Molina Healthcare of California

Screening, Reporting, Treatment, Care Coordination and Quality Monitoring of Members with Tuberculosis

Provider toolkit – September 2025

Contents

Provider toolkit

Please contact Molina's Managed Care Plan-Local Health Department Tuberculosis (MCP-LHD TB) Liaison, at **MHC_TB_Liaison@molinahealthcare.com** regarding any questions.

Overview

To ensure appropriate care for Members with latent tuberculosis infection ("LTBI") and active Tuberculosis ("TB") disease, Molina Healthcare of California works in collaboration with Local Health Department (LHD) TB Control Programs and Network Providers.

According to California's Department of Public Health, LTBI is the presence of Mycobacterium tuberculosis in the body without evidence of TB disease (i.e., signs and symptoms, radiographic, or bacteriologic evidence of TB). People with LTBI are asymptomatic and non-infectious. Because LTBI can persist for decades, people with LTBI are at risk for developing TB disease if LTBI is not treated. Screening for LTBI is considered a Grade B recommendation by the United States Preventive Services Task Force (USPSTF). As part of the **Primary Care Provider-Medical Record Review Standards**, Network Providers must assess children for risk of TB exposure at 1, 6, and 12-months old and annually thereafter. The USPSTF recommends screening for LTBI in populations at increased risk. The Network Provider must offer and document appropriate follow-up interventions when the screening indicates positive risk factors. If a Member is diagnosed as having TB disease, there are reporting requirements in addition to the need for the Member to access Medically Necessary Covered Services.

Molina's goal is to reduce the number of California residents being treated for Active TB, by encouraging the screening of Members at risk for LTBI and successful treatment of Members with Active TB disease. We aim to accomplish this by adhering to the guidance outlined in the Department of Health Care Services (DHCS) LHD Memorandum of Understanding (MOU) Template and 2024 Contract. This document is meant as a resource for stakeholders that are interested in understanding how to support Molina Members across all lines of business.

Screening

1. Who should screen for Latent Tuberculosis infection (LTBI) disease?

Network Providers should screen Members including adults and children at increased risk for LTBI in alignment with United States Preventive Services Task Force (**USPFTF**) and American Academy of Pediatrics (**AAP**) recommendations. As part of the **Primary Care Provider-Medical Record Review Standards**, Network Providers must assess children for risk of TB exposure at 1, 6, and 12-months old and annually thereafter. The USPSTF recommends screening for LTBI in populations at increased risk. The Network Provider must offer and document appropriate follow-up interventions when the screening indicates positive risk factors. Those at increased risk include people born in countries with elevated rates of TB, and persons in congregate settings such as those in homeless and correctional facilities. The California Department of Public Health (CDPH) Tuberculosis Control Branch offers **Risk Assessment resources** for:

- Adults
- Children
- School staff and volunteers
- College and University students.

2. What TB test should Network Providers use to screen for LTBI?

The Interferon Gamma Release Assay (IGRA) blood test for Members complies with current standards outlined by the **CDC**, **CDPH**, the **California TB Controllers Association**, and/or the **American Thoracic Society** (ATS) for conducting LTBI screening.

Reporting

1. What reporting is required for known or suspected active TB disease?

Network Providers are often the first to know or suspect that a Member has active TB disease. Within **one day** of identification, the Network Provider must report the case to the Local Health Department by electronic transmission, phone, or fax. Most LHDs have a Confidential Morbidity Report available on their website for the purpose of reporting. All Molina Members from all lines of business should be reported to the LHD. The contact information for the **LHD TB Control Officers** most commonly used are:

- **Los Angeles County**
  Tuberculosis Control Program
  Phone: (213) 745-0800
  Fax: (213) 749-0926

- **Riverside County**
  Riverside University Health System
  Phone: (951) 358-5107
  Fax: (951) 358-7922

- **Sacramento County**
  Sacramento County Chest Clinic
  Phone: (916) 874-9823
  Fax: (916) 854-9614

- **San Bernardino County**
  Department of Public Health
  Phone: (800) 722-4794
  Fax: (909) 381-8471

- **San Diego County**
  Epidemiology Unit
  Phone: (619) 692-8610
  Fax: (619) 692-5516

2. **What information should the Network Provider be prepared to share with the LHD following reporting a known or suspected active TB case?**

The Network Provider should be prepared to transfer medical information regarding the case including testing results, diagnosis, therapeutic regimen used in the past, current therapeutic regimen, and known or suspected obstacles to compliance. Network Providers must cooperate with the LHD contact investigations by providing contact information for the Member and any testing, evaluation, and treatment information related to LHD's contact and/or outbreak investigations.

Treatment

1. What is Directly Observed Therapy (DOT)?

For Members that are at risk for treatment resistance or barriers to treatment compliance, there is Directly Observed Therapy (DOT). When reporting a known or suspected active TB case to the LHD, the Network Provider should mention the need for DOT to the LHD if they are aware that the Member is at risk for treatment resistance or noncompliance with treatment. The LHD TB Case Manager should assess Members for whether DOT is appropriate.

DOT is a recommended public health practice. DOT is a technique of delivering TB treatment to ensure timely completion of treatment, prevent further TB transmission, and prevent development of drug resistance. National guidelines recommend DOT as a standard treatment for TB disease. Rates of relapse and development of acquired drug resistance have decreased when DOT is used. When combined with case management, DOT improves completion of TB treatment. Each patient is assigned a DOT worker who visits the home or other prearranged site. The DOT worker watches the patient ingest and swallow each dose of the prescribed TB medication. The DOT schedule is repeated to ensure the patient receives the entire course and correct dose of medication.

2. What medical care for TB patients is covered by Molina?

Molina ensures that Members can access all Medically Necessary Covered Services including medication prescriptions and outpatient services including physical examination, drug therapy, laboratory testing, and radiology. In most cases, no prior authorization is required for TB disease related care. For Molina Medi-Cal Network Providers, the **Molina PA Look Up Tool** is available. For Molina Marketplace Network Providers, the **Molina PA Look Up Tool** is available. For Molina Medicare Network Providers, Prior Authorization resources can be found on **the website.**

3. What treatment monitoring is required by Network Providers when caring for Members with active TB disease?

Upon suspecting or knowing a Member has active TB disease, Network Providers should refer Members to specialists with TB experience or to the LHD's TB clinic. After submission of an initial treatment plan, the Network Provider should submit updated treatment plans to the LHD at least every three months until treatment is completed.

Network Providers are required to obtain at least monthly sputum smears and cultures for acid-fast bacillus until there is a documented conversion to negative culture. Network Providers should refer patients unable to spontaneously produce sputum specimens to sputum induction or bronchoscopic bronchoalveolar lavage (BAL), as needed. Network Providers should communicate with the LHD when the patient does not respond to treatment or misses an appointment. It is important that Network Providers promptly report drug susceptibility results to LHD and access rapid molecular identification and drug resistance testing during diagnosis and treatment when recommended by LHD.

4. **Who is responsible for communicating for inpatient admissions and discharges if a Member requires hospitalization for TB?**

For Members hospitalized with TB, patient care and discharge planning must be coordinated with the LHD TB Case Manager. Molina's Utilization Management does not direct care and relies on the County Department of Public Health, LHD TB Case Manager, Hospitalist, and other consulted specialists to communicate with each other directly for patient care including discharge from the hospital.

The hospital is responsible for initiating communications with the County Department of Public Health to ensure safe discharge planning. Most counties have their own forms and protocols for release which the hospital can access on their TB Control website.

Examples include:

- Los Angeles County: **LA County Department of Public Health**
- Sacramento County: **Hospital Discharge Plan for TB Patients (PDF)**
- San Bernardino County: **Checklist for TB Discharge (PDF)**
- San Diego County: **Active TB Infection Guidelines**
- Riverside County: **TB Guidelines and Regulations**

For specific contact details, please refer to the respective County Department of Public Health TB program.

Care Coordination

1. **Where can Members and Network Providers access TB specific health education resources for Members?**

Members and Network Providers can access TB health education resources on the **CDC**, the **CDPH**, and the **California TB Controllers Association** websites. Regional specific health education resources are available on LHD websites including community education efforts to increase TB prevention, screening, diagnosis, and treatment.

If a Member needs additional health education resources or resources in an alternative format (ex. Translated, braille, audio format, etc.), Network Providers should email **HealthEducation.MHC@MolinaHealthcare.com** to connect the Member with Health Education services at Molina.

2. **Who provides care coordination to Members identified with LTBI and/or active TB?**

The LHD TB Case Manager takes lead managing the care of the Member. The LHD TB Case Manager coordinates directly with the Network Providers to ensure the Member can obtain prescriptions and has no barriers executing the Member's treatment plan.

All TB cases are categorized by a Class Level 1-5. Members in Class 3 to 5 benefit the most from a referral to Molina's Case Management. Providers can find the Molina Care Management Referral Form for Medi-Cal and Marketplace on the **Frequently Used Forms** page on Molina's Provider Website. The **Medicare Care Management Referral Form** is available separately for Medicare referrals.

- **Class 3**: People with active TB based on the presence of symptoms or positive laboratory testing.
- **Class 4**: People who had active TB in the past, but no longer show any evidence of active disease. Their skin tests are positive and chest x-rays may be abnormal, but they have no symptoms and their lab tests are negative.
- **Class 5**: People who are suspected of having TB but are still waiting for test results to confirm whether they have the disease.

Depending on the member's needs, Molina's Care Management team may assist with care coordination in collaboration with the interdisciplinary care team. For members actively participating in Molina's Care Management program, the Care Manager may also work with the LHD Case Manager to help identify and address any potential barriers to care.

Quality Monitoring

1. How does Molina monitor that Members are appropriately being reported to LHDs?

Molina's MCP-LHD TB Liaison regularly reviews a claims and encounter data report of all Members with suspected or known active TB that should have been reported to the LHD. Molina's MCP-LHD TB Liaison regularly sends communications to the assigned PCP of identified Members reminding them that they should be reporting these Members to the local LHD for follow-up.

For more information, visit **Molina's Provider website** at **MolinaHealthcare.com**.

Provider Responsibilities Checklist

Reporting of Known or Suspected Active TB Cases

☐	Network Providers must report to LHD by electronic transmission, phone, fax, and/or the Confidential Morbidity Report known or suspected cases of active TB disease for any Member residing within the Public Health Jurisdiction **within one (1) day of identification** in accordance with California Code and Regulations Title 17 Section 2500.
☐	Network Provider must assess Members with the following conditions or characteristics for potential noncompliance and for consideration for DOT: substance users; persons with mental illness; the elderly, child, adolescent Members; persons with unmet housing needs; persons with complex medical needs (e.g., end-stage renal disease, diabetes mellitus); and persons with language and/or cultural barriers. If a Member's Network Provider or the LHD TB Case Manger believes that a Member with one or more of these risk factors is at risk for noncompliance, Network Provider must refer the Member to the LHD for DOT.

Treatment Monitoring

☐	Network Providers are required to obtain at least monthly sputum smears and cultures for acid-fast bacillus until there is a documented conversion to negative culture.
☐	Network Providers must promptly submit initial and updated treatment plans to LHD at least every month until treatment is completed.
☐	Network Providers must report to LHD when the patient does not respond to treatment or misses an appointment. Not responding is defined as culture conversion when applicable within two months OR absence of radiographic improvement when applicable within three months.
☐	Network Providers must promptly report drug susceptibility results to LHD and ensure access to rapid molecular identification and drug resistance testing during diagnosis and treatment as recommended by LHD. Any drug resistant TB must be referred to LHD within 7 days of test result.
☐	Network Providers must provide the examination results to LHD within one day for positive TB results, including: (a) Results of IGRA or tuberculin tests conducted by Network Providers; (b) Radiographic imaging or other diagnostic testing, if performed; and (c) Assessment and diagnostic/treatment plans, following evaluation by the Network Provider.

Contact Investigations

☐	Network Providers must provide appropriate examination of Members identified by LHD as contacts within seven days.

Billing Codes (TB ICD-10 Codes)

TB Skin Test	
Z11.1	TB Skin Test Negative
R76.11	TB Skin Test Positive

T-Spot Testing	
Z11.1	T-spot Negative
R76.12	T-spot Positive
R76.8	T-spot Borderline
R76.9	T-spot Invalid
Z53.8	T-spot Not Performed

QFT-GIT Testing	
Z11.1	QFT-GIT Negative
R76.12	QFT-GIT Positive
R76.8	QFT-GIT Indeterminate
R76.9	QFT-GIT Unsatisfactory
Z53.8	QFT-GIT Not Performed

TB Infection	
R76.11	TB Skin Test Positive
R76.12	QFT-GIT Positive
R76.12	T-spot Positive

TB Suspect (without symptoms)	TB Suspect (with symptoms)	TB Contact	TB Inactive (Healed)	Personal History of TB	B-notification Evaluation
Z03.89	Use symptoms code(s)	Z20.1	B90.9 (code first the condition resulting from the sequela)	Z86.11	Z02.89

Symptoms			
R04.2	Hemoptysis	R05	Cough
R06.02	Shortness of breath	R50.9	Fever
R61	Night sweats	R63.4	Abnormal weight loss

Adverse Reaction to Medication	Therapeutic Drug Monitoring (Drug Levels)
Code for Adverse Effect of Specific Medication	A51.81

Administrative Purpose	HIV Testing as Part of QFT-GIT Draw
Z02.9	Z11.4

Vision Screening			
Z01.00	Encounter for exam of eyes and vision without abnormal findings	Z01.01	Encounter for exam of eyes and vision with abnormal findings (use additional code to identify abnormal findings)

Hearing Screening			
Z01.10	Encounter for exam of ears and hearing without abnormal findings	Z01.11 (use an additional code for abnormal findings)	Encounter for exam of ears and hearing with abnormal findings

Pregnancy Testing			
Z32.02	Encounter for pregnancy test, result negative	Z32.01	Encounter for pregnancy test, result positive

Drug Resistance	
Z16.341	Resistance to single antimycobacterial drug (mono-resistance)
Z16.342	Resistance to multiple antimycobacterial drugs (use for MDR and XDR)
Z16.35	Resistance to multiple antimycobacterial drugs (poly-resistances not MDR or XDR)
Z16.23	Resistance to quinolones or fluoroquinolones

A15: Respiratory Tuberculosis			
A15.0	TB of lung	A15.4	TB of intrathoracic lymph nodes
A15.5	TB of bronchus	A15.6	TB pleurisy
A15.7	Primary respiratory TB	A15.8	Other respiratory TB
A17: TB of the Nervous System			
A17.0	TB meningitis	A17.1	Tuberculoma of meninges
A17.81	Tuberculoma of brain and spinal cord	A17.82	Tuberculous myelitis
A17.83	Tuberculous mononeuropathy	A17.89	Other TB of nervous system
TB of Other Organs			
A18.01	TB of spine	A18.02	TB of hip & knee
A18.03	TB of other bones	A18.09	Other musculoskeletal TB
A18.11	TB of kidney & ureter	A18.12	TB of bladder
A18.13	TB of other urinary organs	A18.14	TB of prostate
A18.15	TB of other male genital organs	A18.16	TB of cervix
A18.17	TB of female pelvic inflammatory disease	A18.18	TB of other female genital organs
A18.31	TB peritonitis	A18.32	TB enteritis
A18.39	Retroperitoneal tuberculosis	A18.4	TB of skin & subcutaneous tissue
A18.51	TB episcleritis	A18.52	TB keratitis
A18.53	TB chorioetinitis	A18.54	TB iridocyclitis
A18.59	Other TB of eye	A18.6	TB of inner/middle ear
A18.7	TB of adrenal glands	A18.81	TB of thyroid
A18.82	TB of other endocrine glands	A18.83	TB of digestive tract organs
A18.84	TB of heart	A18.85	TB of spleen
A18.89	TB of other sites		
A19: Miliary TB			
A19.0	Acute miliary TB single site	A19.1	Acute miliary TB multiple sites
A19.8	Other specified miliary TB		

Adverse Effects of Medication*			
Drug	**Code**	**Drug**	**Code**
Amikacin	T36.5X5	Moxifloxacin	T37.8X5
Capreomycin	T36.8X5	PAS	T37.1X5
Clofazimine	T37.1X5	Pyrazinamide	T37.1X5
Cycloserine	T37.1X5	Rifabutin	T36.6X5
Ethambutol	T37.1X5	Rifamate	T37.1X5
Ethionamide	T37.1X5	Rifampin	T36.6X5
Isoniazid	T37.1X5	Rifapentine	T36.6X5
Kanamycin	T36.5X5	Streptomycin	T36.5X5
Levofloxacin	T37.8X5		

*The appropriate 7th character is to be added to each code: A—initial encounter, D—subsequent encounter and S--sequela

Resources

- **American Thoracic Society**
- **California TB Controllers Association**
- **CDC**
- **CDPH**
- **LHD TB Control Officers Contact List**
- **Medi-Cal & Marketplace Care Management Referral Form**
- **Medicare Care Management Referral Form**
- Molina MCP-LHD TB Liaison Email: **MHC_TB_Liaison@MolinaHealthcare.com**
- Molina Health Education Email: **HealthEducation.MHC@MolinaHealthcare.com**
- **Risk Assessment resources**