



Arkansas Department of Human Services

Division of Medical Services

Donaghey Plaza South
PO Box 1437
Little Rock, Arkansas 72203-1437
Internet Website: www.medicaid.state.ar.us
Telephone: (501) 682-8292 TDD: (501) 682-6789 or 1-877-708-8191 FAX: (501) 682-1197

OFFICIAL NOTICE

DMS-2002-II-6
DMS 2002-L-10

DMS-2002-SS-3
DMS-2002-Q-7

DMS-2002-R-13
DMS-2002-K-2

DMS-2002-OO-6

TO: Federally Qualified Health Center, Hospital, Independent Lab, Pharmacy, Physician, Portable X-ray, Rural Health Clinic and the Arkansas Department of Health

DATE:

SUBJECT: New Medicaid Aid Category for Tuberculosis – Aid Category 08

The Arkansas Department of Human Services (DHS) is adding a new Medicaid recipient aid category, Tuberculosis (TB), **effective December 1, 2002**. Eligibility in this category will not begin before December 1, 2002.

I. Background:

The tuberculosis (TB) aid category is an optional Medicaid category which was created by the Omnibus Budget Reconciliation Act of 1993. DHS will work in partnership with the Arkansas Department of Health to administer this program.

Applications may be made through the Arkansas Department of Health by contacting the local Health Unit. Providers may refer potential eligibles to local Health Units. The DHS County Offices will **not** take applications for this category.

II. Summary of Eligibility Criteria: This is being provided for informational purposes only.

The new TB aid category (08) is for low-income individuals of all ages who:

A. Are infected or are suspected to be infected with TB. These individuals include:

1. Any individual with a positive tuberculin skin test using the Mantoux method and who receives treatment for latent TB infection or active tuberculosis;
2. Any individual with a negative tuberculin skin test but whose sputum culture or culture from another tissue sample is positive for the tuberculosis organism;
3. Any individual who never received a tuberculin skin test but whose sputum culture or culture from another tissue sample is positive for the tuberculosis organism (*Mycobacterium tuberculosis*);

4. Any individual whose TB skin test is negative and whose sputum or other tissue culture for tuberculosis is not or cannot be obtained, but who, in the physician's judgment requires and is given TB-related drug or surgical therapy or both; and
 5. Any symptomatic individual with a negative TB skin test who is being treated with a TB drug regimen while awaiting the TB culture results because the physician suspects the individual may have active TB, and whose cultures turn out to be negative for TB, causing the TB drug regimen to be discontinued.
- B. Have gross income at or below 200% of the Federal Poverty Level. Only the TB individual's income will be counted. There is no resource test.
- C. Are not eligible in another Medicaid aid category.

III. Medicaid Services, Limits and Requirements

- A. Eligible individuals will receive **only TB related services**. AEVCS will show "TB-Limited". Only the following services, when related to the treatment of TB infection, will be covered:
1. Prescribed drugs;
 2. Physician services;
 3. Outpatient hospital services. (Inpatient hospital services are **not** covered.);
 4. Rural Health Clinic services;
 5. Federally Qualified Health Center services;
 6. Laboratory and X-ray services, including services to confirm the presence of infection; and
 7. Clinic services.
- B. Medicaid age limits for services, Medicaid benefit rates and Medicaid benefit limitations apply to covered services.
- C. Individuals eligible in the TB aid category are not required to select a Primary Care Physician (PCP) since this is a limited services category.

IV. Prescribed Drug List for the TB Aid Category

Listed below is the current list (subject to change) of the prescribed drugs, which will be covered by the TB aid category (08):

DRUG	DRUG
Capreomycin/ 1 gm vial	Rifabutin/ 150 mg capsules
Ethambutol/400 mg tablets	Pyrazinamide/500 mg tablets
Isoniazid/100 mg tablets	Rifampin/150 mg capsules
Isoniazid/300 mg tablets	Rifampin/300 mg capsules
Levofloxacin/250 mg tablets	Isoniazid/Rifampin 150/300 mg capsules
Levofloxacin/500 mg tablets	Streptomycin Sulfate, USP, Sterile 1 gm/vial

V. Additional Information

Categories which end in “8” have been restricted aid categories for Medicare Beneficiaries. However, aid category “08, TB” is not related to the Medicare Beneficiary categories; providers will now need to check both digits of the aid category code.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-8307 (voice) or at (501) 682-6789 and 1-877-708-8191 (TDD).

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Ray Hanley, Director

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.