



STATE OF ALASKA,
DEPARTMENT OF HEALTH

Referral and Authorization for TB Screening and Follow-up Services

Date:
Provider or Facility:
Client: Date of Birth:

Reason for Evaluation (check all that apply):
Immigration screen Contact investigation College/school entry screen
Pre-employment screen Rule out active TB Other:

Reason for Authorization:
No Insurance High Deductible (contact TB Program for approval)

Service Requested (Check all that apply):

Chest X-Ray (CPT 71045) Authorization # (Reimbursement up to \$125 allowed)
Single View

IGRA: Q Gold (CPT 86480) Authorization # (Reimbursement up to \$110 allowed)
T Spot (CPT 86481)
QFT -Plus (CPT 36970)

Hepatic Panel (CPT 80076) Authorization # (Reimbursement up to \$110 allowed)

Venipuncture (CPT 36415) Authorization # (Reimbursement up to \$40 allowed)

Other: Authorization #

Note: Reimbursement is ONLY available for the services authorized above. See page 2 for additional information.

Physician: Dr. Michelle Rothoff, State of Alaska Section of Epidemiology. NPI: 11023059151

Physician Signature: [Handwritten Signature]

Fax Report/Results to
Mail X-Ray CD/Film to

If using Quest Diagnosisics: SOA Account Number: #99503009

Please send invoice and this authorization to:
Attn: Wilpres Caldejon, Phone 907-269-8000
Alaska DPH, Section of Epidemiology/TB Program
3601 C Street, Ste. 540, Anchorage, AK 99503



State of Alaska, Department of Health, Section of Epidemiology

Note:

The Alaska TB Program is the payer of last resort and authorizes payment not to exceed the listed amounts for the targeted diagnostic services listed on this form. To qualify for payment through the Alaska TB Program, patients must be *without* health insurance coverage for the requested services. Only single view chest x-rays, hepatic panels and venipuncture can be authorized by public health nurses without prior approval from the Alaska TB Program. The Alaska TB Program *does not* provide payment for radiologic interpretation of chest x-rays (71010-26); all films are sent to our contract radiologist for review and interpretation.

LFTs and venipuncture may be authorized for high risk (HIV +, liver disease, alcohol abuse, etc.) or symptomatic patients who are being treated for latent tuberculosis infection or active tuberculosis. The Alaska TB Program will not authorize payment for routine monitoring of LFTs in low-risk individuals.

When patients have insurance coverage, the Alaska TB Program should not be balance billed and will not pay for costs that exceed payments received from the patient's third-party payer.