

# Tuberculosis Program

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The Medi-Cal Tuberculosis (TB) Program is funded under Title XIX of the Social Security Act to treat individuals who have been infected with TB. This program covers outpatient TB-related services for persons who are TB-infected and eligible under aid code 7H. Recipients with aid code 7H will receive TB-related services at a zero Share of Cost.

## Application Forms

Providers are encouraged to help TB-infected persons apply for Medi-Cal and complete the following application forms:

### «Application Forms and Numbers»

Form Number.	Name of Form
MC 13	<i>Statement of Citizenship, Alienage and Immigration Status</i>
MC 210	<i>Statement of Facts (Medi-Cal)</i>
MC 210A	<i>Supplement to Statement of Facts for Retroactive Coverage/Restoration</i>
MC 219	<i>Rights and Responsibilities</i>
MC 274TB	<i>Application for Medi-Cal Tuberculosis Program</i>

## **Certification of TB Infection Required: MC 274TB Form**

Before submitting an application to the county, Medi-Cal physicians or designated staff must certify on the second page, Part B of the MC 274TB form that the individual is infected with TB (by indicating this person requires preventive therapy for tuberculosis infection or that the person requires treatment for active TB).

Application forms are available only to county welfare departments, physicians and clinics. Providers must submit application information to the county welfare office to determine Medi-Cal eligibility.

TB application forms in English (MC 274TB) and in Spanish (MC 274TB [SP]) are located on the Medi-Cal website at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov) under the Forms tab and then under the Medi-Cal Eligibility Forms area.

**Note:** Providers are subject to the reporting requirements of the *California Code of Regulations* (CCR), Title 17, Section 2505.

## **Retroactive Eligibility: TB-Infected Persons**

Recipients have a maximum of three months retroactive eligibility with verification that they were TB-infected while applying for the TB program. Recipient eligibility is effective until a recipient's county changes its status or removes the recipient from the Medi-Cal Eligibility Data System (MEDS).

## **TB-Related Services**

Services related to outpatient treatment of TB include prescribed medications, physician and clinic services, laboratory and radiologic services, Directly Observed Therapy (DOT) billed using HCPCS code H0033 (oral medication administration, direct observation) and Targeted Case Management (TCM).

### **Reimbursement**

Except for TCM, these TB-related services are reimbursable on a fee-for-service basis. TCM is reimbursable only through a county TCM program. County clinics should contact their designated TCM coordinator for claim procedures.

**Note:** Refer to the “Clinical Laboratory Improvement Amendments (CLIA) Certification & Billing for Pathology” in *Pathology: An Overview of Enrollment and Proficiency Testing Requirements* section of the appropriate Part 2 manual for important laboratory billing information.

### **Directly Observed Therapy (DOT)**

The following DOT requirements apply to the TB program.

- DOT may be billed for TB-infected full-scope recipients as well as aid code 7H recipients.
- DOT will be provided by community workers and/or public health nurses employed by county clinics that are already enrolled or are eligible to enroll as Medi-Cal providers under existing county provider categories. Providers must use the *UB-04* claim form when billing for DOT and maintain documentation in the patient's file showing that the criteria in the CCR, Title 22, Sections 51187.1(a)(2) and 51276 are met for audit purposes. (It is not necessary for the provider to attach this documentation to the claim form.)
- The rate of reimbursement for DOT is \$19.23 per encounter.
- Clinics billing for DOT services rendered outside the clinic should bill with the facility type code that most closely describes the Place of Service where the DOT service was rendered.

## **Billing Requirements**

TB-related services are reimbursable only when billed with the following ICD-10-CM codes:

«**Table of ICD 10-CM Codes and Descriptions**»

<b><u>Codes</u></b>	<b><u>Description</u></b>
A15.0 thru A15.9	Respiratory tuberculosis
A17.0 thru A17.9	Tuberculosis of nervous system
A18.0 thru A18.89	Tuberculosis of other organs
A19.0 thru A19.9	Miliary tuberculosis

**<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.