

**NUECES COUNTY HOSPITAL DISTRICT
INDIGENT HEALTHCARE PROGRAM
POLICY AND PROCEDURE**

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Authorized and Approved By:
Board of Managers, Nueces County Hospital District
Jerry F. Hipp
Administrator/Board Secretary

Title: NUECES AID PROGRAM COVERED SERVICES

Policy: NA004

I. POLICY

The Nueces Aid Program provides healthcare coverage for preventative and medically necessary services provided under the direction and order of a licensed independent practitioner. Services covered by the Nueces Aid Program include: primary care services; licensed independent practitioner services; ground ambulance transport services; emergency services; inpatient hospital services; outpatient hospital services; dental services; prescription drug services; preauthorized home health services and preauthorized home equipment and supplies.

For the purpose of this policy a medically necessary service is defined as a service which is appropriate and required for the prevention, diagnosis and/or treatment of a medical condition. "Medically necessary services" should be the least costly diagnostic or treatment alternative which is reasonably appropriate.

II. PURPOSE

The purpose of this policy is to provide a description of the healthcare services covered by the Nueces Aid Program.

III. RESPONSIBILITY

The Quality Improvement Committee, through the authority delegated by the Nueces County Hospital District Board of Managers, will provide direction in establishing and maintaining this policy on Nueces Aid Program covered services.

The Board of Managers of the Nueces County Hospital District will consult with Spohn Health System during review of the Nueces Aid Program covered services recommended by the Quality Improvement Committee and either approve or disapprove the proposed covered services.

IV. COVERED HEALTHCARE SERVICES

A. Ground Ambulance Transportation

1. Ground Ambulance Transportation for emergency and non-emergency conditions is a limited benefit of the Nueces Aid Program.
2. The ambulance providers must operate according to the laws, regulations, and guidelines governing ambulance services under Medicare Part B.
3. NCHD reimbursement for ambulance transportation for inpatient recipients is limited to the following two instances:

a. Emergency

When the condition of the recipient is life threatening and requires the use of special equipment, life support systems, and close monitoring by trained attendants while in route to the nearest appropriate facility, the ambulance transport is considered an emergency service. The medical record must contain documentation that the services are not available at the transferring facility.

b. Non-emergency Ambulance Services

When a recipient has a medical problem requiring treatment not available at the transferring facility and the recipient is so severely disabled that the use of an ambulance is the only appropriate means of transfer, the ambulance transport is a non-emergency service. "Severely disabled" means that the recipient must be in a prone position, must be bed-confined, is unable to sit unassisted at all times, or requires a life-support system including continuous oxygen or IV infusion. To meet NCHD program requirements, the non-emergency transfer must be medically necessary and reasonable to transfer a severely disabled patient to or from the nearest appropriate facility for indicated care and the care must be a Nueces Aid Program covered benefit.

When the recipient does not meet the severely disabled criteria or the treatment is available at the transferring facility or transportation is available by other means, non-emergency services are not covered by the Nueces Aid Program.

B. Primary Care Services

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1. The Nueces Aid Program provides coverage for primary healthcare services which focus on the prevention of disease and are medically necessary for the diagnosis and treatment of an injury, disease or pregnancy. Primary Care Services must be provided under the direction and order of a medical (M.D.) or osteopathic (D.O.) physician and coordinated through Spohn Health System. All physicians providing primary care services to Nueces Aid recipients will maintain active medical staff membership and delineated clinical privileges at a Spohn Health System facility listed in Policy NA007 “Nueces Aid Program Health Care Providers”.
2. To qualify for Nueces Aid Program coverage, primary healthcare services provided to Nueces Aid recipients with complex or multiple system disease processes must be provided by a medical (M.D.) or osteopathic (D.O.) physician and not a physician extender (i.e., physician assistant or nurse practitioner). The Nueces Aid Program will cover the healthcare services provided by physician extenders when the services are provided under the direct personal onsite supervision of a physician (M.D. or D.O.) and are provided to Nueces Aid recipients who have limited, uncomplicated disease processes.
3. Eligible residents of Nueces County may receive primary healthcare services from any of the Spohn Health System facilities listed in Policy NA007 “Nueces Aid Program Health Care Providers”.

C. Physician/Practitioner Services

1. The Nueces Aid Program provides healthcare coverage for medically necessary services provided by medical, (M.D.), osteopathic (D.O.), dental (D.D.S.) or podiatric (D.P.M.) practitioners. All practitioners providing healthcare services to Nueces Aid recipients will maintain active medical staff membership and delineated clinical privileges at a Spohn Health System facility listed in Policy NA007 “Nueces Aid Program Health Care Providers”.
2. The Nueces Aid Program provides coverage for healthcare services provided by physician extenders (i.e., physician assistants and nurse practitioners) working under the direct personal onsite supervision of a physician (M.D. or D.O.) when they are providing services to Nueces Aid recipients who do not have complex or multiple system disease processes. The services provided by a physician extender will not be covered by the Nueces Aid Program until Spohn Memorial Hospital’s Medical Executive Committee has reviewed and approved the physician extender’s credentials and job description. Nueces Aid Program coverage for the services provided by the physician extender will begin when the Nueces County Hospital District receives a written notice of the Medical Executive Committee’s approval.

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3. The services may be provided in a Spohn Health System facility or in the practitioner's office. Services provided in the practitioner's office must be authorized by Spohn Health System. Authorization may be obtained prior to the provision of service, at the time of service or after the service. All determinations of Nueces Aid Program coverage will be made based on the medical necessity of the services provided and not on the failure of the practitioner to obtain authorization prior to the provision of service.

D. Emergency Services

1. The Nueces Aid Program provides coverage for emergency services which are medically necessary and provided under the direction and order of a medical (M.D.) or osteopathic (D.O.) physician. All physicians providing emergency care to Nueces Aid recipients will maintain active medical staff membership and delineated clinical privileges at a Spohn Health System facility listed in Policy NA007 "Nueces Aid Program Health Care Providers".
2. With the exception of admissions to the hospital from the Emergency Department, emergency services are reimbursed according to the guidelines for outpatient services as set forth in the Indigent Care Agreement with Spohn Health System. When a Nueces Aid recipient requires admission from the Emergency Department for inpatient care the claim for Emergency Department care will be included with the inpatient claim and reimbursed at the inpatient rate.

E. Inpatient Hospital Services

The Nueces Aid Program provides coverage for inpatient hospital services which are medically necessary for diagnosis and treatment of the patient and which are provided under the direction and order of a medical (M.D.) or osteopathic (D.O.) physician. All physicians providing inpatient care to Nueces Aid recipients will maintain active medical staff membership and delineated clinical privileges at a Spohn Health System facility listed in Policy NA007 "Nueces Aid Program Health Care Providers".

F. Outpatient Hospital Services

1. The Nueces Aid Program provides coverage for outpatient hospital services which are preventative or medically necessary for the diagnosis and treatment of the recipient and which are provided under the direction and order of a medical (M.D.), osteopathic (D.O.), dental (D.D.S.), or podiatric (D.P.M.) practitioner. All practitioners providing outpatient hospital care to Nueces Aid recipients will maintain active Medical Staff membership and delineated clinical privileges at a Spohn Health System facility listed in Policy NA007 "Nueces Aid Program Health Care Providers".

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2. Covered outpatient services include: observation care, outpatient surgical and invasive procedures including anesthesia, physical medicine and rehabilitative services including physical therapy and occupational therapy; respiratory therapy services; hyperbaric medicine services; diagnostic and therapeutic radiology services including nuclear medicine, ultrasound, and radiation oncology; chemotherapy; diagnostic and therapeutic cardiovascular services; and diagnostic laboratory, pathology, transfusion services, and any other service not excluded in NA005.
3. Coverage of other outpatient services provided to Nueces Aid recipients and not listed above will be evaluated collaboratively by the Nueces County Hospital District and Spohn Health System. Determinations on coverage which are mutually agreeable to both parties will be made on an individual basis.

G. Outpatient Prescription Drug Services

1. The Nueces Aid Program provides eligible residents of Nueces County with limited prescription drug coverage through the Spohn Memorial Hospital Outpatient Pharmacy.
2. Where possible for high cost long term or maintenance drug therapy, the healthcare provider will access the Prescription Drug Indigent Programs available through the pharmaceutical industry.
3. Eligible residents, who are not recipients of state or federal healthcare programs, may receive a maximum of six (6) prescription drugs per month. When a Nueces Aid client has more than six prescriptions per month, NCHD will consider providing coverage for the additional prescription drugs on a case by case basis.
4. A Medicaid recipient, who meets Nueces Aid Program eligibility guidelines, may receive limited coverage for prescription drug services. The Nueces Aid Program will cover a maximum of three (3) prescriptions per month for a Medicaid recipient who has reached the Medicaid prescription limit. The Medicaid prescription limit will be verified by the Pharmacy via on-line with the Medicaid Program.
5. Maximum prescription limits will not apply to new prescriptions issued to eligible recipients when the recipient has been hospitalized and reached the maximum monthly prescription limit prior to hospitalization. The recipient will receive a maximum supply of thirty-four (34) days for each new medication unless the practitioner has specified a specific treatment period or quantity of the medication which is less than thirty-four (34) days.

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6. New and refilled prescriptions count equally toward the recipient's prescription drug limit. The recipient will receive a thirty-four (34) day supply of the medication unless the quantity of the medication ordered by the practitioner is for less than thirty-four (34) days.
7. The Nueces Aid Program will only provide coverage for prescriptions written by practitioners with clinical privileges at a Spohn Health System facility listed in Policy NA007 "Nueces Aid Program Health Care Providers". Drugs must be prescribed by a physician or other licensed practitioner functioning within his/her scope of practice as governed by law.
8. Prescriptions issued for diagnostic agents or for medications used as adjuncts for diagnostic or surgical procedures (e.g., laxatives, bowel preps) are not restricted to any specific quantity and do not count as part of the allowable prescriptions.
9. Syringes and diluents used for injection or nebulization will not be counted in the prescription limit.
10. The Nueces Aid Program limits prescription drug coverage to the drugs listed in the Spohn Memorial Hospital Outpatient Clinic Drug Formularies. Coverage for non-formulary prescription drugs will be determined on a case by case basis. The Nueces County Hospital District may request copies and periodically review the drug formularies.
11. Therapeutic substitution of drugs may be performed as approved by the Spohn Memorial Hospital Pharmacy and Therapeutics Committee.

H. Home Health Services

1. The Nueces Aid Program provides coverage for Home Health Services when the following conditions are met:
 - a. The Nueces County Hospital District has completed an evaluation of the indication for the Home Health Services and issued the provider a preauthorization number.
 - b. The Home Health Services are medically necessary.
 - c. The Home Health Services are provided for an acute episode of a disease or injury and are not custodial in nature.
 - d. The Home Health Services are provided under the direction and order of a medical (M.D.) or osteopathic (D.O.) physician.

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e. The Home Health Services are provided to a Nueces Aid recipient who is homebound. A recipient is considered homebound when he/she exhibits a condition where leaving his/her home without assistance is medically inadvisable. If a recipient is able to leave home at will he/she will not be considered homebound. The determination of homebound status will be made based on the illness and functional limitations of the recipient.

2. Providers are required to obtain preauthorization numbers from the Nueces County Hospital District for all Home Health Services.

I. Dental Services

1. The Nueces Aid Program provides for medically necessary dental services provided by a D.D.S., D.M.D., or a D.D.M. Items covered are preventive services including an annual routine dental exam, dental services provided after an acute injury, and non-restorative procedures, such as extractions and treatment for pain and infection.

2. Hospitalization for non-emergent dental services is not covered, unless pre-authorization has been obtained from the Nueces County Hospital District.

J. Medical Equipment and Supplies

1. The Nueces Aid Program provides coverage for durable medical equipment and medical supplies for home use when the following conditions are met:

a. The Nueces County Hospital District has completed an evaluation of the indication for the durable medical equipment or medical supplies and has issued the provider a preauthorization number.

b. The durable medical equipment and/or supplies are medically necessary.

c. The durable medical equipment and/or supplies are provided under the direction and order of a medical (M.D.) or osteopathic (D.O.) physician.

2. A listing of equipment and supplies covered for home use follows:

a. Oxygen and rental equipment required for its use.

b. Original fitting, adjustment and placement of orthopedic braces, casts, splints, crutches, cervical collars, head halters and traction apparatus.

- c. Orthotics.
 - d. Sterile surgical supplies after a surgical or invasive procedure or for skin care.
 - e. Catheters, drainage bags, colostomy and ileostomy supplies.
 - f. Intravenous tubing, connectors, needles and intravenous solution.
 - g. Intravenous infusion pumps.
 - h. Devices to assist ambulation, such as walkers and special canes.
 - i. Wheelchairs and bedside commodes.
- 3. Durable medical equipment may be rented or purchased based on the physician's estimate of how long the equipment will be necessary. The cost of equipment rental may not exceed the purchase price of such equipment.
 - 4. Coverage of other equipment and supplies provided to Nueces Aid recipients and not listed above will be evaluated by the Nueces County Hospital District and coverage determinations made on an individual basis.
 - 5. Providers are required to obtain preauthorization numbers from the Nueces County Hospital District for all durable medical equipment and medical supplies.

K. Skilled Nursing Services

The Nueces Aid Program provides coverage for skilled nursing services that are medically necessary, ordered by a physician and provided in a licensed skilled nursing facility/unit that provides daily services on an inpatient basis.

V. NUECES AID PROGRAM EXCLUSIONS AND LIMITATIONS

Nueces Aid Program exclusions and limitations are outlined in Policy NA005.