

Instructions: 1. Follow the attached instructions and guidelines.

2. Submit pages 1 and 2 and all supporting documentation the Indiana State Department of Health.

The purpose of the Tuberculosis Hospital Fund is to reimburse those hospitals that provide inpatient care for patients who have tuberculosis, are uninsured, and have no other sources of payment. This fund is administered in accordance with IC 16-21-7.

Hospital name:			County:		
Hospital addres	s:				
Patient hospital	number:				
Patient's name:	(Last)	(First)	(Middle)	Sex:	
	Date of birth:				
Admission date	:	Disc	charge date:		
Period of this c	laim: (From)	(To	p)		
Amount being of	claimed \$		_		
	ature of hospital represurces of reimbursemen		to IC 16-21-7-1,	I certify that the patient	
Printed name and title			Signature		
Phone: ( )					

# TB HOSPITAL REIMBURSEMENTCLAIM (continued)

When submitting this application, please include the following to support your claim:

- 1. Pages 1 and 2 of this claim summary;
- 2. An itemized list of all charges incurred in the treatment of tuberculosis for this patient;
- 3. Both the admission history and physical and discharge summary indicating that tuberculosis was included in the differential diagnosis.

Refer to the "Guidelines for the Tuberculosis Hospital Fund" for typical expenses. Reimbursement of room charges covers only those days the patient was hospitalized for tuberculosis treatment. Charges not directly related to the treatment of tuberculosis cannot be reimbursed from this fund.

Submit the claim summaries and all supporting documentation to:

Indiana State Department of Health Tuberculosis Control Program 2 North Meridian Street, 6-A Indianapolis, IN 46204

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Room and Board	\$			
days @ \$	per day			
Laboratory tests, radiology, medica	tions, etc.	\$		
Total Amount Being Claimed	\$			
Claims cannot be processed with	out the attending	physician's ori	iginal signature	2.
I certify that the above charges were being evaluated for tuberculosis.	incurred during th	e course of treat	ment for this pat	tient who was
Printed Name of Attending	Physician –	Sign	ature of Attendi	ng Physician
Phone: ( )				

This information is confidential in accordance with IC 16-41-8-1 and 410 IAC 1-2.3, and is necessary for processing this claim.

# **Guidelines for Claim Submission**

Tuberculosis is an infectious, communicable disease that can be transmitted to others if not diagnosed promptly and the patient treated appropriately. In-patient care is sometimes required during the infectious stage. Indiana hospitals that treat or care for a patient with tuberculosis may be eligible for reimbursement of unrecovered hospital expenses. The Indiana State Department of Health (ISDH) will reimburse a hospital for charges associated with the tuberculosis diagnosis.

If the patient being evaluated and treated for tuberculosis has no source of payment for services rendered, the hospital may apply for reimbursement from ISDH under the Hospital Tuberculosis Fund. Funds are appropriated on an annual basis and will be dispersed until the fund is exhausted. To be considered for reimbursement, the following criteria must be met:

- 1. The case must have been reported to the local health department; ISDH must have a copy of that report in accordance with IC 16-41-2-2 and 410 IAC 1-2.3.
- 2. There must be <u>no</u> other sources for reimbursement. This absence of payment sources must be documented in writing. Examples of reimbursement resources include, but are not limited to:
  - a. patient resources
  - b. health insurance
  - c. medical assistance payments
  - d. hospital care for the indigent
  - e. charitable contributions
- 3. The discharge summary must reflect tuberculosis as the diagnosis.

When all the criteria are met and funds are available, the ISDH will determine the reimbursement amount for room charges and reimbursement for those treatments, medications, etc., deemed necessary for the treatment of tuberculosis. The Tuberculosis Hospital Fund will reimburse a hospital if the case is reported as a tuberculosis suspect. Class V suspect status and all charges are subject to the review and approval of the ISDH Tuberculosis Control Program.

Patient information is confidential pursuant to IC 16-41-8-1 and 410 IAC 1-2.3(50). This agency is requesting information that is necessary to accomplish the statutory purpose of this program. The diagnosis of TB and its treatment must be apparent in the patient discharge summary. Questionable or doubtful charges will not be reimbursed without proper documentation of the TB diagnosis.

- (a) Claims shall be submitted for reimbursement no later than three (3) months after patient discharge from the applying hospital.
- (b) All claims will be processed in the order received by ISDH. Incomplete forms will be returned.
- (c) If there are insufficient funds to pay the claim, all paperwork will be returned to the submitter with an explanation to that effect. That claim can be resubmitted after July 1 of the new state fiscal year if funding has been appropriated.

#### For Confirmed Tuberculosis Cases

Room and board will be paid for the duration of the TB-related stay as well as those charges deemed appropriate for the in-patient care and treatment of TB patients. Please refer to the sample list of TB-related items.

# **For Tuberculosis Suspects**

- "Suspect Case" means a person whose medical history and symptoms suggest that this person has signs and symptoms that are compatible with TB disease, e.g., a prolonged, productive cough, hemoptysis, weight loss, fever, night sweats, or fatigue.
- An overnight hospital stay might be appropriate if the person represents a flight risk prior to completing the TB evaluation. Room and board are eligible charges.
- Room and board during the rule out period are eligible. When TB has been ruled out, room charges and other costs are no longer reimbursable.
- Those tests necessary to rule out or confirm a TB diagnosis are eligible.
- TB medications are eligible for the duration of the stay.
- If TB relevance is not shown, the charges are not reimbursed.

# **Sample List of TB-related Items**

#### **ROOM AND BOARD**

Room Charges

#### **RADIOLOGY**

Chest X-rays: PA, lateral, lordotic CT scan of suspected TB disease site

Special studies to localize extra-pulmonary TB, e.g., x-ray of spine, bones or CT of abdomen, pelvis

#### **EXTRA-PULMONARY DIAGNOSIS**

Pleural fluid: cell count, differential, chemistries

Cerebral Spinal Fluid: cell count, differential, chemistries

Biopsy of extrapulmonary disease site

Other fluid cell count or chemistry analysis, such as synovial fluid or peritoneal fluid

#### LABORATORY SERVICES

Smear for acid-fast bacilli

Culture for mycobacteria

TB blood culture

Rapid nucleic acid amplification tests used in accordance with FDA guidelines

Drug susceptibility testing for *M. tuberculosis* isolates

Initial CBC & platelet count

Initial serum electrolytes

Initial serum creatinine, BUN, uric acid

Initial liver function tests

HIV antibody test

Initial hepatitis B and C panel

Drug levels of anti-TB drugs

#### RESPIRATORY CARE

**Sputum Induction** 

### **Pharmacy**

PPD/Tuberculin (not Tine)

# First-line TB Drugs

Isoniazid

Rifampin

Ethambutol

Pyrazinamide

Rifater

Rifamate

Rifabutin. Reimbursement will only be made for TB patients who (1) have HIV infection and are on concurrent anti- retroviral therapy with protease inhibitors or NNRTIs that cannot be given safely with rifampin, or (2) are on other medications that have unacceptable interactions with rifampin.

# Second-line TB drugs

Streptomycin

Ethionamide

Cycloserine

Levofloxacin

Gatofloxacin

Moxifloxacin

**PAS** 

Kanamycin

Amikacin

Capreomycin

#### <u>Other</u>

Pyridoxine (vitamin B<sub>6)</sub>