

**COLORADO DEPARTMENT OF CORRECTIONS
ACCESS TO SERVICES AND SCHEDULE OF
COVERED SERVICES
2010**



This 2010 Schedule of Covered Services supersedes all previous Schedules.

COLORADO DEPARTMENT OF CORRECTIONS SCHEDULE OF COVERED SERVICES

PREFACE

Colorado Department of Corrections (CDOC) Clinical Services is responsible for providing medical care to over 20,000 offenders across the State, incarcerated within the institutions of the Colorado Department of Corrections State Prison system, both public and private prisons. The State provides healthcare for those offenders whom it incarcerates.

The Colorado Department of Corrections' Clinical Services has a partnership with a managed care contractor. The primary mission of this partnership is to supply all necessary health care services that are beyond the scope of CDOC primary care providers. This includes specialty care, diagnostics, imaging, hospital care as well as out patient services. The managed care contractor ensures that the professional health care staff at these external institutions has all of the appropriate medical equipment, credentials, systems, tools and supplies necessary to ensure the delivery of services. Clinical Services has an internal utilization committee that reviews requests for external services referred by CDOC primary care providers. These referrals are reviewed preliminarily by the Utilization committee using nationally accepted practice guidelines prior to final authorization by the contracted managed care company.

The intent of the health care services provided by Clinical Services is to provide medically necessary treatment for conditions that, if not treated, are reasonably expected to cause deterioration prior to parole or release and may result in permanent mental impairment or permanent loss of activities of daily living (ADL) functions.

In general, the Colorado Department of Corrections and their managed care contractor intend to work to direct a range of care for medically necessary services within these parameters. This schedule of covered services does not represent a contract or a guarantee of services.

ACCESS TO CARE

The Colorado Department of Corrections Clinical Service program is designed to provide offenders with the ability to have unimpeded access to health services to meet their serious medical, dental, and behavioral health needs. Offender access to health services is designed to support and collaborate with other constitutionally required programs such as work, religious services and education. Services that are not covered by (Center for Medicare and Medicaid Services) CMS are not covered by the Colorado Department of Corrections. Elective or non-essential care is excluded from coverage by the Colorado Department of Corrections. Health care provided will be determined on medical necessity and reviewed on a case by case basis.

PAYMENT RESPONSIBILITIES

The CDOC is responsible for all offender services that the CDOC or the CDOC's managed care partner authorizes. The CDOC is not responsible for any charges associated with the offenders use of A/R 700-21 (Private Health Care Providers) and all payment responsibilities will be worked out in written prior to the approval and authorization of the A/R 700-21 service being performed.

Offender's ability to pay is not a criteria in the determination of the provision of health services. Health care will not be denied based on indigency.

CDOC reserves the right to seek restitution for health care costs incurred related to the offender's failure to follow a prescribed treatment plan; misuse or abuse of medical equipment; or injuries to oneself or another offender or staff during an altercation which will be reviewed by facility staff on a case by case basis. The responsible offender could be charged with all medical expenses related to the altercation through a Code of Penal Discipline (COPD) hearing.

COVERED HEALTH CARE SERVICES

Offenders are eligible to receive the services set forth in this schedule. The fact that a participating provider (provider under the managed care contractor) may prescribe, order, recommend or approve a service or supply does not, in and of itself, make the service or supply a covered benefit. It is the responsibility of the CDOC's managed care contractor and the CDOC's utilization management committee to evaluate the appropriate level and place of service for requested medical care services and provide authorization if determined to be medically necessary.

The following procedure establishes the method and guidelines used to determine whether treatment will or will not be provided by the Colorado Department of Corrections. The decisions will be consistent with applicable law and to ensure that sufficient health care resources are available to fulfill the Department's policy of health care provision.

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PROCEDURE TO ACCESS HEALTH SERVICES

Upon admission to the Colorado Department of Corrections, offenders will receive written and verbal instructions regarding access to Health Services. A health screening assessment is also completed for each offender upon arrival into the correctional setting.

Provider Services

Primary Care

Primary care is provided under the direction of the CDOC primary care providers in order to effectively evaluate and manage the acute and chronic health needs of the offender.

Examples of preventive services that are covered include:

- initial screening at an assessment center;
- routine immunizations;
- mandatory testing for general health welfare;
- periodic physical assessment based on age, sex, general health status and known risk factors in line with US Preventative Task Force Guidelines.

Specialty Care

Specialty care services are provided by contracted specialists and health care facilities in the community. Covered services include consultation with a specialty care provider (SCP) whose opinion or advice is requested by the offender's primary care provider (PCP). Services are performed either on an inpatient or outpatient basis and may include examination, diagnostics, management, surgery, or telemedicine.

Diagnostic Services

Covered services may include:

- **Laboratory Diagnostic Services:** includes diagnostic, clinical and anatomic pathological laboratory services and material;
- **Radiological and Non-Radiological Diagnostic Imaging Services:** includes radiography, fluoroscopy, mammography and ultrasounds;
- **Imaging Services:** includes nuclear medicine, computerized axial tomography (CAT), positron emission tomography (PET), cardiac ultrasonography, magnetic resonance imaging (MRI), cardiac catheterization and arthrography;
- **Complex Vascular Diagnostic Services:** includes holter monitoring, treadmill or stress testing, and impedance venous arteriography;
- **Complex Neurological Diagnostic Services:** includes electroencephalogram (EEG) or electromyogram (EMG) and evoked potential;
- **Complex Pulmonary Diagnostic Services:** includes pulmonary function testing and apnea monitoring including sleep studies;
- **Otologic Services:** includes evaluations to determine if any hearing deficits meet the Colorado Department of Corrections parameters for treatment.
- **See Section on Exclusions and Limitations.**

Therapeutic Services

Covered services may include:

- **Chemotherapy Services:** includes oral and injectable medication when medically appropriate;
- **Therapeutic Radiology Services:** utilized for the treatment of cancer and other diseases;
- **Complex Vascular Therapeutic Services:** includes percutaneous transluminal angioplasty;

- **Hemodialysis and Peritoneal Renal Dialysis Intervention:** includes education and medically necessary supplies;
- **Rehabilitation Services, Speech, Physical and Occupational Therapy (OT for DOC only):** therapies are subject to review for additional authorizations after the initial authorization has expired if the offender has shown significant improvement, but requires additional visits. All services require an approved treatment plan and are subject to reevaluation at any time. In the case of physical therapy, the goal is to instruct the patient to perform a self-monitored therapeutic exercise program, e.g., post-operative orthopedic case.
- **See Section on Exclusions and Limitations.**

Inpatient/Outpatient Hospital services

Inpatient only

Covered services include the accommodations, services and supplies as ordered by an offender's physician during an admission to a hospital for acute or intensive care. An admission on any given day includes medical, surgical or critical care units (e.g., ICU), including bed, board and both general and special nursing care;

Inpatient and Outpatient

Covered services include:

- operating, recovery and treatment rooms and equipment;
- labor/delivery rooms and equipment;
- anesthesia material and its administration;
- diagnostic services and supplies required to diagnose illness, injury or other conditions; therapeutic services and supplies required to diagnose illness, injury or other conditions;
- dressings, splints, casts and other supplies for medical treatment by facility;
- oxygen and its administration;
- non-replaced blood, blood plasma, blood derivatives and their administration and processing;
- intravenous injections and solutions.
- **See Section on Exclusions and Limitations.**

Emergency Services

- emergency room related charges and physician services;
- diagnostic tests and procedures done in the emergency room;
- ambulance services, including ambulance transport to the nearest appropriate hospital when any other form of transportation is not appropriate and when the ambulance service is provided in conjunction with emergency medical care;
- **See Section on Exclusions and Limitations.**

Surgical Services

Covered services include surgical services that are performed by a Primary Care Provider or Specialty Care Provider and are generally recognized and accepted procedures for diagnostic or therapeutic purposes in the treatment of an illness or injury and meet the guidelines for coverage as determined by the Colorado Department of Corrections. Surgical procedures may be

performed at the physician's office, emergency room, inpatient and outpatient hospital, and ambulatory surgery center. Specific services include:

- **physician services**—includes a **surgical assistant** when medically necessary and when performed by an assistant surgeon in connection with a surgical procedure;
- **anesthesia services**—when medically necessary to administer anesthetics and when performed by a qualified professional to achieve general or regional anesthesia, related resuscitative procedures and pre-operative and post-operative visits.

Operative procedures

- suture of wounds;
- debridement of wounds, burns or infections;
- use of a needle or cannula for biopsy, aspiration or injection;
- intravenous, arterial or cardiac catheterization;
- electrical, chemical or medical destruction of tissue.

Miscellaneous procedures

- reduction of fractures or dislocations;
- orthopedic castings;
- endoscopic examination of internal organs of the body.
- **See Section on Exclusions and Limitations.**

Oral surgical services are limited to treating the following medical conditions: accidental injury to sound, natural teeth, jawbones or surrounding tissues; correction of a non-dental, pathophysiological condition that has resulted in a severe functional impairment; or treatment for tumor and cysts requiring pathological examination of the jaws, cheeks, tongue, roof and floor of mouth. Oral Surgeries **do not include** treatment for temporomandibular joint disorder (TMJ).

- **See Section on Exclusions and Limitations.**

Pregnancy and Maternity

Covered services include:

- prenatal services including high risk pregnancy care;
- delivery and related postpartum care;
- **See Section on Exclusions and Limitations.**

Skilled Extended Care Facilities

Offenders may be admitted to an extended care facility or one of the Colorado Department of Corrections infirmaries with skilled nursing services as an alternative to hospitalization.

Covered services include:

- semi-private or multi-bed room accommodations, i.e., bed, board and general nursing care;
- diagnostic services and supplies required to diagnose illness, injury or other conditions;

- therapeutic services and supplies required to diagnose illness, injury or other conditions; drugs and medicines approved by the Federal Drug Administration (FDA) following FDA approved routes of administration;
- dressings, splints, casts and other supplies for medical treatment provided by the nursing facility;
- oxygen and its administration;
- non-replaced blood, blood plasma, blood derivatives and their administration;
- intravenous injections and solutions;
- special dietary needs and food supplements;
- physical therapy.
- **See Section on Exclusions and Limitations.**

Pharmaceutical Services

Pharmacy Plan

Covered drugs means drugs and medications approved by the FDA and included on the CDOC Formulary.

Covered services include CDOC formulary drugs requested by an offender's physician or mid-level provider.

Non formulary drugs will be approved on a case by case basis after review by the Non Formulary Committee.

- **See Section on Exclusions and Limitations.**

Prosthetic Devices and Durable Medical Equipment

Prosthetic Devices Durable Medical Equipment (DME) and Oxygen

Covered prosthetic devices include:

- cardiac pacemakers;
- ostomy bags and necessary equipment required for attachment, including irrigation and flushing equipment and other items/supplies related to ostomy care;
- hearing aids, when criteria for hearing loss, developed by the CDOC is met;
- Artificial limbs (see section on Exclusions and Limitations);
- **See Section on Exclusions and Limitations.**

Durable Medical Equipment (DME)

Durable medical equipment (DME) covered by the program includes:

- rental or purchase of DME whichever is most appropriate;
- repair, maintenance and delivery services - (**Note: The offender is financially liable for all damages to said equipment**);
- disposable supplies essential to approved care.

DME must meet the following criteria:

- medically necessary;

- can stand repeated use and is used to serve a medical purpose;
- is not useful to a person in the absence of an illness or injury;
- is appropriate for use in the home or workplace.
- **See Section on Exclusions and Limitations.**

Oxygen

Oxygen supplies are covered by the program for offenders with significant hypoxemia who meet the medical necessity criteria, including laboratory evidence and health conditions.

Dental Services

Most dental services are rendered by the prison facility providers.

- initial exam within fourteen (14) days of incarceration;
- amalgams and composite restorations (fillings);
- cleanings deemed necessary by treating dentist.

Vision Services

CDOC has contracted outside of the managed care contract for optometry. Services that CDOC may cover include:

- periodic routine eye examinations;
- refractions;
- prescription glasses*; [one (1) pair of clear, safety plastic, scratch resistant lenses/stock frames every two (2) years, if required.]
- bi-focal lenses, if required.
- **See Section on Exclusions and Limitations.**

*Repairs and/or replacements are subject to co-payment or applicable fees.

Hearing Services

Covered services include:

- examination to determine need for hearing amplification;
- hearing aids for offenders when criteria for hearing loss, developed by the CDOC is met.
- **See Section on Exclusions and Limitations.**

Behavioral Health Services

Covered services, which are behavioral health services provided in accordance with ethical and professional standards. Colorado State law and CDOC administrative regulations are provided by CDOC. Specifically covered psychological services for CDOC offenders include:

- **initial and subsequent assessments** - this includes formal and informal evaluations that may utilize a variety of techniques, including clinical interviews, psychological testing, psychiatric interviewing, file/history interviews and other techniques as deemed necessary to identify treatment needs.

- **mental health treatment and monitoring** – this includes individualized treatment planning and a variety of individual and group psychotherapeutic interventions utilizing primarily a cognitive-behavioral treatment approach. Monitoring includes regular monitoring of the stability of offenders in general population, segregation, and specialized treatment settings who have been diagnosed with a mental illness.
- **substance abuse education and treatment** - this includes education programs, outpatient treatment, residential therapeutic community treatment programs, and self-help programs such as Alcoholics Anonymous.
- **sex offender treatment** - this is an intensive education and treatment program for offenders who have been identified based on a history of criminally deviant/assaultive sexual behavior in the community or in CDOC facilities.
- **special support services for developmentally disabled offenders** - these are services for offenders with learning problems and/or deficits in intellectual functioning. These services include assessment, special psychoeducational programs, vocational training and support services, transitional services and specialized housing at the San Carlos Correctional Facility for male offenders, and the Special Needs Unit at the Denver Women’s Correctional Facility for female adult offenders.
- **psychiatric treatment and management** - this includes psychiatric consultation, psychotropic medication as needed, specialized inpatient placements through the Colorado Department of Corrections infirmaries and/or the Colorado Mental Health Institute at Pueblo and specialized housing at the San Carlos Correctional Facility and the Offenders with Mental Illness (OMI) program at the Centennial Correctional Facility for male offenders, and the Special Needs Unit at the Denver Women’s Correctional Facility for female adult offenders. Specialized transitional support services are provided for those offenders identified as having major mental illnesses.
- **anger management** - this is a structured psychoeducational and treatment program provided in some facilities for offenders who have significant problems with violence/assaultiveness and/or domestic violence.
- **twenty four hour crisis intervention** - a twenty four hour on-call service is provided in all major facilities. Mental health staff is available after normal work hours for evaluation and assistance in management of mental health crises. This includes an active suicide prevention program, which utilizes assessment of risk and appropriate clinical interventions to prevent suicide attempts or completions within the CDOC.
- **consultation and training** - mental health staff provide consultation regarding the behavioral health needs of offenders, management and related topics to facility administration and staff.
- **Medications** - psychotropic medications will be provided as prescribed by qualified physicians, and psychiatric physician extenders, in accordance with the CDOC Formulary.
- **See Section on Exclusions and Limitations.**

Exclusions and Limitations of Benefits

General Exclusions

These items include but are not limited to:

- Any service that is:
- not in the current schedule of covered services, unless approved by CDOC;
- not reasonable and medically necessary according to developed criteria;
- performed while not incarcerated by CDOC, or while on parole or in community corrections;
- Only for the convenience of the offender.

Exclusions and Limitations

- 1. Air Conditioners, Air Purifiers, and Other Environmental Equipment** – air conditioners, air purifiers and other environmental equipment are not covered
- 2. Acupuncture** – acupuncture and acupressure are not covered.
- 3. Amniocentesis and Prenatal Testing**–Amniocentesis and prenatal genetic testing is only covered if such testing will be of direct benefit to fetal and/or maternal health.
- 4. Behavioral Health Services** – CDOC mental health staff will not conduct evaluations for the purpose of recommendations regarding parole suitability, nor will mental health staff write letters of reference/support for the courts; CDOC mental health staff will not initiate hormonal treatment of transsexualism, nor will any surgical treatment for transsexualism be provided. (Administration 700-14, Scope of Services for the Treatment of Transsexualism); CDOC mental health staff will deny participation in rehabilitation programs to offenders who fail to make adequate progress or meet program entrance requirements. Adequate progress will be determined by program staff.
- 5. Biofeedback and Hypnosis**– biofeedback and hypnosis services are not covered.
- 6. Chiropractic Care** – care and treatment provided by a chiropractor are not covered.
- 7. Communication Devices** – computers, personal digital assistants and any speech-generating devices (except artificial larynxes) are not covered.
- 8. Complementary and Alternative Medicine** – complementary and alternative medicine are not covered. Holistic or homeopathic care, including drugs and ecological or environmental medicine are not covered.
- 9. Cosmetic Surgery and Services** – plastic, reconstructive or cosmetic surgery and implants are not covered, including but not limited to, skin lesions that are removed for cosmetic purposes. Reconstructive surgery will be considered only when injury or illness occurred during incarceration and is performed to correct abnormal structures of the body or to improve ADL function. Other treatments and services solely for cosmetic purposes are not covered.
- 10. Dental** - prosthetics, commonly known as crowns and bridges; orthodontics - including maintenance of braces; implants; precision attachments; cast metal framework removal of partial dentures; apicoectomies; hemisections, root resections, periodontal flap surgery, periodontal bone grafts; cosmetic procedures to include cosmetic, oral and maxillofacial surgery; routine cleanings unless deemed necessary by the treating dentist.
- 11. Drugs and Prescription Medication** – Over the counter medications available for purchase through the canteen are not a covered benefit. Prescription medications which

are considered experimental, investigational, or DEA Schedule One or any form of medical marijuana are not covered.

12. Durable Medical Equipment – non-medically necessary durable medical equipment for the comfort or convenience of the offender are not covered. Equipment that cannot withstand repeated use, is not primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of an illness or injury, and is not appropriate for use in the home is not covered. Examples of non-covered items but not limited to:

- a. Barbells or other physical fitness equipment;
- b. Bed boards;
- c. Braille teaching text;
- d. Bras (surgical);
- e. Corsets (lumbar-sacral);
- f. Diathermy machine;
- g. Extra mattresses;
- h. Items that may be purchased through canteen services;
- i. Items that may be purchased from clinical services;
- j. Neck Halter and C-collar;
- k. Personal hygiene items;
- l. Tennis shoes;
- m. TENs unit;
- n. Traction equipment (over door type);
- o. Wedge pillows.

13. Elective Enhancements – procedures, technologies, services, drugs, devices, items and supplies for elective, non-Medically Necessary improvements, alterations, enhancements, or augmentation of appearance, skills, performance capability, physical or mental attributes or competencies are not covered. This exclusion includes, but is not limited to, sex transformation, sexual dysfunction or inadequacy, treatments related to hair growth, aging, athletic performance, or cosmetic appearance.

14. Experimental or Investigational Treatment – experimental and/or investigation procedures, items and treatments are not covered. The determination of whether or not a procedure, item or treatment is experimental is the sole authority of CDOC and their managed care contractor. Procedures, studies, tests, drugs or equipment will be considered experimental if any of the following apply:

- a. the treatment cannot lawfully be marketed without the approval of the Food and Drug Administration (FDA), and such approval has not been granted at the time of its use or proposed use.
- b. the treatment is a subject of a current investigation of new drug or new device application on file with the FDA
- c. the treatment is the subject of an ongoing clinical trial as defined in regulations and other official publications issued by the FDA and Department of Health and Human Services (DHHS)
- d. the treatment is being provided pursuant to a written protocol that describes among its objectives the determination of safety, efficacy, toxicity, maximum-tolerated dose or effectiveness in comparison to conventional treatments

- e. the treatment is being delivered or should be delivered subject to approval and supervision of an Institutional Review Board (IRB) as required and defined by federal regulations or other official actions (especially those of the FDA or DHHS).
 - f. other facilities studying substantially the same drug, device, medical treatment or procedures refer to it as Experimental or as a research project, a study, an invention, a test, a trial or other words of similar effect.
 - g. the predominant opinion among experts as expressed in published, authoritative medical literature is that usage should be confined to research settings.
 - h. the treatment is not Experimental or Investigational itself pursuant to the above criteria, but would not be Medically Necessary except for its use in conjunction with a drug, device or treatment that is Experimental or Investigational (e.g. lab tests or imaging ordered to evaluate the effectiveness of an Experimental therapy).
15. **Family Planning** - family planning counseling for CDOC offenders; surgical sterilization; reversal of sterilization; contraception for CDOC offenders except prior to parole or discharge (AR 700-12), including contraceptive devices; abortion; diagnosis and/or treatment of infertility.
 16. **Futile Care** – health care testing, procedures, or treatment that is not expected to improve a patient’s clinical outcome. (Comfort or palliative care at the end of life is excluded from this definition. Decisions concerning cessation of hydration, nourishment, or life support are also excluded from this definition and shall be made in accordance with the requirements of 15-18-101, et seq., C.R.S. and 15-18.5-101, et seq., C.R.S.)
 17. **Genetic Testing** – only when medically necessary for diagnosis and treatment of the offender.
 18. **Hepatitis G Testing** – Hepatitis G testing is not covered.
 19. **Implants** – cochlear implants, breast prosthesis for cosmetic reasons.
 20. **Orthotics** – custom orthotics (inserts) for the elimination of pain are not covered.
 21. **Prosthetics** – artificial limbs are covered only to the extent necessary to restore functional ADLs. Bio-electric prostheses are not covered.
 22. **Therapy** - vocational therapy is not covered. Occupational therapy is not covered. Cardiac therapy is limited to that provided by CDOC providers. Physical therapy is limited to therapy required to resume functional activities of daily living (ADLs).
 23. **TMJ Treatment** – treatment of temporomandibular joint disorder (TMJ) is not covered.
 24. **Vision** – tri-focal lenses; tinted lenses; contact lenses and related supplies (unless medically necessary); radial/laser keratotomy; other surgical procedures for the sole purpose of improving vision for cosmetic reasons; special treatment of prescription eyeglasses that are not medically required for health and safety; prosthetic eye’s.

TREATMENT ALTERNATIVES AND DEVIATIONS

Treatment alternatives and deviations from this document are the sole discretion of the Colorado Department of Corrections and the managed care contractor. There may be unusual and extraordinary circumstances that are not contemplated in this document.

All decisions will be made exclusively the Colorado Department of Corrections and the managed care contractor based upon the medical necessity and the probable outcome of medically necessary services.

Any request to authorize a treatment alternative must be made in writing to the appropriate Colorado Department of Corrections Chief of Service. The Colorado Department of Corrections is the interpretative authority of the benefit package and will determine the resolution to all questions arising in the interpretation, administration and application of the benefits. All determinations will be final, conclusive and binding. In the event the Colorado Department of Corrections makes the decision to implement a treatment alternative for one patient, they are not obligated to extend the same service to the entire population.