

U.S. Department of Justice
United States Marshals Service
Witness Security and Prisoner Operations Division



cited in *Goodell v. Bannister*, No. 12-15844 archived on September 12, 2014

UNITED STATES MARSHALS SERVICE

Prisoner Health Care Standards

Witness Security and Prisoner Operations Division
Office of Interagency Medical Services
(202) 307-9680

USMS Pub. No. 100
Revised November 2007



Case 1:10-cv-00001-y. Bannister, No. 12-15844 archived on September 12, 2014

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PREFACE

This brochure is a supplement to the United States Marshals Service (USMS) Prisoner Operations Division Program Directive Number 9.15, **Prisoner Health Care**. The Program Directive states the following:

It is the policy of the USMS to ensure that all USMS prisoners receive medically necessary health care while at the same time ensuring that federal funds are not expended for unnecessary or unauthorized health care services.

Medical necessity, or a “serious medical need” is defined as a valid health condition that, without timely medical intervention, will cause (1) excessive pain not controlled by medication, (2) measurable deterioration in function(including organ function), (3) death, or (4) substantial risk to the public health.

The USMS subscribes to the following five rubrics for medical necessity decision-making:

- 1. The intervention must be intended to be used for a medical condition.*
- 2. The peer-reviewed published evidence should demonstrate that the intervention can be expected to produce its intended effects on health outcomes.*
- 3. There is no other intervention that produces comparable or superior results in a more cost-effective manner.*
- 4. The intervention’s expected beneficial effects on health outcomes should outweigh its expected harmful effects.*
- 5. While nurses working in a utilization management program can approve care, only a physician should recommend alternative treatments or deny care.*

The USMS has authority (upon the recommendation of a competent medical authority or physician) to acquire and pay for reasonable

and medically necessary care (to include emergency medical care) to ensure the well-being of all USMS prisoners. It is, however, NOT the policy of the USMS to provide either elective or preventative medical care. Necessary emergency medical care should be provided to all USMS prisoners immediately.

Prisoners in the custody of the USMS are usually in USMS custody for a short period of time (less than 1 year) during their pretrial and trial phase. Many medically appropriate, non-emergency procedures can and should be delayed until after the prisoner's judicial status is resolved, as long as there is no significant health risk to the prisoner, Treatment of pre-existing conditions which are not life-threatening or medically necessary should be delayed until after the prisoner's judicial status is resolved.

The purposes of these standards are to 1) define **reasonable and medically necessary care** for prisoner in custody of the USMS, 2) to define those prisoner medical conditions that require treatment, 3) to enumerate the specific **elective or preventative** medical interventions and procedures that are not routinely authorized for payment by the USMS unless otherwise ordered by the court. Justification for exceptions to these standards should be reviewed and approved by OIMS. These standards will be reviewed annually and updated as needed.

These standards refer to health care services and products which are to be charged to the USMS, and/or which require a prisoner in USMS custody to make visits anywhere outside of the facility to which he/she is confined. Services and products provided to USMS prisoners within correctional facilities and at no cost to the USMS are not prohibited.

Section I of these standards defines reasonable and medically necessary care. Section II defines conditions requiring treatment. Section III lists the medical interventions, procedures, medications, and medical devices that are not routinely authorized for payment by the USMS.

The medical interventions, procedures, medications and medical devices that are listed in Section III of this brochure are NOT routinely authorized for payment by the USMS unless ordered by the Court.

Questions regarding these standards may be addressed to the USMS Office of Interagency Medical Services at (202) 307-9680.

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I. REASONABLE AND MEDICALLY NECESSARY CARE

USMS Definition: Healthcare services, medical supplies and equipment, pharmaceuticals, or medical procedures recommended by and/or provided by a hospital or licensed health care provider that the USMS determines are:

1. Appropriate to diagnose or treat the patient's condition, illness or injury
2. Consistent with established standards of medical practice in the United States
3. Not primarily for the personal comfort or convenience of the patient, family, or provider
4. Not part of or associated with the scholastic education or vocational training of the patient
5. Not available on an outpatient basis (therefore requires inpatient care)
6. Approved by the United States Food and Drug Administration
7. Not identified herein as "not covered"

II. CONDITIONS REQUIRING TREATMENT

USMS Definition:

1. Emergency and life-threatening/limb-threatening/hearing-threatening/ sight-threatening conditions
2. Accidental or traumatic injuries incurred while in the custody of the USMS, that would likely lead to a significant loss of function or death.
3. Acute illnesses
4. Chronic conditions which are considered life-threatening or, if untreated during the period of USMS custody, would likely lead to a significant loss of function or death

5. Any other medical condition which the evaluating physician or mid-level provider believes will cause deterioration of the prisoner's health or uncontrolled suffering.

III. NON-AUTHORIZED MEDICAL INTERVENTIONS/ PROCEDURES

The following medical interventions and procedures are not authorized for payment by the USMS, unless ordered by the court or pre-authorized by OIMS:

A. ALLERGY/CLINICAL IMMUNOLOGY - NOT COVERED

Allergy testing and treatment

Medical conference services for allergy

Professional services for allergen immunotherapy

Provocative test

B. CARDIOLOGY - NOT COVERED

Ambulatory blood pressure monitoring

Ambulatory blood pressure monitoring, physician review

Ambulatory blood pressure monitoring, scanning analysis

Ambulatory blood pressure monitoring, recording

Cardiac rehabilitation, unless ordered in writing by a physician or mid-level provider after a cardiac incident or surgery and preauthorized by the Office of Interagency Medical Services

Donor cardiectomy-pneumonectomy

Donor cardiectomy

Electrocardiograms, unless ordered by a physician or mid-level provider based on clinical findings suggestive of cardiac disease

Heart transplant

Heart-lung transplant

Photopheresis, extracorporeal

Plethysmography

Prolonged extracorporeal circulation for cardiopulmonary insufficiency

Single or multiple injections of sclerosing solutions

C. DENTAL/ORAL SURGERY– NOT COVERED

Arthrocentesis

Arthroplasty

Arthroscopy - surgical

Arthrotomy

Bridge Pontics

Bridge Retainers

Condylectomy

Coronoidectomy

Dental x-rays, unless required as a result of injury incurred while detainee is in the custody of the USMS, or for diagnostic purposes in the presence of pain and suffering

Dental fillings, unless required as a result of injury incurred while detainee is in the custody of the USMS, or to relieve pain and suffering

Dental crowns

Endodontic endosseous implants

Fluoride treatments

Gold Foil Restorations

Intra-oral soft tissue grafts

Joint reconstruction

Oral surgical implant

Orthodontia - Initiation, replacement, adjustment, or maintenance of braces. (Removal of braces is covered if clinically indicated)

Orthognathic surgery

Osteoplasty for orthognathic deformities

Osteotomy of ramus, with or without bone graft

Osteotomy of the body of the mandible

Osteotomy-segmented or subapical-per sextant or quadrant

Partial ostectomy

Periodontal treatment, including surgical procedures

Radical resection of mandible with bone graft

Retainers

Root canals when any of the following conditions are present:

the tooth is a third molar; inadequate oral hygiene; the tooth is periodontally compromised; high caries rate; the tooth requires extensive restoration; missing teeth in the same arch which will be replaced with a removable prosthesis; opposing tooth is missing; other teeth in the same arch are of questionable prognosis; or the tooth is not essential to maintain the integrity of the arch.

Routine dental care, other than to relieve pain and suffering

Routine dental hygiene care, unless the detainee has been in the uninterrupted custody of the USMS for greater than 12 months.

Skin grafts

Surgical disectomy; with or without implant

Synovectomy

Transseptal fibrotomy

Treatment for temporomandibular joint dysfunction and disorders, including surgery and appliances

Upper or lower dentures, except in cases in which the detainee was taken into custody with dentures, and they are broken while he or she is in custody

D. DIGESTIVE SYSTEM - NOT COVERED

Anterior gastropexy for hiatal hernia

Excision tonsil tags

Frenoplasty

Gastric bypass for morbid obesity

Gastroplasty for morbid obesity

Hemorrhoidal surgery, except when unresponsive to conservative treatment

Elective revision of colostomy

Vermilionectomy, with mucosal advancement

E. EAR, NOSE AND THROAT - NOT COVERED

Adenoidectomy

Displacement therapy of nose

Excision of exostosis

Excision of soft tissue lesion of the ear

Injection into turbinates

Functional reconstruction of the internal nose

Insertion of nasal septal prosthesis

Lysis of intranasal synechia

Repair of conchal fistula

Rhinoplasty

Septoplasty or submucous resection

Tonsillectomy

Tympanoplasty

F. ENDOCRINOLOGY– NOT COVERED

Basal metabolism readings

Growth hormone therapy

G. GENITAL SYSTEM (MALE) - NOT COVERED

Circumcision, unless clinically indicated

Electroejaculation

Epididymovasostomy, anastomosis epididymis to vas deferens

Excision, penile plaque
Injection procedure corpora cavernosography
Injection of corpora cavernosa
Injection procedure for Peyronie disease
Insertion of testicular prosthesis
Insertion of penile prosthesis
Intersex surgery, male to female
Intersex surgery, female to male
Irrigation corpora cavernosa priapism
Ligation vas deferens
Nocturnal penile tumescence test
Penile plethysmography
Plastic operation on penis to correct angulation
Procedures, services and supplies related to sex transformations
Removal/repair/replacement of penile prosthesis
Repair of hypospadias complications
Reversal of surgically induced sterility
Semen collection
Surgical correction of abnormality of penile prosthesis
Vasectomy
Vasotomy
Vasovasotomy, vasovasorrhaphy

H. HEARING - NOT COVERED

Excision of soft tissue lesion of the ear
Excision of exostosis
Hearing aids, including implanted bone conduction hearing aids, except in cases in which the detainee was taken into custody with hearing aids and they are broken while he or she is in custody. Then, only one replacement pair is authorized.

Hearing testing or screening, unless clinically indicated

I. HEMIC AND LYMPHATIC SYSTEM - NOT COVERED

J. INTEGUMENTARY SYSTEM (SKIN, SUBCUTANEOUS AND AREOLAR TISSUE, BREAST) - NOT COVERED

Abrasion of lesion

Acne surgery

Arthroscopy of the temporomandibular joint

Arthroplasty

Augmentation of the mandibular body or angle

Blepharoplasty

Body piercing

Bone graft, nasal maxillary and malar areas

Breast reconstruction

Cartilage graft

Cervicoplasty

Chemical exfoliation for acne

Chemical peel

Condylectomy of the temporomandibular joint

Coronoidectomy

Correction of inverted nipples

Dermabrasion

Dressing change under anesthesia

Electrolysis

Excision of excessive skin

Fascia lata graft

Genitoplasty

Graft for facial nerve paralysis

Hair transplant

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Hammertoe operation, for cock-up fifth toe
I.V. injection of agent to test blood flow in flap
Immediate insertion of breast prosthesis after mastectomy
Impression/custom preparation of prosthesis
Injection procedure for temporomandibular arthrography
Insertion of tissue expander
Insertion of contraceptive capsules
Mammoplasty
Mastectomy for gynecomastia
Mastopexy
Meniscectomy of the temporomandibular joint
Moulage preparation for custom breast implant
Nipple exploration
Nipple/areola reconstruction
Osteotomy of the facial bones
Osteotomy of the mandible
Periprosthetic capsulectomy, breast
Reconstruction of the toe
Reconstruction of cleft foot
Reconstruction of nail bed, with graft
Reconstructive surgery
Reduction of the forehead
Removal by contouring of a benign tumor of the facial bone
Removal of intact mammary implant
Removal of tissue expander
Removal of contraceptive capsules
Replacement of tissue expander
Revision reconstructed breast

Rhytidectomy

Salabrasion

Suction assisted lipectomy

Tattoo removal

Tattooing

Tissue graft

Treatment for temporomandibular joint dysfunction and disorders, including surgery and appliances

K. NERVOUS SYSTEM - NOT COVERED

Burr holes, implantation neurostimulator electrodes

Craniectomy, implantation neurostimulator electrodes

Incision/subcutaneous placement neurostimulator generator/receiver

Incision and subcutaneous placement/cranial neurostimulator

Incision/subcutaneous placement neurostimulator generator/receiver

Laminectomy, implantation neurostimulator electrodes

Percutaneous implantation neurostimulator electrodes

Revision/removal spinal neurostimulator generator/receiver

Revision or removal/cranial neurostimulator

Revision/removal peripheral neurostimulator electrodes

Revision/removal peripheral neurostimulator generator/receiver

L. OBSTETRICS/GYNECOLOGY (FEMALE GENITAL SYSTEM)– NOT COVERED

Amniocentesis, unless justified in writing by a physician or mid-level provider because of clinical findings indicating possible complications

Any medical care whatsoever for the infant after delivery, including the first newborn exam and routine screening, as per Federal Statute

Artificial insemination

Construction of artificial vagina

Culture of oocyte

Diaphragm fitting

Dilation of vagina under anesthesia

Elective abortions, except where the life of the mother would be endangered if the fetus were carried to term, or where the pregnancy is the result of rape

Embryo transfer

Excision of vaginal septum

Fimbrioplasty

Gamete or zygote transfer

Home uterine monitoring devices, unless justified in writing by a physician or mid-level provider because of clinical findings indicating possible complications

Hydrotubation of oviduct

Hymenotomy, simple incision

Hysteroplasty to repair uterine anomaly

Infertility workup or treatment, including Assisted Reproductive Technology (ART)

Injection procedure, hysterosalpingography

Insertion of intrauterine device

Intersex surgery, female to male

Intersex surgery, male to female

Ligation or transection of fallopian tubes

Lysis of labial adhesions

Mammography, unless ordered in writing by a physician or mid-level provider because of documented clinical findings indicating suspicion of malignancy and preauthorized by the Office of Interagency Medical Services, or unless the detainee is 40 years

of age and has been in the uninterrupted custody of the USMS for greater than 12 months

Non-emergency Hysterectomy

Oocyte retrieval

Plastic repair of introitus

Procedures, services and supplies related to sex transformations

Reversal of surgically induced sterility

Routine physical examinations, including PAP smear, unless ordered in writing by a physician or mid-level provider because of documented clinical findings and preauthorized by the Office of Interagency Medical Services, or unless the detainee has been in the uninterrupted custody of the USMS for greater than 12 months

Subsequent routine sonogram(s) to determine fetal age and/or size, unless justified in writing by a physician or mid-level provider because of clinical findings indicating possible complications. (The initial ultrasound is covered)

Salpingostomy

Transcervical introduction of fallopian tube catheter

Transection of fallopian tube, minilaparotomy

Transposition of ovary

Tubotubal anastomosis

Tubouterine implantation

Uterine suspension

Voluntary sterilization or other family planning services, including contraceptive drugs, devices, or surgery

M. ORTHOPEDICS / REHABILITATION - NOT COVERED

Maintenance or palliative physical, occupational, or speech therapy for a chronic disease or condition

Orthopedic devices unless necessitated by an acute injury while in USMS custody or unless prisoner possessed one at the time

of his/her arrest and it was lost or damaged beyond repair during his or her incarceration.

Orthopedic shoes, unless the detainee possessed a pair at the time of his/her arrest, and they were lost or damaged beyond repair during his or her incarceration

Orthotics

Radiant heat treatment and diathermy

Short-term rehabilitative therapy (physical, speech, and occupational), unless as a result of immediate post-surgical intervention or injury or illness incurred while in USMS custody.

Long-term rehabilitative (physical, speech, and occupational) services unless approved by OIMS.

N. PSYCHOLOGY/PSYCHIATRY– NOT COVERED

Counseling or therapy for marital, educational, behavioral, or sexual Diagnosis or treatment of sexual dysfunction/inadequacy/impotence

Hypnotherapy problems

Mental Competency evaluation. (Mental competency evaluation is the responsibility of the Federal Bureau of Prisons and a Court order is required.)

Orthomolecular Psychiatric Therapy

Psychoanalysis or psychotherapy credited toward earning a degree, or furtherance of education or training, regardless of diagnosis or symptoms that may be present

In-depth psychological or psychiatric testing, counseling, or psychotherapy unless ordered by the Court. (Initial and/or acute psychological or psychiatric evaluation for medical management, or medication adjustment is covered.)

Sleep therapy or evaluation

Speech Therapy

Treatment of alcoholism or substance abuse, unless the detainee had begun a course of therapy prior to being taken into the custody of the USMS, or if necessary for acute withdrawal, or if ordered by the court

Treatment for learning disabilities and mental retardation

O. URINARY SYSTEM - NOT COVERED

Donor nephrectomy

Recipient nephrectomy

Renal homotransplantation

Renal transplantation with recipient nephrectomy

Renal autotransplantation, reimplantation

Revision of ileostomy

P. VISION (EYE) – NOT COVERED

Eyeglasses, except in cases in which the detainee was taken into custody with eyeglasses and they are broken while he or she is in custody. Then, only one replacement pair is authorized. No designer frames are authorized. The least expensive pair of clear prescription glasses is authorized.

Sunglasses, unless ordered by a physician or mid-level provider certifying the medical necessity of such glasses for a medical condition such as photophobia. Then, only one replacement pair is authorized. No designer frames are authorized. The least expensive pair of sunglasses is authorized.

Blepharoptosis repair

Botulinum injection for strabismus

Canthoplasty

Cataract removal

Chemodeneration of extraocular muscle

Closure of lacrimal punctum

Conjunctivodacryocystotomy

Conjunctivorhinostomy

Contact lenses

Corneal tattoo

Corneal wedge resection

Corneal relaxing incision
Correction of everted punctum
Correction of lid retraction
Epikeratoplasty
Injection of contrast medium for dacryocystography
Keratomileusis
Keratophakia
Keratoprosthesis
Modification of ocular implant
Orthoptic or pleoptic training
Photorefractive keratectomy
Plastic repair of canaliculi
Probing of nasolacrimal duct
Radial keratotomy
Reconstruction of eyelid
Reduction of overcorrection of ptosis
Refractions, including lens prescription, unless clinically indicated
Release of extensive scar tissue
Removal or revision of orbital implant
Strabismus surgery
Transposition of extraocular muscle
Visual training exercises

Q. SURGERY - NOT COVERED

CARDIOVASCULAR SYSTEM SURGERY

Donor cardiectomy
Donor cardiectomy-pneumonectomy
Heart transplant

Heart-lung transplant

Varicose vein ligation, division, excision, or stripping

DIGESTIVE SYSTEM SURGERY

Anterior gastropexy for hiatal hernia

Excision tonsil tags

Frenuloplasty

Gastric bypass for morbid obesity

Gastroplasty for morbid obesity

Hemorrhoidal surgery, except when unresponsive to conservative treatment

Elective Revision of colostomy

Elective Revision of ileostomy

Surgical treatment for morbid obesity

Vermilionectomy, with mucosal advancement

EAR, NOSE AND THROAT SURGERY

Adenoidectomy

Excision of soft tissue lesion of the ear

Excision of exostosis

Excision of tonsil tags

Functional reconstruction of the internal nose

Insertion of nasal septal prosthesis

Lysis of intranasal synechia

Myringotomy with or without Tubes

Orthognathic surgery

Repair of oronasal fistula

Rhinoplasty

Septoplasty or submucous resection

Sleep Apnea surgery

Tonsillectomy

Treatment for temporomandibular joint dysfunction and disorders, including surgery and appliances

Tympanoplasty

EYE SURGERY

Blepharoptosis repair

Canthoplasty

Cataract surgery

Closure of lacrimal punctum

Conjunctivodacryocystotomy

Conjunctivorhinostomy

Corneal relaxing incision

Corneal wedge resection

Correction of lid retraction

Correction of everted punctum

Epikeratoplasty

Keratomileusis

Keratophakia

Keratoprosthesis

Modification of ocular implant

Photorefractive keratectomy

Plastic repair of canaliculi

Radial keratotomy

Reconstruction of eyelid

Reduction of overcorrection of ptosis

Release of extensive scar tissue

Removal or revision of orbital implant

Strabismus surgery

quoted in: [Crawell v. Bannister, No. 4:11-cv-00584](#) archived on September 12, 2014

Transposition extraocular muscle

LASIK (Laser-Assisted in Situ Keratomileusis)

GENERAL SURGERY

Any operative procedure or any portion of a procedure performed primarily to improve physical appearance and/or treat a mental condition through change in bodily form

Any costs incurred for organ transplantation, whether incurred by recipient or donor, including bone marrow transplants, and tissue typing

Non-emergency Herniorrhaphy

Oral and maxillofacial surgery, unless required as a result of injury incurred while in the custody of the USMS and preauthorized by the Office of Interagency Medical Services

Plastic surgery

Reconstructive surgery unless required as a result of injury incurred while in the custody of the USMS and preauthorized by the Office of Interagency Medical Services

Removal of implant material

Stand-by surgeons

Surgical treatment for morbid obesity

Surgical correction of congenital anomalies

GENITAL SYSTEM (FEMALE) SURGERY

Construction of artificial vagina

Dilation of vagina under anesthesia

Excision of vaginal septum

Fimbrioplasty

Genitoplasty

Hymenotomy, simple incision

Hysteroplasty to repair uterine anomaly

Intersex surgery, female to male

Intersex surgery, male to female

Ligation or transection of fallopian tubes
Non-emergency hysterectomy
Plastic repair of introitus
Reversal of surgically induced sterility
Salpingostomy
Transcervical introduction of fallopian tube catheter
Transection of fallopian tube, minilaparotomy
Transposition of ovary
Tubotubal anastomosis
Uterine suspension
Voluntary sterilization

GENITAL SYSTEM (MALE) SURGERY

Circumcision
Epididymovasostomy, anastomosis epididymis to vas deferens
Excision, penile plaque
Genitoplasty
Insertion penile prosthesis
Insertion of testicular prosthesis
Intersex surgery, female to male
Intersex surgery, male to female
Ligation of vas deferens
Plastic operation on penis to correct angulation
Removal/repair/replacement of penile prosthesis
Repair of hypospadias complications
Reversal of surgically induced sterility
Surgical correction of abnormality in penile prosthesis
Transurethral balloon dilation, prostatic urethra
Vasectomy

Vasotomy

Vasovasotomy, vasovasorrhaphy

Voluntary sterilization

INTEGUMENTARY SYSTEM SURGERY (SKIN, SUBCUTANEOUS AND AREOLAR TISSUE, BREAST)

Acne surgery

Arthroscopy of the temporomandibular joint

Augmentation of the mandibular body or angle

Blepharoplasty

Bone graft, nasal maxillary and malar areas

Breast reconstruction

Cartilage graft

Cervicoplasty

Condylectomy of the temporomandibular joint

Coronoidectomy

Correction of inverted nipples

Excision of excessive skin

Fascia lata graft

Genitoplasty

Graft for facial nerve paralysis

Hair transplant

Immediate insertion of breast prosthesis after mastectomy

Insertion of tissue expander

Insertion of contraceptive capsules

Ligament Release of Tarsal Tunnel

Mammoplasty

Mastectomy for gynecomastia

Mastopexy

Meniscectomy of the temporomandibular joint

Muscle Resection
Nipple/areola reconstruction
Nipple exploration
Non-emergency Herniorrhaphy
Periprosthetic capsulectomy, breast
Reconstruction of nail bed
Reconstructive surgery
Reduction of the forehead
Removal by contouring of a benign tumor of the facial bone
Removal of tissue expander
Removal of sutures under anesthesia
Removal of intact mammary implant
Removal of contraceptive capsules
Replacement of tissue expander
Revision reconstructed breast
Rhytidectomy
Skin graft
Submucosal Resection
Subperiosteal implant
Suction assisted lipectomy
Tissue graft
Treatment for temporomandibular joint dysfunction and disorders, including surgery and appliances

NERVOUS SYSTEM SURGERY

Burr holes, implantation neurostimulator electrodes
Craniectomy, implantation neurostimulator electrodes
Incision/subcutaneous placement neurostimulator generator/receiver
Incision and subcutaneous placement/cranial neurostimulator

Incision/subcutaneous placement neurostimulator generator/receiver
Laminectomy, implantation neurostimulator electrodes
Percutaneous implantation neurostimulator electrodes
Revision/removal spinal neurostimulator generator/receiver
Revision or removal/cranial neurostimulator
Revision/removal peripheral neurostimulator electrodes
Revision/removal intracranial neurostimulator electrodes
Revision/removal peripheral neurostimulator generator/receiver

ORTHOPEDIC SURGERY

Arthrocentesis, unless acute

Arthroplasty

Arthroscopy-surgical

Arthrotomy

Bone graft

Carpal Tunnel Decompression, unless serious enough to result in nerve damage or unremitting pain

Condylectomy

Diagnostic arthroscopy, with or without biopsy

Disc repair, or discectomy, unless due to severe pain that is unresponsive to conservative treatment or with clear evidence of motor impairment

Foot Surgery, including Bunionectomy

Hammertoe operation, for cock-up fifth toe

Joint Reconstruction

Ligament Release of Tarsal Tunnel

Myotomy

Non-emergency back (disc) surgery

Non-emergency limb amputation

Non-emergency Reconstruction of the mandible

Orthognathic surgery
Osteoplasty for orthognathic deformities
Osteotomy of the facial bones
Osteotomy of the mandible
Osteoplasty of ramus, with or without bone graft
Osteotomy of the body of the mandible
Osteotomy-segmented or subapical-per sextant or quadrant
Partial ostectomy
Radical resection of mandible with bone graft
Reconstruction of cleft foot
Reconstruction of the toe
Skin grafts
Synovectomy
Transosseous implant
Transseptal fiberotomy

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URINARY SYSTEM SURGERY

Donor nephrectomy
Recipient nephrectomy
Renal autotransplantation, reimplantation
Renal homotransplantation
Renal transplantation with recipient nephrectomy

R. PROSTHESES– NOT COVERED

Prosthetic devices, except in cases in which the detainee was taken into custody with a functional prosthesis, and it is broken or lost while he or she is in custody

Auricular prosthesis
Auricular prosthesis, replacement
Cranial prosthesis

Facial augmentation implant prosthesis
Facial prosthesis
Impression/custom preparation of prosthesis
Mandibular resection prosthesis
Nasal prosthesis
Nasal septal prosthesis
Obturator prosthesis
Ocular prosthesis, interim, unless clinically indicated
Ocular prosthesis, unless clinically indicated
Orbital prosthesis
Palatal augmentation prosthesis
Palatal lift prosthesis
Penile prosthesis
Procedures, services, and supplies related to sex transformations
Radiation carrier
Radiation cone locator
Radiation shield
Speech aid prosthesis
Treatment for temporomandibular joint dysfunction and disorders, including surgery and appliances
Trismus appliance (not for TMD treatment)

S. GENERAL MEDICINE/ LABORATORY - NOT COVERED

Biopsies, unless clinically indicated and preauthorized by the Office of Interagency Medical Services
Blood typing for paternity testing
Blood cholesterol test, urinalysis, complete blood count (CBC), and blood chemistry tests, unless clinically indicated or the detainee has been in the uninterrupted custody of the USMS for greater than 12 months

Screening endoscopies, unless clinically indicated and preauthorized by the Office of Interagency Medical Services

Machine Diagnostic Tests (eg PET, MRI, echocardiogram, CT scan) unless ordered by a physician or mid-level provider with clinical findings indicating medical necessity

Physical examinations not necessary for medical reasons

PSA (Prostate Specific Antigen), unless clinically indicated or the detainee has been in the uninterrupted custody of the USMS for greater than 12 months and is over the age of 50 years.

Semen fructose test

Semen analysis

Sperm antibodies

Sperm evaluation

Splitting of blood or blood products

Tissue hybridization

T. RADIOLOGY - NOT COVERED

Diagnostic x-rays unless ordered by a physician or mid-level provider with clinical findings indicating medical necessity, or for purposes of infectious disease screening

Hyperthermia

Mammography, unless ordered by a physician or mid-level provider for documented clinical findings indicating suspicion of malignancy, or unless the detainee is 40 years of age and has been in the uninterrupted custody of the USMS for greater than 12 months

Injection procedure, hysterosalpingography

U. PHARMACY– NOT COVERED

Chelation therapy, except for acute arsenic, gold, or lead poisoning

Contraceptive drugs or devices

Controlled narcotics, unless evaluated by a physician experienced in the use of such medications and when other options have been considered and found to be inadequate.

Drugs available without a prescription (over-the counter)

Drugs for cosmetic purposes

Drugs to enhance athletic performance

Immune Globulin

Implanted time-release medications, (e.g. Norplant)

Investigational drugs (non-FDA approved)

Methadone except for the following clinical indications:

Treatment of opiate addicted pregnant prisoners;

Detoxification of opiate addicted prisoners; or

Treatment of severe pain.

Name brand prescription drugs for which a federally approved generic equivalent is available

Routine immunizations or boosters, including tetanus-diphtheria (TD), measles, chicken pox, hepatitis B, hepatitis C, influenza, and pneumococcal vaccines

Smoking cessation drugs and medication, including nicotine patches and gum

Over-the counter vitamins and nutritional substances unless prescribed by a physician or mid-level provider for clinical indications

Drugs used to enhance sexual performance (e.g. Viagra)

V. INVESTIGATIONAL (EXPERIMENTAL) DRUGS, DEVICES, AND PROCEDURES – NOT COVERED

For procedures, services, and supplies that are experimental or investigational, and/or not approved by the FDA, if the prisoner is taking an investigational drug on a compassionate use basis at the time of arrest, he or she may continue it as long as it involves no cost to the government, and as long as the investigational protocol does not require the prisoner to make visits

anywhere outside of the facility to which he or she is confined.

W. OTHER – NOT COVERED

Acupuncture

Air purifiers, air conditioners, heating pads, whirlpool bathing equipment, sun and heat lamps, and exercise devices, even if ordered by a physician or mid-level provider

Apnea monitor

Assembly and operation of pump with oxygenator or heat exchanger

Bereavement counseling

Biofeedback training

Care or treatment not provided in accordance with accepted professional medical standards in the United States

Chiropractic services

Clinical ecology and environmental medicine

Communication equipment including computer “story boards” or “light talker.”

Extracorporeal Membrane Oxygenation (ECMO)

Fabrication of athletic mouth guards

Financial legal counseling

Hypothermia

Naturopathy

Outpatient consultations by medical specialists, unless ordered by a physician or mid-level provider or mid-level provider

Pastoral counseling

Personal comfort items during hospitalization such as radio, television, telephone, guest beds, admission kits, or other comfort items

Podiatric services, including foot orthotics and the removal of corns or calluses or trimming of nails unless clinically indicated (e.g. diabetic, infected ingrown toenail)

Private-duty nursing

Procedures, services, and supplies for weight control

Services and supplies not reasonably necessary for the diagnosis and treatment of an illness or injury

Services and supplies for cosmetic purposes

Wigs

IV. APPEALS/DENIALS PROCESS

Nothing in the USMS Prisoner Health Care Appeals Procedure is intended to create or does create an enforceable legal right or private right of action.

A. APPEALS

The USMS reviews requests for health care services and supplies to ensure that prisoners in the custody of the USMS are provided basic minimum health care. The USMS Prisoner Healthcare Standards are used as the guideline for making health care recommendations to the districts. When a requested medical service is not in accordance with the standards, it will be referred to OIMS for review and determination.

Appeals for denial of a requested prisoner health care service that are based on OIMS interpretation of USMS medical policy may be initiated by:

- the prisoner,
- a medical provider, or a legally appointed advocate (defense attorney, legal guardian) in writing to the USMS

The appeal should state why there should be an exception to USMS medical policy (e.g. not in agreement with the policy or extenuating circumstances exist to form an exception). The USMS will review and recommend a resolution.

The USMS shall forward the recommendation and supporting medical records for review by the USMS Medical Appeals Board. After reviewing the request and records, the USMS Medical Appeals Board will either:

- uphold the decision of denial; overturn and approve the request; or

- seek further information or a second opinion from a consultant.

B. DENIALS

All denials of payment for prisoner health care services will be reviewed by the OIMS physician consultant. The following denials of payment may be recommended by the medical case coordinators without review by the OIMS physician consultant:

- The prisoner is not in the custody of the USMS
- The requested services are not a covered benefit.

All other denials of payment will be reviewed for concurrence by the physician consultant.

Upon final review of all provided documentation, a written recommendation will be forwarded to the USMS. All communication will include an explanation for the recommendation.

C. USMS APPEALS BOARD

The USMS Medical Appeals Board shall meet to review appeals submitted to OIMS. The Board will consist of:

- one representative from the USMS Office of General Counsel (OGC);
- one health care professional representative from OIMS;
- one health care specialist in the relevant field;
- one representative from the Investigations and Detentions Branch.

The health care representative will not be the physician consultant nor the individual who initially reviewed the case.