
WISCONSIN MEDICAID UPDATE

MARCH 27, 1996

UPDATE 96-08

TO:

Anesthetists
AODA/Mental Health Clinics
AODA/Mental Health Day Treatment
Audiologists
Chiropractors
Community Care Organizations
Community Support Programs
Dentists
DME Vendors
Hearing Instrument Specialists
Hospices
Nursing Homes
Occupational Therapists
Optometrists
Opticians
Orthotists
Physical Therapists
Podiatrists
Prosthetists
Rehabilitation Agencies
Respiratory Therapists
Speech & Hearing Clinics
Speech and Language Pathologists
Therapy Groups

New Tuberculosis (TB) Benefit

Wisconsin Medicaid Covers New Group of Individuals for TB-Related Services

Wisconsin Act 27, Laws of 1995, the biennial budget, expands eligibility for Medicaid to cover individuals infected with tuberculosis (TB) or who have active disease and who meet financial eligibility requirements. This is effective for dates of service on and after July 29, 1995. This was included in the biennial budget as an effort to combat an increased incidence of TB.

This group of individuals is eligible for Medicaid-covered TB-related services only. (This group is referred to as "TR recipients" in the rest of this *Update*.)

TR recipients receive a blue Medicaid card. The medical status on the card is "TR." At the bottom of the card, the message reads:
"Limited Services.
Call EDS Voice Response"

Wisconsin Medicaid pays for only TB-related outpatient services for TR recipients (TB-related outpatient services are also covered for all other recipients.).

The TB-related outpatient services are:

1. Current Medicaid-covered services:
 - *TB-related drugs* - (The drugs listed in Attachment 1 are considered TB-related. Coverage of other drugs may be TB-related if verified with the prescriber.)
 - *physician and clinic services*
 - *laboratory and x-ray services* - including services to diagnose and confirm TB infection
 - *transportation services*

2. New Medicaid-covered services:

- *case management services* - services to help a recipient and, when appropriate, the recipient's family gain access to, coordinate, or monitor necessary medical, social, educational, vocational and other services (this is available to recipients enrolled in HMOs beginning July 1, 1996, subject to guidelines which will be sent to case management providers and to HMOs before July).
- *directly observed therapy (DOT) and directly observed preventive therapy (DOPT)* - direct observation by a health care provider or other designated person as the patient ingests the TB medication
- *TB symptom and treatment monitoring* - clinical assessment of TB, including history of treatment for TB infection or disease, monitoring adherence to the prescribed regimen, signs and symptoms of disease, and adverse reactions
- *patient education and anticipatory guidance* - provision of information about TB infection or disease, diagnostic tests, treatment, benefits of adherence to treatment, and follow-up care

For more information about these services and allowable providers, see Attachment 1. Attachment 1 was previously sent to allowable providers for these services.

Always call EDS Voice Response before providing services to a TR recipient.

Reminder about TB Reporting Requirements

Active TB Disease Reporting

According to HSS 145.04 (1-4), Wis. Admin. Code, you must report any suspected or confirmed case of active TB to your local health department and the state TB program, regardless of how treatment is being reimbursed.

You need to provide the information requested on the 4151 form ("Acute and Communicable Diseases Case Report Form").

To request the Acute and Communicable Diseases Case Report Form (Form 4151), write or call:

Pam Hazlett
Wisconsin Division of Health
Communicable Disease Section
Room 241
1414 E. Washington Avenue
Madison, WI 43703
(608) 267-7321

TB Infected Reporting

There is no mandatory state reporting requirement for individuals who are TB-infected only. However, there may be local reporting requirements. Contact your local health department for any local reporting requirements.

**TR Recipients
Covered and Noncovered Services Information**

What Services Are Covered for TR Recipients?

The new benefit is designed to cover outpatient TB-related services. The chart shows the covered outpatient TB-related services that are reimbursable when provided to TR recipients. In addition, the chart shows the allowable providers who may be reimbursed for providing the specific services.

The covered services must relate to the treatment or complications of TB and vary depending on individual circumstances. For example, services necessary because of side effects of drugs prescribed to treat TB may be covered as TB-related services.

What Services Are Not Covered for TR Recipients?

Inpatient Hospital and Nursing Home Services Are Not Covered
Inpatient hospital services and nursing home services are not covered for TR recipients. The new benefit is designed to cover outpatient TB-related services only.

Services Unrelated to TB Are Not Covered
Services unrelated to the treatment or complications of TB are not covered for TR recipients. For example, routine dental services and alcohol and drug abuse (AODA) day treatment services are not covered.

Attachment 1 (continued)

Covered Services for TR Recipients	
Covered Services	Allowable Providers
<p>Prescribed drugs - TB-related drugs include:</p> <ul style="list-style-type: none"> Isoniazid Rifampin - Rifadin®, Rimactane® Rifabutin - Mycobutin® Ethambutol - Myambutol® Pyrazinamide Streptomycin P-aminosalicylic acid - Sodium P.A.S.® Ethionamide - Trecator-SC® Cycloserine - Seromycin® Capreomycin - Capastat® Kanamycin - Kantrex® Pyridoxine Rifamate® Rimactane/INH Dual Pack® Rifater® <p>Coverage of other drugs may be TB-related if verified with the prescriber. <i>(Vitamin B6: Effective for dates of service on and after January 1, 1996, pyridoxine tablets (10, 25, 50 and 100 mg.)--Vitamin B₆-- are covered as over-the-counter (OTC) medication.)</i></p>	<ul style="list-style-type: none"> • pharmacies • physicians and physician clinics
<p>Physician and Clinic services, including office visits</p>	<ul style="list-style-type: none"> • physicians and physician clinics • the following providers within their scope of practice: <ul style="list-style-type: none"> family planning clinics nurses in independent practice nurse midwives nurse practitioners physician assistants rural health clinics
<p>Laboratory services, including services to diagnose and confirm the presence of infection</p> <p>These services are intended to include services to diagnose and confirm the presence of the infection. Since some individuals may not be determined Medicaid-eligible until the infection is confirmed, TR recipients may request that eligibility be retroactive to the date that the infection is confirmed.</p>	<ul style="list-style-type: none"> • family planning clinics • HealthCheck screeners (including local health departments certified as screeners) • independent laboratories • nurses in independent practice • nurse midwives • nurse practitioners • outpatient hospitals • physician assistants • physicians and physician clinics • prenatal care coordination (PNCC) providers (including local health departments certified as PNCC providers) • rural health clinics

Attachment 1 (continued)

Covered Services for TR Recipients	
Covered Services	Allowable Providers
<p>X-ray services, including services to diagnose and confirm the presence of infection</p> <p>These services are intended to include services to diagnose and confirm the presence of the infection. Since some individuals may not be determined Medicaid-eligible until the infection is confirmed, TR recipients may request that eligibility be retroactive to the date that the infection is confirmed.</p>	<ul style="list-style-type: none"> • HealthCheck screeners (including local health departments certified as screeners) • family planning clinics • nurse practitioners • outpatient hospitals • physicians and physician clinics • physician assistants • portable x-ray providers • prenatal care coordination (PNCC) providers (including local health departments certified as PNCC providers)
<p>Case Management services - Services to help a recipient and, when appropriate, the recipient's family gain access to, coordinate, or monitor necessary medical, social, educational, vocational and other services.</p> <p>All case management services must include the new target group: individuals infected with TB. The target group codes are: 44A-TB, non-COP or 44B-TB, COP.</p> <p>(HMO recipients will be eligible for case management services on a fee-for-service basis starting July 1, 1996, subject to guidelines which will be sent to case management providers and to HMOs before July.)</p>	<ul style="list-style-type: none"> • case management providers (case management services are available from or through certified case management providers in counties, cities, villages or towns that elect to pay the portion of costs not covered by the federal government)
<p>Transportation - Common carrier is provided at the county level and is covered for TR recipients in the same manner as it is for other Medicaid recipients. TR recipients are eligible for Specialized Medical Vehicle (SMV) transportation if they meet the SMV criteria. If they do not meet the SMV criteria, they are eligible for common carrier transportation. The recipient or the recipient's case manager must contact the county social services agency to arrange common carrier transportation.</p>	<ul style="list-style-type: none"> • county/tribal social service agency (for common carrier transportation) <p>Common carrier transportation of contagious individuals is handled on a "case by case" basis by the recipient's case manager and the county social services agency.</p> <ul style="list-style-type: none"> • specialized medical vehicle (SMV) providers

Attachment 1 (continued)

Covered Services for TR Recipients	
Covered Services	Allowable Providers
<p>Directly Observed Therapy (DOT) and Directly Observed Preventive Therapy (DOPT) (new service) - Direct observation by a health care provider or other designated person as the patient ingests the TB medication.</p> <p>Reimbursement for DOT/DOPT includes: necessary travel time and the delivery of medications (if free delivery is unavailable).</p> <p>Use the appropriate code to bill for DOPT: W6271 TB (Infected Only/No Disease), or DOT: W6274 (Suspect or Confirmed Active TB Disease Case).</p>	<ul style="list-style-type: none"> • HealthCheck screeners (including local health departments certified as screeners) • home health agencies • nurses in independent practice • nurse midwives • nurse practitioners • outpatient hospitals • personal care providers • physician assistants • physicians and physician clinics • prenatal care coordination providers (including local health departments certified as PNCC providers) • rural health clinics
<p>TB Symptom and Treatment Monitoring (new service) - Clinical assessment of TB, including history of treatment for TB infection or disease, monitoring adherence to the prescribed regimen, signs and symptoms of disease, and adverse reactions.</p> <p>Reimbursement for TB Symptom and Treatment Monitoring includes necessary travel time.</p> <p>Use the appropriate code to bill: W6272 (TB Infected Only/No Disease) or W6275 (Suspect or Confirmed Active TB Disease Case).</p>	<ul style="list-style-type: none"> • HealthCheck screeners (including local health departments certified as screeners) • home health agencies • nurses in independent practice • nurse midwives • nurse practitioners • outpatient hospitals • physician assistants • physicians and physician clinics • prenatal care coordination (PNCC) providers (including local health departments certified as PNCC providers) • rural health clinics
<p>Patient Education and Anticipatory Guidance - (new service) providing information about TB infection or disease, diagnostic tests, treatment, benefits of adherence to treatment, and follow up care.</p> <p>Reimbursement for Patient Education and Anticipatory Guidance includes any needed interpreter services and travel time.</p> <p>Use the appropriate code to bill: W6273 (TB Infected Only/No Disease) or W6276 (Suspect or Confirmed Active TB Disease).</p>	<ul style="list-style-type: none"> • HealthCheck screeners (including local health departments certified as screeners) • home health agencies • nurses in independent practice • nurse midwives • nurse practitioners • outpatient hospitals • physician assistants • physicians and physician clinics • prenatal care coordination (PNCC) providers • rural health clinics