

Health Services



Washington DOC Health Plan



Washington State Department of Corrections

600-HA001

Washington DOC Health Plan

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Washington State Department of Corrections
Health Services Division
Health Plan

I. Introduction

The Washington state Department of Corrections (DOC) provides medically necessary health and mental health care to incarcerated individuals in our facilities. This includes both major and minor facilities, but does not include Work releases.
The Washington DOC Health Plan defines which services are medically necessary. The WA DOC Health Plan is not a contract or a guarantee of services to incarcerated individuals.

The WA DOC Health Plan describes the health and mental health care services available to incarcerated individuals, as well as the services that are limited or not available.
To be covered by the WA DOC Health Plan, services must be:

- Medically necessary, **OR**
- Necessary for the health and safety of the incarcerated community for public health reasons (for example, treatment for head lice), **OR**
- Required by law, regulation or Department policy, **AND**
- Ordered by a Department health care practitioner, **AND**
- Authorized according to Department policies and procedures, **AND**
- Delivered in the most cost-effective manner and location consistent with safe, appropriate care.

If a facility, such as a minimum facility, is unable to provide any of the services listed below, an incarcerated individual may be transferred to another facility to assure access to the medically necessary services. All services provided must meet the definition of medically necessary or meet the requirements as defined above.

II. Access to Care

Incarcerated individuals may access health care by:

- Going to Sick Call.
- Sending a written request (kite) to Health Services.
- For emergencies, reporting the emergency to any staff.

III. Covered Services

A. Infirmiry and Hospital Care

Inpatient services will be provided either in a community hospital or in a major facility's infirmiry. The most appropriate setting will be determined by the authorized DOC health care provider according to the severity of illness or level of service required. Any hospitalization must be authorized by the Department.

When hospitalized in the community, the patient's medical needs, custody level, and community safety considerations will determine the type and location of hospital room

assigned. Medical and/or security needs may require that a patient be assigned to a private hospital room.

When ordered and medically necessary, the following will be provided:

Anesthesia	Labor and delivery room
Casts	Medical rehabilitation
Diagnostic services	Nursing care
Dressings	Operating room and related services
Drugs administered during the stay	Oxygen services
Equipment	Radiation
Hospital services	Radiology
Intensive care unit and services	Respiratory services
Laboratory	

Additional charges for television are not authorized for stays in community hospitals. Personal comfort items such as hygiene items or slippers that cause additional charges will not be issued unless authorized by the Department.

Reimbursement will be made only for services authorized in the contract between the hospital and DOC, and in accordance with this WA DOC HEALTH PLAN.

B. Medical and Surgical Services

Medical and surgical services are limited to the following and are covered only when ordered or prescribed by an authorized DOC health care practitioner.

These services will be provided in the facility's clinic or infirmary unless the necessary equipment or supplies are not available, or the health care provider determines the severity of illness or level of service required indicates a community health care facility is the most appropriate setting for the care. Medically necessary non-emergent community care is subject to pre-authorization through the care review process outlined in this WA DOC Health Plan.

The following services are included in this provision:

- Community or provider office and hospital visits and related services to include diagnostics, treatments, consultations or second opinions. [RCW 72.10.005]
- DOC health care provider clinic, infirmary and hospital visits to include initial evaluations, diagnostics, treatments, consults or second opinions. [WAC 137-91-080]
- Surgical and anesthesiology services.
- Physical therapy, occupational and speech therapy.
- Radiology, nuclear medicine, ultrasound, laboratory and other diagnostic services.
- Dressings, casts and related supplies.
- Anesthesia and oxygen services.
- Blood derivatives and related services.
- Radiation therapy and chemotherapy.
- Health appraisals to determine programming or work restrictions. [RCW 72.10.020] [WAC 137-91-080]
- Medications as defined in the "Pharmacy" section below.

C. Maternity Services

Medically necessary maternity services are covered for incarcerated individuals during their period of incarceration. These services will be provided in the most appropriate setting (a facility's clinic or a community facility) as determined by a DOC health care practitioner in accordance with the level of service required. Services provided include diagnosis of pregnancy, prenatal care, delivery, postpartum care, care for complications, physician services, hospital services as defined in the Infirmery and Hospital Care section above, and termination of pregnancy.

D. Mental Health Services

Mental health services covered under the WA DOC Health Plan are detailed in Mental Health Services in the Authorization of Mental Health Services Section of this WA DOC Health Plan.

E. Dental Care

The Department provides medically necessary dental care. At any time during incarceration, a patient may seek evaluation by a dental provider and may receive treatment based on existing guidelines. Services at some facilities are limited to care for dental emergencies. (See, [Table of Facility Dental Services](#))

F. Emergency Care

Medically necessary emergency assessment, treatment and related services will be available at all times. Services will be consistent with the needs of the patient as determined by a health care provider. A patient may be transferred to a community clinic or emergency room for care, if the level of service required cannot be adequately provided in the facility's health care unit.

If medically necessary, an patient may be transported by ambulance, including air ambulance, to expedite transfer to the most appropriate care setting.

G. Skilled Nursing Care and Hospice

Incarcerated individuals may be placed in a facility's infirmary to receive medically necessary care and services that cannot be provided in the outpatient clinic cost effectively, or for health conditions that prevent them from living in the general living population safely.

Hospice services are available for terminally ill incarcerated individuals who choose not to continue cure oriented services. Hospice care shall emphasize palliative services for pain management and support.

H. Preventive Care

The following preventive and screening services are available for incarcerated individuals and are not subject to co-payment fee assessments:

- Initial physical, mental health and dental examination, including diagnostic screening tests, will be provided upon reception. [RCW 72.10.020] [WAC 137-91-080]
- Periodic health maintenance evaluations conducted when necessary and appropriate.
- Initial Purified Protein Derivative (PPD) screens and follow up for tuberculosis.
- Voluntary and court ordered HIV testing and counseling.
- Immunizations, as deemed medically appropriate. [WAC 137-91-080]
- Screening, and diagnostic tests as appropriate, for sexually transmittable and blood-borne disease(s).
- US Preventive Services Task Force grade A and B recommendations.

I. Pharmacy

The Department has a formulary that lists drugs and supplies that will be provided when prescribed by a DOC health care practitioner:

- Generic equivalents will be provided in accordance with the formulary.
- Over the counter medications will be available per DOC policy.
- Non-formulary drugs and supplies will be provided only when authorized by the Care Review Committee and/or the Pharmacy and Therapeutics Committee.

J. Durable Medical Equipment

Durable medical equipment, prosthetics, orthotics and supplies are provided when medically necessary and ordered by a DOC health care provider to treat or correct a specific covered condition.

Any equipment provided to the patient under this provision of the WA DOC Health Plan will be considered the property of the Department. The patient will be responsible for the equipment. Any willful or negligent damage, destruction, or loss of the device will be considered grounds for disciplinary action that may include payment for the cost of repair or replacement. Equipment will be replaced by DOC when necessitated by normal wear or change in the patient's medical condition.

K. Optical Care

A vision screening exam will be performed upon entry into the correctional system. New glasses will be provided when medically necessary due to change in visual acuity. Any willful or negligent damage, destruction, or loss of glasses will be considered grounds for disciplinary action and may include payment of the cost of repair or replacement.

L. Hearing Care

Hearing screening will be performed upon intake into the correctional system with the initial physical examination. Hearing assessments are also provided when medically necessary. Hearing aids are provided when medically necessary as defined in the attached Levels of Care Directory.

Lost or damaged hearing aids will be replaced or repaired on a case-by-case basis only if the need for replacement is not due to the patient's carelessness, negligence, deliberate

intent, or misuse per [Washington Apple Health \(Medicaid\) guidelines](#). Patients may be required to pay for the cost of replacement or repair in cases of willful or negligent damage, destruction, or loss of hearing aids.

Cleaning of hearing aids is the responsibility of the patient and should be performed per manufacturer recommendations. Servicing and repair of hearing aids is authorized as level 1 in order to maintain proper functioning of the device, and in accordance with [Washington Apple Health \(Medicaid\) guidelines](#).

M. End of Life Medication

The Department does not provide medication to a patient with a terminal illness for the purpose of self-administration to end his or her life.

IV. Definitions

Administrative Encounter: An administrative encounter is one in which administrative or clinical work is performed in order to facilitate health care delivery to a patient but does not require face-to-face contact.

Activities of Daily Living (ADLs): Activities of daily living are activities related to personal care and include bathing or showering, dressing, getting in or out of bed or a chair, using the toilet, eating, and walking or assisted mobility sufficient to accomplish these activities.

ARNP: Advanced Registered Nurse Practitioner.

Authorization: Approval for health care granted by the DOC under the WA DOC HEALTH PLAN. Authorization automatically implies that the DOC will also pay any expenses associated with the authorized care, except as otherwise defined by contract or statute. "Authorization" under the WA DOC HEALTH PLAN is not the same defined in DOC 600.020 Offender Paid Health Care.

Care Review Committee (CRC): Group of DOC primary care physicians, dentists, PAs, and ARNPs, organized in discipline- or condition-specific committees, appointed by the Chief Medical Officer (CMO) to review the medical necessity of proposed health care.

Chief Medical Officer (CMO): A licensed Doctor of Medicine who acts as the statewide clinical health services authority.

Chief of Dentistry (COD): A licensed Doctor of Dental Surgery or Doctor of Dental Medicine who acts as the statewide dental health authority.

Correctional Interests: The goals or interests of DOC that pertain to its mission and penological interests including, but not limited to, public and staff safety, institutional control, holding incarcerated individuals accountable, and community re-entry.

Department of Corrections: "The Department" and "DOC" are terms used interchangeably in this document to mean the Washington State Department of Corrections.

DOC Primary Care Practitioner: Practitioner who is either an employee of DOC or who contracts with DOC to provide primary care services to patient patients in a DOC facility. Such primary care services may be in medicine, mental health or dentistry.

Emergency: A health care situation in which most similarly trained and experienced persons would agree that immediate intervention is necessary for effective treatment of a medical condition. That is, it would be significantly dangerous to the patient to postpone care until authorization is obtained from the Facility Medical Director (FMD), CMO or CRC.

Facility Medical Director (FMD): A licensed doctor of medicine or osteopathy who acts as clinical health services authority at a DOC facility.

Health Care: Includes collecting historical and current health care information (health record review, history taking), physical and/or psychological examination, diagnostic tests, treatments, and communicating assessment and plans with the patient [WAC 137-91-080]. "Health Care" and "Care" are used interchangeably in this Plan.

Incarcerated Individual: A person incarcerated under DOC jurisdiction, not on escape status, assigned to total confinement in a major or minimum facility. This will include incarcerated individuals boarding in non DOC correctional facilities only if DOC is contractually responsible to pay for their health care and the contract stipulates application of the WA DOC HEALTH PLAN.

Intractable Pain: Pain that is moderate to severe in intensity **AND** frequent or constant in occurrence **AND** physiologically plausible based on objective evidence from examination or tests **AND** unresponsive to conservative measures including, but not limited to: reasonable trials of various analgesics; discontinuation of potentially exacerbating activities such as sports and work; physical therapy when appropriate; a reasonable trial of watchful waiting when appropriate.

Medical Necessity [WAC 137-91-010]: Medically necessary care meets **one or more** of the following criteria for a given patient at a given time:

- Is essential to life or preservation of limb, **OR**
- Reduces intractable pain, **OR**
- Prevents significant deterioration of ADLs, **OR**
- Is of proven value to significantly reduce the risk of one of the three outcomes above (e.g. certain immunizations), **OR**
- Immediate intervention is not medically necessary, but delay of care would make future care or intervention for intractable pain or preservation of ADLs significantly more dangerous, complicated, or significantly less likely to succeed, **OR**
- Reduces severe psychiatric symptoms to a degree that permits engagement in programming that advances correctional interests, **OR**
- Is described as part of a Departmental policy or health care protocol or guideline and delivered according to such policy, protocol, or guideline, **OR**
- From a public health perspective, is necessary for the health and safety of a community of individuals and is medically appropriate, but may not be medically necessary for the individual (for example, treatment for head lice).

Any medically necessary care provided shall **NOT**:

- Be considered experimental or to be lacking in medically recognized professional documentation of efficacy, **OR**
- Be administered solely for the convenience of the patient or the health care provider.

PA-C: Certified Physician Assistant.

Patient: DOC incarcerated individual receiving health care from DOC or its agents.

Patient Encounter: A patient encounter is any face-to-face interaction between a patient and any health care provider. Each encounter will be documented in the patient's medical record to include the purpose of the interaction and any action or inaction by the provider.

Practitioner: A person duly authorized by law or rule in the state of Washington (or another state, when patients are cared for in that state) to prescribe drugs. [RCW 18.64.011]. This generally will include physicians, psychiatrists, PAs, dentists, ARNPs, optometrists, podiatrists, and in certain cases, pharmacists.

Primary Therapist: Mental health staff provider responsible for coordinating a patient's mental health care.

Provider: A person who is licensed, certified, registered or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession. [RCW 72.10.010] [WAC 246-15-010]

Social Function: A function or functions that may affect an individual's activities or interactions with other persons or the environment in prison or society that are beyond, and distinct from, ADLs. Examples of social function include sleeping quietly to avoid disturbing a cell mate; ability to lift heavy objects for programming or employment activities; cosmetically appealing appearance to improve social acceptance.

Urgency: A severe health problem that most providers would agree needs immediate treatment and for which delay until the next regularly scheduled sick call would put the patients' health at risk (including subjecting the patient to significant, unnecessary pain). Urgencies are not limited to life threatening situations, and include serious evolving infections, severe pain, psychiatric conditions that have led to or are likely to lead to placement in segregation or equivalent setting, and significant allergic reactions for example.

V. Financial Responsibility

The WA DOC HEALTH PLAN will apply to health care delivered to incarcerated individuals for whom DOC is responsible but who are housed in jails or out-of-state prisons under contract with DOC, unless otherwise specified by such contract.

At the discretion of the Department, the WA DOC HEALTH PLAN may be applied to certain incarcerated individuals in work release permitting them to receive WA DOC HEALTH PLAN defined health care at the Department's expense.

Incarcerated individuals may require health services for which another entity (for example, county or another state, Labor and Industries, Medicaid, Veteran's Administration) is either contractually or otherwise legally obligated to assume financial responsibility.

Nothing in this document negates the financial responsibility of that entity. When such care is contemplated, the patient's DOC primary care practitioner maintains a professional obligation to assure that referral for such health care is medically appropriate. If such other entity refuses its obligation to provide or pay for any health care that, under the WA DOC HEALTH PLAN, is a Level 1 or 2 service, the DOC primary care practitioner shall notify the FMD and CMO, in a timely manner.

Nothing in this document shall obligate DOC to assume financial responsibility for health care received by persons prior to or following their status as a patient, including care related to health problems they experienced, or other health care they received, during their status as a patient as defined herein.

VI. Levels of Care

The CMO will promulgate and maintain a directory of health care services which fall into Levels 1, 2 and 3 which is provided below. The directory is not intended to be all-inclusive. Rather, it is a rapid guide for clinical decision making to ensure more uniform decisions based on the evidence and experience collected by the Department. DOC primary care practitioners are bound by level of care as listed unless other documented data clearly makes the assigned level medically inappropriate. Such issues may be resolved by the FMD, CRC or CMO.

A. Level 1: Medically Necessary Care

- Medically necessary care according to definition of Medical Necessity above.
- Services in this level will be routinely authorized for a patient when medically appropriate for that patient.
- When more than one Level 1 intervention exists, the practitioner should authorize the intervention(s) that maximizes simplicity, safety and cost-effectiveness.

B. Level 2: Medically Necessary Care under Certain Circumstances

- Definition: Care that is medically necessary as defined above under certain clinical circumstances.
- Services in this level may be provided to patients when medically appropriate.
- Authorization: CRC, CMO, or FMD, on a case-by-case basis, as described below in Section 3, Procedure for CRC Review. Proposed Level 2 care is resolved to either Level 1 or 3.

C. Level 3: Not Medically Necessary. NOT authorized to be provided

- Definition: Care that does not meet Level 1 or 2 criteria.
- Includes treatment that:
 - Merely speeds recovery of minor conditions.
 - Gives little improvement in quality of life.
 - Does not advance correctional interests.
 - Offers minimal relief of symptoms.

- Is exclusively for the convenience of the individual or practitioner.
- The sole driver of which is social function.
- Services listed in the accompanying Washington DOC Levels of Care and Venues Directory in Level 3, are by definition, Level 3 services.
- Services in Level 3, even if medically appropriate, cannot be authorized by an individual practitioner.
- Routine level 3 cases cannot be authorized by CRC. However, in circumstances where evidence exists that a level 3 listed condition or intervention may be contributing to or promote treatment of intractable pain or impairment of ADLs the case may be presented to CRC for a decision, after approval of FMD or designee.
- Incarcerated individuals may receive Level 3 health care under DOC 600.020 Offender Paid Health Care at their own expense, if certain conditions are met.

VII. Authorization for Medically Necessary Care

The table below summarizes the nature of care offered under the WA DOC HEALTH PLAN, the authority required to perform the care and necessary authorization:

Nature of Care	Authority	Necessary Authorization
Life Threatening Emergency	Any DOC Provider	None
Onsite urgent care	Any DOC Provider	None
Outpatient specifically listed as Level1 in levels of care Directory	Any DOC Provider	None
Emergency Room Visits	Any DOC Practitioner with Notification to FMD	None
Outpatient NOT specifically listed as Level1 in Levels of Care Directory, Stat Labs	FMD/Designee, CMO, COD or CRC	Prior
ANY non DOC employed specialist care, onsite or offsite	FMD/Designee, CMO, COD or CRC	Prior

VIII. Medication Use

Authorization procedures for medication use are described in the WA DOC Pharmaceutical Management document in the Standard Operations and Procedures Manual.

IX. Care Review Committee (CRC) Review Procedure

A. General Function

Care Review Committee is the method DOC uses to assure the appropriateness of purchased health care services given to incarcerated individuals. CRC reviews cases, their

proposed treatment and grants or denies authorization. After treatment is authorized by CRC, Health Services Utilization Management monitors hospital length of stay, case management, treatment guidelines, and audits billed charges for services rendered. [WAC 137-91-030]

1. The following section describes operation of the General Medical CRC:
 - a. The CMO or designee is chair of the General Medical CRC.
 - b. General Medical CRC will meet weekly and have the following voting members: Facility Medical Directors, Physician 3s, the CRC chair and the presenting Advanced Practitioner.
 - c. Attendance for non-presenting Advanced Practitioners is optional.
 - d. Clinical consultants, including pharmacists, medical and surgical specialists, and physical therapists are encouraged to attend but will not be voting members.
 - e. Presenting Advanced Practitioners are not expected to be present for the entire meeting and may sign off when finished presenting cases.
 - f. The CMO/designee may:
 - Remove any case inappropriate for consideration.
 - Defer decision on any case pending accumulation of additional data.
 - Override a Level 1 or Level 3 determination made by an individual practitioner or a CRC if, in his/her opinion, the CRC determination is not consistent with the WA DOC HEALTH PLAN or if execution of the plan would present a significant safety risk.
 - In any of the above situations, the CMO/designee will enter a brief record of the case in the health record.
2. The following section describes discipline or purpose specific CRCs, such as Dental, Mental Health, Psychiatry, Gender Dysphoria, and Hepatitis C CRC:
 - a. Dental CRC will be comprised of facility dentists and the COD. Dental CRC is further described in the dental services section of this document.
 - b. Hepatitis C CRC will be composed of practitioners presenting cases or discussing care of Hepatitis C patients.
 - c. Psychiatric and Mental Health CRCs are described in the Mental Health Services section of this document.
 - d. Gender Dysphoria CRC is described in the [Gender Dysphoria Protocol](#).
3. Other health care staff (including Health Care Managers and external consultants who are involved in the patient's care) are welcome and encouraged to attend and participate in CRC meetings, especially if they have knowledge about the patient that may be of benefit to CRC or help with deliberations regarding patient care.
4. When DOC patients are housed in jails or out-of-state prisons under contract with DOC, unless otherwise specified by the contract, the primary care practitioner in those facilities will also participate in the appropriate CRC if they have cases to present.
5. CRC reviews will consist mostly of proposed clinical care in Level 2. However, practitioners are welcome to present any other case to CRC for formal review or discussion.
6. Level 2 cases will be decided at a level other than the individual practitioner. This is usually CRC. However, if time is of the essence, the FMD or CMO have the authority to make a determination of Level of Care.

B. Decision Making

Individual practitioners may make Level 1 and Level 3 decisions independently only if the intervention under consideration is specifically listed in the Levels of Care and Venues Directory AND does not require specialist consultation or outside investigation. Other decisions must be approved by the FMD/designee, CMO, COD or CRC.

All final decisions in cases brought to CRC for consideration are determined by a simple majority vote of all voting CRC members:

1. In the case of General Medical CRC only the presenting practitioner, Facility Medical Directors, Physician 3s, and the CRC chair may vote to decide the outcome of CRC deliberations.
 - a. Any other attending members including medical consultants and non-presenting Advanced Practitioners are not considered voting members.
 - b. Other health care staff (for example, health care managers or custody representatives) are not considered voting members.
2. The vote will either authorize as medically necessary (assign to Level 1) or not authorize as medically necessary (assign to Level 3) the proposed intervention.
3. In the event of a tie vote, the CRC chair at their discretion, will cast a second deciding vote or may refer the case for further internal or external review.
4. If additional information is required in order to make an informed decision, such information will be provided by the initiating practitioner and decision on the case deferred until the information is available to the group.
5. When appropriate, the authorization will specify the venue at which the intervention should take place.

C. Factors Considered In Decision Making

Members of the CRC should consider the following factors when deciding if a clinical service should be authorized (in order of importance):

- Medical necessity.
- Tests or evaluations: including accuracy based on the best medical evidence.
- Treatment safety and effectiveness: as reflected by the best medical evidence. The concept of effectiveness also includes the duration of effect and possible risks.
- Urgency of the treatment and the length of the patient's remaining sentenced stay: whether the treatment could be or could not be reasonably delayed without causing a significant progression, complication, or deterioration of the condition and would not otherwise be in clear violation of sound medical principles.
- When release is imminent and time is not of the essence (as it would be, for example, if there were likely cancer or severe pain) time to release may be considered.
 - The need for follow-up care after release from prison and the availability/appropriateness of such follow-up in the community, to which the patient will be released, may also be considered.

- Pre-existing conditions: if the condition existed prior to the patient's incarceration **AND** when treatment was not obtained prior to incarceration, the reason(s) for not obtaining treatment should be considered.
- Alternative therapy/procedures that may be appropriate.
- Cooperation: patient's likely cooperation with, and adherence to, care and after-care.
- Cost: cost minimization and cost effectiveness.
 - Cost minimization is choosing the least expensive option among medically equivalent alternatives.
 - Where alternate treatments exist, the least expensive treatment should be chosen unless there are compelling reasons of medical necessity to choose the more costly approach.
- Custody, safety and security considerations
 - For example, CRC might reasonably determine that medication with a high abuse potential used to treat a non-life-threatening disease (for example, amphetamines for ADHD) is a Level 3 intervention based on the likelihood that any diverted or incorrectly consumed medication has the potential to cause behavior disruptions that affect staff and patient safety as well as the security of the facility.

D. Case Management

- Cases for CRC consideration should be submitted in advance in the Health Services section of OMNI.
 - Ordinarily, the patient's primary care practitioner initiates case review.
- Cases should also be referred by the Health Care Manager when, in the opinion of the Health Care Manager, a previous Level 1 or Level 3 determination by the practitioner merits CRC review.
- A brief case record and record of the CRC decision will be recorded in OMNI. The record will minimally include:
 - Proposed intervention; diagnosis or differential diagnosis.
 - Brief case summary including salient points considered by CRC.
 - Level of Care or other action.
 - Venue of care authorized (if applicable).
 - Reason(s) for non-authorization and committee recommendations (as appropriate).
 - Voting members present.
- CRC decisions will be communicated to the patient and documented in the medical record, **OR**
 - DOC 13-182 Care Review Committee - Patient Notification form may be printed, completed, initialed and dated by the practitioner, **AND**
 - Filed in the consultation section of the health record.
- In the interest of standardization of health care delivery, the CMO will retain a record of CRC decisions that serves as a database to be considered when making future CRC authorization decisions.
 - When historical patterns of authorization demonstrate that a given intervention belongs in another level, that intervention will be moved to the more appropriate category in the Levels of Care and Venues Directory.
- If an intervention authorized by CRC has not been implemented within one year, the case and the proposed intervention must be reviewed again by CRC before implementing the proposed intervention.

- If, at any time after a proposed intervention has been authorized by CRC, the clinical circumstances of the case change significantly and there is question that the authorized intervention is the most appropriate intervention, the primary care practitioner should take the case to CRC for further review.

X. Venue of Care

Venue of care can influence the quality and cost of care. The Department has established venues of care for specified health care services. These are published in the Levels of Care and Venues Directory below, or may be specified in individual contracts. DOC primary care practitioners may authorize specified health services only at venues listed in the directory, or at facilities and with providers with whom the Department has a contract.

A service may be delivered at any another venue only if pre-authorized by the CMO or CRC. In case of a life threatening medical emergency, where a non-listed venue must be used, the FMD may make a decision based on medical necessity but should inform the CMO as soon as possible.

Contracts and availability of community providers may change. The electronic WA DOC HEALTH PLAN, available at the Health Services intranet website and SharePoint, is considered up to date. The Health Services Contracts Specialist (360.725.8721) maintains a current list of contracted providers and facilities.

XI. Appeals

Patients may appeal Level 3 decisions through the appropriate CRC Appeals Committee:

- Each CRC will maintain an independent appeals committee that will review the appropriateness of a level 3 decision in the event that the decision is appealed by the patient.
- To maintain independence in decision making, the members of the CRC Appeals Committees must not have been voting members on the CRC rendering the appealed authorization decision.

A primary care practitioner may re-present a case to CRC for reconsideration in light of additional information. Practitioners may appeal authorization decisions to the CMO. The CMO, at his/her discretion may decide the issue, refer it to a CRC or seek independent internal or external input.

XII. Limitations

When a patient is disruptive, unruly, abusive or uncooperative to the extent the behavior seriously impairs the Department's ability to furnish services to the patient population in general, or when the behavior poses a threat to DOC staff, authorized health services may be discontinued unless the behavior is due to a treatable mental or medical illness.

A provider will counsel the patient explaining why the treatment is necessary and ask about any patient concerns. If these concerns can be addressed, treatment may continue when the patient's behavior is no longer a constraint. The counseling session will be documented.

This WA DOC HEALTH PLAN authorizes access to medically necessary care. It is the sole authority of DOC to determine the venue, manner, timing, and provider(s) of such care.

XIII. Special Circumstances or Exceptions

A. Care Paid for by Patients

DOC 600.020 Offender Paid Health Care defines circumstances under which incarcerated individuals may have the right to purchase health care services that are not covered by the WA DOC HEALTH PLAN.

B. Care Paid for by Other Agencies

Certain health care may be paid for by other agencies or organizations (e.g., Labor and Industries, Veterans Administration, Medicaid):

- When such entity has its own utilization review programs, CRC review of proposed interventions is at the option of the primary care practitioner provided the care was approved by the agency or organization.
- When such entity does not have utilization review programs, CRC must review any interventions which are not Level 1 or require outside services. CRC will deliberate and vote in a manner identical to the process of “authorization” described in this WA DOC HEALTH PLAN. However, a positive outcome will be a “concurrence” and will not obligate DOC to pay for care.

C. Role of Consultants and their Recommendations

During the course of health care, patients are sometimes referred to consultants including specialists, ER providers and hospital providers. Such referrals often generate recommendations including instructions and orders. These treatment recommendations from community consultants and/or providers will be taken into consideration under the guidelines of the Washington DOC Health Plan, evidence-based standards of care, and the medical condition of the patient on a case by case basis. The patient’s primary care practitioner will document in an encounter note all recommendations made by an external consultant.

It is the responsibility of the patient’s primary care practitioner to evaluate the appropriateness and necessity of the recommendations in light of the patient’s overall health care while considering the WA DOC HEALTH PLAN, DOC policy, and any other pertinent factor. When primary care practitioners do not execute consultant recommendations, they will explain their reasons to the patient in a face-to-face encounter and document the reasons in the health record.

Interventions that are recommended by a DOC-employed consultant may be authorized by the Facility Medical Director at her/his discretion without requiring CRC approval.

D. Care Provided during Hospitalization

When patients are being cared for in the community as inpatients, during day surgery or in the ER, they are usually under the direct care of a non-DOC practitioner. The mechanics of delivering care in these settings may not always permit care to be delivered exactly as described in the WA DOC HEALTH PLAN. Practitioners are encouraged to inform community colleagues about the WA DOC HEALTH PLAN and participate in clinical decision making where possible.

Hospitals will only be reimbursed for services authorized in the WA DOC HEALTH PLAN and in accordance with the contract between DOC and the provider.

Comfort items for which there is an additional charge, are not authorized by the WA DOC HEALTH PLAN. DOC is not financially responsible for any medical or non-medical services, goods or supplies provided in response to a patient's request.

E. Urgent or Emergent Care

When urgencies or emergencies occur outside of scheduled sick call, patients should be evaluated if they so request. Initial evaluation and treatment of such urgencies is a Level 1 intervention. With the exception of a life-threatening emergency, any care delivered outside a DOC facility must be approved by the FMD/designee or CMO/designee.

F. Co-Pay

Nothing in this WA DOC HEALTH PLAN is meant to relieve a patient from his or her obligation to pay a co-pay as required by DOC policy.

G. Durable Medical Equipment (DME)

DME is all non-expendable materials, including but not limited to braces, splints, walking aids, prostheses, orthotics, respiratory assistance machines and wheel chairs, but excluding dental prostheses. Except as noted below, DOC will provide patients with medically necessary DME at state expense.

Patients are:

- Responsible for properly operating and maintaining the provided DME, and for exercising reasonable care to prevent loss or theft.
- Provided with any training necessary to operate and maintain the DME.
- Notified of his/her responsibilities with regard to operation, maintenance, and security of the DME and his/her possible financial responsibility for expenses of repair or replacement.
 - This notification will be documented on DOC 13-400 Durable Medical Equipment (DME) Agreement.
 - The patient's signature on this form confirms his receipt of the information contained in the form.
 - If the patient refuses to sign the form:
 - DOC will still provide the service according to the guidelines.
 - Refusal to sign should be documented on DOC 13-400 Durable Medical Equipment (DME) Agreement.
- DOC will replace or repair medically necessary DME at state expense when replacement or repair is required due to:
 - Normal wear and tear.
 - Circumstances outside the control of and not preventable by the patient.
 - When medically necessary DME requires replacement or repair for reasons that were preventable by the patient, DOC will undertake the replacement or repair cost including professional fees, testing, labor, travel and associated custody fees.
 - The costs of these services will be incurred by the patient.

- If the patient is indigent, the patient will incur a legal debt.

H. Offender Paid DME

DME that may be medically appropriate but is not medically necessary may be acquired through the procedure described in The Offender Paid DME Protocol posted on the Health Services Website and DOC 600.020 Offender Paid Healthcare.

Items considered under this program are limited to CPAP machines (including masks and hoses), wheelchairs upgraded from DOC standard issue and a second hearing aid. Training in device use, maintenance, replacement and documentation of these items is the responsibility of the patient working with property officers, not health services.

I. DME that is a prosthetic or orthotic

Two special rules apply to prosthetics and orthotics:

- If the patient's Early Release Date (ERD) is within 6 months, this becomes a Level 2 intervention.
- All prosthetics and orthotics greater than \$500 in value must be approved by the CRC or CMO:
 - The WA DOC HEALTH PLAN provides only for the least costly, functional device.
 - If optional features and advanced construction techniques are proposed in any specific case, they must be approved in advance by CRC or the CMO.

J. Nutritional Consultation and Therapy

These services are provided when medically necessary. DOC 610.240 Therapeutic Diets describes therapeutic diets available in DOC.

XIV. Feedback

As part of the Department's efforts to improve processes within the DOC health care system, selected authorization decisions made by individual practitioners or by CRCs may be reviewed by the CMO, other CRCs or other reviewers.

XV. Venues of Care Directory

Off-site specialty care must be delivered by a provider contracted with DOC unless:

- The needed service is not available with a contracted provider in a timely manner AND
- An emergency exists, OR
- The specific service and location have been authorized by CRC or other authorizing mechanism described in the WA DOC HEALTH PLAN.

If necessary to use an off-site specialty provider who is not contracted with DOC, the DOC Health Services Contracts Specialist (360.725.8721) must be notified by the provider or FMD as soon as possible in order to attempt to contract for the anticipated service.

Outside hospital care may be provided at any hospital within Washington State. If necessary to use a hospital outside the state, the CMO/designee and DOC Health Services Contracts Specialist must be notified by the provider or FMD as soon as possible in order to attempt to contract for the anticipated service.

XVI. Levels of Care Directory

A. Level 1: Medically Necessary Care

Alcohol use disorder: Treatment of alcohol use disorder with medication is level 1 with approval of DOC addiction specialist.

Allergic rhinitis: Treatment of persistent allergic rhinitis associated with any of the following complications or comorbidities: asthma, acute or chronic bacterial sinusitis, sleep disturbance, impairment of daily activities, migraine, or otitis media.

Biliary colic: CT scan of abdomen or ultrasound of liver/gall bladder/pancreas.

Callus: Surgical removal of moderate to severe calluses by podiatrist if diabetic.

Cancer: Urgent examination and diagnostic studies are required and authorized to rule in or rule out cancer when suspicious masses are detected. Specialists' recommendations and diagnostic study reports relating to cases suspicious for cancer should be provided to the ordering practitioner or designee within one business day of receipt by facility Health Services staff.

The receiving practitioner or designee will review, sign, and address follow up for diagnostic reports and specialists' recommendations within two business days after reports are received. Biopsy, excision, further imaging or specialist referral are included EXCEPT interventions for masses or conditions which have a low likelihood of malignancy based on epidemiology, history, presentation and other data. Such conditions require CRC approval.

Cardiopulmonary resuscitation: in the absence of a DNR order AND if not obviously futile.

Cataract: Either or both eyes:

- If there is inadequate visualization of the retina for screening, management, or monitoring of another disease, e.g., diabetic retinopathy.
- If best corrected visual acuity in the affected eye is 20/50 or worse, and there is no other ocular condition limiting improvement in visual acuity after surgery.

Celiac Sprue: Serologic testing per protocol

Cholecystectomy: for biliary stones AND intractable biliary colic.

Colonoscopy:

Screening:

- If at least one 1st degree relative has been diagnosed with colorectal cancer

prior to age 60, refer for screening colonoscopy at age 40 or 10 years prior to relative's diagnosis.

- Family history of known genetic disorder predisposition to colorectal cancer or polyposis (for example Familial adenomatous polyposis and Lynch syndrome)

Diagnostic:

- Surveillance after previous colorectal cancer diagnosis
- Age 45 or greater with heme positive stools and/or rectal bleeding
- Age under 45 with heme positive stools and/or rectal bleeding requires FMD approval
- Suspected or known inflammatory bowel disease

Colostomy reversal

Contact lenses: when prescribed by an ophthalmologist for therapeutic reasons:

- Very unusual corneal topography in keratoconus, penetrating keratoplasty or postradial keratotomy.
- When used as bandage lenses in cases of corneal laceration, corneal exposure injury or during the healing phase after ocular surgery such as photorefractive keratotomy (PRK).
- When refractive error cannot be corrected to equal to or better than 20/60 in the better eye with glasses AND contact lenses help correct the visual acuity to equal to or better than 20/60 in the better eye if severe keratoconus or severe myopia where vision cannot be corrected with spectacles.

CPAP: for the treatment of OSA per protocol (for those with an AHI/RDI greater or equal to 15 events per hour)

CT scan: of involved area for biliary colic.

Delirium: Evaluation and treatment of delirium.

Depression: See, Major Depression.

Diabetic retinopathy: screening for patients with diabetes by an optometrist or ophthalmologist annually.

Durable Medical Equipment: Other than prosthetics or orthotics, to meet ADA reasonable accommodation requirements. Replacement is Level 1 when necessary due to normal wear and tear. DME purchased by DOC will be considered state property subject to all rules governing state property.

Durable Medical Equipment; prosthetics or orthotics: If anticipated incarceration is greater than 6 months and costing less than \$500, only to meet ADA requirements for reasonable accommodations or accommodate loss of ADLs. Foot orthotics must comply with department guidelines.

Emergent or urgent care: provided during non-sick call hours when such care is required right away. See Special Circumstances and Exceptions above.

Esophagogastroduodenoscopy: (EGD)

Screening:

- Esophageal varices per Management of Chronic Liver Disease guideline.
- Surveillance for patients with diagnosed Barrett's esophagus per GI specialist recommendation.
- If GERD is present screening for Barrett's esophagus per FMD approval.

Diagnostic:

- If GERD and failure to resolve after four weeks of maximal therapy.
- If GERD and alarm signs/symptoms (melena, persistent emesis, iron deficiency anemia, acute onset dysphagia, hematemesis, involuntary weight loss greater than 5%).
- If dyspepsia and age > 60.
- If dyspepsia and age <60 AND H. pylori stool antigen negative AND alarm signs/symptoms (melena, persistent emesis, iron deficiency anemia, acute onset dysphagia, hematemesis, involuntary weight loss greater than 5%) with FMD approval.

Eye spacer/conformer: Prosthetic eye is Level 3.

Eyeglasses (non-tinted): One pair of prescription eye glasses. See Eye-related Guideline. Replacement for lost, stolen or broken eyeglasses is Level 3; indigent patients may incur a debt.

Fluorescein Angiography: one angiogram as a guide for treating clinically significant macular edema, as means of evaluating the causes(s) of unexplained decreased visual acuity, or to identify macular capillary non-perfusion / sources of capillary leakage in macular edema as a cause of decreased visual acuity. Not routinely indicated as a part of the examination of patients with diabetes. Any other use is Level 2.

Glaucoma or glaucoma suspect: Visual field testing with DOC field tester when available.

Hardware (orthopedic) removal: if infected OR intractable pain and pain unequivocally due to hardware For example, hardware displaced or broken.

Hearing Aid: Approved per the Hearing Aids and Pagers protocol

Hearing loss: MRI if: loss is sensorineural AND unilateral AND of recent development.

Hearing loss on initial screening: Audiogram.

Hepatitis C: Treatment of Hep C under DOC protocol.

Hernia: Inguinal: Herniorrhaphy/surgical repair if incarcerated, strangulated or patient has moderate to severe symptoms without incarceration or strangulation.

Femoral: Herniorrhaphy / surgical repair

Ventral: Herniorrhaphy/surgical repair if incarcerated, strangulated or patient has moderate to severe symptoms without incarceration or strangulation.

Keratoconus, use of contact lenses: If keratoconus severe AND vision cannot be corrected with spectacles.

Leg Length Discrepancy: Radiographic evaluation of leg length discrepancy if FMD approved.

Major Depression: Treatment of moderate to severe depression.

Medical Contraceptive Treatment: May be started up to 60 days prior to release. May be used for anticipated scheduled extended family visits.

Medication if:

- On DOC Formulary, AND
- Used for indications consistent with the definition of medical necessity in the WA DOC HEALTH PLAN, AND
- Used in the manner described in the Formulary.
- Used as part of a DOC policy, protocol, or practice guideline.

Mood Disorder: Treatment of severe mood disorder.

MRI: of involved area for unilateral sensorineural hearing loss that is not known to be longstanding.

Neuroleptic Malignant Syndrome: Clinical management of NMS.

Occupational Therapy: See, Physical, Occupational and Speech Therapy Protocol.

Onychomycosis: Treatment of, only if complicated by ulceration, onychocryptosis (ingrown toenail) or bacterial superinfection of the surrounding soft tissues.

- Nail debridement, OR
- If complicated by onychocryptosis, nail removal by facility staff or podiatrist, OR
- Systemic terbinafine if surgical management is contraindicated OR if recurrent after prior surgical treatment AND terbinafine is not contraindicated.

Opioid Treatment: For prevention of opioid withdrawal during pregnancy.

Opioid Withdrawal: Clinical management of opioid withdrawal.

Opioid use disorder: Treatment of opioid use disorder with medications as specified in DOC protocols.

Orthotic: See, Durable Medical Equipment, prosthetics or orthotics.

Perinatal care: as directed by primary care practitioner,

Pharmaceuticals: See, Medication.

Physical Therapy: See, Physical, Occupational and Speech Therapy Protocol.

Pilonidal cystectomy: for infected cyst that does not resolve with non-surgical treatment OR is recurrent (greater than 2 documented episodes in one year).

Podiatrist: Referral to for excision of moderate to severe callus ONLY if diabetic.

Prenatal care: as directed by primary care practitioner.

Preventive Care, US Preventive Services Task Force grade A and B recommendations.

Prosthetic: See, Durable Medical Equipment, prosthetics or orthotics.

Psychotic Disorders: See, Schizophrenia and Other Psychotic Disorders.

Research: Care under a formal research protocol which has been approved by the Secretary/designee and for which the patient is eligible.

Restoration of function: When necessary to accomplish ADLs that cannot be otherwise accomplished by adaptive behaviors or devices.

Retinal (Fundus) Photography: In moderate to severe diabetic retinopathy, to evaluate abnormalities of the fundus, follow progress of retinal pathology, plan treatment or assess the therapeutic effect of recent surgery.

Sedative-Hypnotic Withdrawal: Clinical management of sedative-hypnotic withdrawal.

Shoulder dislocation: Surgical repair of dislocation if dislocation is:

- Chronic, AND
- Documented, AND
- Unavoidable.

Sleep Apnea: Diagnosis and treatment of obstructive sleep apnea if meeting level 1 criteria in DOC protocol.

Speech Therapy: See, Physical, Speech and Occupational Therapy Protocol.

Strabismus: Surgical correction of strabismus if:

- No amblyopia, OR
- Disabling diplopia present, AND
- Not correctable by prisms.

Suicidal Ideation: Evaluation and treatment of suicidal ideation.

Termination of pregnancy

Testicular mass: that does not transilluminate: ultrasound.

Testosterone Testing: See [HTA Report](#)

Tubal ligation: At the time of cesarean section IF requested by patient in writing.

Ultrasound of involved area for:

- Testicular mass that does not transilluminate.
- Biliary colic.
- See also Cancer follow-up.

Visual Exam: Screening in absence of symptoms.

Visual Field Evaluation baseline test for documented alteration of the optic nerve head or retinal fiber layer or peripapillary choroidal atrophy. Any other visual field testing is Level 2.

B. Level 2: Medically Necessary Care under Certain Circumstances

Acne: treatment of cystic acne

Advanced Retinal Imaging: For diagnosis and monitoring of retinal diseases.

Amnesic Disorders: Treatment solely for the purpose of uncovering a treatable medical condition.

Ano-rectal fistula: Surgical correction of ano-rectal fistula.

Anxiety Disorders: Treatment of anxiety disorders.

Appropriate Imaging for Breast Cancer Screening in Special Populations: See, [HTA Report](#)

Arthroplasty: of the knee, partial and/or unicompartmental. See, [HTA Report](#)

Arthroplasty: of the knee, EITHER partial OR multi-compartmental. See, [HTA Report](#)

Arthroplasty: Total hip.

Arthroplasty: Total knee.

Arthroplasty: Total knee, computer-navigated. See, [HTA Report](#)

Artificial Disc Replacement, Lumbar and Cervical: See, [HTA Report](#)

Attention-Deficit and Disruptive Behavior Disorders: Treatment of ADD and DBD.

Bipolar II Disorder treatment of hypomania or mild depression.

Bone Growth Stimulators: See, [HTA Report](#)

Bone Morphogenic Proteins for use of Spinal Fusion: rhBMP-2. See, [HTA Report](#)

Bunion: Surgical correction.

Cancer, treatment of if:

- Clinically indicated and appropriate, AND
- Treatment is not in strict accordance with current guidelines published online by the National Comprehensive Cancer Network that are in Category of Evidence and Consensus 1 or 2A.

Cardiac Stents: See, [HTA Report](#)

Cardiac Nuclear Imaging: See, [HTA Report](#)

Carotid Artery Stenting: See, [HTA Report](#)

Carpal Tunnel Syndrome: Surgical treatment of carpal tunnel syndrome.

Catheter Ablation Procedures for Supraventricular Tachyarrhythmia (SVTA) Including Atrial Flutter, Atrial Fibrillation: See, [HTA Report](#)

Cervical Spinal Fusion for Degenerative Disc Disease: See, [HTA Report](#)

Chronic Sinusitis: Treatment of

Claudication of lower extremities: Diagnostic evaluation or treatment of claudication of the lower extremities due to a known or suspected etiology other than atherosclerosis.

Condylomata Acuminata: Complicated, treatment of

Coronary Computed Tomographic Angiography: See, [HTA Report](#)

CPAP: for treatment of OSA per protocol (for those with an AHI/RDI <15 events per hour)

Dementia: Pharmacological treatment of dementia.

Depression: Treatment of depression with electroconvulsive therapy.

Depression: Major or mild. See, Major Depression, mild.

Durable Medical Equipment: See, Prosthetic or Orthotic below.

Eating Disorders: Treatment of eating disorders.

Electroconvulsive therapy: ECT.

Epilepsy: Vagus nerve stimulation for epilepsy treatment. See, [HTA Report](#)

Facet Neurotomy: See, [HTA Report](#)

Fistula: Treatment of anorectal fistula.

Gender Dysphoria: Treatment of Gender Dysphoria. See Gender Dysphoria Protocol.

Genital Warts: Complicated, treatment of

Hemorrhoidectomy

Hip resurfacing (Re-review): See, [HTA Report](#)

Hip: Replacement of complete hip joint. Total hip replacement.

Hyaluronic Acid/Viscosupplementation (Re-review): See, [HTA Report](#)

Hyaluronic Acid/Viscosupplementation (Re-review): intra articular injection of knee joint:
See, [HTA Report](#)

Hyperbaric Oxygen (HBO2) Treatment for Tissue Damage: See, [HTA Report](#)

Impulse Control Disorders: Treatment of impulse control disorders.

Insomnia: Primary treatment of insomnia: Psychiatric CRC only.

Intensity Modulated Radiation Therapy: See, [HTA Report](#)

Laundering: Special laundering for skin conditions.

Liver Transplantation: See, Organ transplantation work up below.

Lumbar fusion using bone morphogenetic protein: See, [HTA Report](#)

Major Depression: Treatment of mild major depression.

Microprocessor controlled lower limb prostheses for knee joint: See, [HTA Report](#)

MRI of the breast: See, [HTA report](#)

Occupational therapy: See, Physical, Occupational and Speech Therapy Protocol.

Organ transplantation (including hematopoietic stem cell transplantation): Work up including work up to establish eligibility. For liver transplantation, see the Liver Transplant Screening and Evaluation Protocol.

Organ transplantation (including hematopoietic stem cell transplantation): In addition to CRC approval, organ transplantation also requires approval of the CMO/designee to ensure that all necessary medical arrangements and internal and external notifications have been made.

Orthotic: See, Prosthetic below.

Osteochondral Allograft/Autograft for knee: See, [HTA Report](#)

Personality Disorders: Treatment of personality disorders.

Pervasive Developmental Disorders: Treatment of pervasive developmental disorders.

Pharmaceuticals defined as Level 2 are authorized according to the DOC Health Services document: Pharmaceutical Management.

Physical therapy: See, Physical, Occupational and Speech Therapy Protocol.

Pilonidal Cyst: Surgical intervention for treatment of pilonidal cyst.

Positron emission tomography (PET) scans for lymphoma: See, [HTA Report](#)

Prosthetic or Orthotic: If incarcerated for less than 6 months OR cost is greater than \$500.

Proton Beam Therapy: See, [HTA Report](#)

Restless leg syndrome: Pharmacological treatment of restless legs syndrome.

Rhinosinusitis: Evaluation of with CT or MRI. See, [HTA Report](#)

Robot assisted surgery: See, [HTA Report](#)

Rosacea: Complicated, treatment of.

Screening & Monitoring Tests for Osteopenia/Osteoporosis: See, [HTA Report](#)

Seborrheic Dermatitis: Treatment of.

Sinusitis: Chronic, treatment of.

Sleep Apnea: Diagnosis and treatment of obstructive sleep apnea not meeting level 1 or 3 criteria in DOC protocol.

Somatoform Disorders: Treatment of somatoform disorders.

Speech therapy: See, Physical, Occupational and Speech Therapy Protocol.

Spinal (including sacroiliac joint) injections (Re-review): See, [HTA Report](#)

Spine Surgery: Non-emergent.

Stereotactic Radiation Surgery and Stereotactic Body Radiation Therapy: See, [HTA Report](#)

Tic Disorders: Treatment of tic disorders.

TMJ dysfunction: See Dental Section, page 49.

Trigger Point Injections

Ultrasound in pregnancy: In addition to routine ultrasound in uncomplicated pregnancy, one in gestational week 13 or earlier, plus one in weeks 16 through 22. See, [HTA Report](#)

Urinary continence: Surgical intervention for treatment of urinary incontinence.

Varicose Veins: Surgical treatment of varicose veins complicated by bleeding, phlebitis, or ulceration.

Visual Field Evaluation: For monitoring stable treated glaucoma or diabetic retinopathy.

Wart removal: Complicated warts.

C. Level 3: Not Medically Necessary Care. Not authorized to be provided

Acupuncture

Acne: Treatment of non-cystic acne.

Adjustment Disorders: Treatment of adjustment disorders.

Advanced Retinal Imaging as a screening tool for retinal diseases.

Allergic rhinitis: Treatment of allergic rhinitis not meeting level 1 criteria.

Artificial insemination or in vitro fertilization: As donor or recipient.

Athletic shoes or sneakers

Bariatric surgery

Biofeedback

Bone Morphogenic Proteins for use of Spinal Fusion: rhBMP-7. See, [HTA Report](#)

Caffeine-Related Disorders: Treatment of caffeine related disorders.

Cardiologist for pre-operative clearance in a low risk patient.

Chiropractic services

Circumcision for non-medical reasons.

Claudication of lower extremities: Diagnostic evaluation or treatment of claudication of the lower extremities if claudication is suspected or known to be caused by atherosclerosis UNLESS a significant impact on ADLs is documented OR there is intractable pain OR

diabetes OR physical evidence of severe vascular compromise (including, hypesthesia, hair loss, dependent rubor, impending ulceration). Diagnostic evaluation or treatment of claudication due to a known or suspected etiology other atherosclerosis is considered Level 2.

Cold: Treatment of mild viral upper respiratory infections in patients without clinically significant respiratory compromise or serious underlying chronic respiratory disease.

Computed Tomographic Colonoscopy (Virtual Colonoscopy): See, [HTA Report](#)

Communication Disorders: Treatment of communication disorders.

Condylomata Acuminata: Uncomplicated, treatment of.

Congenital or developmental malformation: Surgical correction of congenital or developmental malformation unless medically necessary.

Consultant appointments: Either initial or follow-up where the skills required should be within the skill set of a primary care provider.

Consultant recommendations: Including instructions and orders when not a Level 1 intervention. See, Special Circumstances or Exceptions above.

Contact lenses: In the absence of conditions specified in Level 1 care.

Contact lens replacement: Replacement for lost, stolen, or broken contact lenses. Indigent patients requiring replacement may incur a debt.

Corneal surgery (including laser) to correct refractive errors.

Coronary artery calcium scoring: See, [HTA Report](#)

Cosmetic treatment or surgery: Including, but not limited to, the following examples: mammoplasty (augmentation or reduction, with or without prosthetic), skin lesion removal by excision, chemical or cryoablation, scar revision, keloid injection or removal, liposuction.

Dandruff treatment

Depression: Vagal nerve stimulation for treatment of depression: See, [HTA Report](#)

Discography: See, [HTA Report](#)

DNA testing: Where such testing is for purposes other than medically necessary evaluation of the patient him/herself.

Dry skin treatment

Electrical Neural Stimulation: See, [HTA Report](#)

Erectile dysfunction: Evaluation or treatment of erectile dysfunction including medical or surgical treatment, implanted prostheses, external erectile aids.

Experimental therapies or tests: Any care which is currently under investigation or has unproven value.

Eye prosthetic: Spacer/conformer is Level 1. Base painting of iris, iris buttons, veining and color transparencies of the sclera are Level 3.

Eyeglasses: Replacement for lost, stolen, or broken eyeglasses. Indigent patients requiring replacement may incur debt.

Eyeglasses: Tinted, prescription or non-prescription.

Factitious Disorders: Treatment of factitious disorders.

Footwear: Unless medically necessary.

Functional Neuroimaging for Primary Degenerative Dementia or Mild Cognitive Impairment: See, [HTA Report](#)

Genital Warts: Uncomplicated, treatment of.

Hernia: surgical repair for asymptomatic or minimally symptomatic inguinal hernia

Hip Resurfacing (Re-review): See, [HTA Report](#)

Hip Surgery for Femoroacetabular Impingement Syndrome (FAI): See, [HTA Report](#)

Ileostomy reversal: In absence of intractable complications.

Implantable Drug Delivery System or Intrathecal Pumps for chronic non-cancer pain: See, [HTA Report](#)

Infertility: Work up or treatment for infertility.

Keloidectomy

Knee Arthroscopy for Osteoarthritis: See, [HTA Report](#)

Learning Disorders: Treatment of learning disorders.

Lipectomy

Lumbar Fusion for Degenerative Disc Disease: See, [HTA Report](#)

Microprocessor controlled lower limb prostheses for feet and ankle: See, [HTA Report](#)

Motor Skills Disorder: Treatment of motor skills disorder.

Naturopathic services

Nicotine Related Disorders: Treatment of nicotine related disorders.

Non-cystic acne: Treatment of non-cystic acne.

Novocure (Tumor Treating Fields): See, [HTA report](#)

Onychomycosis: Uncomplicated.

Organ transplant donor services: When an patient serves as the donor, services may be authorized if:

- All associated costs are paid by resources outside DOC, AND
- The donor's DOC primary care practitioner deems the risk/benefit ratio to be acceptable, AND
- The recipient is a relative of the donor.

Osteochondral Allograft/Autograft for joints other than the knee: See, [HTA Report](#)

Over the counter (OTC) medications: Unless medically necessary as defined by the WA DOC HEALTH PLAN.

Pediatric care for children residing with their incarcerated parents.

Pharmaceuticals: Any medication defined as Level 3 according to the DOC 650.020 Pharmaceutical Management and the Formulary Manual. An approved non-formulary request permits use of medications otherwise classified as Level 3.

Refraction error correction by corneal surgery.

Removal of Body Ornamentation in absence of serious medical complications caused by the body ornamentation.

Reproductive sterilization or reversal

Rhinosinusitis: Evaluation of with plain X-ray or ultrasound.

Rosacea: Uncomplicated treatment of.

Shoes: See, Footwear.

Sleep Apnea: Diagnosis and treatment of obstructive sleep apnea not meeting level 1 or 2 criteria in DOC protocol.

Snoring: Treatment of snoring.

Sneakers: See, Footwear.

Spinal cord stimulation: See, [HTA Report](#)

Sterilization: Except as allowed under Tubal Ligation in Level 2 above.

Sterilization: Reversal of previous sterilization.

Sunglasses: Prescription sunglasses.

Tattoo removal

TENS units

Tinea versicolor: Treatment of T. versicolor unless immunocompromised and with central venous line.

Upright/Positional MRI: See, [HTA Report](#)

Varicose Veins: Any treatment unless complicated by bleeding, phlebitis or ulceration.

Vertebroplasty, Kyphoplasty and Sacroplasty: See, [HTA Report](#)

Visual Field Evaluation: In the absence or retinal pathology; as a screening test.

Wart removal: By any means of uncomplicated warts.

MENTAL HEALTH SERVICES

I. Medical Necessity

Medically necessary care for mental health services meets one or more of the following criteria for a given patient at a given time:

- Is essential to life or preservation of limb (danger to self or grave disability) **OR**
- Is essential for protecting the safety of others (danger to others), **OR**
- Prevents significant deterioration of ADLs, **OR**
- Is of proven value to significantly reduce the risk of one of the three outcomes above (for example, certain medications may be necessary to maintain ADLs), **OR**
- Immediate intervention is not medically necessary, but delay of care would make future care or intervention for danger to self, danger to others or preservation of ADLs significantly more dangerous, complicated, or significantly less likely to succeed, **OR**
- Reduces severe psychiatric symptoms to a degree that permits engagement in programming that advances correctional interests, **OR**
- Is described as part of a Departmental policy or health care protocol or guideline and delivered according to such policy, protocol, or guideline, **OR**
- When mental health treatment is an essential component of medically necessary medical or dental treatment, **OR**
- Is necessary to reduce risk of recidivism and is medically indicated, **AND**
- Is not considered experimental or to be lacking in medically recognized professional documentation of efficacy, **AND**

- Not administered solely for the convenience of the patient or the health care provider.

II. Access to Care

There are three primary pathways for access to mental health services provided under the WA DOC HEALTH PLAN:

- Mental Health Screening:
 - All incarcerated individuals newly admitted to DOC, as well as violators arriving directly from the community, will be screened for mental health needs upon admission, using DOC 13-349 Intersystem Mental Health Screening.
 - Intra-system incarcerated individuals transferring between Department facilities will be screened using DOC 13-421 Intrasystem Intake Screening.
 - Incarcerated individuals identified during screening as potentially needing mental health services will undergo a Mental Health Appraisal per DOC 610.040 Health Screenings, Appraisals, and Status.
- Self-Referral:
 - Any patient can request mental health services by sending a DOC 13-423 Health Services Kite or kiosk message where available to facility Health Services staff.
 - Incarcerated individuals may also declare a mental health emergency to facility staff.
- Staff Referral:
 - Facility staff will report signs of mental illness to mental health staff. Referrals will be submitted on DOC 13-420 Request for Mental Health Assessment OR by making immediate contact with mental health staff in the event of a mental health crisis.

III. Covered Services

A. Mental Health Treatment

- Incarcerated individuals generally have the right to refuse treatment and must give consent or refuse treatment per DOC 610.010 Offender Consent for Health Care.
- Treatment Plans for all incarcerated individuals receiving Mental Health Services must be completed using DOC 13-379 Mental Health Treatment Plan.
- Treatment plans must be updated in accordance with DOC 630.500 Mental Health Services.

B. Crisis Services

- Initial crisis management is provided according to DOC 630.500 Mental Health Services.
- Crisis screening, urgent/emergent psychiatric services and services rendered in a Close Observation Area (COA) are considered covered services under the WA DOC HEALTH PLAN.
- Brief crisis counseling services described in that policy and covered under the WA DOC HEALTH PLAN include up to three sessions of crisis counseling or brief solution focused therapy.

C. Mental Health Residential Treatment Units (RTU)

- RTUs are:
 - Established in select major and minor facilities.
 - Intended to perform specific functions within the overall system and to avoid duplication of services to the extent possible.
- RTU Types include:
 - Evaluation.
 - Acute Care.
 - Sub-Acute Care.
 - Step-Down Care.
- Admission to an RTU:
 - Requires authorization through the Mental Health Transfer Procedure
 - Qualifies a patient for services provided in that RTU however, the nature and intensity of services is determined by providers, Supervising Psychologists and CRC in accordance with the WA DOC HEALTH PLAN, guidelines, and protocols.
- RTU Services include:
 - Assessment of mental health concerns.
 - Development of a formal Treatment Plan.
 - Individual psychotherapy.
 - Group psychotherapy.
 - Relapse prevention, recovery, rehabilitation, and habilitation services in individual, group, classroom and other settings.
 - Medication and pharmacy services.
 - Transition services targeted at preparing the individual for return to the community.
 - Release planning.

D. Outpatient Mental Health Services

- Are provided to confined incarcerated individuals for covered conditions at all facilities.
- Services may include:
 - Assessment of mental health concerns.
 - Development of a formal Treatment Plan.
 - Individual psychotherapy.
 - Group psychotherapy.
 - Relapse prevention, recovery, rehabilitation, and habilitation services in individual, group, classroom and other settings.
 - Medication and pharmacy services
 - Transition services targeted at preparing the individual for return to the community
 - Release planning.
- Must be authorized per the Level of Care Directory.
- The nature and intensity of services is determined by providers, Supervising Psychologists, and CRC in accordance with the WA DOC HEALTH PLAN, guidelines, and protocols.
- Services are further prioritized based on patient acuity level and functional impairment. The most highly acute/impaired will be the highest priority for service provision.

IV. Levels of Care

The Director of Mental Health will promulgate and maintain a directory of mental health care services which fall into Levels 1, 2 and 3. The directory is not intended to be all-inclusive. Rather, it is a rapid guide for clinical decision-making to ensure more uniform decisions based on the evidence and experience collected by the Department.

A. Level 1: Medically Necessary Care

- Definition: Medically necessary according to the definition above as established on the basis of specific serious diagnoses.
- Unless otherwise specified in a guideline, protocol or in the DOC formulary, the following table, Authorization for Level 1 Diagnoses, lists necessary authorizations for Level 1 diagnoses under the WA DOC HEALTH PLAN.
- When more than one Level 1 intervention exists, the practitioner should authorize the intervention(s) that maximizes simplicity, safety and cost effectiveness.

B. Level 2: Medically Necessary Care under Certain Circumstances

- Definition: Care that is medically necessary as defined in Medical Necessity for Mental Health Disorders demonstrating certain functional deficits.
- Services in this level may be provided to patients when medically appropriate
- Unless otherwise specified in a guideline, protocol or in the DOC formulary, the following table, Authorization for Level 2 Diagnoses, lists necessary authorizations for Level 2 diagnoses under the WA DOC HEALTH PLAN.
- Proposed Level 2 care is resolved to either Level 1 or 3.

C. Level 3: Not Medically Necessary Care. NOT authorized to be provided

- Definition: Care that does not meet Level 1 or 2 criteria.
- Includes treatment that:
 - Merely speeds recovery of minor conditions.
 - Gives little improvement in quality of life.
 - Does not advance correctional interests.
 - Offers minimal relief of symptoms.
 - Is exclusively for the convenience of the individual or provider.
 - The sole driver of which is social function.
- Services associated with the diagnoses listed in the accompanying Washington DOC Levels of Care in Level 3 are, by definition, Level 3 services.
- Services associated with the diagnoses listed in Level 3, even if medically appropriate, cannot be authorized by an individual provider or CRC.
- Incarcerated individuals may receive Level 3 health care under DOC 600.020 Offender Paid Health Care at their own expense, if certain conditions are met.

V. Authorization for Mental Health Services

The following mental health services are covered under the WA DOC Health Plan. Other mental health services are provided as enumerated in DOC 630.500 Mental Health Services. All services not specifically enumerated in this policy may only be delivered under the WA DOC HEALTH

PLAN subject to the provisions below. Services are provided in accordance with the DOC formulary, guidelines, and protocols found under Health Services on iDOC.

The table below summarizes the nature of care offered under the WA DOC HEALTH PLAN, the authority required to perform the care and necessary authorization

A. Crisis Services and Brief Solution Focused Therapy

- Considered medically necessary regardless of underlying diagnosis
- Provision of more than three crisis sessions in a calendar year requires prior approval

Authorization for Level 1 Crisis Services		
Nature of Care	Authority	Necessary Authorization
Crisis emergent/urgent evaluation (DOC 13-371 Suicide Intervention Inventory may be indicated)	Any Mental Health Provider	None
Three sessions of brief crisis counseling or brief solution focused therapy per calendar year	Any Mental Health Provider	None
Additional three session blocks of crisis counseling or brief solution focused therapy in a calendar year	Supervising Psychologist	Prior
Placement in a Close Observation Area	Any Mental Health Provider or Shift Commander/designee	None
Emergent psychiatric services	Any DOC Psychiatric Practitioner	None

B. Level 1 Diagnoses

For all services delivered under the WA DOC HEALTH PLAN for a Level 1 diagnosis (see Levels of Care Directory):

- Acceptance of a patient into Mental Health Residential Treatment Units will constitute prior authorization for all care offered in this setting (Level 1).
- See the Levels of Care Directory for a list of diagnoses that qualify the patient for Level 1 outpatient services.
- Outpatient services in this level will be routinely authorized for a patient when clinically appropriate for that patient in accordance with the tables below.
- All services (outpatient and in Mental Health Residential Treatment Units) are expected to be in accordance with current DOC guidelines, protocols, formulary, and the standard of care.

- In the absence of a relevant guideline, or protocol, when more than one intervention exists for a Level 1 condition, the provider should authorize the intervention(s) that maximize simplicity, safety and cost-effectiveness.

Authorization of Level 1 Diagnoses		
Nature of Care	Authority	Necessary Authorization
Transfer to and treatment in a Residential Treatment Unit	DOC 630.500 Mental Health Services and Mental Health Transfer Procedure regarding transfers to and between Residential Treatment Units	Prior
Up to 16 sessions of individual outpatient psychotherapy per calendar year	Supervising Psychologist (upon review of completed Treatment Plan)	Prior
More than 16 sessions of individual outpatient psychotherapy per calendar year	Supervising Psychologist (upon review of completed Treatment Plan) or Mental Health CRC	Prior
Up to 12 sessions of outpatient group psychotherapy or other group treatment per calendar year	Any Mental Health Provider (upon completion of Treatment Plan)	None
13-24 sessions of outpatient group psychotherapy or other group treatment per calendar year	Supervising Psychologist (upon review of completed Treatment Plan)	Prior
More than 24 sessions of group outpatient psychotherapy or other group treatment per calendar year	Supervising Psychologist (upon review of completed Treatment Plan) Mental Health CRC	Prior
Case management (no more than brief monthly contacts)	Any Mental Health Provider	None
Psychiatric services	Any Psychiatric Provider	None
Review for Expedited Medicaid Benefits Eligibility	Any Mental Health Provider	None
Reentry services	Any Mental Health Provider	None

C. Level 2 Diagnoses

For all services delivered under the WA DOC HEALTH PLAN for a Level 2 diagnosis (See, Levels of Care Directory):

- Prior authorization of up to 6 months of psychiatric service for Level 2 conditions is not required if the patient is taking psychotropic medication when admitted to DOC.

- For incarcerated individuals having Level 2 conditions who are not taking psychotropic medications, prior authorization consists of the Supervising Psychologist reviewing the patient’s Mental Health Appraisal and authorizing treatment whereupon there may be a referral made to a psychiatric provider.
- Decisions regarding the nature of psychiatric treatment itself are handled by Psychiatric CRC as necessary, BUT
- Level 2 mental health conditions are resolved to Level 1 or Level 3 for the purposes of general treatment of the condition by the Supervising Psychologist and/or Mental Health CRC.

Authorization of Level 2 Diagnoses		
Nature of Care	Authority	Necessary Authorization
Up to 16 sessions of outpatient individual psychotherapy per calendar year	Supervising Psychologist (Upon review of MHA/MHU and completed Treatment Plan)	Prior
More than 16 sessions of outpatient individual psychotherapy per calendar year	Mental Health CRC	Prior
Up to 24 sessions of outpatient group psychotherapy or other group treatment per calendar year	Supervising Psychologist	Prior
More than 24 sessions of group outpatient psychotherapy or other group treatment per calendar year	Supervising Psychologist (upon review of completed Treatment Plan) or Mental Health CRC	Prior
Case management (no more than brief monthly contacts)	Supervising Psychologist	Prior
Psychiatric services for incarcerated individuals newly admitted to DOC who arrive with a pre-existing prescription for psychotropic medications	Any Mental Health Provider	None
Psychiatric services for those incarcerated individuals who are not currently on psychotropic medication	Supervising Psychologist (upon review of MHA/MHU)	Prior
Review for Expedited Medicaid Benefits Eligibility	Supervising Psychologist	Prior
Reentry services for releasing incarcerated individuals currently receiving Outpatient Mental Health Services	Any Mental Health Provider	None
Community linkage services for releasing incarcerated individuals receiving Outpatient Mental Health Services	Supervising Psychologist	Prior

VI. Medication Use

Prescribing practices are described in the Pharmaceutical Management document in the Standard Operations and Procedure Manual. Authorization to treat is as described in the WA DOC HEALTH PLAN.

VII. Care Committee (CRC) Review Procedures

Mental Health and Psychiatric CRCs function in a manner similar to medical CRC. See the Mental Health Transfer Procedure for information RTU placement and release. The operational protocols of Mental Health and Psychiatric CRCs are similar to the medical CRC protocol discussed above. Mental Health CRC and Psychiatric CRC have specific purposes and operations which are defined below:

A. Mental Health CRC

1. Members

- Director of Mental Health
- Chief of Psychiatry
- Facility psychiatric practitioners
- Supervising Psychologists from each facility, OR
- Designees.

- #### 2. Purpose: Mental Health CRC functions similarly to other CRCs. However, authorization for initial treatment of Level 2 conditions is done by local Supervising Psychologists for service types and durations according to the table above. Mental Health CRC also provides a clinical consultative function as needed.

B. Psychiatric CRC

1. Members

- Chief of Psychiatry.
- Facility psychiatric practitioners.

2. Purpose

- To review and seek authorization for treatment as necessary per DOC formulary, guidelines, and protocols.
- Psychiatric practitioners may present cases to Mental Health CRC for determination of medical necessity.

VIII. Appeals

Patients may appeal Level 3 decisions through the appropriate CRC Appeals Committee:

- Each CRC will maintain an independent appeals committee that will review the appropriateness of a level 3 decision in the event that the decision is appealed by the patient.

- To maintain independence in decision making, the members of the CRC Appeals Committees must not have been voting members on the CRC rendering the appealed authorization decision.

A mental health provider may re-present a case to CRC for reconsideration in light of additional information or a change in clinical status. Specialist/consultant providers (usually non-DOC providers) may appeal authorization decisions to the CMO. The CMO, at his/her discretion, may decide the issue, refer it to a CRC or seek independent internal or external input.

IX. Limitations

When a patient is disruptive, unruly, abusive, or uncooperative to the extent the behavior seriously impairs the Department's ability to furnish services to the patient population or when the behavior poses a threat to DOC staff, authorized health services may be discontinued unless the behavior is due to a treatable mental or medical illness.

A provider will make every effort to discuss why the treatment is necessary and ask about any patient concerns. If these concerns can be addressed, treatment may continue when the patient's behavior is no longer a constraint. The results of the discussion will be documented in the health record.

This WA DOC HEALTH PLAN provides patients with access to authorized care. DOC is the sole authority for determining the venue, manner, timing, and provider(s) of such care.

X. Special Circumstances or Exceptions

A. Care Paid for by Patients

DOC 600.020 Offender-Paid Health Care defines circumstances under which incarcerated individuals may have the right to purchase health care services that are not covered by the WA DOC HEALTH PLAN.

B. Care Paid for by Other Agencies

Certain health care may be paid for by other agencies or organizations for example, L&I, VA or Medicaid. When such entity has its own utilization review program, CRC review of proposed interventions is at the option of the mental health provider provided the care was approved by the agency or organization.

When such entity does not have a utilization review program, CRC must review any interventions which are not Level 1 or require outside services. CRC will deliberate and vote in a manner identical to the process of "authorization" described in this WA DOC HEALTH PLAN. However, a positive outcome will be a "concurrence" and will not obligate DOC to pay for care.

C. Role of Consultants and their Recommendations

During the course of health care, patients are sometimes referred to consultants including specialists, ER providers or hospital providers. Such referrals often generate recommendations including instructions and orders. DOC is not obligated to execute these recommendations, which are subject to the same criteria as any other DOC provided care.

It is the responsibility of the patient's mental health provider to evaluate the appropriateness and necessity of the recommendations in light of the patient's global health care while considering the WA DOC HEALTH PLAN, DOC policy, and any other pertinent factors. When mental health providers do not execute consultant recommendations, they are expected to explain their reasons to the patient and document the reasons in the medical record.

D. Care Provided during Hospitalization

When patients are being cared for in the community as inpatients, during day surgery or in the ER, they are usually under the direct care of a non-DOC provider. The mechanics of delivering care in these settings may not always permit care to be delivered exactly as described in the WA DOC HEALTH PLAN.

Providers are encouraged to inform community colleagues about the WA DOC HEALTH PLAN and participate in clinical decisions where possible.

Hospitals will only be reimbursed for services authorized in the WA DOC HEALTH PLAN and in accordance with the contract between DOC and the provider. Comfort items for which there is an additional charge are not authorized by the WA DOC HEALTH PLAN. DOC is not financially responsible for any medical or non-medical services, goods or supplies provided in response to a patient's request.

E. Urgent or Emergent Care

When urgencies or emergencies occur outside of scheduled sick call, patients should be evaluated if they so request. Initial evaluation and treatment of such urgencies are Level 1 interventions. In any case other than a life-threatening emergency, any care to be delivered outside a DOC facility must be approved by the FMD/designee or CMO/designee.

F. Nutritional Consultation and Therapy

These services are provided when medically necessary. DOC 610.240 Therapeutic Diets describes therapeutic diets available in DOC.

XI. Feedback

As part of the Department's efforts to improve the processes of DOC health care system, selected authorization decisions made by individual providers or CRCs, may be reviewed by the CMO, other CRCs, or other outside reviewers.

XII. Levels of Care Directory

The following diagnoses and symptom constellations are Level 1 regardless of functional deficit:

A. Level 1: Medically Necessary Care

Bipolar I Disorder

Bipolar II Disorder: Moderate or more severe depression.

Delirium

Depression: See, Major Depression

Depressive Disorder Due to Another Medical Condition

Extra-pyramidal Symptoms including akathisia, dystonia, tremor, and rigidity.

Lithium tremor: If impairing ability to work, write or complete ADLs.

Major Depression: Moderate or more severe, in partial remission, and in full remission for less than one year.

Major Neurocognitive Disorders: All

Neuroleptic Malignant Syndrome

Psychotic Disorders: See, Schizophrenia Spectrum and Other Psychotic Disorders.

Schizophrenia: Schizophrenia Spectrum and Other Psychotic Disorders (all types and subtypes except Schizotypal Personality Disorder) and substance-induced psychotic disorders (all types and subtypes).

Self-injurious Behavior: Severe and/or repeated.

Serotonin Syndrome

Suicidal ideation

B. Level 2: Medically Necessary Care under Certain Circumstances

The following diagnoses require one of the following functional deficits as a direct result of the diagnosis in order to qualify for Level 1. These functional deficits must be documented in the record and reflect other than solely the patient's self-report and be included in psychotropic medication orders in the indication:

- Is essential to life or preservation of limb (danger to self or grave disability):
 - Danger to self may be manifested by suicidality, repeated self-harm, or inability to care for self, leading to grave disability.
- Is essential for protecting the safety of others (danger to others)
- Prevents significant deterioration of ADLs.
- Is of proven value to significantly reduce the risk of one of the 3 outcomes above (e.g. certain medications may be necessary to maintain ADLs).
- Immediate intervention is not medically necessary, but delay of care would make future care or intervention for danger to self, danger to others, or preservation of ADLs significantly more dangerous, complicated, or significantly less likely to succeed.
- Reduces severe psychiatric symptoms to a degree that permits engagement in programming that advances correctional interests.
 - The disorder must be such that it prevents the patient from attending programming or results in the patient being removed from programming.
 - Difficulty in maintaining program may be sufficient only if clearly associated with a disorder and if treatment interventions can be demonstrated to improve program participation.
- Is described as part of a Department policy, health care protocol, or guideline, and delivered according to such policy, protocol, or guideline.
- Is necessary to reduce risk of recidivism and is medically appropriate.

- This can include violence and major infractions or repeated minor infractions.

Qualifying diagnoses include:

Acute Stress Disorder

Amnesic Disorders: Evaluation of amnesic disorders solely for the purpose of uncovering a treatable condition.

Anxiety Disorders: All.

Attention Deficit/Hyperactivity Disorders: All.

Autism Spectrum Disorder: All

Bipolar II Disorder: Mild depression or hypomania.

Cognitive Disorder NOS

Dementia: All.

Depression: See, Major Depression.

Disruptive, Impulse-Control and Conduct Disorders. All

Dissociative Disorders: All.

Feeding and Eating Disorders: All.

Elimination Disorders: All

Gender Dysphoria: Treatment of Gender Dysphoria. See, Gender Dysphoria Protocol.

Insomnia: Primary.

Major Depression: Mild, other, unspecified, and in full remission for more than one year

Major Depression: Treatment with Electroconvulsive Therapy and other non-pharmacological treatments unavailable in DOC.

Mild Neurocognitive Disorder. All

Motor Disorders: All (including Tourette's Disorder)

Nonpharmacologic Treatments for Treatment-Resistant Depression: See, [HTA Report](#)

Obsessive-Compulsive and Related Disorders

Paraphilias Disorders: All.

Personality Disorders: All.

Posttraumatic Stress Disorder: All.

Premenstrual Dysphoric Disorder

Sleep-Wake Disorders: All except Insomnia Disorder, Hypersomnolence Disorder, Circadian Rhythm Sleep-Wake Disorders.

Somatic Symptoms and Related Disorders: All.

Tourette's Disorders

C. Level 3: Not Medically Necessary Care. NOT authorized to be provided

Adjustment Disorders: All.

Caffeine-related Disorders: All.

Communication Disorders: All.

Cyclothymic Disorder

Erectile Dysfunction

Factitious Disorder

Motor Skills Disorders

Nicotine-related Disorders: All.

Sexual Dysfunctions: All

Sleep-Wake Disorders: Insomnia Disorder, Hypersomnolence Disorder, and Circadian Rhythm Sleep-Wake Disorders.

Specific Learning Disorders: All.

DENTAL SERVICES

I. Medical Necessity

Medically necessary care for dental services meets one or more of the following criteria for a given patient at a given time:

- Is essential to life or preservation of limb, **OR**
- Reduces intractable pain, **OR**
- Prevents significant deterioration of ADLs, **OR**
- Is of proven value to significantly reduce the risk of one of the three outcomes above (e.g. certain immunizations), **OR**
- Immediate intervention is not medically necessary, but delay of care would make future care or intervention for intractable pain or preservation of ADLs significantly more dangerous, complicated, or significantly less likely to succeed, **OR**
- Is described as part of a Departmental policy or health care protocol or guideline and delivered according to such policy, protocol, or guideline, **OR**
- From a public health perspective, is necessary for the health and safety of a community of individuals and is medically appropriate, but may not be medically necessary for the individual (for example, treatment for head lice), **AND**
- Is not considered experimental or to be lacking in medically recognized professional documentation of efficacy, **AND**
- Not administered solely for the convenience of the patient or the health care provider.

II. Access to Care

Incarcerated individuals may access health care by:

- Incarcerated individuals newly admitted to DOC will receive a dental screening per DOC 610.040 Health Screenings, Appraisals, and Status.
- Going to Medical or Dental (where available) Sick Call.
- Sending a written request (kite) to Dental.
- For emergencies, reporting the emergency to any staff.

III. Covered Services

Incarcerated individuals generally have the right to refuse treatment and must give consent or refuse treatment per DOC 610.010 Offender Consent for Health Care.

A. Emergent and Urgent Dental Treatment

- Intractable pain.
- Severe pain and swelling with or without fever due to dental disease.
- Other severe dental conditions or complications from dental treatment, including but not limited to bleeding and medical and/or dental complications of dental treatment.
- Facial bone fractures and facial trauma shall be evaluated emergently or immediately referred to an appropriate consultant.
- Medical emergencies in the dental clinic shall be handled according to [DOC 890.620 Emergency Medical Treatment](#).

B. Non-emergent, Non Urgent Dental Treatment (NENUT)

- Comprehensive dental examinations are provided before initiation of routine rehabilitative or interceptive NENUT is initiated.
- Incarcerated individuals may request to be evaluated and placed on a roster which will be reviewed regularly:
 - Treatment Plans for Dental Services must be completed prior to starting NENUT.
 - Treatment plans must be updated as necessary to remain current.
- Treatment must be authorized per the Level of Care Directory below.
- In the absence of a relevant guideline, algorithm, or protocol, when more than one intervention exists for a Level 1 condition, the provider should authorize the intervention(s) that maximize simplicity, safety and cost-effectiveness.
- The nature of services is determined by providers, the COD and CRC in accordance with the WA DOC HEALTH PLAN, guidelines, algorithms and protocols.
- Services are further prioritized based on patient acuity level and functional impairment. The most highly acute/impaired will be the highest priority for service provision.

C. Infirmiry Services

- Dentist admissions to infirmaries (IPUs) are permitted providing:
 - The required level of care is available in the infirmiry unit.
 - The admission has been approved by the FMD/Designee.
 - There is adherence to [DOC 610.600 Infirmiry/Special Needs Unit Care](#).

VI. Levels of Care

The COD will promulgate and maintain a directory of dental care services which fall into Levels 1, 2 and 3. The directory is not intended to be all-inclusive. Rather, it is a rapid guide for clinical decision-making to ensure more uniform decisions based on the evidence and experience collected by the Department.

A. Level 1: Medically Necessary Care

- Definition: Dental care that is medically necessary.
- Unless otherwise specified in a guideline, algorithm, protocol or in the DOC Formulary, the Authorization table below lists necessary authorizations for Level 1 care under the WA DOC HEALTH PLAN.
- When more than one Level1 intervention exists, the practitioner should authorize the intervention(s) that maximizes simplicity, safety and cost effectiveness.

B. Level 2: Medically Necessary Care Under Certain Circumstances

- Definition: Dental Care that may be medically necessary under certain circumstances.
- Services in this level may be provided to patients when medically appropriate.
- Authorization: CRC or COD, on a case-by-case basis, as described in Care Review Committee Review Procedure.
- Proposed Level 2 care is resolved to either Level 1 or 3.

C. Level 3: Not Medically Necessary Care. NOT authorized to be provided

- Definition: Dental care that is considered not medically necessary
- Includes treatment that:
 - Merely speeds recovery of minor conditions.
 - Gives little improvement in quality of life.
 - Does not advance correctional interests.
 - Offers minimal relief of symptoms.
 - Is exclusively for the convenience of the individual or provider.
 - The sole driver of which is social function.
- Services associated with the diagnoses listed in the accompanying DOC Levels of Care in Level 3 are, by definition, Level 3 services.
- Services associated with the diagnoses listed in Level 3, even if appropriate, cannot be authorized by an individual provider or CRC.
- Incarcerated individuals may receive Level 3 care under DOC 600.020 Offender Paid Health Care at their own expense, if certain conditions are met.

V. Authorization of Dental Services

The following dental services are covered under the WA DOC HEALTH PLAN. All services not specifically discussed in this policy may only be delivered under the WA DOC HEALTH PLAN subject to the provisions below. All services are expected to be in accordance with current DOC guidelines, algorithms, protocols, formulary (found under the Protocols and Guidelines section on iDOC), and the standard of care.

Dental Services Authorization		
Nature of Care	Authority	Authorization
Life Threatening Emergency	Any DOC Provider	None
Emergency Room Visits	FMD, COD, CMO or designees	Prior
Emergent evaluation and necessary treatment (Dental emergency)	Any DOC Dentist	None
Dental treatment specifically listed as Level 1 in Care Directory	Any DOC Dentist	None
Dental treatment NOT specifically listed as Level 1 in Care Directory	CRC or COD	Prior
ANY non DOC employed specialist care, onsite or offsite	CRC or COD	Prior
Admission to Infirmarary	FMD/Designee	Prior

The table below summarizes time eligibility requirements for NENUT treatment:

Non-emergent Non-Urgent Treatment Time Eligibility Requirements

VI. Medication Use

Treatment	ERD
Full Dentures	≥ 6 mos. after Meeting Dental Prosthetics Protocol Criteria
Partial Dentures	≥ 6 mos. after Meeting Dental Prosthetics Protocol Criteria
Scaling and Root Planing	> 6 months
Oral Surgery	Anytime
Restorative	Anytime
Gross Periodontal Debridement	Anytime
Dental Prophylaxis	Anytime
Endodontic Tx front teeth	Anytime
Endodontic Tx back teeth	Anytime

Authorization procedures for medication use are described in the WA DOC Pharmaceutical Management document on SharePoint in the [Health Services>Medical>Quick Reference>Drug Information](#) OR [Health Services>Pharmacy>Rx Management](#) sections.

VII. Care Review Committee (CRC) Procedures

Dental CRC functions in a manner similar to Medical CRC. The operational protocol of Dental CRC corresponds to Medical CRC operational protocol.

Members:

- Chief of Dentistry/designee.
- Dentists.
- Other dental professionals.
- Other professionals including the CMO, physicians and others as designated by the COD.

Purpose: Dental CRC functions similarly to other CRCs:

- To review interventions as necessary per DOC formulary, guidelines, algorithms and protocols, and determine medical necessity.
- To provide a forum for peer discussion of cases when group discussion would benefit patient management.

VIII. Appeals

Patients may appeal Level 3 decisions through the appropriate CRC Appeals Committee:

- Each CRC will maintain an independent appeals committee that will review the appropriateness of a level 3 decision in the event that the decision is appealed by the patient.
- To maintain independence in decision making, the members of the CRC Appeals Committees must not have been voting members on the CRC rendering the appealed authorization decision.

A dental provider may re-present a case to CRC for reconsideration in light of additional information. Specialist/consultant providers (usually non-DOC providers) may appeal authorization decisions to the COD or CMO. The COD or CMO, at his/her discretion may decide the issue, refer it to a CRC or seek independent internal or external input.

IX. Limitations

When an patient is disruptive, unruly, abusive, or uncooperative to the extent the behavior seriously impairs the Department's ability to furnish services to the patient or when the behavior poses a threat to DOC staff, authorized health services may be discontinued unless the behavior is due to a treatable mental or medical illness.

A provider will make every effort to discuss why the treatment is necessary and ask about any patient concerns. If these concerns can be addressed, treatment may continue when the patient's behavior is no longer a constraint. The results of the discussion will be documented in the health record.

This WA DOC HEALTH PLAN provides patients with access to authorized care. DOC is the sole authority for determining the venue, manner, timing, and provider(s) of such care.

X. Special Circumstances or Exceptions

A. Care Paid for by Patients

DOC 600.020 Offender-Paid Health Care defines circumstances under which incarcerated individuals may have the right to purchase health care services that are not covered by the WA DOC HEALTH PLAN.

B. Care Paid for by Other Agencies

Certain health care may be paid for by other agencies or organizations for example, Labor and Industries, Veterans Administration, or Medicaid. When such entity has its own utilization review program, CRC review of proposed interventions is at the option of the dental provider, provided the care was approved by the agency or organization.

When such entity does not have a utilization review program, CRC must review any interventions which are not Level I or require outside services. CRC will deliberate and vote in a manner identical to the process of “authorization” described in this WA DOC HEALTH PLAN. However, a positive outcome will be a “concurrence” and will not obligate DOC to pay for care.

When offsite care paid by a non-DOC agency meets DOC medical necessity criteria, DOC will provide necessary custody and transportation services. If medical necessity criteria are not met, the patient is responsible for the cost of necessary custody and transportation services.

C. Role of Consultants and Their Recommendations

During the course of health care, patients are sometimes referred to consultants including specialists, ER providers or hospital providers. Such referrals often generate recommendations including instructions and orders. DOC is not obligated to execute these recommendations, which are subject to the same criteria as any other DOC provided care.

It is the responsibility of the patient’s dental provider to evaluate the appropriateness and necessity of the recommendations in light of the patient’s global health care while considering the WA DOC HEALTH PLAN, DOC policy, and any other pertinent factors. When dental providers do not execute consultant recommendations, they are expected to explain their reasons to the patient and document the reasons in the medical record.

D. Care Provided During Hospitalization

When patients are being cared for in the community as inpatients, during day surgery or in the ER, they are usually under the direct care of a non-DOC provider. The mechanics of delivering care in these settings may not always permit care to be delivered exactly as described in the WA DOC HEALTH PLAN.

Providers are encouraged to inform community colleagues about the WA DOC HEALTH PLAN and participate in clinical decisions where possible.

Hospitals will only be reimbursed for services authorized in the WA DOC HEALTH PLAN and in accordance with the contract between DOC and the provider. Comfort items for

which there is an additional charge are not authorized by the WA DOC HEALTH PLAN. DOC is not financially responsible for any medical or non-medical services, goods or supplies provided in response to a patient's request.

E. Urgent or Emergent Care

When urgencies or emergencies occur outside of scheduled sick call, patients should be evaluated if they so request. Initial evaluation and treatment of such urgencies are Level I interventions. In any case other than a life-threatening emergency, any care to be delivered outside a DOC facility must be approved by the FMD/designee or CMO/designee.

F. Nutritional Consultation and Therapy

These services are provided when medically necessary. DOC 610.240 Therapeutic Diets describes therapeutic diets available in DOC.

XI. Feedback

As part of the Department's efforts to improve the processes of the DOC health care system, selected authorization decisions made by individual providers or CRCs may be reviewed by the COD, CMO, other CRCs or other outside reviewers.

XII. Levels of Care Directory

A. Level 1: Medically Necessary Care

Abscess of dental origin: Incision and drainage.

Any treatment required to Change D3 to D2 designation: Except off site care.

Apicoectomy for anterior (front) teeth: Provided remaining tooth structure will support a strong and durable non-cast restoration AND the 10 year periodontal prognosis is good AND there is sustained, adequate oral hygiene.

Complete/Full Denture: Provided chewing function can be improved as defined in the Dental Prosthetics Protocol AND ERD is ≥ 6 mos. from the recognition of masticatory inadequacy AND the alveolar bone is of sufficient quality and quantity to permit a reasonable chance of success.

Dental Prophylaxis (simple teeth cleaning): the removal of plaque and tartar from the tooth structures to slow or stop the progression of gum disease.

Fillings for anterior (front) teeth: With composite restorative materials OR composite, plastic or stainless steel prefabricated crowns OR glass ionomer or amalgam where persistent gingival bleeding precludes the use of composites. Teeth with an indication for restorations with Dental Silver Amalgam, composite, stainless steel crowns, glass ionomer, zinc oxide and eugenol, or temporary restorative material will be restored when adequate tooth structure remains.

Fillings for posterior (back) teeth: With silver amalgam OR stainless steel prefabricated crowns OR where remaining tooth structure is insufficient to provide retention for an amalgam restoration, a bonded amalgam or composite restoration may be utilized provided the long term prognosis for the tooth is good. Teeth with an indication for

restorations with Dental Silver Amalgam, composite, stainless steel crowns, glass ionomer, zinc oxide and eugenol, or temporary restorative material will be restored when adequate tooth structure remains, and, when a posterior tooth, the tooth is vital or meets the Level I criteria for Root Canal for Posterior Teeth.

Fillings temporary (for front or back teeth): With glass ionomer OR Cavit like materials OR zinc oxide eugenol based materials

Full Mouth Debridement: A procedure for removing thick or dense deposits of plaque and tartar from the teeth. A debridement is needed when the deposits are too heavy to allow for an exam by the dentist.

Infirmiry admission: For observation, post-operative oral surgery management or management of complications of dental disease.

Intravenous sedation: If administered by the oral surgeon for an approved procedure when necessary to facilitate surgical access or obtain adequate anesthesia for extractions.

Mandible Fracture: Evaluation and treatment of acute fracture.

Oral hygiene instruction

Oral malignancy suspected or diagnosed: Evaluation and treatment.

Oral Surgery: Evaluation and repair of recently fractured mandible.

Oral surgery: For extraction of asymptomatic wisdom tooth if ≥ 2 years to ERD AND there is dentino-enamel junction caries on second molar OR a mesial pocket ≥ 6 mm exists.

Oral Surgery: For extraction of symptomatic wisdom tooth anytime during incarceration provided there is a documented history of 2 episodes of treated pericoronitis.

Oral surgery: Referral for extraction of any tooth if one or more of the following characteristics is/are present: Significant mandibular canal encroachment is present OR ankylosis (no periodontal ligament and immobile) with deep caries below alveolar bone is present OR brittle roots after endodontic treatment are present OR there is a subgingival vertical crown fracture OR the roots require sectioning OR there is severely restricted access OR the maxillary tuberosity is at risk for avulsion.

Removable Partial Denture (RPD): Provided chewing function can be improved AND Dental Prosthetics Protocol criteria are met AND the ERD is ≥ 6 mos. from the documented need for a RPD AND:

- Crown to root ratio at least 1:2, periodontal structures are sound and oral hygiene is adequate.
- No all amalgam buildups or composite coronal restorations are present on abutments.
- No clasps terminate on abutment restoration margins.
- All carious teeth must be restored or non-restorable teeth removed before impressions.
- Less than 8 posterior teeth in occlusal contact with less than 4 occluding posterior chewing contacts.

Routine restorations may begin anytime if in preparation for partial denture fabrication. Removable partial denture fabrication usually takes longer than for full dentures. This is to allow time to provide the necessary pre-prosthetic surgical, periodontal, and restorative preparation.

Removal of previously placed orthodontic brackets and wires (braces)

Repair or reline: Of unserviceable partial or complete denture that can be made serviceable.

Root Canal for anterior (front) teeth: Provided remaining tooth structure will support a durable, non-cast restoration, AND 10 year periodontal prognosis is good. AND there is sustained, adequate oral hygiene.

Scaling and Root Planing (deep teeth cleaning): Cleaning between the gums and the teeth down to the roots to treat or prevent deterioration of the bone that supports the teeth.

Severe dental conditions requiring immediate evaluation/treatment

Treatment of any dental condition causing moderate to severe pain or swelling

Uncontrolled cellulitis/abscess evaluation and treatment

Uncontrolled postoperative bleeding evaluation and treatment

B. Level 2: Medically Necessary Care under Certain Circumstances

CT scan: 3D.

Dental specialist consultation: Except as specifically authorized in Level 1.

Facial bone fracture: Including maxilla or alveolar bone (see Mandible Fracture above).

Filling (restorative) materials: Not specifically listed in Level 1.

General Anesthesia: Administered by a dentist or a third party.

Maxillofacial Prosthetics: Any.

Night guard /Occlusal Orthotics/Bite Splints for occlusal attrition: Provided the wear extends into the dentin of all posterior teeth in occlusion and/or at least 3 documented episodes of fractured posterior restorations due to attrition.

Oral Surgery: Any procedure not specifically listed as Level 1.

Oral Surgery: Closure of oral antral fistula (OAF) OR extraction of multiple maxillary posterior teeth with OAF risk.

Oral Surgery: With concurrent bleeding disorder.

Oral Surgery: For multiple asymptomatic teeth.

Oral Surgery pre-prosthetic:

- If ≥ 8 teeth extracted and osseous contouring or soft tissue revision is required.
- For removal of tori or exostoses without extractions.
- Vestibuloplasty.

Oral Surgery: For wisdom tooth removal: any criterion not specifically listed in Level 1.

Removable partial denture not meeting Level 1 criteria

Removal of previously placed internal fixation devices: For jaw or facial bone fracture.

Replacement of a denture or partial denture: That that has been lost, destroyed, altered beyond repair or is otherwise unserviceable. Complete/full dentures and acrylic removable partial dentures may be replaced, when necessary, no sooner than 3 years after the seating date of the DOC fabricated prosthesis. Metal framework removable

partial dentures may be replaced, when necessary, no sooner than 5 years after the seating date of the DOC fabricated prosthesis.

Root canal for posterior (back) teeth: Provided the tooth is moderately to severely painful AND there is a history of treatment with bisphosphonates for osteoporosis OR there is a history of radiation directed to, or passing through, the area where the tooth is located AND the oncologist verifies dose.

TMJ Surgery: For open or closed lock.

C. Level 3: Not Medically Necessary Care. NOT authorized to be provided

Apicoectomy: Posterior.

Bridges (fixed cast restorations)

Cosmetic dental procedures

Crowns (cast restorations)

Devices for snoring or sleep apnea

Implants: Endosteal or subperiosteal.

Oral Surgery: For cosmetic repair of maxillofacial trauma.

Oral surgery for esthetic purposes: Sagittal osteotomies, palatal expansion, Le Fort repositioning of maxilla, nasal surgery, contouring implants, Botox injections, et al.

Oral Surgery: For jaw bone augmentation, with or without grafting.

Oral Surgery: For repair of cleft lip and palate.

Oral surgery: To reposition jaws (orthognathic surgery).

Oral Surgery: For snoring or sleep apnea.

Prosthetic: To replace only anterior (front) teeth.

Root canal requiring endodontist consultation

TMJ surgery: For jaw or facial pain.

Tooth bleaching or whitening procedures.

Tooth straightening: Orthodontic treatment or devices.