



## Communicable Disease Unit Tuberculosis (TB) Program Patient Assistance Guidance

### Introduction

The Wyoming Department of Health, Communicable Disease Unit (CDU) receives federal funds to prevent, control, and eventually eliminate TB in the United States. A portion of these federal funds is used to support TB screening and medication assistance for high-risk and uninsured individuals within Wyoming.

### Screening Reimbursements

#### Patient Eligibility

All patients in Wyoming are eligible to have TB services reimbursed by the TB Program. However, priority will be given to patients that meet at least one of the following criteria:

1. Contacts to an active case of TB
2. Foreign-born (in a high-incidence country)
3. Immune compromised (e.g. HIV positive)
4. Uninsured or underinsured (chest x-ray and liver function testing only)

#### Services Eligible for Reimbursement

Services are eligible for reimbursement after a Prior Authorization Request Form has been filled out, submitted, and authorized by TB Program staff. The following services are eligible for reimbursement:

1. Interferon Gamma Release Assay (IGRA)
2. Chest X-Ray (single or double)
3. Hepatic (Liver) Function Panel

In patients where active TB disease is suspected, the TB Program may also be able to prior authorize sputum cultures. These will be authorized on a case-by-case basis and must be discussed with the program before being performed; please call (307) 777-6563.

**Chest X-Rays, Liver Function Panels, and IGRAs will only be paid at the current Medicaid rate or the actual billed fee, whichever is less:**

CPT	Name	Critical Access (CA)	General (GA)	Children's (CH)	Practitioner (PP)	WY Public Health Lab
71010	X-Ray Single	\$89.59	\$33.89	\$74.21	\$11.65	
71020	X-Ray Double	\$89.59	\$33.89	\$74.21	\$15.76	
36415	Venipuncture	\$2.70	\$2.70	\$2.70	\$2.70	
80076	Liver Function Panel	\$9.67	\$9.67	\$9.67	\$9.67	
71010.26	Single-Rad. Fee	\$6.51	\$6.51	\$6.51	\$6.51	

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71020.26	Double-Rad. Fee	\$7.88	\$7.88	\$7.88	\$7.88	
86480	IGRA	\$77.93	\$77.93	\$77.93	\$77.93	\$40.00

### **Provider Responsibilities**

Providers must submit a prior authorization to the TB Program by fax to (307) 777-5279 or by e-mail at [cdusupplies@wyo.gov](mailto:cdusupplies@wyo.gov). The Prior Authorization Request Form may be downloaded here: [https://health.wyo.gov/wp-content/uploads/2016/04/TB\\_PriorAuth\\_101116.pdf](https://health.wyo.gov/wp-content/uploads/2016/04/TB_PriorAuth_101116.pdf). This must be completed before the patient’s service date. If the provider suspects active disease and needs an immediate prior authorization, it may be obtained by calling (307) 777-6563.

If testing is conducted at the provider’s office, the provider is responsible for submitting the individual invoices to the TB Program at 6101 Yellowstone, Suite 510, Cheyenne, WY 82002. If a public health nursing office conducts an IGRA through the Wyoming Public Health Lab (WPHL), the PHN office will need to send the invoice to the TB Program. If the patient is sent to another facility for any of the above services, the patient should take a copy of the prior authorization for that facility. Outside facilities must submit claims to the TB program on Health Insurance Claim Forms (UB-04); claims cannot be paid from patient statements. Claims must be submitted by the end of the calendar year following the date of service.

### **Funding Limitations**

The TB Program is the payer of last resort. For patients reporting insurance, the insurance must be billed prior to the TB Program reimbursing any services.

## **Medication Assistance**

### **Patient Eligibility**

All patients in Wyoming are eligible to receive financial assistance for TB medications through the TB Program.

### **Medications Eligible for Assistance**

Medications eligible for assistance can be found here: <https://health.wyo.gov/wp-content/uploads/2016/04/TBformularyMarch2016.pdf>. Additional medications may be authorized on a case-by-case basis depending on provider request and patient need. Please contact the TB Program at (307) 777-6563 for these authorizations.

### **Provider Responsibilities**

Providers must submit a completed patient risk assessment, a copy of the prescription(s), and a copy of the chest x-ray report. Please ensure that patient insurance status is accurately checked on the patient risk assessment; this affects how they are enrolled in the program. These documents can be submitted by fax to (307) 777-5279 or e-mail to [cdusupplies@wyo.gov](mailto:cdusupplies@wyo.gov).

Following program approval, providers will be faxed enrollment information (including patient ID, Rx Bin, and RxPCN). The patient may fill prescriptions at any pharmacy in Wyoming with

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the faxed enrollment information prior to the arrival of the cards. ScriptguideRx is the pharmacy benefit manager; they will send the patient a temporary card within a few days of enrollment and a permanent card within a couple of weeks.

### **Treatment Completion**

Per TB program requirements, completion or discontinuation of TB medications (for either latent TB infection or active treatment) must be reported. At completion or discontinuation of treatment, please fill out the third page of the patient risk assessment with the appropriate information and fax to (307) 777-5279.

### **Funding Limitations**

The TB program is the payer of last resort. Patients without insurance will be enrolled as full coverage. For patients reporting insurance, the TB program will be the payer of last resort; the medication assistance program will pay all costs after any personal insurance (co-pays, deductibles, etc.).