

DIHS Detainee Covered Services Package

The Division of Immigration Health Services (DIHS) provides health care benefits for persons in the custody of Immigration and Customs Enforcement (ICE) and Border Patrol (BP) that are in addition to the contracted minimum scope of services provided by a detention facility. This document is not meant to be interpreted as all inclusive; each request is reviewed by medical professionals on a case by case basis.

The DIHS Detainee Covered Services Package primarily provides health care services for emergency care. Emergency care is defined as "a condition that poses an imminent threat to life, limb, hearing, or sight." Accidental or traumatic injuries incurred while in the custody of ICE or BP and acute illnesses will be reviewed for appropriate care.

Other medical conditions which the physician believes, if left untreated during the period of ICE/BP custody, would cause deterioration of the detainee's health or uncontrolled suffering affecting his/her deportation status will be assessed and evaluated for care.

All health care services for which a claim for payment is submitted to DIHS require authorization, **unless the service or category of services is explicitly exempt from and authorization requirement.** Elective, non-emergent care requires prior authorization. DIHS must be notified of emergency care services within 1 business day of occurrence.

Requests for pre-existing, non-life threatening conditions, will be reviewed on a case by case basis. All medical service requests should have correlating clinical signs and symptoms.

Detainee transfers from one hospital to another hospital require prior authorization, unless deemed an emergency. Transfers will usually be approved if the accepting facility is able to offer care/services not available at the original facility.

Failure to submit a Treatment Authorization Request (TAR) for medical services within the time frames established by DIHS **will result in payment denial.**

Providers may request an appeal of any denied service by the submission of appeal documentation.

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Allergy/Clinical Immunology

Scheduled, non-emergency allergy/immunology services are not a covered benefit. Requests will be reviewed on a case by case basis.

The following are examples of commonly requested procedures usually **not covered** but can be requested by submitting a TAR in the event of an emergency situation.

Allergy testing and treatment

Medical conference services for allergy

Professional services for allergen immunotherapy

Provocative test

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Cardiology

Cardiology service requests may be authorized for emergent care. Scheduled, non-emergent or work up procedures and or testing is not covered. All requests are reviewed on a case by case basis.

The following are commonly requested procedures usually not covered but can be requested by a TAR in the event of an emergency.

Cardiac rehabilitation; not covered

Non-emergency cardiac catheterization require prior approval by the Medical Director/Designee.

Non-emergency Electrocardiograms (EKG) with interpretation should be provided on-site @ the detention facilities.

Non-emergency coronary artery bypass surgery

Non-emergency insertion of pacemaker or any other implants

Non-emergency angioplasty (with or without insertion of stents)

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Dental

An initial dental screening is conducted within 14 days of admission, unless completed within the last six months, to include instructions on dental hygiene. This is considered part of the intake process and does not require a separate authorization.

Dental services are provided for emergent care and the relief of pain and suffering. Request for authorization is required within 1 business day of the event.

Non-emergent care requires prior authorization

Orthodontics is not a covered service.

All requests are reviewed on a case by case basis.

The following procedures **are covered** under dental services, once authorization is obtained.

- Generally, routine/non-emergent dental examinations are approved for detainees who have been in ICE/BP custody 12 months, supported by narrative and diagnostic x-rays, if necessary.
- Treatment of dental pain; sedative fillings, extractions of non-restorable teeth, gross debridement of symptomatic areas for inmates in custody less than 12 months.
- Repair of partials or dentures must have documentation of inability to maintain sufficient caloric intake and approval by a DIHS Dental Consultant.
- Treatment plan with x-rays for those inmates who request care with more than 12 months detention.
- Development of an individualized treatment plan for each inmate receiving dental care.
- Consultation and referral to dental specialist, including oral surgery, when necessary.

Forensic dental exams for age determinations

- must be ordered by ICE/BP Officer **AND**
- the requesting agency has a need for this information

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Digestive System

Digestive system service requests may be authorized for emergent care. Scheduled, non-emergent or work up procedures and or testing is not covered. All requests are reviewed on a case by case basis.

The following are commonly requested procedures that are **not covered** but can be requested by a TAR in the event of an emergency.

Adenoidectomy

Hiatal hernia repair

Fissurectomy or Fistulectomy

Gastric bypass for morbid obesity

Gastroplasty for morbid obesity

Hernia repair; unless non-reducible, incarcerated or strangulated

Hemorrhoidal surgery (internal or external)

Testing for H pylori

Tonsillectomy

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Ear, Nose and Throat

Ear, nose and throat service requests may be provided for emergent care. Scheduled, non-emergent or work up procedures and or testing is not covered. All requests are reviewed on a case by case basis.

The following are commonly requested procedures that are **not covered** but can be requested by a TAR in the event of an emergency.

Adenoidectomy

Tonsillectomy

Tympanoplasty

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Endocrinology

Endocrinology service requests may be provided for emergent care. Scheduled, non-emergent, work up procedures and or testing is not covered. All requests are reviewed on a case by case basis.

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General Surgery

Scheduled, non-emergent surgical services are not a covered benefit. Requests will be reviewed on a case by case basis.

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 is **not covered**.

The following are examples of commonly requested procedures that are **not covered** but can be requested in the event of an emergency situation. Also reference each individual body system for additional information.

Autologous blood donations, pre-surgical

Non-emergency pacemaker insertion, or insertion of any other implants, unless determined by a physician to be immediately necessary to preserve life.

Non-emergency hemiorrhaphy

Oral and maxillofacial surgery, unless required as a result of injury incurred while in the custody of ICE/BP

Plastic surgery

Reconstructive surgery, unless required as a result of injury incurred while in the custody of ICE/BP

Removal of implant material

Stand-by surgeons

Surgical treatment for morbid obesity

Surgical correction of congenital anomalies

Eye Surgery

Blepharoptosis repair

Canthoplasty

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Cataract surgery
Cataract removal
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
Pterygium, removal of
Radial keratotomy
Reconstruction of eyelid
Reduction of overcorrection of ptosis
Release of extensive scar tissue

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Removal or revision of orbital implant

Strabismus surgery

Transposition extraocular muscle

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

Tonsillectomy

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

Tympanoplasty

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Cardiovascular System Surgery

Non-emergency angioplasty

Non-emergency coronary artery bypass surgery

Non-emergency pacemaker insertion, or insertion of any other implants, unless determined by a physician to be immediately necessary to preserve life and approved by DIHS Managed Care Unit.

Varicose vein ligation, division, excision, or stripping

Orthopedic Surgery

Arthrocentesis

Arthroplasty

Arthroscopy-surgical

Arthrotomy

Bone graft

Carpal tunnel decompression

Condylectomy

Diagnostic arthroscopy, with or without biopsy

Disc repair

Foot surgery, including bunionectomy

Hammertoe operation, for cock-up fifth toe

Joint reconstruction

Ligament release of tarsal tunnel

Myotomy

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Non-emergency limb amputation

Non-emergency reconstruction of the mandible

Orthognathic surgery

Osteoplasty for orthognathic deformities

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

Surgical discectomy; with or without implant

Synovectomy

Transosseous implant

Transseptal fiberotomy

Integumentary System Surgery (Skin, Subcutaneous and Breast)

Acne surgery

Arthroscopy of the temporomandibular joint

Arthroplasty

Augmentation of the mandibular body or angle

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Blepharoplasty

Bone graft, nasal maxillary and malar areas

Breast reconstruction

Carpal tunnel decompression

Cartilage graft

Cervicoplasty

Condylectomy of the temporomandibular joint

Coronoidectomy

Correction of inverted nipples

Excision of excessive skin

Fascia lata graft

Foot surgery, including bunionectomy

Genitoplasty

Graft for facial nerve paralysis

Hair transplant

Hammertoe operation, for cock-up fifth toe

Immediate insertion of breast prosthesis after mastectomy

Insertion of tissue expander

Insertion of contraceptive capsules

Ligament release of tarsal tunnel

Mammoplasty

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Mastectomy for gynecomastia

Mastopexy

Meniscectomy of the temporomandibular joint

Muscle resection

Nipple/areola reconstruction

Nipple exploration

Non-emergency back (disc) surgery

Non-emergency reconstruction of the mandible

Non-emergency herniorrhaphy

Osteotomy of the facial bones

Osteotomy of the mandible

Periprosthetic capsulectomy, breast

Reconstruction of nail bed

Reconstruction of cleft foot

Reconstruction of the toe

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

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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

Digestive System Surgery

Anterior gastropexy for hiatal hernia

Excision tonsil tags

Frenoplasty

Gastric bypass for morbid obesity

Gastroplasty for morbid obesity

Hemorrhoidal surgery

Revision of colostomy

Surgical treatment for morbid obesity

Vermilionectomy, with mucosal advancement

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Urinary System Surgery

Revision of ileostomy

Female Genital System 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

Oophorectomy

Reversal of surgically induced sterility

Salpingostomy or Salpingectomy

Transcervical introduction of fallopian tube catheter

Transection of fallopian tube, minilaparotomy

Transposition of ovary

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Tubotubal anastomosis

Voluntary sterilization

Male Genital System 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

Prostatectomy

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

Vasovasotomy, vasovasorrhaphy

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Voluntary sterilization

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

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Hearing

Hearing services may be provided for emergent care. Scheduled, non-emergent, work up procedures and/or testing is not covered. All requests are reviewed on a case by case basis.

Hearing testing/screening is not covered. The repair of, replacement or supplies for a hearing aid is **not a covered benefit**.

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Hemolytic and Lymphatic System

Hemolytic and lymphatic system service requests may be provided for emergent care. Scheduled, non-emergent, work up procedures and or testing is not covered. All requests are reviewed on a case by case basis.

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Integumentary System (skin, subcutaneous and breast)

Integumentary system services may be provided for emergent care. Scheduled, non-emergent or work up procedures and testing are not covered. All requests are reviewed on a case by case basis

The following are commonly requested procedures that are **not covered**, but can be requested by a TAR in the event of an emergency.

Acne surgery; acne medication

Arthroplasty

Body piercing or removal; including removal of self inserted genitalia objects (unless obvious signs/symptoms of active infection)

Dermabrasion

Dressing change under anesthesia

I.V. injection of agent to test blood flow in skin flap

Immediate insertion of breast prosthesis after mastectomy

Impression/custom preparation of prosthesis

Insertion of tissue expander

Mammoplasty

Mastectomy for gynecomastia

Reconstruction of cleft foot

Reconstructive surgery

Removal of skin tags/lipomas

Removal of tissue expander

Tattooing or removal

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

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Investigational (Experimental) Drugs, Devices and Procedures

Investigational or experimental drugs, devices and procedures are **not a covered benefit**. All requests are reviewed on a case by case basis.

For procedures, services, and supplies that are experimental or investigational, and/or not approved by the FDA, or if the prisoner is taking an investigational drug on a compassionate use basis at the time of arrest, he or she may continue 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.

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Male Genital System

Scheduled, non-emergency services are not a covered benefit. Requests will be reviewed on a case by case basis.

The following are examples of commonly requested procedures that are **not covered**, but can be requested in the event of an emergency.

Body piercing or removal; including removal of self inserted genitalia objects (unless obvious signs/symptoms of active infection)

Circumcision

Epididymovasostomy, anastomosis epididymis to vas deferens

Excision, penile plaque

Insertion penile or testicular prosthesis

Intersex surgery, female to male; male to female

Ligation of vas deferens

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; Voluntary sterilization

Transurethral balloon dilation, prostatic urethra

Vasectomy

Vasovasotomy, vasovasorrhaphy

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Nervous System

Scheduled, non-emergency services are not a covered benefit. Requests will be reviewed on a case by case basis.

The following are examples of commonly requested procedures that are **not covered**, but can be requested in the event of an emergency.

Most implantation and placement of neurostimulators generators/receivers.

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Obstetrics/Gynecology

Scheduled, non-emergency services are usually not a covered benefit. Requests will be reviewed on a case by case basis.

Pre-natal obstetrical physician visits are approved but require a prior authorization.

Routine sonograms to determine fetal age and/or size will be considered for initial gestation determination. Additional requests will be based upon clinical findings.

There is no financial reimbursement benefit for a newborn baby.

Routine physical examinations, including PAP smears (if the female is sexually active and has a cervix), will be considered if the detainee has been in ICE Custody 1 year **AND** there is no indication of imminent removal.**

Mammography requests will be considered for routine screening for asymptomatic cases if the detainee has been in ICE Custody 1 year **AND** there is no indication of imminent removal.**

The following are examples of commonly requested procedures that are **not covered** but can be requested in the event of an emergency situation.

Amniocentesis, unless justified in writing by the attending physician because of clinical findings indicating possible complication

Elective abortions

Home uterine monitoring devices, unless justified in writing by a physician because of clinical findings indicating possible complications

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

Intersex surgery, female to male or male to female

Ligation or transection of fallopian tubes

Non-emergency Hysterectomy

Procedures, services and supplies related to sex transformations

Reversal of surgically induced sterility

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Uterine suspension

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

** Reference the Guide to Clinical Preventative Services, (latest version), Report of the U.S. Preventative Services Task Force

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Orthopedics / Rehabilitation

Orthopedic services may be covered for emergent care. Scheduled, non-emergent or work up procedures and testing are **not a covered benefit**.

Rehabilitation services or the admission to an acute rehabilitation facility are usually not covered.

All requests are reviewed on a case by case basis.

The following are commonly requested services which are **not covered**:

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

Orthopedic devices (shoes, braces, etc.) 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 and based upon clinical findings.

Short-term or long-term rehabilitative therapy (physical, speech, occupational and cognitive)

Short-term rehabilitation services

Prosthetics are usually a non-covered item

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Other Services

Follow up health care services, with periodic check ups, for detainees with conditions that are considered chronic will be determined by the onsite health care provider. These conditions may include, but not be limited to:

- Asthma
- Hypertension
- Diabetes
- Mental Health
- HIV/AIDS
- Seizure Disorder
- TB/INH

HIV testing **will be approved** if a provider determines that the HIV testing is indicated based on clinical evaluation or if the detainee requested the test **and** it is deemed necessary by the medical provider.

Screening for disease processes will be considered for approval on a case by case basis, clinical findings and referencing the Guide to Clinical Preventative Services, (latest version), Report of the U.S. Preventative Services Task Force. Detainees must be in ICE/BP custody at least 12 months with no indication of imminent removal. Examples are:

- Breast Cancer
- Uterine/Cervical Cancer
- Prostatic Cancer
- Colon/rectal Cancer

The following medical interventions and procedures are **not a covered benefit**.

Acupuncture

Air purifiers, air conditioners, heating pads, whirlpool bathing equipment, sun and heat lamps, and exercise devices, even if ordered by a physician, unless preauthorized.

Apnea monitor

Assembly and operation of pump with oxygenator or heat exchanger

Bereavement counseling

Biofeedback training

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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 talkers”

Extracorporeal Membrane Oxygenation (ECMO)

Fabrication of athletic mouth guards

Financial or legal counseling

Genetic testing

Hospitalization that is not deemed medically necessary

Naturopathy

Outpatient consultations by medical specialists, unless ordered by a primary care physician and preauthorized.

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

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

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Pharmacy

Pharmacy requests for medications on the DIHS Formulary do not require prior authorization. (www.inshealth.org/documents/Formulary/DIHS_Formulary.pdf)

All non-formulary medications require prior authorization.

Prescription drugs are approved up to a 30 day supply.

Drug approvals for a detainees being released from ICE/BP custody:

Up to a 5 day supply of medication

There is **no benefit** for over the counter medications.

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Prosthetics

Prosthetic services are usually not a covered benefit. Requests will be reviewed on a case by case basis.

Prosthetic devices are **not replaced** if they were left behind or lost at a previous detention facility. This is considered a property issue and needs to be coordinated between the two facilities.

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Psychology/Psychiatry

Scheduled, non-emergency services are not a covered benefit. Requests will be reviewed on a case by case basis.

Detainees who are exhibiting active signs/symptoms of suicidal ideation may require acute hospitalization. Follow up care may be requested and reviewed on a case by case basis.

The following are examples of commonly requested procedures that are **not covered** but can be requested in the event of an emergency.

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

Hypnotherapy problems

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

Psychological or psychiatric testing, counseling or psychotherapy unless approved by the Medical Director

Sleep therapy or evaluation

Treatment of alcoholism or substance abuse (rehabilitation)*

Treatment for learning disabilities and mental retardation

Exception*

Detainees exhibiting acute signs/symptoms of substance abuse or alcohol withdrawal may be approved for a hospital admission to manage these acute symptoms.

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Radiology

Scheduled, non-emergent diagnostic x-ray services are usually **not a covered benefit**. Requests will be reviewed on a case by case basis.

Single view chest x-rays **are covered** to rule out tuberculosis in the presence of a positive PPD.

DIHS supports the most current Centers for Disease Control (CDC) Guidelines for the identification and treatment of tuberculosis.

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Urinary System

Scheduled, non-emergent services are not a covered benefit. Requests will be reviewed on a case by case basis.

The following is a commonly requested procedure which is **not covered**, but can be requested in the event of an emergency situation.

Revision ileostomy

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Vision

Scheduled, non-emergent or work up vision procedures and/or testing is not covered. Requests are reviewed on a case by case basis.

Eyeglasses are **not a covered benefit**, 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. The facility must obtain the eyeglasses, if approved, through Institutional Eye Care. There is no benefit for reading glasses.

Eyeglasses are **not replaced** if they were left behind or lost at a previous detention facility. This is considered a property issue and needs to be coordinated between the 2 facilities.

Eye examinations to assess ocular health by an Ophthalmologist will be approved for the following situations:

- Rule out glaucoma
- **Acute** vision loss
- Suspected retinal disease in detainees with a history of diabetes, hypertension, immunocompromise, etc
- Long term treatment with medications that may cause visual disturbances

The following are commonly requested services which are **not covered** except in an emergent situation.

Cataract removal

Cataract surgery

Contact lenses; replacements or supplies

Eye glass supplies

Eye prosthesis or the maintenance of

Modification of ocular implant

Strabismus surgery

Visual training exercises

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