

# Prisoner Health Care Guidance to Districts



**U.S. MARSHALS SERVICE  
Prisoner Operations Division  
Office of Medical Operations**

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- A. Introduction:** This publication is a supplement to the United States Marshals Service (USMS) Policy Directive 9.4, *Prisoner Health Care Management*.
1. These guidelines refer to health care services that are to be charged to the USMS and/or are provided outside of the detention/correctional facility.
  2. The USMS has authority to acquire and pay for reasonable, medically necessary care (to include emergency medical care) to ensure the well-being of all prisoners in USMS custody.
  3. In accordance with the applicable Intergovernmental Agreement or contract, all health care services provided by the detention/correctional facility to USMS prisoners at no cost are allowable.
  4. Districts can approve requests for prisoner health care services without review by Prisoner Operations Division (POD), Office of Medical Operations (OMO) if they are specified in this publication.
  5. All requests for prisoner health care services not listed in this publication must be adjudicated by POD, OMO. Districts cannot defer/deny requests for prisoner medical care.
  6. In some instances, medically appropriate, non-urgent health care services can be deferred until the prisoner is released from USMS custody, as long as there is no significant health risk to the prisoner. This determination however still requires POD, OMO adjudication.
- B. Definitions:**
1. **Medically Necessary Care:** Refer to USMS Policy Directive 9.4, *Prisoner Health Care Management*.
  2. **Health Care Provider:** Licensed practitioner that provides health care to prisoners in USMS custody, including but not limited to physicians, psychiatrists, dentists, mid-level practitioners (e.g., nurse practitioners, physician assistants).
- C. Approved Health Care Services for Prisoners in USMS Custody.** Districts may approve the following requests from a detention facility health care provider for prisoner health care services or they may refer these requests to POD, OMO for adjudication. Requests for health care services originating from outside the detention facility will be forwarded to POD, OMO for adjudication.
1. **Cardiology** - If the prisoner has been examined by an appropriate health care provider with a written recommendation for any of the following tests:
    - a. Consultation.
    - b. Electrocardiogram (EKG or ECG).
  2. **Dental:**
    - a. Focused dental examination and dental x-rays in the presence of pain and suffering.
    - b. Extractions and/or fillings ONLY to relieve active (not potential or possible) pain and suffering as recommended by a dentist.
    - c. Removal of braces or dental hardware, if causing pain, discomfort, or infection.

- d. Replacement or repair of upper or lower dentures, including partial dentures, only if broken or lost while in USMS custody (one replacement is authorized, with appropriate documentation).
  - e. Routine dental hygiene for prisoners in the uninterrupted custody of the USMS for greater than 12 months.
3. **Durable Medical Equipment** necessitated by an acute injury while in USMS custody; or if the equipment was in the prisoner's possession at the time of arrest and lost or damaged beyond repair during incarceration is limited to (with appropriate documentation):
- a. Cane.
  - b. Crutches.
  - c. Standard wheelchair.
  - d. Walker.
- Note:** Districts will contact OMO, Medical Audit Branch for guidance regarding the payment for these and any Durable Medical Equipment.
4. **Emergency Care.** No prior authorization is required for emergency care. Districts will notify POD, OMO via electronic Prisoner Medical Request of the following:
- a. Emergency hospitalizations/surgeries.
  - b. Emergency room visits.
  - c. Dental emergencies.
  - d. Psychiatric emergencies.
5. **General Medicine** visits to outside health care providers for evaluation of clinical symptoms or management of chronic care conditions (e.g., hypertension, diabetes, HIV/AIDS), if detention facility has no primary medical provider at the facility.
6. **Hearing Aids and Batteries:**
- a. Replacement hearing aids, if broken or lost while in custody (one replacement pair is authorized with appropriate documentation).
  - b. Replacement hearing aid batteries.
7. **Laboratory Tests** for evaluation of clinical symptoms or management of chronic care conditions.
- a. CBC (Complete Blood Count).
  - b. BMP (Basic Metabolic Profile).
  - c. CMP (Complete Metabolic Profile).
  - d. HgBA1C (Hemoglobin A1C).
  - e. TSH (Thyroid Stimulating Hormone).
  - f. Lipid Profile.

- g. LFT (Liver Function Test).
  - h. PT/INR (Prothrombin/International Normalized Ratio).
  - i. PTT (Prothrombin Time).
  - j. Thyroid Panel.
  - k. Therapeutic Medication Levels (except for Keppra, (Levetiracetam)).
  - l. UA (Urinalysis)
  - m. Wound Cultures
  - n. Urine Cultures (NOT including Gonorrhea /Chlamydia)
  - o. Potassium Level
  - p. Magnesium Level
  - q. Cardiac Enzymes
  - r. Liver enzymes (AST (Aspartate transaminase (formerly SGOT), ALT (Alanine aminotransferase (previously called SGPT) and Alkaline phosphatase.)
  - s. CD4 Count
  - t. HIV Viral Load
8. **Mental Health/Psychology/Psychiatry Consults** for emergencies, suicide risk, risk of hurting self or others, or medication adjustment.
9. **Obstetrics/Gynecology (OBGYN):**
- a. Tests to confirm pregnancy diagnosis (blood or urine).
  - b. Prenatal care Routine OB visits.
    - 1) Prenatal vitamins.
    - 2) Routine Lab tests.
    - 3) One ultrasound.
  - c. Hospital and delivery care of mother (a maximum of 48 hours hospitalization after vaginal delivery and 72 hours after delivery by cesarean section).
  - d. Postpartum follow-up.
  - e. Mammograms for prisoners who are 50 years of age AND have been in the uninterrupted custody of the USMS for greater than 12 months.
  - f. Routine GYN examinations including PAP smear, for prisoners in the uninterrupted custody of the USMS for greater than 12 months.
10. **Optometry/Ophthalmology** if eyeglasses were broken or lost in USMS custody, with appropriate documentation.

- a. Only one replacement pair is authorized.
  - b. No designer frames.
  - c. Most cost-effective pair that meets facility requirements.
11. **Orthopedics:**
- a. Consultation, if the prisoner has been examined by an appropriate health care provider, with a written recommendation.
  - b. X-rays.
12. **Oxygen** (only with written recommendation by a health care provider).
13. **Pharmacy medications** can be approved by the district with **exceptions** noted below:
- a. Birth control pills or devices.
  - b. Narcotic medications including methadone, except for:
    - 1) Treatment of opiate addicted pregnant prisoners.
    - 2) Detoxification of opiate addicted prisoners.
    - 3) Treatment of severe pain.
  - c. Medications for Hepatitis C.
  - d. Medications for cosmetic purposes or to enhance athletic or sexual performance.
  - e. Investigational medications.
  - f. Medications for hair loss.
  - g. Individual prescription drug greater than \$1,800 per month.
  - h. Over-the-counter (OTC) medications listed [here](#) (these are covered by the facility).
- Note:** Districts should not be receiving medication requests from facilities participating in the NMCC Pharmacy Program.
14. **Post-Surgery** follow-up appointments.
15. **Radiology:**
- a. Diagnostic x-rays, with a written recommendation by an appropriate health care provider to evaluate injury, pain or discomfort, clinical symptoms or findings, or for infectious disease screening.
  - b. Ultrasounds to evaluate pain, discomfort, or clinical symptoms, with a written recommendation by an appropriate health care provider
  - c. Mammograms for prisoners who are 50 years of age AND have been in the uninterrupted custody of the USMS for greater than 12 months.
  - d. No CT, MRI or PET scan procedures are approvable under Publication 9.