

	<b>Manual: Clinical Operations, Disease Control</b>	
	<b>Number: 94-C-044</b>	
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<b>Reviewed By: Linda Penny, RN</b>	<b>Effective Date: October 16, 2007</b>	
<b>Authorized By: Frank Alvarez, MD, Jane Overbaugh</b>	<b>Last Revision Date: 1/23/2003</b>	
<b>Annual Review By: Disease Control &amp; Prevention Manager; MAY</b>	<b>Date Reviewed:</b>	
<b>TITLE: Drug and Alcohol Agencies Tuberculosis (TB) Testing</b>		

**POLICY:** The PHD will provide tuberculosis screening for individuals participating in Alcohol Drug Mental Health Services programs as outlined in the following procedure. The below link has the sub-contracted outpatient, day treatment and residential substance abuse agencies that will refer clients for Tuberculosis (TB) skin testing to the PHD immunization clinics.

**PURPOSE:** To provide access to tuberculosis screening for high-risk persons in high-risk settings.

**PROCEDURE:**

1. ADMHS - Alcohol and Drug Program will provide PHD with an on-going, updated list of sub-contracted outpatient, Day treatment and residential substance abuse agencies covered by this MOU. The agencies covered at this time are available on the Intranet. Please see link below.  
  
<http://phdhome.sbcphd.org/apps/content/contentitem.aspx?ID=4389>
2. Agency will issue an “Admit One” ticket to client upon enrollment. Client must present a Drug and Alcohol (D&A) Referral Form (“Admit One” attached) in order to charge the referring agency. If a client comes in without “Admit One,” request \$15 payment at the time of service.
3. The TST card (HCS-028) must include the following in the “Referred by” field:  
  
D&A/ \_\_\_\_\_.  
Agency Name
4. Use the applicable superbill (HCS-640, HCS-644, or HCS-650) to bill the County Drug & Alcohol Program special account (999-013-600).
5. Staple the D&A Referral Form (“Admit One”) to the superbill.
6. Enter the Clinician number and supervising clinician number if applicable.
7. Circle the TB Test (86580) code.
8. Data Entry will key the Agency/Client number in the “Miscellaneous” field without punctuation or spaces. This will permit future special reporting by agency.
9. If the TB skin test result is NEGATIVE, clinic nursing staff will provide the patient with a TST Results form (HCS-679). It is the client’s responsibility to report results to the D & A agency.

10. If the TB skin test result is POSITIVE, clinic nursing staff will proceed with ordering CXR as outlined in Standing Order # 03/SO/002. **Patient is referred to the Patient Representative before chest x-ray is ordered. NOTE: All ADMHS clients with a POSITIVE TST will be referred to the Disease Control Program for ongoing LTBI case management after CXR is obtained. Referrals to Disease Control shall be routed using the standardized CMR form accompanied by the TST Results form (HCS-679).**
11. The patient representative will open a medical record for the CXR after checking first if the patient has an existing medical record. If not, create a new account and open a medical record. Do NOT add the patient to the D&A special account. Enter the referring agency name in the Account Notes field. Enter financial class "7" and the special account number 999-013-600 in the Label Comment Field. The patient label will include Financial Class 7, the special account number, and the name of the referring agency. The label must be affixed to the Radiology Consultation Request (HCS-929).
12. Clinic staff member will Order the Chest X-ray via the Pathways ASM Online Entry System, One View (71010) on the Radiology Consultation Request (HCS-929) to be billed to the Special Account #999-013-600. If the ordering provider requests two views, clinic staff will mark the appropriate line (71020) on the Radiology Consultation Request (HCS-929). In the event that the Pathways ASM Online Entry System is unavailable, a hardcopy HCS-929 form may be used.
13. The Special Account Clerk (Fiscal Dept) will charge associated fees to fund 0044, Dept 043, Program 4100, Account 7400, Org Unit 5260 on a monthly basis and send statements to D&A accountant.
14. Chest X-ray results will be routed to the ordering physician who will evaluate and treat for any non-TB or LTBI conditions. If CXR is normal or abnormal suggestive of TB, the client will be case managed by Disease Control staff as outlined in # 10.

### SBCPHD Guidelines for TB Referral & Treatment

**Table 1. TB/Chest Clinic Priority Patients/ Referral**

Active Tuberculosis (Class 3)
Suspect Tuberculosis (Class 5)
Recent contacts to active tuberculosis (TB) case patients
Immigrants with Division of Quarantine TB classifications A, B1 and B2
Immigrants/refugees needing INS clearance
Latent Tuberculosis Infection (LTBI) in the following groups:
Children ≤ 4years
Recent TB infection, converters (documented negative to positive test within 2 years)
Human Immunodeficiency virus(HIV)-positive persons*
Homeless°
Injection drug users

\*In conjunction with Infectious Disease clinic

°If Directly Observed Preventive Therapy (DOPT) is indicated per high risk criteria

**Table 2. Recommended Risk Groups for Latent TB Infection (LTBI) Primary Care Follow-up**

<p>LTBI in the following groups:</p> <p><b>Fibrotic lesions (stable changes) on chest radiograph consistent with prior TB (LTBI / Class IV)</b></p> <p><b>Patients with organ transplants and other immunosuppressed patients receiving the equivalent of <math>\geq 15</math> mg/day of prednisone for 1 month or more.</b></p> <p><b>High-risk clinical conditions*</b></p> <p><b>Homeless</b></p> <p><b>Healthcare Workers</b></p> <p><b>Foreign-born persons (recent arrivals &lt;5 yrs) from an endemic country<sup>o</sup></b></p>
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\* Silicosis, insulin dependent diabetes mellitus or poorly controlled NIDDM, chronic renal failure, some hematological disorders (e.g. leukemias and lymphomas), other specific malignancies (e.g. carcinoma of the head and neck or lung) weight loss of 10% of ideal body weight, gastrectomy, jejunioileal bypass.

<sup>o</sup> SE Asia and Pacific Islands, Mexico, Central and South America, Africa, Russia, and Eastern Block countries.

**REFERENCES:**

- ATS/CDC: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection 2000.
- [Radiology Consultation Report \(HCS-929\)](#)
- ADMHS "Admit One" Ticket

**SBCPHD Guidelines Updated 07/10/2002**

**EXAMPLE OF ADMIT ONE TICKET**

**ADMIT ONE**

name \_\_\_\_\_

birthdate \_\_\_\_\_

agency # \_\_\_\_\_

client # \_\_\_\_\_

(no space or punctuation between numbers)

nombre \_\_\_\_\_

fecha del nacimiento \_\_\_\_\_

account #. 999-013-6 \_\_\_\_\_

**ADMIT/PERMITIR**

Please stamp agency's name, address & phone number below.

to the Immunization Clinic for a FREE TB test!

a la clínica de inmunización para una prueba de TB ¡GRATIS!

**No appointment is needed./No se necesita una cita.**

**PERMITIR UNO**

**Clinic Locations and Hours**  
(Hours subject to change, Call to confirm.)

**County Health Clinic - Franklin**  
1136 E. Montecito 568-2099  
Friday's/Viernes 1 - 3 p.m.

**County Health Clinic - Carpinteria**  
931 Walnut Avenue 560-1050  
Tuesday/Martes 1 - 3 p.m.

**County Health Clinic - Santa Maria**  
2115 S. Centerpoint Parkway 346-8410  
Wednesday/Miércoles 1:30 - 6:30 p.m.  
Friday's/Viernes 9:30 - 11:00 a.m. & 1:30 - 4:30 p.m.

**County Health Clinic - Lompoc**  
Wellness Ctr., Door G behind Main Clinic  
301 N. "R" Street 737-6454  
2nd & 4th Wednesdays  
2do y 4 Miércoles 1:00 - 3:00 p.m.

**Sitios y horas de las clínicas**  
(Lláme de antemano para confirmar el horario.)

HCS-056 (Rev.08/00)