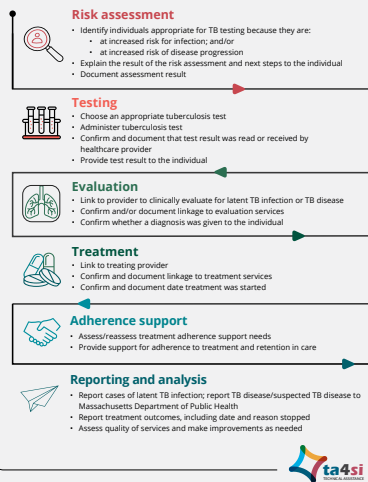


# Billing

## Components for Testing and Treatment of Individuals with Latent Tuberculosis (TB) Infection



This resource provides an overview of billing and insurance for latent TB infection services. It is intended for clinical and non-clinical staff from agencies in Massachusetts providing latent TB infection services. It includes information and links for more information on the following questions:

- What services does my agency's contract with the Massachusetts Department of Public Health (MDPH) fund?
- How do the recommendations from the United States Preventive Services Task Force affect payment for latent TB infection services?
- What services do I need to bill an individual's insurance for?
- What codes should I use to bill for TB testing?
- What alternatives are available for funding latent TB infection services for uninsured individuals?
- Where can I find more information on billing and insurance for latent TB infection services?

## What services does my agency's contract with the Massachusetts Department of Public Health (MDPH) fund?

The contract that you have with MDPH's Bureau of Infectious Disease and Laboratory Sciences (BIDLS), through the HIV/HCV/STI/TB Prevention, Linkage, and Retention in Care and Treatment Request for Response (DPH RFR Document Number: 181926) funds the staffing, infrastructure, and overhead necessary to serve your agency's priority population(s).

Your contract with MDPH does not fund clinical services (e.g. laboratory services, x-rays, medications) provided to individuals. These services should be covered by the individual's insurance, or other mechanisms available for those who do not have health insurance.

Agencies that wish to use MDPH contract funds to cover time for clinical staff, e.g. Registered Nurses (RNs), should confirm that this is already included in the agency's contract with MDPH, or should make a request to MDPH. In the request, the agency must articulate in detail why MDPH funds are necessary, instead of having these costs be reimbursed by health insurance. BIDLS will only fund the staff time of medical care providers (nurses, nurse practitioners, physicians) in specific circumstances - for example, in settings that do not have the ability to seek third-party reimbursement, or when these staff are providing non-reimbursable services.

Third-party payers may include Medicaid, Medicare, other state or local entitlement programs, state subsidized health insurance, prepaid health plans, or private insurance. In Massachusetts, Medicaid and the Children's Health Insurance Program (CHIP) are combined into one program called MassHealth. Providers who offer MassHealth-covered

services must enroll as a MassHealth provider. For information about how to become a MassHealth provider, please visit the [MassHealth provider enrollment information page](#).

Contracted agencies are required to assess an individual's insurance status, link individuals to insurance resources, and utilize other funding streams to the maximum extent possible. Other key points for determining payment sources for latent TB infection services are:

- MDPH funds received through this contract may only be used to provide items or services for which payment has not already been made, or cannot reasonably be expected to be made, by third-party payers.
- MDPH funds received through this contract may not be used to pay for MassHealth-covered services for MassHealth beneficiaries.
- Providers must back-bill MassHealth (whenever allowable) for any services provided to MassHealth eligible individuals once MassHealth eligibility is determined.

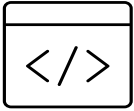
## How do the recommendations from the United States Preventive Services Task Force affect payment for latent TB infection services?

In September 2016, the United States Preventive Services Task Force (USPSTF) recommended that asymptomatic adults at increased risk for TB infection be tested for latent tuberculosis infection using a tuberculin skin test (TST) or interferon-gamma release assay (IGRA) test. The USPSTF provided a "B" rating for [this recommendation](#), which means that Qualified Health Plans (QHPs), ConnectorCare plans, and Medicaid expansion health plans must provide TB testing without cost-sharing. Insurers generally view radiology services provided in connection with latent TB infection testing as diagnostic services outside of this mandate.

## What services do I need to bill an individual's insurance for?

All eligible diagnostic tests, laboratory tests, and provider visits (primary care provider or specialist) related to diagnosis and treatment of latent TB infection must be billed to the individual's insurance (Medicare, MassHealth, private insurance, etc.) at the time of the visit. Prescription medications are billed by the pharmacy. Please note that health insurance plans may change during a plan year, and also between plan years. Changes may alter coverage, associated costs, or restrictions. Your agency and the individuals you treat should always confirm coverage by contacting the individual's insurance plan.

The Center for Health Law and Policy Innovation at Harvard Law School released a [Latent TB Infection Treatment at a Glance](#) document in June 2020. This document provides an overview of coverage for key latent TB infection services in Massachusetts as of April 2020. The purpose of the document is to give health care providers quick access to basic coverage information and help inform discussions with individuals about treatment. The document looks at the out-of-pocket cost of services and medications for several different private insurance plans, ConnectorCare plans, and MassHealth plans. The document reviews services including primary care appointments, specialist appointments, x-rays, and blood work, as well as medication prices for isoniazid, rifampentine, and rifampin.



## What codes should I use to bill for TB testing?

All agencies that provide risk assessment and testing need to be familiar with two sets of codes to bill for TB infection testing. Current Procedural Terminology (CPT) codes identify medical procedures. The CPT codes for TB infection tests are shown below in Table 1.

Table 1

Test	CPT Code
TST	86580
QFT	86480
T.Spot - TB	86481

The second set of codes that agencies providing latent TB infection services need to be familiar with for latent TB infection billing is the International Classification of Diseases (ICD) codes. The current codes are those listed in the 10th edition of the ICD, commonly referred to as [ICD-10](#). ICD codes are used to classify diagnosis. The ICD-10 codes used for latent TB infection screening are Z11.1 (Encounter for screening for respiratory tuberculosis) or Z11.7 (Encounter for testing for latent tuberculosis infection).



## What alternatives are available for funding latent TB infection services for uninsured individuals?

- **Health Safety Net:** Health Safety Net (HSN) is available to some uninsured or underinsured Massachusetts residents whose income is under a certain percentage of the federal poverty level. For qualified individuals, the HSN pays for medical services or medications in cases where their insurance does not cover the entire cost or the individual does not have insurance. HSN can only be used for services provided at specific acute care hospitals, community health centers, or pharmacies. HSN can act as a secondary payer for adults enrolled in private insurance, student health insurance, and Medicare, as well as certain MassHealth programs, Qualified Health Plans or ConnectorCare (for the first 90 days). HSN generally pays for the same services covered by the MassHealth Standard plan including lab services, X-rays, and outpatient medical visits. To be eligible for HSN, these services must be provided at a HSN acute care hospital or a community health center.

For more information about HSN, please visit the [HSN for providers website](#). A listing of HSN providers can be found [here](#).

- **Tuberculosis Drug Assistance Program:** The BIDLS Tuberculosis Drug Assistance Program (TBDAP) helps to ensure that eligible individuals can access TB medications in a timely manner by eliminating patient costs at designated pharmacies that coordinate with clinical sites providing TB treatment services. TBDAP will cover any out-of-pocket and prescription costs that are not covered by insurance. TBDAP is managed in

collaboration with Community Research Initiative (CRI) and can be implemented at additional pharmacies to meet the needs of the BIDLS-funded agencies. For more information, please visit the [TBDAP website](#) or call the Division of Global Populations and Infectious Disease Prevention at 617-983-6970.

- **State-supported TB Outpatient Services:** The [network of state-supported TB clinics](#) can provide TB services to uninsured patients and seek payment from MDPH. Note that these clinics do not provide testing for TB infection (TST or IGRA), and they prioritize access for persons at highest risk.
- **Refugee Health Assessment Program (RHAP):** Some agencies also have contracts with MDPH/BIDLS to deliver Refugee Health Assessment Program (RHAP) services. This program provides newly arrived refugees and other individuals with humanitarian visa status with a structured medical screening, access to providers who have expertise in refugee-specific care needs, recommendations for mental and physical health resources, and linkage to primary care. The assessment includes TB testing. The refugee health assessment is fully paid by MDPH through federal funding. More information on RHAP, including the criteria for TB testing and referral for evaluation, can be found via [this page](#) on the MDPH website. If you have questions about RHAP, please call the Division of Global Populations and Infectious Disease Prevention at 617-983-6590.



## Where can I find more information on billing and insurance for latent TB infection services?

As noted above, the agency or the individual should contact the insurance provider directly to confirm latent TB infection insurance coverage, and with any coverage-related questions. Phone numbers for insurance networks that are common in Massachusetts are listed below:

### Contact Number for Providers:

AllWays Health Partners: 1-855-444-4647  
BCBS of MA: 1-800-882-2060  
BMC HealthNet: 1-888-566-0008  
Fallon Health: 1-866-275-3247  
Harvard Pilgrim Health Care: 1-800-708-4414  
Health New England: 1-800-842-4464  
Tufts Health Plan: 1-888-884-2404 or 1-888-257-1985  
UnitedHealthcare: 1-877-842-3210

### Contact Numbers for Members:

AllWays Health Partners: 1-866-414-5533  
BCBS of MA: 1-800-262-2583  
BMC HealthNet: 1-855-833-8120  
Fallon Health: 1-800-868-5200  
Harvard Pilgrim Health Care: 1-888-333-4742  
Health New England: 1-800-310-2835  
Tufts Health Plan: 1-800-462-0224 or 1-888-257-1985  
UnitedHealthcare: 1-877-856-2429

For general questions related to MassHealth coverage, please see their [website](#). For providers looking for more information, please visit [this information page](#). For MassHealth Members looking for more information, please visit [this information page](#).

Some telehealth services for latent TB infection are also covered by insurance. Agencies that are considering or already providing latent TB infection services via telehealth can learn more in "[Frequently Asked Questions: Coverage of Telehealth Services for COVID-19 and Other Treatment](#)." This document, developed by The Center for Health Law and Policy Innovation at Harvard Law School, addresses questions about billing for telehealth services based on Massachusetts requirements, including Medicare requirements.

If you have general questions about tuberculosis services, please contact the BIDLS Division of Global Populations and Infectious Disease Prevention at 617-983-6970.

