

**M.A.C.T. HEALTH BOARD, INC.**  
**MEDICAL LEVELS OF CARE**  
**EFFECTIVE DATE: 11/8/12**

**Level I**

*(CHS is covering Level I, IIA and IIB of the following Levels of Care)*

1. Emergency:
  - 1.1 Emergency means any medical condition for which immediate medical attention is necessary to prevent the death or serious impairment of the health of an individual.
  - 1.2 Referrals for authorization must be submitted within 72 hours of the emergency visit (30 days for elder and disabled patients)
  - 1.3 Ambulance transport is covered when appropriate
  - 1.4 Emergency care ceases upon admission to the hospital
  
2. Public Health:
  - 2.1 Communicable Disease labwork: Sexually transmitted diseases (STD's), Hepatitis ABC screens, HIV labs, viral titers
    - 2.1.1 Does not include investigative procedures such as liver biopsies, brain biopsies, laparoscopy, arthrocentesis, bone marrow biopsy etc. These procedures are considered surgical procedures and fall under the Level of Care specific to the surgical procedure (See Level IIIB, #2)
  - 2.2 Serum Lead levels, Environmental toxic exposures, etc.

Original Date: 4/27/10  
Revised Date: 11/8/12

CHS

## Level IIA

1. Preventative Health:
  - 1.1 Well Child Care (WCC), Routine Physical Exams
  - 1.2 Immunizations
    - 1.2.1 Shingles vaccine (Patients 60 and older) administered at pharmacy
  - 1.3 Family Planning and birth control (not including sterilization procedures)
  - 1.4 Cancer Screening: Occult Blood screens (in-house), Colonoscopy & Barium Enema, Mammography, Cancer marker studies such as PSA, CA-125, etc.
  - 1.5 Bone Density studies
2. Ophthalmology Screening:
  - 2.1 Retinopathy exam
  - 2.2 Hemorrhaging treatment/repair
3. Optometry Screening:
  - 3.1 Eye Examinations for all CHS eligible patients
  - 3.2 Eyeglasses:
    - a. Eyeglass not to exceed \$ 400.00
      1. Patient assumes financial responsibility for any overages.
4. Laboratory evaluation as supported by Primary Care Provider evaluation
5. Pulmonary Function Tests (PFT's) with/without bronchodilator and diffusion capacity
6. Electroencephalograms (EEG's)
7. Electromyogram and Nerve Conduction Velocity
8. Cardiac Rhythm Monitors:
  - 8.1 Holter monitor
  - 8.2 King of Hearts monitor
9. Oxygen therapy for documented hypoxemia ( $SaO_2 < 90$ )
10. Blood pressure monitors available from CHS for home usage when medically necessary as indicated by a MACT primary health care provider.  
**Patients receiving monitors must sign a monitor agreement, see attached page I.**
11. Walkers, canes, crutches, walking boot when not available at clinic
12. Wheelchairs
13. Splints, Braces, Prosthetics, and orthotics

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CHS

## Level IIA (continued)

14. Dietary counseling for obesity/weight control

15. Endocrine

16. Imaging Studies:

- 16.1 Plain film X-rays
- 16.2 Ultrasounds including echocardiograms
- 16.3 CT scans with and without contrast
- 16.4 Nuclear Medicine
- 16.5 Contrast studies excluding Angiograms:
  - 16.5.1 IVP
  - 16.5.2 Barium GI studies
  - 16.5.3 Oral Cholecystogram
  - 16.5.4 Fistulograms
  - 16.5.5 Myelograms

17. MRI

18. Prescriptions: Formulary Drugs only; generic substitutions permitted whenever possible.

## Level IIB

Specialist Referrals for Evaluation/consult only:

Cardiology:

- 2.1.1 Ischemic syndromes,
- 2.1.2 Cardiomyopathies
- 2.1.3 Valvular disease
- 2.1.4 Dysrhythmias
- 2.1.5 Syncope
- 2.1.6 Exercise Stress Testing (without nuclear imaging) as a screen for patients referred to MACT Diabetes/Pre-diabetes exercise program.

2.2 Dermatology

2.3 E.N.T. consult

2.4 Gastroenterology

- 2.4.1 Colonoscopy (outpatient only)

2.5 Gynecology consult

- 2.5.1 Colposcopy

2.6 Nephrology/Urology

- 2.6.1 Urinary Obstruction syndromes including nephrolithiasis and Ureterolithiasis.
- 2.6.2 Renal Failure

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Revised Date: 11/8/12

CHS

## Level IIB (continued)

- 2.7 Neurology
  - 2.7.1 Parkinsonism and other dystonias
  - 2.7.2 Demyelinating syndromes
  - 2.7.3 CVA or TIA syndromes
  - 2.7.4 Dementia
- 2.8 Orthopedic consult
- 2.9 Podiatry Consult
  - 2.9.1 Foot exam
  - 2.9.2 Nail care
- 2.10 Rheumatology consult
- 3 Oncology (Outpatient only)
  - 3.1 Biopsy of recognized abnormalities suspicious for malignancy
  - 3.2 PET scan
- 4 Anesthesiology ( outpatient only)
  - 4.1 Epidural injections (Limit 3)
- 5 Myringotomy for pediatric patients (Patients age 19 and under)
- 6 Pain Management
- 7 Pediatric Evaluations (Patients age 19 and under)
  - 5.1 Circumcision
- 8 Physical Therapy: post-op, acute, or subacute pain: limited to 4 (four) sessions followed by review if further physical therapy is requested not to exceed 12 sessions.
- 9 Psychiatry consult – limited to 4 (four) consults followed by review if further consults are required.
- 10 Respiratory:
  - 4.1 Nebulizer
  - 4.2 Pulmonary
- 11 Sleep Studies for Sleep Apnea
  - 8.1 CPAP for Sleep Apnea
- 12 Wound Care Specialist (Outpatient only)

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CHS

## **Level IIIA**

*((Services at this level are not currently provided))*

1. Non-formulary Drugs: Justification by Primary Provider is necessary
2. Other Specialty referrals: Follow-ups require subsequent referral requests
3. Cataract Extractions with or without lens implants
4. Emergency or Urgent surgeries (eg. appendectomy, cholecystectomy etc...)
5. Abortion involving life threatening situations (determined by Medical Director)
6. Specialty order diabetic shoes (not catalog order) by podiatrist referral only not to exceed \$400 and limited to one pair per year.

## **Level IIIB**

*((Services at this level are not currently provided))*

1. Chemotherapy and Radiation Therapy
2. Elective Surgeries, unless specifically excluded by delineation under Level IV. This incomplete list of covered elective surgeries is provided only as an example of covered procedures, but is not limited to these procedures:
  - 2.1 Cholecystectomy (non-emergent)
  - 2.2 Hernia repair (non-incarcerated)
  - 2.3 Arthroscopy
  - 2.4 Arthrotomy
3. Ambulatory Blood Pressure Monitoring
4. Home physical therapy devices: passive motion devices, lymphatic pumps, post-operative devices, hospital beds etc...
5. Alcohol detoxification and alcoholism management
6. Cardiac Rehabilitation Programs
7. Educational assessment for learning disabilities and ADD – limited to children under the age of 19 and adults under special situations. Adult assessment requires additional approval by the executive director. Approval for any assessment requires referral by a MACT primary health care provider to a MACT licensed mental health provider for 2-3 visits for evaluation and collaboration. After evaluation by a MACT mental health provider, a referral for the educational assessment can be made if both the primary health care provider and MACT mental health provider are in agreement.

## Level V

*(Services at this level are not currently provided)*

1. Acupuncture
2. Artificial Hearts
3. Chelation Therapy for Atherosclerosis
4. Cochlear Implants
5. Colonic Irrigation
6. Cytotoxic Food tests
7. Dermabrasion
8. Electric Nerve stimulation for motor dysfunction
9. Electrotherapy for facial nerve palsy
10. Food allergy testing and treatment
13. Hair Analysis
11. Hair Transplants
12. Human tumor stem cell drug sensitivity assays
13. In-vitro fertilization
14. Intestine transplantation
15. Intravenous histamine therapy
16. Joint and Ligament sclerosing therapy
17. Keratoplasty, refractive
18. Use of medications unapproved by the FDA
19. Mammoplasty, cosmetic
20. Plastic Surgery, cosmetic
21. Unlicensed procedures and treatments unapproved by the AMA
22. Rhinoplasty, cosmetic
23. Transgender operations
24. Tattoo removal

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