



Wyoming Department of Health Communicable Disease Unit Tuberculosis Program Patient Assistance Guidance

Introduction

The Wyoming Department of Health (WDH) Communicable Disease Unit (CDU) Tuberculosis (TB) Program receives federal funds to prevent, control, and eliminate TB. A portion of these federal funds are used to support TB screening, diagnostic testing, and medication assistance for individuals within Wyoming.

Diagnostic TB Testing Assistance

Patient Eligibility

All residents of Wyoming are eligible to access financial assistance for approved TB diagnostic care. Priority will be given to those that meet at least one of the following criteria:

1. Contact to an active case of TB
2. Born in a TB endemic country
3. Immunocompromised (e.g. HIV infection)
4. Uninsured or underinsured

Eligible Services

All TB diagnostic care services require a completed [Prior Authorization Request Form](#) be submitted to and approved by WDH CDU TB Program staff prior to providing the service.

Eligible TB diagnostic care includes:

1. Interferon Gamma Release Assay (IGRA)
2. Chest X-Ray (single or double)
3. Liver Function Test (LFT)
4. Sputum collection & testing (including AFB smear/culture and NAAT/PCR)

Other diagnostic TB services may be authorized, in advance, on a case-by-case basis at the discretion of the WDH CDU TB Program.

Provider Responsibilities

All TB services paid for by the WDH CDU TB Program require a completed [Prior Authorization Request Form](#) be submitted and approved by WDH CDU TB Program staff prior to the service. Completed prior authorization forms may be submitted for approval via e-mail at cd�.treatment@wyo.gov or fax at 307-777-5279 **ATTN: TB Program**. Please allow 7 business days for prior authorization approval to be returned to the requesting entity.

If active TB disease is suspected and immediate prior authorization is needed, contact the WDH CDU TB Controller at (307) 777-6563.

All claims for prior authorized services must be submitted in accordance with the billing instructions on the prior authorization form including correct submission of the claim by the end of the calendar year in which services were rendered.

Funding Limitations

All WDH CDU TB Program testing services are subject to availability of funding.

The WDH CDU TB Program is the payor of last resort.

- For insured patients: All insurance plans must be billed prior to billing the WDH CDU TB Program and Explanation of Benefits (EOB) must be submitted to the WDH CDU TB Program with other billing documents. The TB Program will cover co-pay costs after all insurance plans have been billed correctly and the TB program has been billed in accordance with the billing instructions on the prior authorization form.
- For uninsured patients: Prior authorized TB services will be paid at current Wyoming Medicaid rates or the actual billed fee, whichever is less, once the services have been billed in accordance with the billing instructions on the prior authorization form.
- Wyoming Public Health offices may invoice the WDH CDU TB Program a total of \$50 for prior authorized IGRAs drawn at their Public Health Office.

TB Medication Assistance

Patient Eligibility

All residents of Wyoming are eligible to receive financial assistance for TB medication through the WDH CDU TB Program. Priority will be given to those that meet at least one of the following criteria:

1. Those with active TB
2. Contact to an active case of TB
3. Born in a TB endemic country
4. Immunocompromised (e.g. HIV infection)
5. Uninsured or underinsured

TB Medication Regimens Eligible for Assistance

The WDH CDU TB Program will only approve medication assistance for CDC recommended regimens. Intermittent LTBI regimens must be provided via directly observed therapy (DOT). Information on CDC recommended regimens can be found at

<https://www.cdc.gov/tb/topic/treatment/default.htm>.

Provider Responsibilities

Healthcare providers overseeing TB treatment of a patient must submit a completed [Patient TB Risk assessment](#), copies of all relevant labs and diagnostic results (TST, IGRA, CXR, LFTs, sputum etc.), and a copy of the TB medication prescription(s). Please ensure that patient insurance status is accurately selected on the [Patient TB Risk Assessment](#) to ensure correct financial coverage of treatment is selected by TB program staff during enrollment of patient in the TB Medication Assistance Program. Enrollment documents can be submitted by e-mail at cdu.treatment@wyo.gov or fax at (307) 777-5279 **ATTN: TB Program**.

Upon Medication Assistance Program enrollment, the WDH CDU TB Program will provide prescription benefits information via the TB Medication Enrollment Memo form to the healthcare provider who submitted the request. ScriptguideRx is the WDH CDU TB Program's pharmacy benefit manager and patients may fill prescriptions at any pharmacy in Wyoming. ScriptguideRx will mail a prescription benefit card to the patient's mailing address provided on the [Patient TB Risk Assessment](#). The prescription

benefit card will arrive within a couple of weeks of enrollment. However, prior to the arrival of mailed cards, the healthcare provider may provide a copy of the TB Medication Enrollment Memo to the client to take to the pharmacy and initiate treatment sooner. In addition to the Medication Enrollment Memo and ScriptguideRx mailed cards, temporary prescription benefit cards may be requested upon enrollment by emailing cdu.treatment@wyo.gov. Prescription benefit cards will not be mailed to correctional facilities.

The provider who facilitated a patient's enrollment in the TB Medication Assistance Program must remain in contact with the patient throughout their treatment, regardless of the treatment regimens' DOT requirement. These providers are considered case managers by the WDH CDU TB Program and will be contacted by program staff on a routine basis to provide progress updates on the patient's treatment. If there is a change in provider or patient status, such as the patient moving or provider leaving a facility, it should be communicated to the TB program as soon as possible, as well as who will be taking over management of the patient's treatment.

Treatment Completion

Completion or discontinuation of TB medications covered through the WDH CDU TB Program must be reported to the WDH CDU TB Program on the [Treatment Completion form](#) with the appropriate information and submitted via email at cdu.treatment@wyo.gov or fax at (307) 777-5279 **ATTN: TB Program**. If TB medications were never started or were discontinued prior to completion also include a short explanation of contributing factors and how this decision to discontinue treatment was reached.

Funding Limitations

All WDH CDU TB Program services a subject to availability of funding.

The TB Program is the payer of last resort.

- For insured patients: The TB Program will cover co-pays for prescribed TB medications after all insurance plans have been billed.
- For uninsured patients: The TB Program will cover the full cost of prescribed TB medications.

Resources

Wyoming Medicaid ACTIVE Tuberculosis Program

Patients in Wyoming with active tuberculosis may be eligible for Wyoming Medicaid Active Tuberculosis Program. For more information on this program see the [Wyoming Medicaid website](#) or contact Medicaid directly.

CDU TB Program Resources

- All WDH CDU TB forms and guidance documents can be found at: <https://health.wyo.gov/publichealth/communicable-disease-unit/tuberculosis-2/>
- For question regarding WDH CDU TB Program services and medication assistance contact the TB Controller via e-mail at cdu.treatment@wyo.gov or by phone at (307) 777-6563.