

Guide to the Tuberculosis- Related Services-Only Benefit

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wisconsin **Medicaid**
and BadgerCare
Information for Providers
Department of Health and Family Services



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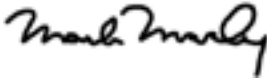
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dhfs.wisconsin.gov/medicaid
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MEMORANDUM

DATE: August 22, 2005

TO: Providers of Tuberculosis-Related Services, HMOs and Other Managed Care Programs

FROM: Mark B. Moody, Administrator
Division of Health Care Financing 

SUBJECT: Revised Guide to the Tuberculosis-Related Services-Only Benefit

The Division of Health Care Financing is pleased to provide you with a copy of the revised Guide to the Tuberculosis-Related Services-Only Benefit. Providers should maintain and refer to this guide in conjunction with the All-Provider Handbook. This revised version of the Guide to the Tuberculosis-Related Services-Only Benefit replaces the previous version published in March 2003.

All-Provider Publications

Providers are reminded to retain their all-provider publications. The revised Guide to the Tuberculosis-Related Services-Only Benefit does *not* replace these publications.

Additional Copies of Publications

The Wisconsin Medicaid Web site, dhfs.wisconsin.gov/medicaid/, contains additional information for all Medicaid providers, service-specific information, and electronic versions of the Guide to the Tuberculosis-Related Services-Only Benefit and the All-Provider Handbook.

Providers who have questions about the information in this guide may call Provider Services at (800) 947-9627 or (608) 221-9883.

Contacting Wisconsin Medicaid

Web Site		<i>dhfs.wisconsin.gov/</i>
<p>The Web site contains information for providers and recipients about the following:</p> <ul style="list-style-type: none"> • Program requirements. • Publications. • Forms. • Maximum allowable fee schedules. • Professional relations representatives. • Certification packets. 	Available 24 hours a day, seven days a week	
Automated Voice Response System		(800) 947-3544 (608) 221-4247
<p>The Automated Voice Response system provides computerized voice responses about the following:</p> <ul style="list-style-type: none"> • Recipient eligibility. • Prior authorization (PA) status. • Claim status. • Checkwrite information. 	Available 24 hours a day, seven days a week	
Provider Services		(800) 947-9627 (608) 221-9883
<p>Correspondents assist providers with questions about the following:</p> <ul style="list-style-type: none"> • Clarification of program requirements. • Recipient eligibility. • Resolving claim denials. • Provider certification. 	<p>Available:</p> <p>8:30 a.m. - 4:30 p.m. (M, W-F) 9:30 a.m. - 4:30 p.m. (T)</p> <p>Available for pharmacy services:</p> <p>8:30 a.m. - 6:00 p.m. (M, W-F) 9:30 a.m. - 6:00 p.m. (T)</p>	
Division of Health Care Financing Electronic Data Interchange Helpdesk		(608) 221-9036 e-mail: <i>wiedi@dhfs.state.wi.us</i>
<p>Correspondents assist providers with <i>technical</i> questions about the following:</p> <ul style="list-style-type: none"> • Electronic transactions. • Companion documents. • Provider Electronic Solutions software. 	Available 8:30 a.m. - 4:30 p.m. (M-F)	
Web Prior Authorization Technical Helpdesk		(608) 221-9730
<p>Correspondents assist providers with Web PA-related <i>technical</i> questions about the following:</p> <ul style="list-style-type: none"> • User registration. • Passwords. • Submission process. 	Available 8:30 a.m. - 4:30 p.m. (M-F)	
Recipient Services		(800) 362-3002 (608) 221-5720
<p>Correspondents assist recipients, or persons calling on behalf of recipients, with questions about the following:</p> <ul style="list-style-type: none"> • Recipient eligibility. • General Medicaid information. • Finding Medicaid-certified providers. • Resolving recipient concerns. 	Available 7:30 a.m. - 5:00 p.m. (M-F)	

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Preface

This Guide to the Tuberculosis-Related Services-Only Benefit is issued to providers offering services to recipients of the Tuberculosis-Related Services-Only Benefit.

Medicaid is a joint federal and state program established in 1965 under Title XIX of the federal Social Security Act. Wisconsin Medicaid is also known as the Medical Assistance Program, WMAP, MA, Title XIX, and T19.

Wisconsin Medicaid is administered by the Department of Health and Family Services (DHFS). Within the DHFS, the Division of Health Care Financing is directly responsible for managing Wisconsin Medicaid.

Guide Organization

This Guide to the Tuberculosis-Related Services-Only Benefit consists of the following chapters:

- General Information.
- Services and Requirements.
- Claims.

All-Provider Handbook

All Medicaid-certified providers receive a copy of the All-Provider Handbook, which includes the following sections:

- Certification and Ongoing Responsibilities.
- Claims Information.
- Coordination of Benefits.
- Covered and Noncovered Services.
- Informational Resources.
- Managed Care.
- Prior Authorization.
- Recipient Eligibility.

Providers are required to refer to the All-Provider Handbook for information about these topics.

Medicaid Web Site

Publications (including provider handbooks and *Wisconsin Medicaid and BadgerCare Updates*), maximum allowable fee schedules, telephone numbers, addresses, and more information are available on the Medicaid Web site at dhfs.wisconsin.gov/medicaid/.

Publications

Medicaid publications interpret and implement the laws and regulations that provide the framework for Wisconsin Medicaid. Medicaid publications provide necessary information about program requirements.

Legal Framework

The following laws and regulations provide the legal framework for Wisconsin Medicaid:

- Federal Law and Regulation:
 - ✓ Law — United States Social Security Act; Title XIX (42 US Code ss. 1396 and following) and Title XXI.
 - ✓ Regulation — Title 42 CFR Parts 430-498 and Parts 1000-1008 (Public Health).
- Wisconsin Law and Regulation:
 - ✓ Law — Wisconsin Statutes: 49.43-49.499 and 49.665.
 - ✓ Regulation — Wisconsin Administrative Code, Chapters HFS 101-109.

Laws and regulations may be amended or added at any time. Program requirements may not be construed to supersede the provisions of these laws and regulations.

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General Information

The Tuberculosis-Related Services-Only (TB-Only) Benefit is a limited benefit category that allows individuals with tuberculosis (TB) infection or disease to receive Medicaid-covered TB-related outpatient services.

health insurance coverage or is in a limited benefit category. Providers can access the EVS a number of ways, including the following:

- 270/271 Health Care Eligibility Benefit Inquiry/Response transactions.
- Automated Voice Response System.
- Commercial eligibility verification vendors (accessed through software, magnetic stripe card readers, and Internet).
- Provider Services.

Refer to the Recipient Eligibility section of the All-Provider Handbook for more information about verifying recipient eligibility.

Provider Certification

Medicaid-certified providers may provide TB-related services to recipients of the TB-Only Benefit. No separate certification is required to provide these services. The requirements in this guide must be followed when providing services to TB-Only recipients.

Eligibility Requirements

To be eligible for the TB-Only Benefit, documentation must show that one of the following is true:

- The individual has evidence of latent TB infection.
- The individual has evidence of active TB disease.
- The individual has a negative tuberculin skin test, but a positive culture.
- The individual tests negative for TB but requires a TB-related drug and/or surgical therapy based on a physician's judgment.
- The individual requires testing to confirm the presence (or absence) of the TB organism based on a physician's judgment.

Refer to Appendix 1 of this guide to determine which Medicaid-certified providers may provide certain services and receive reimbursement through the TB-Only Benefit.

Recipient Eligibility

Medicaid providers should *always* verify a recipient's eligibility before providing services, both to determine eligibility for the current date and to discover any limitations to the recipient's coverage. Most recipients, whether they are eligible for all services or limited services, receive a Forward card. Therefore, TB-Only recipients receive a Forward card. Providers should note that a recipient may be enrolled in more than one limited benefit category. For example, a recipient may be enrolled in the Family Planning Waiver Program and the TB-Only Benefit.

Individuals must also meet certain financial requirements. Individuals should contact their county/tribal social or human services agency or Medicaid outstation site for current financial requirements.

Eligibility information for specific recipients is available from the Medicaid Eligibility Verification System (EVS). The EVS is used by providers to verify recipient eligibility, including whether the recipient has other

No separate certification is required to provide these services.

Some individuals may not be determined eligible for the TB-Only Benefit until the TB infection or disease is clinically confirmed. These recipients may request that eligibility for the TB-Only Benefit be retroactive to the date the infection or disease is confirmed.

Copayment

Providers are prohibited from collecting copayment from TB-Only recipients when providing directly observed therapy, TB symptom and treatment monitoring, or patient education and anticipatory guidance. Refer to service-specific publications for information about charging copayment amounts for other services.

P Providers are prohibited from collecting copayment from TB-Only recipients when providing directly observed therapy, TB symptom and treatment monitoring, or patient education and anticipatory guidance.

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Services and Requirements

Covered Services

Recipients of the Tuberculosis-Related Services-Only (TB-Only) Benefit are eligible *only* for Medicaid-covered tuberculosis (TB)-related outpatient services. These services include:

- Drugs.
- Physician services.
- Laboratory services.
- Radiology services.
- Case management services.
- Transportation services.
- Directly observed therapy (DOT), symptom and treatment monitoring, and patient education and anticipatory guidance.

To receive reimbursement through the TB-Only Benefit, the services provided must relate to the diagnosis, treatment, or complications of TB and may vary depending on the recipient's condition. For example, services may be provided and reimbursed through the TB-Only Benefit when necessary due to side effects from drugs prescribed to treat TB.

Refer to Appendix 1 of this guide for commonly used allowable procedure codes that identify TB-related services.

Drugs

Tuberculosis-related drugs include, but are not limited to, the following:

- Capreomycin.
- Cycloserine.
- Ethambutol.
- Ethionamide.
- Isoniazid.
- Kanamycin.
- Pyrazinamide.
- Pyridoxine.

- P-aminosalicylic acid.
- Pyridoxine tablets (Vitamin B₆— 10, 25, 50, and 100 mg).
- Rifabutin.
- Rifamate[®].
- Rifampin.
- Rifater[®].
- Streptomycin.

If the pharmacy provider or dispensing physician verifies with the prescriber that the recipient's need for the drug is TB related, other drugs may be reimbursed through the TB-Only Benefit.

Allowable Providers

Medicaid pharmacy providers and dispensing physicians may dispense TB-related drugs and receive reimbursement through the TB-Only Benefit.

Physician Services

Tuberculosis-related physician services, including office visits, may be reimbursed through the TB-Only Benefit.

Allowable Providers

Medicaid physicians, physician clinics, physician assistants, and nurse practitioners may provide TB-related physician services within their scope of practice and receive reimbursement through the TB-Only Benefit.

Laboratory Services

Tuberculosis-related laboratory services, including services to diagnose or confirm the presence of TB infection or disease, may be reimbursed through the TB-Only Benefit.

Allowable Providers

Refer to Appendix 1 of this guide for a list of providers who may provide TB-related laboratory services and receive reimbursement through the TB-Only Benefit.

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Recipients of the Tuberculosis-Related Services-Only (TB-Only) Benefit are eligible *only* for Medicaid-covered tuberculosis (TB)-related outpatient services.

Radiology Services

Tuberculosis-related radiology services may be reimbursed through the TB-Only Benefit.

Allowable Providers

Refer to Appendix 1 of this guide for a list of providers who may provide TB-related radiology services and receive reimbursement through the TB-Only Benefit.

Other Related Services

Full-benefit Medicaid recipients and TB-Only recipients are eligible for the following services:

- Directly observed therapy.
- Symptom and treatment monitoring.
- Patient education and anticipatory guidance.

These services may be provided to encourage adherence to the recipient’s treatment program, including completion of the course of a prescribed drug.

Directly Observed Therapy

Directly observed therapy may be provided by a health care provider or other designated person to ensure that the recipient ingests TB medication as prescribed in his or her treatment plan.

Reimbursement rates for DOT include travel time and delivery of medications. Therefore, travel time and delivery of medications are not separately reimbursable.

Providers should indicate one of the following procedure codes when submitting claims for DOT:

- 99401.
- 99402.
- 99403.
- 99404.

Symptom and Treatment Monitoring

Tuberculosis symptom and treatment monitoring includes the following:

- Clinical assessment of TB.
- Incorporating a history of treatment for TB infection or disease.
- Monitoring adherence to the recipient’s treatment program.
- Monitoring signs and symptoms of the TB infection or disease.
- Monitoring adverse reactions.

Reimbursement rates for TB symptom and treatment monitoring include travel time. Therefore, travel time is not separately reimbursable.

Providers should indicate one of the following procedure codes when submitting claims for TB symptom and treatment monitoring:

- 99401.
- 99402.
- 99403.
- 99404.

Patient Education and Anticipatory Guidance

Limited patient education and anticipatory guidance may include providing information about TB infection or disease, diagnostic tests, treatment, benefits of adherence to treatment, and follow-up care.

Reimbursement rates for patient education and anticipatory guidance include travel time. Therefore, travel time is not separately reimbursable.

Providers should indicate procedure code S9445 when submitting claims for patient education and anticipatory guidance.

Allowable Providers

Refer to Appendix 1 of this guide for a list of providers who may provide TB-related DOT, TB symptom and treatment monitoring, and TB-related patient education and anticipatory guidance.

D Directly observed therapy may be provided by a health care provider or other designated person to ensure that the recipient ingests TB medication as prescribed in his or her treatment plan.

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Case Management Services

Case management services help a recipient and, when appropriate, the recipient's family gain access to, coordinate, or monitor necessary medical, social, educational, vocational, and other services. All Medicaid-covered case management services may be reimbursed through the TB-Only Benefit. Refer to case management publications for Medicaid-covered case management services.

Allowable Providers

Medicaid case management services providers may provide TB-related case management services and receive reimbursement through the TB-Only Benefit. In addition, providers must be Medicaid-certified for the target group "individuals infected with TB."

Refer to case management services publications for the Case Management Target Population Change Request Form.

Transportation Services

Tuberculosis-Only recipients are eligible for transportation to receive TB-related services. The recipient or the recipient's case manager should contact the county/tribal social or human services agency to arrange common carrier transportation.

Recipients who cannot travel safely by common carrier transportation may be eligible for transportation by specialized medical vehicle (SMV). Tuberculosis infection or disease alone does not automatically qualify the recipient for transportation by SMV.

Refer to SMV services publications for information about SMV criteria.

Noncovered Services

Inpatient hospital services and nursing home services are not covered through the TB-Only Benefit.

In addition, services not related to the treatment or complications of TB are not covered through the TB-Only Benefit. For example, routine dental services and substance abuse day treatment services are not covered through this limited benefit category.

Place of Service

Services that are reimbursable through the TB-Only Benefit must be provided in an allowable place of service (POS). Refer to Appendix 2 of this guide for allowable POS codes.

Inpatient hospital services and nursing home services are not covered through the TB-Only Benefit.

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C Claims

Providers should follow the claim instructions in their service-specific publications.

Diagnosis Codes

With the exception of independent laboratory providers, portable X-ray providers, and pharmacy providers, providers should indicate a tuberculosis (TB)-related *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code as the primary diagnosis when submitting claims for TB-related services. Providers should refer to

Appendix 3 of this guide for commonly used allowable diagnosis codes for services provided to recipients of the TB-Related Services-Only Benefit. Providers are responsible for keeping current with diagnosis code changes. Claims submitted that do not include a TB-related diagnosis code as the primary diagnosis may be denied.

Independent laboratory providers, portable X-ray providers, and pharmacy providers should refer to their service-specific publications for information about diagnosis codes.

P Providers should follow the claim instructions in their service-specific publications.

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Appendix 1

Allowable Procedure Codes for Services Provided to Recipients of the Tuberculosis-Related Services-Only Benefit

The following table includes commonly used allowable Health Care Common Procedure Coding System and *Current Procedural Terminology* procedure codes for services provided to recipients of the Tuberculosis-Related Services-Only Benefit. It also identifies allowable providers for each procedure code. Providers are required to use the procedure code that best describes the service and level of service provided.

Procedure Code	Description	Allowable Providers
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session	<ul style="list-style-type: none"> • Federally qualified health centers. • HealthCheck screeners. • Home health agencies. • Nurse midwives. • Nurse practitioners. • Physician assistants. • Physician clinics. • Physicians. • Prenatal care coordination providers.
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
99402	approximately 30 minutes	
99403	approximately 45 minutes	
99404	approximately 60 minutes	
71010	Radiologic examination, chest; single view, frontal	<ul style="list-style-type: none"> • Family planning clinics. • Federally qualified health centers. • HealthCheck screeners. • Nurse midwives. • Nurse practitioners. • Outpatient hospitals. • Physician assistants. • Physician clinics. • Physicians. • Portable X-ray providers. • Prenatal care coordination providers.
71020	Radiologic examination, chest, two views, frontal and lateral	
86580	Skin test; tuberculosis, intradermal	<ul style="list-style-type: none"> • Family planning clinics. • Federally qualified health centers. • HealthCheck screeners. • Independent laboratories. • Nurse midwives. • Nurse practitioners. • Outpatient hospitals. • Physician assistants. • Physician clinics. • Physicians. • Prenatal care coordination providers.

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Procedure Code	Description	Allowable Providers
89220	Sputum, obtaining specimen, aerosol induced technique (separate procedure)	<ul style="list-style-type: none"> • Federally qualified health centers. • HealthCheck screeners. • Independent laboratories. • Nurse midwives. • Nurse practitioners. • Outpatient hospitals. • Physician assistants. • Physician clinics. • Physicians. • Prenatal care coordination providers.
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device (94664 can be reported one time only per day of service)	<ul style="list-style-type: none"> • Federally qualified health centers. • HealthCheck screeners. • Nurse midwives. • Nurse practitioners. • Outpatient hospitals. • Physician assistants. • Physician clinics. • Physicians. • Prenatal care coordination providers.
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	<ul style="list-style-type: none"> • Family planning clinics. • Federally qualified health centers. • HealthCheck screeners. • Independent laboratories. • Nurse midwives. • Nurse practitioners. • Outpatient hospitals. • Physician assistants. • Physician clinics. • Physicians. • Prenatal care coordination providers.
0010T	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response	<ul style="list-style-type: none"> • Federally qualified health centers. • Independent laboratories. • Nurse practitioners. • Outpatient hospitals. • Physician assistants. • Physician clinics. • Physicians.

Appendix 2

Allowable Place of Service Codes for Services Provided to Recipients of the Tuberculosis-Related Services-Only Benefit

The following table includes allowable place of service codes for services provided to recipients of the Tuberculosis-Related Services-Only Benefit.

Place of Service Code	Description
03	School
04	Homeless Shelter
05	Indian Health Service Free-Standing Facility
06	Indian Health Service Provider-Based Facility
07	Tribal 638 Free-Standing Facility
08	Tribal 638 Provider-Based Facility
11	Office
12	Home
15	Mobile Unit
20	Urgent Care Facility
22	Outpatient Hospital
23	Emergency Room — Hospital
34	Hospice
50	Federally Qualified Health Center
60	Mass Immunization Center
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Place of Service

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Appendix 3

Allowable Diagnosis Codes for Services Provided to Recipients of the Tuberculosis-Related Services-Only Benefit

The following table includes commonly used allowable *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis codes for services provided to recipients of the Tuberculosis-Related Services-Only Benefit. Providers are responsible for keeping current with diagnosis code changes.

Diagnosis Codes	Descriptions
010.0x- 018.9x	Primary tuberculosis (TB) infection Pulmonary TB Other respiratory TB Tuberculosis of meninges and central nervous system Tuberculosis of intestines, peritoneum, and mesenteric glands Tuberculosis of bones and joints Tuberculosis of genitourinary system Tuberculosis of other organs Miliary TB
137.0- 137.4	Late effects of TB
771.2	Infections specific to the perinatal period; other congenital infections; congenital TB
795.5	Nonspecific abnormal histological and immunological findings; nonspecific reaction to tuberculin skin test without active TB
V01.1	Contact with or exposure to communicable diseases; TB
V12.01	Personal history of certain other diseases; infectious and parasitic diseases; TB
V71.2	Observation and evaluation for suspected conditions not found; observation for suspected TB
V72.5	Special investigations and examinations; radiological examination, not elsewhere classified
V74.1	Special screening examination for bacterial and spirochetal diseases; pulmonary TB

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