

TUBERCULOSIS (TB) CONTROL PROGRAM REIMBURSEMENT FEES FOR TB-RELATED SERVICES

If you are requesting reimbursement from the Department of Public Health (DPH) Tuberculosis (TB) Control Program for the TB-related services listed below, you must attach the relevant documents or proof of services with a CO-17 Invoice Form.

The CO-17 Form must reflect the exact same information (e.g., entity name, address, and Vendor FEIN/SSN) listed on the Agency Vendor Form and W-9 Form that is in the CORE-CT Vendor Profile.

Please refer to CO-17, W-9 and Agency Vendor form links at:

<https://portal.ct.gov/dph/tuberculosis/tuberculosis-payment-and-billing>.

NOTE: If you are submitting bills directly to the Department of Social Services (DSS) Tuberculosis (TB) Medicaid, you need to be a registered “Medicaid Provider” and use their (DSS) coding. These fee schedules can be found online at <https://www.ctdssmap.com> under “Provider Fee Schedule” (Local Health).

Reimbursement requests, with CO-17 and all backup documentation, should be sent via secure fax to the DPH TB Control Program at 860-730-8271, or via mail to:

Attn.: TB Billing Program
Tuberculosis Control Program
Department of Public Health
410 Capitol Avenue, MS #11-TUB
Hartford, CT 06134

If you have questions, please visit the TB Payment and Billing Policy and Forms webpage at [Tuberculosis Payment and Billing \(ct.gov\)](https://portal.ct.gov/dph/tuberculosis/tuberculosis-payment-and-billing), or contact the DPH TB Control Program at 860-509-7722.

TB Control Program TB-related Services:
Reimbursement Fees (9/19/2024)

- 1. Perform TB Skin Testing..... \$4.50**
 - a. At the discretion of the Local Health Director and/or the DPH TB Control Program:
 - i. Administer and interpret the tuberculin skin test using the intermediate strength tuberculin purified protein derivative (tuberculin PPD) Mantoux technique testing to persons exposed to potentially infected TB disease or suspect of active TB cases.
 - b. Submit to the DPH TB Control Program a list of names of each suspect and contact/s tested, date of the test, and the results.
 - c. Attach this list to the CO-17 invoice form.
 - d. Send all forms via secure fax to the DPH TB Control Program (860-730-8271), or via mail.

- 2. Perform Venipuncture..... \$3.47**
 - a. At the discretion of the Local Health Director and/or the DPH TB Control Program:
 - i. Insertion of needle into vein for collection of blood samples for **IGRA and/or HIV testing** to persons exposed to potentially infected TB disease or suspect of active TB cases.
 - b. Submit to the DPH TB Control Program a list of names of each suspect and contact/s tested, date of the test, and the results.
 - c. Attach to the CO-17 invoice form.
 - d. Send all forms via secure fax to the DPH TB Control Program (860-730-8271), or via mail.

- 3. Perform Tuberculosis Case Contact Interviews.....\$91.52**
 - a. Interview diagnosed or suspected cases of tuberculosis or infected children 5 years of age or younger to identify new cases of tuberculosis and candidates for preventive therapy. During the Case Contact Interview, the worker will:
 - i. Educate the patient about his/her personal and public health problems,
 - ii. Encourage compliance with prescribed TB therapy,
 - iii. Elicit all high risk and low risk contacts,
 - iv. Ensure the medical examination of all contacts elicited, and
 - v. Administer and interpret the tuberculin skin test or perform venipuncture blood collection for IGRA test.

- b. Complete the DPH TB Control Program [Tuberculosis Contact Investigation Worksheet \(CI Worksheet\)](#).
 - i. **Attempt to interview the case should be started within three (3) working days after receipt of the DPH TB Control Program CI Worksheet.**
 - ii. Submit the DPH TB Control Program CI Worksheet within 30 days after the initial interview and again after follow-up of contacts has been completed (i.e., 8-10 weeks after the most recent exposure to the case).
- c. Attach the CO-17 invoice form to the DPH TB Control Program CI Worksheet.
- d. Send all forms via secure fax to the DPH TB Control Program (860-730-8271), or via mail.

4. Perform Field Visit or DOT (In-Person)\$66.00

- a. Field Visits include but are not limited to:
 - i. Directly Observed Therapy (DOT) at a patient’s home, work or other agreed upon location excluding the usual worksite of LHD staff;
 - ii. Activities of contact investigations that require LHD staff leaving their usual worksite;
 - iii. Collection of sputum samples at a patient’s home, work or other agreed up location excluding the usual worksite of LHD staff;
 - iv. Visits to the hospital for interviewing patient or discharge planning.
- b. For ***In-Person*** DOT:
 - i. Complete the [DOT log sheet/s](#).
 - ii. Attach the DOT log sheet/s to CO-17 invoice form.
 - iii. Send all forms via secure fax to the DPH TB Control Program (860-730-8271), or via mail.
- c. For Field Visits:
 - i. Complete a document which includes the following information:
 - a. The case or contact name to whom the field visit was made.
 - b. Date of the home field visit/s.
 - ii. Attach the document to the CO-17 invoice form.
 - iii. Send all forms via secure fax to the DPH TB Control Program (860-730-8271), or via mail.

5. Perform Office Visit or eDOT (Real-time, Live Video) \$20.50

- a. Office Visits for active TB cases and latent TB infection (LTBI) patients include but are not limited to:
 - i. In Person:
 - a. Patient Office Visit for monthly medication distribution

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- b. Patient Office Visit for in-person DOT
 - c. Patient Office Visit to see provider for assessment or follow-up.
 - ii. Electronic Directly Observed Therapy (eDOT).
 - a. **eDOT is defined as real-time provider observation** of patients taking their medications via Facetime, WhatsApp or other HIPAA compliant application.
 - b. **NOTE: eDOT does not include patient-recorded videos that are sent via text/email to the provider.**
 - c. **NOTE: DPH does not reimburse for patient-recorded videos that are sent via text/email to the provider.**
 - b. Reporting and billing for eDOT or in-person DOT:
 - i. Complete the eDOT/DOT log sheet/s.
 - ii. Attach the eDOT/DOT log sheet/s to the CO-17 invoice form.
 - iii. Send all forms via secure fax to the DPH TB Control Program (860-730-8271), or via mail.
 - c. Reporting and Billing for Office Visits:
 - i. Complete a document which includes the following information:
 - a. The name of the case, contact, or LTBI patient with whom the office visit was made.
 - b. Date of the office visit/s.
 - ii. Attach the document to the CO-17 invoice form.
 - iii. Send all forms via secure fax to the DPH TB Control Program (860-730-8271), or via mail.