

Tuberculosis Program Patient Assistance Guidance

Introduction

Based on available funding, the Wyoming Department of Health (WDH) Communicable Disease Unit (CDU) Tuberculosis Program provides program-approved tuberculosis (TB) services for individuals with TB infection who reside in Wyoming.

Wyoming Medicaid TB Assistance

[The Wyoming Medicaid Tuberculosis Assistance](#) program provides coverage for treatment of eligible individuals who have been diagnosed with Tuberculosis (latent and active). As of July 24, 2025, the eligibility criteria are listed below. However, please check the link above for the most current eligibility requirements. If the patient qualifies for Wyoming Medicaid TB Assistance, please utilize that program for TB service support.

- A U.S. Citizen or lawful permanent resident who has lived in the U.S. for at least five years.
- A Wyoming resident.
- Diagnosed with TB.
- Gross monthly income limit is \$967 for an individual or \$1,450 for a couple.
- Resource eligible – limits are:
 - Individual: \$2,000.
 - Couple: \$3,000, when both are applying.

TB Diagnostic Services

Patient Eligibility

Available funding will be prioritized for uninsured patients with a high risk of TB and an inability to cover the cost of TB services. The patient must have:

1. An address within the State of Wyoming.
2. Risk for TB.
3. An inability to cover the cost of TB services.
 - a. The WDH CDU TB Program is the payor of last resort, and all insurance coverage must be billed before the TB Program is billed.
 - b. If the patient was exposed to TB while working, the patient should contact the employer for coverage of TB diagnostic services.

Eligible TB Diagnostic Services

- Interferon Gamma Release Assay (IGRA).
- Chest X-Ray (single or two-view).
- Liver Function Test (LFT).
- Other diagnostic TB services may be authorized on a case-by-case basis at the discretion of the CDU TB Program.

Accessing TB Diagnostic Services for Eligible Patients

All CDU TB Program services require submitting the current [prior authorization request form](#). The completed form must be submitted to and approved by the CDU TB Program before the services are provided.

1. Healthcare providers or TB case managers can submit completed prior authorization forms for approval via secure email at cdu.treatment@wyo.gov or by confidential fax at 307-777-5279, **ATTN: TB Program**.
2. Please allow seven business days for prior authorization determination.
 - a. **If active TB disease is suspected, contact the CDU TB Controller at (307) 777-6563.**
3. Upon prior authorization approval, the CDU TB Program will return the approved prior authorization form with the prior authorization number to the requesting entity. If TB diagnostic services are being completed off-site, the entity must provide a copy of the approved prior authorization, including the billing instructions, to the service provider.

Billing for TB Program Prior Authorized Services

- All insurance coverage must be billed before billing the CDU TB Program.
- All claims for prior authorized services must be submitted in accordance with the billing instructions on the current prior authorization form, including correct submission **before** the prior authorization expiration date.
- The CDU TB Program will not cover more than the prior authorized amount.
- Balance billing of patients is not allowable.

TB Medication Assistance

Patient Eligibility

Available funding will be prioritized for uninsured patients with a high risk of TB and an inability to cover the cost of TB services. The patient must have:

1. An address within the State of Wyoming.
2. LTBI or TB diagnosis.
3. An inability to cover the cost of TB services, the WDH CDU TB Program is the payor of last resort, and all insurance coverage must be billed first.
 - a. If the patient was exposed to TB while working, the patient should contact the employer for coverage of TB medications.

Eligible TB Medication Regimens

[Current CDC-recommended TB treatment regimens](#)

Accessing Medication Assistance for Eligible Patients

1. Healthcare providers overseeing a patient's TB treatment must submit a completed patient TB patient risk assessment, copies of all relevant diagnostic results (TST, IGRA, CXR, LFTs, sputum, etc.), an HIV test result completed on or after the date of the positive TB test, and a copy of the TB medication prescription that is consistent with the current CDC-recommended TB treatment regimens. Please ensure that the patient's insurance

status is accurately selected on the patient TB risk assessment to ensure correct financial coverage of treatment when TB Program staff enrolls the patient in the TB Medication Assistance Program.

2. Enrollment documents can be submitted via secure e-mail at cdu.treatment@wyo.gov or by confidential fax at (307) 777-5279 **ATTN: TB Program**.
3. Once all necessary paperwork is received, the TB program staff will determine the patient's eligibility and check for available funding. If the patient qualifies, they will be enrolled in the program, and the healthcare provider will receive a letter containing coverage information to give to the patient. Providers should advise patients to take this letter to their preferred pharmacy to fill their medications.
4. The cost of TB medications will be covered based on the patient's insurance status.
 - a. If there are any issues with filling the medication, the patient or pharmacy should notify the healthcare provider before paying any out-of-pocket costs for TB medication. The provider should then contact the WDH CDU TB program to resolve the issue.
5. Unless a Wyoming Public Health TB Case Manager is actively involved in the patient's TB care, the healthcare provider will be designated as the TB Case Manager by the CDU TB Program. In this role, the healthcare provider must maintain regular contact with the patient throughout their TB treatment. Additionally, they are required to provide routine progress updates to the CDU TB Program as requested.
 - a. If a provider or patient status changes, such as the patient moving or the provider leaving a facility, the change must be communicated to the CDU TB program immediately.
6. Upon completion or discontinuation of TB medications covered through CDU TB Medication Assistance, providers must complete the [current TB Treatment Completion or Discontinuation Letter](#) and submit it to the CDU TB Program via secure email at cdu.treatment@wyo.gov or by confidential fax at (307) 777-5279 **ATTN: TB Program**.

Billing for TB Medications

1. All claims for approved TB medications are processed at the point of service at their pharmacy of choice.
2. The CDU TB program cannot directly reimburse clients for out-of-pocket costs.

Availability of Funding

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

Resources

[WDH CDU TB website](#)

For questions not addressed on the CDU TB website, please email cdu.treatment@wyo.gov or call (307) 777-6563.