



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Tuberculosis Treatment and Care Payment Policy Effective September 1, 2013

I. GENERAL RULES

Under Conn. Gen. Stat. § 19a-255, no patient can be denied care for tuberculosis (TB) regardless of his or her ability to pay for such care.

The Connecticut Department of Public Health (DPH) will consider claims from healthcare providers for TB treatment for those individuals who are (1) uninsured; (2) underinsured; or ineligible for TB Medicaid coverage.

DPH will consider claims for such individuals for all TB related care, including, but not limited to office visits, radiology exams, laboratory tests, hospitalizations and home visits for directly observed therapy.

If a claim is accepted, DPH will pay for such care in accordance with the established Medicaid rules and rates.

For underinsured TB patients, if the insurance payment for a claim meets or exceeds the Medicaid reimbursement rate for the service in question, the bill shall be considered paid in full. If not, DPH will pay the balance up to the Medicaid reimbursement rate.

A patient's inability to pay a co-pay should not result in the patient being denied care for TB. DPH will consider claims for co-pays if a patient cannot afford a co-pay.

DPH only considers claims from healthcare providers. Thus, providers should not directly bill patients.

In any case, neither the patient nor any other party may be billed for TB services after a healthcare provider submits a claim for payment of such services to DPH.

Before submitting a claim request to DPH, the healthcare provider should determine whether any third-party payers (i.e., insurers, etc.) may be liable for the claim. If so, the claim should be sent to the third-party payer for processing.

DPH will only consider claims for which the healthcare provider has determined that (1) there are no third-party payers; or (2) a third-party payer will not pay the claim although it has been properly submitted to such third-party payer and all efforts have been made to obtain reimbursement.



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In addition, upon request DPH will provide healthcare providers with TB medication for their patients free of charge. DPH generally does not reimburse healthcare providers or pharmacies for the cost of TB medication unless prior approval has been obtained from DPH. To obtain more information on obtaining free TB medication from DPH, please contact the TB Control Program at 860-509-7722.

II. CLAIMS PROCESS

Claims must be submitted to the Department's TB billing contact person, Yvette Mateo, on a state CO-17 "*VENDOR INVOICE FOR GOODS OR SERVICES*" Form. This form is available on the DPH TB Control Program website: <http://www.ct.gov/dph/tb>.

III. TIME LIMITS

Consistent with state Medicaid policy, all claims for payment must be made within one (1) year of the date of service or the last date of service when services rendered are provided consecutively or as a unit of service or delivery of goods. The only exceptions to this rule are:

- When health insurance, Medicaid or claims payment eligibility is subject to a grievance process, the provider shall submit billings for service as stated above or within one (1) year of the effective date of the grievance resolution, whichever is later;
- When a provider has submitted a claim to a third party insurer and has not received a response within a reasonable time, the one (1) year expiration date shall begin one year from the date of receipt of the Explanation of Benefits form.

For questions regarding TB billing and reimbursement, please contact the DPH TB Control Program at (860) 509-7722.



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