DOP Healthcare or Utilization Review Manual.

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Any service (except emergencies) provided without obtaining an appropriate authorization number may be subject to non payment by the NCDoc Medical Claims Section.

## UM approval is not required for:

- Routine Labs done by contracted lab vendor
- Routine office procedures done at the unit by the facility provider
- Orthotics available through Central Pharmacy formulary

Purchase Care Process: Certain items require an authorization number, but do not need to go through a formal Utilization Management process. These include:

- X-rays done onsite by contracted vendor
- ECGs done at the units
- ID clinic consults for HIV
- Optometry consults for yearly refraction

Purchase Care requests will be entered at the unit by the medical record staff and will be automatically approved.

## ROLES AND RESPONSIBILITIES

### A. Utilization Management

The UM Medical Director (Deputy Medical Director) is responsible for:

- Case-specific review of “pending” UR requests.
- Case-specific discussion with institution staff, regarding appropriateness and/or coordination of medical services.
- Clinical oversight of ambulatory referrals
- In-patient concurrent review and assist in discharge planning.
- Physician-to-physician interaction as needed.
- Review and analysis of utilization patterns to identify trends and opportunities for improvement.

UM Physician Reviewers are responsible for:

- Case-specific Review of “pending” UR Requests
- Case-specific discussion with institution staff, regarding appropriateness and/or coordination of medical services.
- Avoiding any undue criticism of current/previous treatments or making condescending remarks, etc
- Providing comments/alternate suggestions for denials

UM Nurse is responsible for:

- Timely reviews and assessments of the appropriateness of UR requests, using UM review criteria
- On-going education of UM procedures to facility staff designated for UR work.
- Concurrent review and assessment of appropriateness for community hospitalized patients.
- Coordination of hospital discharge planning activities including infirmary/population bed placement according to clinical needs based on patient acuity
- Generating reports as requested by the UM Director

### B. Facility Responsibilities

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Primary Care Provider is responsible for:

- Coordinating all medically necessary services for inmates at the assigned institution.
- Requesting Specialty (sub-specialty) consultations, diagnostic and therapeutic procedures as medically appropriate.
- Providing appropriate information on all requests being submitted to UM for review(see “Information required for all UR requests” below)
- Providing general supervision to Nurse Practitioners and Physician Assistants. Such supervision may be provided on site or by telephone, in accordance to **NCMB policies**. Supervision should include joint review of specialty consultant recommendations and any involved diagnostic procedure requests. The facility physician has ultimate responsibility for oversight of all care/treatment plans proposed/provided by Nurse Practitioners or Physician Assistants.
- May initiate an appeal for denied UM determination for medical services if he/she still deems necessary.

## **NOTES:**

- Primary Care Providers should be aware that not every specialist recommendation is necessarily appropriate. Circumstances such as specific diagnosis, patient condition, or expected duration of confinement in the correctional environment may influence the decision to proceed. After consultants offer opinions and treatment recommendations, Primary Care providers are responsible for reviewing consultant findings/recommendations and making decisions regarding implementation of the treatment recommendations
- If a Primary Care Provider feels that consultant recommendations should not be implemented, there should be ample documentation in the record on the rationale for the decision, including appropriate patient education.

Nurse Practitioner and Physician Assistant responsibilities:

- Physician Assistants and Nurse Practitioners (PA/NP) function collaboratively with physicians to provide primary care services and are capable of clinical assessments and treatment under the supervision of a sponsoring physician. All medical assessments, treatment plans, and particularly consultation requests, should be reviewed or discussed with the physician. Physicians are ultimately responsible for oversight of all treatment plans proposed/provided by PA/NP.
- Providing appropriate information on all requests being submitted to UM for review(see “Information required for all UR requests” below)

Facility Nursing and Staff responsible for UR's:

- Enter into OPUS all UR information as filled out on DC- 767 by the facility Providers
- Communicate with UM Staff to ensure appropriate ICD-9 and CPT codes are being utilized
- Daily review status of all the facility UR's
- Print denials and pended UR's for Provider review
- Promptly respond to pended requests. (Pended UR's with no response for over 60 days may be denied or withdrawn by UM staff)
- Fax or mail medical documentation when requested
- Coordinate appointment scheduling once UR is approved

## **C. NCDOC Health Services Responsibilities**

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NCDOC upper management includes Chief of Health Services, Deputy Medical Director, Mental Health and Dental Director and other staff. These act in a supervisory role, serve as a resource to site health services staff, and are available for consultations and direction in difficult cases. These are responsible for the orderly functioning of the system as a whole and should be the ultimate arbiter of medical, dental, and mental health matters, as appropriate.

- **Information required for all UR requests:**

Appropriate medical information should include all of the following:

- ✓ A current working diagnosis
- ✓ Procedure or Specialty consult being requested
- ✓ Duration of symptoms and all timelines
- ✓ Pertinent clinical findings/ lab/radiology
- ✓ Relevant previous treatment(s) including management done by unit physician
- ✓ Formulary medications tried for all medication requests

Inappropriate documentation should never be entered, such as:

- ✓ Unprofessional remarks, such as criticism of previous treatments, etc
- ✓ Criticisms of administrative/operating policies, UM decisions, etc
- ✓ Any comment that would be inappropriate if discovered in Court

## **Length of Sentence and UR Requests:**

For all UR requests, primary care providers should strike a balance between the medical services needed and the expected release dates. Note that, for some inmates, these may be difficult to calculate. Providers, administrators, and other medical staff may request assistance from the facility Custody personnel to get a better idea. Inmates themselves are not a reliable source of release date information.

In general, and for all consultation requests, the requesting primary care provider should have a fair idea of sentence length before entering any requests. The provider should balance the severity of the medical condition and the time remaining in the inmate's sentence. Release dates may be difficult to estimate. Primary care providers may need to enlist help from custody staff at the institution.

Unless life and death medical necessity exist, routine procedures requiring prolonged recuperation or post-op care should not be requested for inmates with insufficient time remaining in their sentence. Primary care providers are encouraged to consult with Deputy Medical Director or Chief of Health Services for advice on difficult or borderline cases.

Regardless of the proximity to the release date, certain procedures or diagnostic evaluations such as lab, x-rays, etc, may be advisable in order to apprise the inmate of future medical needs after release.

## **SPECIFIC UM POLICIES**

**All attempts will be made to use Contracted Providers and Vendors wherever available.**

**Emergency Room(ER) Services:**

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Services provided in an Emergency Room are exempt from preauthorization. However the UM section must be notified of the ER visit by the next business day and an authorization must be obtained. Failure to do so may result in non-payment of services. All services and procedures performed during the ER stay are covered by the ER authorization number.

A 23 hour observation claim will be covered under an ER visit authorization OR a same day procedure authorization. The observation stay will not require a separate UR authorization in these cases.

## **Hospital Admissions**

Admissions arising from an ER visit must be reported to the DOP UM section within one business day of admission. Failure to do so may result in non-payment of services. All services related to the admission provided during a hospital stay are covered under the admission authorization number.

Concurrent review will be done on all hospital admissions for authorization of continued hospital stay.

Concurrent review may be conducted telephonically, via internet, fax or on-site visits at the facility where care is delivered.

The concurrent review process includes:

- Obtaining necessary information from appropriate facility staff, case managers, practitioners and providers regarding the clinical status, progress and care being provided to inmates;
- Assessing the clinical condition of inmates and the ongoing provision of medical services and treatments to determine coverage;
- Notifying providers of coverage determinations in the appropriate manner and within the appropriate time frame; and
- Identifying continuing care needs early in the inpatient stay to facilitate discharge to the appropriate facility.

A 23 hour observation claim will be covered under an ER visit authorization OR a same day procedure authorization. The observation stay will not require a separate UR authorization in these cases.

Emergency Room visits that turn into inpatient hospitalization will be considered approved under the inpatient authorization number.

## **Surgery:**

All elective surgery must be preapproved. Multiple related procedures necessary to complete the surgical management done at the same setting can be provided under one authorization number. A non emergent unrelated procedure must not be performed at the same operative session. This will require a separate authorization from UM. A retrospective review may be done in these situations.

Surgery leading to observation hospital stay will be covered under the surgery auth number.

However, if this leads to an admission, UM staff must be notified as per the above admission guidelines.

## **Radiology Procedures:**

X-rays performed at the facilities by the mobile X-ray vendor do not need UM approval and may be entered as Purchased care. All other radiological procedures require a UR preapproval.

A separate authorization must be obtained for multiple radiological procedures done at the same setting. For example CT scan of the Abdomen and Pelvis will require a separate authorization number for CT Scan of Abdomen and another one for CT scan of Pelvis.

## **Specialty Providers:**

All non-emergent consults to specialty Providers require UM preapproval except as noted below. Specialty providers must obtain the authorization number prior to delivering services in order to ensure payment of claims.

## **Optometry:**

Yearly Optometry evaluation for visual acuity and eyeglasses do not require UM approval and can be done as purchase care. UR approval is required for any other optometry evaluation or if an eyeglass prescription is needed earlier than a year.

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## **ID Clinic:**

ID clinic evaluations for HIV care done at onsite facilities do not require UM approval and should be entered as Purchase care. All other ID clinic visits will require a UM preapproval.

## **Hemodialysis:**

All patients on Hemodialysis will require a UM approval entered upon initiation of dialysis. This UM approval will be good until the end of dialysis or release date, whichever is earlier.

## **Chemotherapy and Radiation Therapy:**

Chemotherapy and radiation therapy UR requests will be issued one authorization number for multiple visits. This authorization number will be effective for the duration of the plan of treatment or six months, whichever is less. The comments section should indicate number of anticipated visits. The authorization will cover all medically necessary ancillary services required during the treatment period. At the end of the six month period, Unit will need to submit a new UR for another authorization if further treatment is necessary.

## **Pacemaker Checks:**

When a UR request for pacemaker check is approved, it is good for all pacemaker checks done for the following twelve months. It is still necessary to submit separate UR requests for cardiovascular consults, but you need only one UR each year for pacemaker checks

## **Use of appropriate CPT/HCPCS and ICD 9 codes:**

Appropriate CPT/HCPCS codes and ICD 9 codes must be used for UR requests. However, it is possible that these might not correspond to the actual CPT code or ICD 9 code for which service is performed. The service performed will be considered approved as long as it is closely related to the approved CPT code. Retrospective review may be performed in such cases. If multiple procedures are performed or a totally different procedure is performed, prior approval must be obtained by calling the UR department immediately.

Minor office based procedures will be considered as covered under the office visit authorization and will not require a separate UR authorization. (e.g. Joint injections or callus debridement done during a specialty evaluation for foot pain / callus evaluation will be covered under the consult authorization, EKG done during a cardiology consultation, etc).

## **Types of Services:**

Units will use the following types of Services when requesting approval:

- 01 Consult**—This will authorize an Evaluation & Management as well as any related procedures and office based treatments performed during that office visit.
- 02 Procedure**—This authorizes the specific procedure code requested. If comments include other procedures performed at the same setting, these will be considered authorized as well
- 03 Diet** -For special nonstandard diet requests
- 04 Pharmacy** -For non-formulary Medications
- 05 Orthotic** -For non formulary orthotic supplies and prosthetics
- 06 Equipment** -For special equipment needs such as CPAP machines, wound vacs, etc
- 07 Dental endodontic** - For dental requests
- 08 Dental oral surgery** - For dental requests
- 09 Outpatient services** -For services such as ambulance, special transport etc
- 10 Admission** - For hospital admissions
- 11 Length of stay** – For extending length of stay during a hospital admission

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## **Type of Request:**

Providers must use one of these types of request for all UR's based on the urgency of the needed service.

**A -Emergent Service is life/limb threatening and is automatically approved by UR.** A retrospective review may be done by UR

**B –Urgent** Reviewed by UR Section within 2 working days

**C- Rush** Reviewed by UR Section within 7 working days

**D- Routine** Reviewed by UR Section within 30 working days

## **Supporting or additional information complementing UR requests**

- In some cases, UR requests will be pended for “partial medical records” or must be supported with additional paper-based medical documentation. For all of these, whether faxed or mailed to UM, it is important that a copy of the UR entry matching the request be included with the paper information being provided. If such paper copy is not included, UM may have difficulty matching the electronic and paper entries, resulting in delays. At this time, most such additional information should reach UM via Fax at (919)715 5589. Sometimes information can be called on the phone or sent by other means.
- Some UR requests may be pended to “answer questions”. In other words, a UM determination is pending because, after review, UM has found that a decision cannot be made without additional information. UM staff will ask these questions and request for additional information in the “comments” section of the UR entry. At all times communication from both the UR reviewer and the facility staff must be professional. Inappropriate language, criticisms from either party will not be tolerated and may be subject to disciplinary action.
- Upon receipt of the appropriate additional medical information, UM should be in a position to make a determination. Note that the requesting institution operates under a time limit of 7 business days for the submission of such additional information. In some cases it may be necessary for the ordering provider to communicate by telephone with the UR reviewer or vice versa. Such communication is not only appropriate, but also encouraged. If the requested information is not received via fax or other means within 30 days, the request may be denied for “insufficient information” and closed.
- Photographs:

On rare occasions, such as for certain deformities or skin conditions, like keloids, the UR Physician Reviewer may request that a specific photograph of the area be furnished by mail or electronically. While it is generally difficult to procure such inmate photographs, photographs may have been taken at time of the inmate receiving services from other consultants. In other cases, it may be possible to ask the institutional Superintendent to permit the photograph, or even to facilitate the use of the facility's camera for the purpose. A digital image may be emailed to the physician reviewer.

## **Appeals**

If a Division of Prisons Health Services provider disagrees with a UR denial, the provider may submit an appeal to the Utilization Management Section. An appeal may be in the form of an immediate appeal or a standard appeal.

1. Immediate Appeal - When an initial determination to deny authorization of a health care service is made prior to or during an ongoing period of service and the attending physician believes that the determination warrants immediate appeal, the attending physician may appeal over the telephone to the Division of Prisons Health Services Deputy Medical Director. All efforts will be made to obtain any information available to resolve the expedited appeal. Immediate appeals which do not resolve a difference of opinion may be referred to a physician advisor for another opinion or through the standard written appeal process.

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2. Standard Appeal - The right to appeal a denial through the Utilization Management Program is available to all providers. All appeals will be completed within thirty days of receipt. The facility must provide additional information justifying the appeal in the comment section. A UM physician reviewer must not deny the same appeal twice and should pending the request for review by the Deputy Medical Director if appealed again. Comments/alternate suggestions for denials must be entered by the UM physician reviewer. Any further appeals for appeals denied by the Deputy Medical Director should be directed to the Chief of Health Services. The Chief of Health Services will have the final authority.

## “Second Opinion”

In general, inmates may not request a “second opinion” from either a different primary care institutional provider or a consultant. Sometimes institutional primary care providers may not be happy with the opinions of a given consultant. In these difficult medical situations, the institutional primary care provider should discuss the matter with the Deputy Medical Director, who may suggest a different consultant

## UM Highlights for Selected Diagnostics and Procedures

These highlights provide some guidelines utilized by the UM staff while reviewing UR requests. Please note that these are general guidelines and variation may be expected based on clinical information provided on each specific case.

- **Arthroscopy:**

Knee  
Shoulder  
Elbow  
Ankle  
Wrist

Arthroscopy may be performed to evaluate and diagnose (when MRI or x-ray are not conclusive) or treat/repair a joint condition. It follows that it would be inappropriate for a primary care provider to request an orthopedic or an arthroscopy consultation before obtaining x-rays or MRI as clinically indicated.

Indications for arthroscopy of any joint may include any/all the following symptoms/findings:

- Joint instability evidenced by “locking”, “clicking”, “giving way”, or recurrent dislocation
- Persistent joint tenderness/pain despite adequate conservative management
- Limited and/or painful range-of-motion (ROM) despite physical therapy
- Joint effusion or swelling persisting over 1 month
- Certain MRI findings, such as rotator cuff or meniscal tears, and intra-articular loose body from trauma or degenerative joint disease

Physical therapy may be useful following an arthroscopic procedure to improve range-of-motion, and may reduce swelling and pain.

- **Cataract Surgery: Will be approved in following cases**

- Best corrected vision in the better eye must be 20/50 or worse(eye with or without cataract)
- Cataract needs to be removed to treat or monitor other serious eye pathologies such as diabetic retinopathy, etc.



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- **Computed Tomography (CT) scan**

Primary care providers can and should order imaging such as CT. Performance, however, must be approved by UM. Indications for CT scan of specific areas are listed below:

Abdomen:

- Abdominal or pelvic trauma or suspected intra-abdominal bleeding
- Evaluation of a liver or pancreatic mass (seen by ultrasound) or pancreatic pseudocyst
- Suspected bowel obstruction, Abdominal Aortic Aneurysm (AAA), or diverticulitis
- Evaluation or suspected abdominal or genito-urinary mass, pheochromocytoma, or adrenal mass
- Follow up evaluation of a malignancy (abdominal or metastatic), or abscess after treatment

Brain:

- New/acute onset of transient or persistent neurological findings suggestive of CVA/stroke, or TIA; suspected sub-arachnoid hemorrhage, etc
- Head trauma with any of the following: mental status change, loss of consciousness, headache, seizure, vomiting, focal neurological signs, suspected subdural hematoma, or x-ray-proven skull fracture
- Acute/abrupt onset or chronic headache with mental status changes, syncope, visual impairment, focal neurological signs, papilledema, vomiting or history of coagulopathy
- New onset seizure
- Follow-up evaluation of a brain tumor, intracranial abscess or AV malformation, post CVA, post shunt placement, etc.
- Evaluation for brain metastasis
- Suspected CNS involvement of systemic disease

Chest:

- Abnormal chest xray which demonstrates either unresponsive/atypical pneumonia, lung/mediastinal mass, pleural effusion, or lung abscess
- Suspected pulmonary embolus, thoracic (thoraco-abdominal) aortic aneurysm or dissection, thymoma associated with myasthenia gravis
- Chest trauma
- Evaluation of hemoptysis, vocal cord paralysis, sarcoidosis, esophageal cancer, lung metastases

Sinuses: In general, a CT scan is *not* necessary for the diagnosis/evaluation of *un*complicated acute or chronic sinusitis. Requests for CT scan of sinuses should include accurate diagnosis with description of whether acute, chronic, recurrent, and any co-morbidities, specific complicating factors, and treatment to date.

Indications for CT scan of the sinuses may include:

- Acute sinusitis complicated by focal neurological signs, change in mental status, peri-orbital cellulitis or abscess, or immuno-compromised status, such as HIV+, malignancy, end-stage disease, etc
- Chronic sinusitis: symptoms persistent for longer than 3 months, after appropriate antibiotic and/or steroid, decongestant and antihistamine treatment
- Recurrent sinusitis: 3 or more episodes in 1 year despite appropriate antibiotic treatment

- **Circumcision:** A surgical procedure in males to remove the prepuce.

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- Indications for adult circumcision may include:
  - Recurrent Balanitis: recurrent inflammation of the tip of the penis, usually from poor hygiene, or result from a contact allergy (i.e. soap, detergent, etc) or in conjunction with certain sexually transmitted diseases, including syphilis, gonorrhea, or herpes.
    - Single episode in diabetics or immunocompromised .
    - 3 or more episodes in non-immunocompromised.
  - Paraphimosis: An inflammation of the foreskin which prevents a tightened, retracted foreskin from returning to the normal position. Paraphimosis is considered a medical emergency because if not corrected immediately, it results in decreased blood flow to the tip of the penis and tissue damage.

- **Dermatology:**

- **Common Skin Conditions that generally do not warrant referral:**

Primary care providers must undertake the treatment and follow-up of office conditions such as acne, pseudofolliculitis barbae, skin bumps, irritation leading to skin rashes such as contact or allergic dermatitis, scalp itch, tineas, and the like. Patients' unrealistic expectations must be met with education and a dose of the reality of the situation. Standard preparations such as emollients, hydrocortisone, and other creams, lotions, and ointments should be tried before resorting to dermatology consultation.

Primary Care providers are expected to perform punch biopsy on skin lesions at the facility in most cases.

### Indications for Dermatology Consultation

Most skin growths, moles, spots and/or bumps are not harmful and may represent normal skin changes that occur with aging. Please refer to Skin Lesions , Clinical Practice Guidelines POLICY # CP-6 in the Health Care Manual for management of benign lesions.

However, because skin cancer develops in moles and colored skin spots, it is important to have any suspicious changes assessed by a physician who is familiar with skin cancer evaluation and treatment.

The American Cancer Society has outlined the early signs of skin cancer in the **ABCD** system. In recent times, the **E** (for evolution) was added.

- Asymmetry:
- Border irregularity
- Color: pigmentation is not uniform.
- Diameter: size of the mole is over 6mm.
- Evolution: moles evidencing growth or other changes must be evaluated.

Skin lesions not evidencing ABCDE should be presumed benign. Because most skin lesions are benign, their removal may be considered “cosmetic” and will not be approved as it will not be medically necessary.

All requests for Dermatology Consultation should include:

- A working diagnosis
- Duration of symptoms or conditions with all timelines
- Extent of involvement with specific measurements
- Prior treatments with timelines
- Biopsy results

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## Electromyography (EMG)/ Nerve Conduction Study:

EMG is used to evaluate disease of the muscle (myopathy) and/or nerves (neuropathy), *when the physical exam fails to elicit a specific diagnosis.*

Indications for EMG/ NCS include:

- Suspected myasthenia gravis
- Suspected carpal tunnel syndrome
- Suspected neuropathy
- Suspected Amyotrophic Lateral Sclerosis(ALS), or Guillain-Barre syndrome

### • Endoscopy

Colonoscopy

EGD

Sigmoidoscopy

Screening colonoscopy is used to detect colorectal cancer and polyps. Stool guiacs should be used as the initial screening tool. In asymptomatic and low-risk populations screening is appropriate to begin at age 50 and every 10 years. If any positive family history for colon cancers, screening should start at age 40. The intervals thereafter should be established by the consultant. High risk individuals will be considered for screening colonoscopy as the initial screening test.

Indications for endoscopy may include:

- Evaluation of hematemesis, dysphagia (with unexplained weight loss)
- Positive stool guiacs on screening for colon cancer
- Diagnosis of stomach/ duodenal ulcers, emergency diagnosis of esophageal injury from swallowed chemicals, gastric-outlet syndrome
- Evaluation and treatment of upper GI bleeding, esophageal varices, or polyps
- Evaluation of upper GI symptoms unrelieved by medical therapy (i.e. H2 blockers or proton pump inhibitors)

### • Gynecomastia (male):

A condition of overdevelopment of breast tissue in males that may result from substance abuse such as marijuana, alcohol, heroin, and/or methamphetamine. Use of certain other medications may also cause gynecomastia: steroids, cimetidine, anticonvulsants like Dilantin, digitalis, chemotherapy, or anti-anxiety/anti-depressant medications (i.e. diazepam, tricyclic antidepressants)

Indications for diagnostic mammogram in males include:

- Unilateral overdevelopment of breast tissue in absence of above medication use
- Nipple inversion, or discharge
- Dimpling of the skin
- Identification of a suspicious breast tissue mass by palpation

### • Hemorrhoidectomy: surgical removal of internal hemorrhoids

First-degree hemorrhoids can be treated with conservative, non-surgical interventions, including sitz baths (several times daily), stool softeners/ laxatives, anti-inflammatory suppositories/creams, and increased dietary fiber.

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Second-degree hemorrhoids may be treated non-surgically with rubber band ligation or injection sclerotherapy.

Third-degree and Fourth-degree hemorrhoids usually require surgical removal.

Requests for hemorrhoidectomy should include:

- Degree of hemorrhoid involvement
- History of all previous treatments including previous conservative treatments (sitz baths, stool softeners/ laxatives, anti-inflammatory suppositories/ cream) and previous non-surgical approaches (i.e. banding, or sclerotherapy)

- **Hepatitis C evaluation**

Refer to Hepatitis C Clinical Practice Guidelines POLICY # CP-7 in the Healthcare Manual

- **Hernia Repair:**

A hernia occurs when intra-abdominal organs protrude through a weakness in the thin muscular abdominal wall. A hernia is diagnosed by physical exam, and generally does not require additional diagnostic evaluations such as ultrasounds, CT scans, x-rays, etc.

Inguinal  
Ventral  
Incisional  
Umbilical

NOTE:

- Small asymptomatic reducible hernias and minimally symptomatic hernias can be managed with watchful waiting
- Umbilical hernias less than 2 cm in diameter are not associated with substantial health risks and their repair should not be requested for social or cosmetic reasons. Incarceration and strangulation of umbilical hernias are rare.

Indications for hernia repair include:

- Non-reducible (or not easily reduced) hernia
- Incarcerated hernia (may result in strangulation): **Considered a medical emergency. Surgery is indicated within a few hours.**
- Umbilical hernia over 2 cm in diameter, which is not requested for social/ cosmetic reasons
- Objective documentation of pain/disability from the hernia

- **Hearing Aids:**

An audiogram must be done prior to requesting a new hearing aid. Hearing aid will be approved if:

- Objective documentation exists that inmate is having significant difficulty with official duties and essential activities of daily living. Inmate's subjective complaints must be corroborated with nursing and custody personnel observation
- Audiogram confirms moderate to severe hearing loss
- Remaining Length of sentence should be over 6 months

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One hearing Aid will be approved under normal circumstances

- **Hysterectomy:**

Hysterectomy is the most frequently performed major surgery in the USA and Canada. An estimated 90% of hysterectomies are elective procedures. Only 10% of hysterectomies are performed for life-threatening or serious conditions (i.e. cancer of the cervix or uterus, chronic bleeding, etc.).

Because a hysterectomy is a life-altering procedure, which eliminates all child-bearing potential in the pre-menopausal female, alternative conservative treatments should be considered and discussed with the inmate/patient.

Hysterectomy should be considered only when it is absolutely in the patient's best interest. HCG testing should be negative before proceeding with a hysterectomy.

Indications for hysterectomy may include:

- Biopsy-proven invasive cancer of the (endo)cervix, uterus, ovaries, vagina or fallopian tubes
- Dysfunctional uterine bleeding (DUB) pre or post-menopausal, with documented significant blood loss, unresponsive to D & C . According to ACOG guidelines, patients less than 35 years of age require endometrial biopsy prior to hysterectomy
- Chronic Pelvic Inflammatory Disease (PID), with documented chronic infection and chronic pain over 6 months
- Endometriosis, documented by laparoscopic biopsy
- Tubo-ovarian abscess
- Fibroids, pre or post-menopausal, confirmed by ultrasound, and physical exam comparable to a 12-week pregnancy
- Endometrial hyperplasia with atypical cells by biopsy or D & C.

- **MRI:**

Relative and absolute contraindications to the use of Magnetic Resonance Imaging (MRI) include the presence of electrically or magnetically activated implanted devices such as cardiac pacemakers, drug infusion pumps, cochlear implants, cerebral aneurysm clips, etc, or pregnancy in the first trimester.

Bone and Joint

- Chronic mono-articular joint pain affecting official duties and not resolving despite 6-12 week of appropriate medical management: “locking”, “giving way”, limited ROM, joint effusion/swelling
- Symptomatic intra-articular loose body
- Suspected avascular necrosis (osteonecrosis)
- Suspected osteomyelitis

In general, an *MRI should be performed prior to any orthopedic evaluation for joint pain*. If the MRI is normal, a trial of physical therapy should be considered. Also, NSAIDS may be of benefit.

NOTE: It is not good practice to consider MRI immediately after joint injury.

Initial treatment of a joint injury may benefit from **RICE:**

- ✓ **Rest**
- ✓ **Ice** (20 minutes per hour for 72 hours, heat may be applied after 72 hours)
- ✓ **Compression** (i.e. constant, elastic bandage, to reduce swelling)

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## ✓ Elevation

Clinician implementation of **RICE** may reduce or eliminate the need for more aggressive evaluation and/or treatment for acute joint injuries.

Intra-articular steroids in the knee may be reasonable before ordering PT or MRI in many cases.

Abdomen: Ultrasound and/or CT scan may be more appropriate diagnostic tools and should be considered first.

Indications:

- Known or suspected abdominal aortic aneurysm
- Further evaluation of abdominal mass after inconclusive CT or ultrasound

## Brain

- New/acute onset of transient or persistent neurological findings suggestive of CVA, stroke, or TIA
- Acute/abrupt or chronic headache with either mental status changes, syncope, visual impairment, focal neurological signs, papilledema, vomiting or history of coagulopathy
- When CT scan is not feasible or non-diagnostic in the evaluation of head trauma
- Suspected or known Multiple Sclerosis
- Suspected CNS involvement of systemic disease
- Suspected acoustic neuroma with unilateral tinnitus or hearing loss
- New Onset Seizures

## Spine

- Radiculopathy evidencing nerve root distribution of severe pain not relieved with an adequate trial of medical management (pain radiating below the knee/straight leg raise positive for pain below the knee at less than 60 degrees of extension). Note that a trial of NSAID's and/or muscle relaxants may provide relief management. (6 to 12 weeks of pain control, early resumption of physical activity, and if needed physical therapy)
- Myelopathy: any disease or injury to the spinal cord: usually indicated by severe or progressive loss of motor function or new onset of bladder or bowel incontinence
  - Note: acute myelopathy requires urgent evaluation
- Suspected tumor, metastatic lesion, or abscess
- Suspected osteomyelitis or disc space infection

## • **Pain Management:**

Chronic pain requires a multi-disciplinary treatment plan. Pain management is best provided by primary care providers in our setting. Refer to (Healthcare Manual CP-XX) Clinical Practice Guidelines for Chronic Pain.

Pain management clinic referrals should be limited to patients who will benefit from procedures such as localized injections of local anesthetic combined with a corticosteroid. The treatment may be a single injection or multiple injections over a period of time. These injections are to be done by a physician trained in performing these procedures such as anesthesiologist, neurosurgeon, orthopedist or pain specialist:

Epidural Injection  
Trigger Point Injection  
Facet Joint Injection

Indications for injections for pain management include:

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- Symptoms of nerve root compression (acute or chronic)
- Failed relief after 6-12 weeks of conservative treatment (including NSAID's, muscle relaxants, physical therapy, analgesics, etc.)
- Inability to perform ADLs due to pain

- **Podiatry**

Routine Foot Care: Primary Care providers should be capable of providing basic, routine foot care. Certain basic items such as pumice stones may enable the inmate to perform self-care of calluses, corns, warts, etc. Patients with peripheral neuropathy due to systemic diseases such as diabetes, etc may be referred to Podiatry for foot care.

Foot Orthotics: These are not considered medically necessary for pes planus (flat feet), pronation problems, corns, calluses, or asymptomatic hammertoes.

Indications: Foot orthotics may be medically necessary for the following conditions:

- Vascular conditions (including complications of diabetes, peripheral vascular disease, etc.)
- Calcaneal spurs (heel spurs)
- Neurological impairment of feet (neuropathy, neuroma, etc.)
- Inflammatory conditions (bursitis, tendonitis, osteomyelitis, etc.)
- Plantar fasciitis not responding adequately to night splinting, anti-inflammatories and stretching (see CPG on this condition)
- Calcaneal bursitis (acute or chronic)
- Objective Musculoskeletal deformity involving the foot/feet resulting in difficulty with ambulation due to pain

Bunionectomy (exostectomy):

A bunion, also known as *hallux valgus*, is a benign bony growth with painful deformity of the big toe. Bunions frequently result from wearing narrow, pointed toe shoes with high heels. Not all bunions will benefit from surgical procedures.

Non-surgical bunion treatments include:

- NSAID's
- Bunion pads to cushion the affected area
- Soft shoes with a wider width
- Night splinting to improve toe alignment

Indications for exostectomy include all of the following:

- Localized skin irritation with pain which affects ADL's
- Hallux valgus angle > 15 – 30 degrees, documented by x-ray
- Proximal articular set angle (PASA) of over 8 degrees  
Angle formed by the relationship of a line drawn representing the effective articular surface of the 1st metatarsal head and a line perpendicular to a line bisecting the shaft of the 1st metatarsal
- Failure of conservative management with extra wide shoes and other nonsurgical treatments

- **Prosthesis: Prosthetics in general take several weeks to be fabricated and delivered. Remaining length of sentence should be more than 12 month in most of these cases for approval.**

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- Upper Extremity will be approved if essential for activities of daily living
- Lower Extremity will be approved if patient will be functional, compliant and have potential to ambulate with prosthesis. If does not meet criteria, crutches or wheelchair will be provided and patient may be transferred to handicap accessible unit.

- **Septoplasty**

Indications for repair of a deviated nasal septum include:

- Severe nasal obstruction failing aggressive medical management including three (3) month trial of intra-nasal corticosteroid spray and causing significant medical complications
- Recurrent epistaxis without other etiology
- Chronic or recurrent acute maxillary sinusitis, despite multiple documented appropriate/therapeutic courses of antibiotic treatment, resulting from a deviated septum and documented by CT scan
- Obstructive Sleep Apnea (OSA), documented by polysomnography/sleep study
- Severe periodontal disease certified by the dentist to be as a result of mouth breathing

Requests for septoplasty should include % obstruction, duration of symptoms, and previous treatment. The results of the sleep study should be included, if indicated.

- **Sleep Study** (Nocturnal Polysomnography or NPSG):

May be approved for patients with symptoms suggestive of obstructive sleep apnea, daytime fatigue and somnolence. A split sleep study must be ordered where CPAP titration can be done during the same session.

Nocturnal pulse oximetry is not appropriate as screening to evaluate potential Obstructive Sleep Apnea.

- **Special Shoes:**

- UM provides determinations for shoe requests. Instead of thinking “special shoe” immediately, providers are encouraged to request that facility’s staff measure inmate feet using a shoe sizer and order the appropriate size shoe.

Medical providers should be aware that medically provided shoes often do not offer the support or protection of the standard boot issued by the NCDOC. Inmates with an approved “Special Shoes” may not be assigned to certain jobs requiring protective boots. These factors should be considered before requesting approval for special shoes.

Indications for a special shoe profile include:

- Foot pain with hallus valgus (bunion) with significant callous formation and angle over 15 degrees, *by xray report and not corrected by resizing to larger size standard shoe*
- Severe hammertoes resulting in significant callous formation and not corrected by resizing to a larger standard issue shoe
- Peripheral neuropathy affecting the foot (i.e. diabetes)
- Ulceration or infection to the foot from a bunion, hammer toe, bony exostoses or other deformity or disease: *(must clarify which condition applies)*
- Chronic, persistent edema to the lower extremity, *unresponsive to therapy*
- “Other” conditions which, in the opinion of the clinician, would benefit from a special shoe
- *Appropriate documentation must accompany requests in the “other” category.*
- *Shoes request because of “inmate request” will not be approved and should not be entered for UR review.*



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- **Tonsillectomy:**

- In addition to appropriate antibiotic treatment, adjunct treatments include analgesics, antiseptic mouthwashes, decongestants, and antihistamines. The benefits of surgery should outweigh the risks of having the procedure performed.

Indications for tonsillectomy include:

- Chronic tonsillitis over 3 months, documented by culture, unresponsive to appropriate antibiotic treatment of appropriate duration
- Recurrent episodes of tonsillitis (over 3 episodes within a 12 month period) documented by culture
- Peri-tonsillar abscess (with or without airway obstruction)
- Consideration of malignancy of the tonsil
- Profuse bleeding from the tonsils
- Suspected/documentated sleep apnea

- **Total Joint Replacement (Arthroplasty, Hip/ Knee):**

Recommended when pain and loss of function are severe and medications/conservative treatments do not relieve pain. Arthroplasty is done to reconstruct or replace a diseased joint and restore or improve functional capability. Absolute contraindication for the procedure is any active infection. Obesity may negatively impact post-operative success. Therefore, weight loss is beneficial prior to requesting surgery.

The rehabilitation period following arthroplasty (either hip or knee) may be prolonged, and also depends on the age of the patient. Therefore, prior to requesting surgery, consideration should be given to compliance, the time remaining in the sentence and rehab potential of the patient..

Hip  
Knee

Because the prosthetic parts can deteriorate over time, it is generally recommend to delay this procedure until it is deemed absolutely necessary. The following criteria must be met for joint replacement:

- i) Patient has failed to adequately respond to conservative therapy.
- ii) Patients must be a reasonable surgical risk,
- iii) Patients must be willing to accept the risks of surgery.
- iv) Patient must be unable to perform his daily activities due to significant pain.
- v) All conservative measures should have failed including aggressive pain control per Chronic Pain Guidelines and physical therapy.
- vi) X-ray demonstrates evidence of advanced damage to the hip/knee.

Indications for arthroplasty include:

- Avascular/aseptic/osteo- necrosis of the joint with pain

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- Limited and/or painful range-of-motion (ROM), stiffness, restricted ADL or Activities of Daily Living (over 3 months)
- Osteo or rheumatoid arthritis with failed conservative treatments such as physical therapy, exercise, medication and/or joint injections
- Mal-union or non-union of articular fracture

If the disease process is not advanced, physical therapy and/or a trial of NSAID's in therapeutic doses, chronic pain management per Chronic Pain Guidelines may be of benefit in improving symptoms and postponing surgery, and may be useful prior to surgery in any case. The patients, especially young ones, should be thoroughly educated on the fact that joint prostheses are not self-repairing like natural joints. They have a limited lifespan, usually 10 years or fewer. After the first replacement, the patient may have to endure additional procedures every 10 years or fewer. In addition, education on the possible risks, including prostheses infection and the need for removal, should be given.

Requests for Total Joint Replacement should include:

- ✓ Description of the underlying disease process
- ✓ Duration of symptoms
- ✓ Description of significant symptoms/ physical exam findings
- ✓ Treatment(s) to date, including all timelines



11/24/10

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Paula Y. Smith, MD, Director of Health Services      Date

SOR: Deputy Medical Director UR Section

Reference: Georgia DOC Health Services Section