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How to Obtain...

Anti-tuberculosis Medications

First-line anti-tuberculosis medications are provided to persons with latent TB infection (LTBI) at high risk for TB and suspected/known active TB disease, as state resources allow. These medications include: isoniazid, rifampin, rifapentine, ethambutol, pyrazinamide, and streptomycin. Pyridoxine (vitamin B-6) is also provided for patients who have conditions associated with neuropathy such as nutritional deficiency, diabetes, HIV infection, renal failure, alcoholism, and pregnant/ breastfeeding women. Second-line anti-tuberculosis medications are provided for patients with drug resistant TB. No medications are provided for mycobacterial infections other than MTB.

Medications can be obtained through the TB Program or the local public health agency. A completed "Tuberculosis Surveillance and Case Management Report" form or report via the Colorado TB Database (TBdb), chest x-ray result, physician prescriptions, and an "Anti-tuberculosis Medication Order" form is required before medications can be provided (see "Forms"). Please allow 10 days for processing of medication reorders or non-urgent, initial orders.

Bacteriology Services

The Colorado Department of Public Health and Environment (CDPHE) Lab offers testing free of charge for acid-fast bacilli (AFB) smears and cultures for any resident of Colorado suspected or known to have *Mycobacterium tuberculosis* complex (MTB). The lab provides identification for MTB and *M. avium* complex (MAC) only. Drug susceptibility testing is available only for MTB against isoniazid, rifampin, ethambutol, pyrazinamide, and streptomycin. Further identification and drug susceptibility testing is provided by the Centers for Disease Control and Prevention (CDC) (must pay shipping charges only) or, as a fee-for-service by the National Jewish Center Laboratory. The provider will be given the option of further testing when final culture results are available.

Specimen containers can be ordered from the CDPHE Lab (303) 692-3074. Mailing and packaging instructions are included.

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All specimens should be submitted with a “Request for Analytical Services” (see, “Forms”) and sent to:

CDPHE
Laboratory and Radiation Services

For US Mail: PO Box 17123
Denver, CO 80217

For Courier: 8100 Lowry Boulevard
Denver, CO 80220-6928

AFB smear results are available 1-2 working days after the specimen has been received at the CDPHE Lab. Final culture results are available within 6 weeks. All results are reported to the requesting provider and the TB Program.

Chest X-rays

Persons with suspect or known active TB and their contacts can obtain chest x-rays and chest x-ray interpretations through the local public health agency free of charge, if no other payment source is available. Chest x-rays should be reimbursed by the patient’s health insurance or other third party payer before requesting reimbursement by the local public health agency.

Chest x-rays and interpretations for other persons with positive tuberculin TB skin tests (TSTs) are not eligible for reimbursement (e.g. jail or prison inmates, persons undergoing immigration examinations, or employees/volunteers of health care facilities, long term care facilities, drug treatment centers, correctional facilities, jails, homeless shelters, schools, and child care facilities). Public health agencies in Colorado can provide targeted testing and follow-up services in high-risk settings, if the agency has alternate funding resources.

Chest x-rays for active/suspect active TB patients and their contacts may be read and interpreted by the CDPHE TB Program medical consultants. When immediate interpretations are needed (e.g., initial chest x-rays for patients with suspected active TB) an outside interpretation may be obtained, with pre-authorization from the local public health agency.

A completed “Tuberculosis Surveillance and Case Management Report” form or report via TBdb (see, “Forms”) and the chest x-ray(s) must be submitted to the TB Program to obtain approved chest x-ray interpretations and follow-up recommendations. If available, previous chest x-rays

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should also be submitted for comparison. Chest x-ray readings and follow-up recommendations will be printed and returned to the submitter.

Directly Observed Therapy (DOT)

The TB Program contracts with local public health agencies to provide DOT for patients with suspect/known active TB or for LTBI patients at high risk for TB disease. DOT visits are reimbursed at different rates, depending on location of DOT visit. Billing requests must include date(s) of DOT visits, type of visit (e.g. home vs. in the field), and total amount requested, based on appropriate rate per visit (see “Reimbursement Rates for Specific Diagnostic/Medical Monitoring Services”). DO NOT include patient name.

Effective Language Interpreters

Language interpretation services may be obtained fee-for-service through the interpreter banks at:

- 1) Asian Pacific Center for Human Development (303) 393-0304
- 2) Justice Information Center (303) 623-5950
- 3) Language Line 1-(800) 528-5888
- 4) All Language Services (303) 758-2202
- 5) Interpreters Network of Colorado (303) 831-4151

Refugee interpretation services are available free of charge through the Colorado Refugee Services Program (303) 863-8211. Local community organizations may also be able to provide information regarding other available interpreter services.

Other Laboratory Services

The TB Program contracts with local public health agencies to provide for other laboratory services (e.g., blood chemistries, and complete blood counts). Local public health agencies can only serve as payer of last resort. Before requesting reimbursement by the local public health agency, check to see if patient’s health insurance or other third party payer has been utilized.

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Patient and Provider Education Materials

The TB Program provides some free patient and provider education materials and can provide samples of other materials that may be purchased (see, “Educational Materials, page 5-20”).

Skin Testing Materials

The TB Program provides Purified Protein Derivative (PPD) 5 tuberculin units (TU) for tuberculin testing (Aplisol from Monarch Pharmaceuticals) to county public health agencies in Colorado for testing of active or suspect active TB cases and their contacts. PPD can be ordered from the TB Program by submitting an order form (see, “Forms”). **PPD for other uses (including targeted testing) and by other providers may be purchased from King Pharmaceuticals (Aplisol) at 1-800-776-3637 or from Aventis Pasteur, Inc. (Tubersol) at 1-800-822-2463.** The TB Program does not provide medical supplies for administering the TST skin test.

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TB Program Contracting and Reimbursement

The TB Program provides TB medications and contracts with local public health agencies to provide or arrange for specific medical procedures, chest x-rays, laboratory testing, other diagnostic/medical monitoring procedures, and quarantine services related to the diagnosis, treatment, and control of TB.

TB Program Approved Services

Some services related to the diagnosis and treatment of TB are authorized by the local public health agency (see “Chest X-rays and Chest X-ray Interpretations” and “Laboratory Testing” below). Authorization of services by the local public health agency may depend on the client’s health insurance status, income, and the TB Program funding resources. TB program currently provides treatment of active TB, suspect active TB and latent TB infection, regardless of patient status, if no other resource is available. The TB Program reserves the right to conduct audits of local public health agency records to ensure appropriate use of TB Program funding.

To obtain further information regarding TB Program services, contact (303)-692-2638.

TB Services for Immigrants

Persons applying for immigration to the United States through the Bureau of Citizenship and Immigration Services (BCIS--formerly INS), must follow procedures as outlined by BCIS. Requirements include that the immigrant is responsible for charges associated with their required medical examination and testing. This includes TB skin testing, chest x-rays and chest x-ray interpretation. The TB Program may provide treatment for active TB, suspect active TB or latent TB infection, if the immigrant has no other resources are available.

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Medical Procedures

All medical procedures related to the treatment for TB requires pre-authorization from the local public health agency. Medical procedures that may be authorized include:

- Physical examinations prior to initiation treatment of active TB disease or latent TB infection (LTBI)
- Medical monitoring for active TB patients
- Examinations for patients experiencing potential adverse effects related to TB medication
- Medical procedures required for the diagnosis of active TB (sputum inductions, bronchoscopies, gastric washings, or other invasive specimen collection procedures)
- Directly observed therapy (DOT) visits in the office or in the field

Chest X-rays and Chest X-ray Interpretations

Chest x-rays are authorized through the local public health agency when there is no other medical insurance available, per TB Program recommendations. Chest x-ray interpretations and follow-up recommendations may be provided by the CDPHE TB Program medical consultant, at no cost to the client. Under special circumstances, when an outside interpretation is necessary, pre-authorization by the local public health agency is required.

Chest x-ray views that are recommended include:

- Posterior-anterior (PA) and lateral (LAT) views on children less than 14 years of age with suspect/known active TB or LTBI
- PA and LAT views on persons 14 years of age or older with suspect/known active TB
- PA on persons 14 years of age or older with LTBI

All other views require pre-authorization by the local public health agency.

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TB Program does not provide or pay for skin test products, chest x-rays, or chest x-ray interpretations for jail inmates, persons undergoing immigration medical examinations and paid or volunteer employees of health care facilities, long term care facilities, drug treatment centers, correctional facilities, jails, homeless shelters, schools, and child care facilities.

Laboratory Testing

Specific laboratory testing may be authorized by the local public health agency, in compliance with state recommendations. These tests include:

- Hepatic enzymes or up to 8 clinical multichannel chem panel (includes AST, ALT, LDH, total & direct bilirubin, alkaline phosphatase, uric acid, and calcium)--baseline and repeat testing for all persons with specific risk factors for hepatitis (see "Treatment for LTBI: How to Monitor for Side Effects")
 - Patients with an initial evaluation suggesting a liver disorder
 - Patients with HIV infection
 - Women who are pregnant or in the immediate postpartum period (within 3 months of delivery)
 - Patients with a history of chronic liver disease (e.g. hepatitis B or C, alcoholic hepatitis or cirrhosis, persons who use alcohol regularly, and others who are at risk of chronic liver disease)

Patients who are taking medications for chronic medical conditions should be considered for testing on an individual basis.

- CBC and Platelets -- baseline (repeat testing requires pre-authorization by the local public health agency)
- Uric acid (included in chem panel)-- baseline and repeat for symptoms of hyperuricemia/gout if taking PZA
- Kidney function (BUN, creatinine clearance)-- baseline and monthly for all persons taking Streptomycin

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- AFB smears, cultures, and susceptibilities -- Baseline and repeat tests (no more frequent than every two weeks) are available free of charge if tested by CDPHE Laboratory for persons with suspected/known active pulmonary TB. CDPHE Lab only provides susceptibility testing for MTB. If the organisms are not MTB, and the clinician requests further identification/testing, the specimen can be forwarded to CDC or to National Jewish Laboratory as fee for service.

Reimbursement for all other laboratory testing or AFB smear/cultures performed by any other laboratory requires pre-authorization from the local health agency.

Other Diagnostic/Medical Monitoring Procedures

Other diagnostic/medical monitoring procedures (e.g. CT scans) require pre-authorization by the local public health agency. Exceptions include:

- Visual acuity and color vision testing -- automatically approved baseline and monthly for persons treated with EMB
- Hearing tests -- automatically approved baseline and monthly for persons treated with streptomycin

TB Medications

First-line TB medications are provided to persons with LTBI at high risk for TB and suspected/known active disease, as state resources allow. If patient has medical insurance, a copy of the insurance card should be forwarded to the TB Program. Second-line TB drugs, however, require pre-authorization from the TB Program. No medications are provided for mycobacterial infections other than MTB.

Quarantine Services

Quarantine services for TB require pre-authorization from the TB Program. Reimbursable services for quarantine may include security guard services and temporary detainment of an infectious person in order to protect the public.

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Current, Suggested Reimbursement Rates

The table on the following 3 pages outlines the current, suggested reimbursement rates for all services as described in this section. Most rates are based on the current Medicaid reimbursement rates and are subject to change.

Contract Billing Procedures

Local public health agencies may bill the TB Program for contracted services. Contract billing forms should be submitted to:

Colorado Department of Public Health and Environment
TB Program
4300 South Cherry Creek Drive South, A-3
Denver, CO 80246-1530

All contract billing requests must be submitted using an appropriate form. The billing request must include the agency name and address, billing period and Federal Employee Identification Number (EIN). TB Program contract reimbursement forms are required for local health agencies submitting requests for payment of TB Control personnel, laboratory tests, chest x-rays, medical consultation, and/or DOT visits. Contact the TB Program at (303) 692-2638 for further questions regarding contract billing of services.

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**REIMBURSEMENT RATES FOR SPECIFIC DIAGNOSTIC/MEDICAL
MONITORING SERVICES**

PROCEDURE	CODE	MEDICAID PAYS
Draw-venipuncture (routine) or finger, heel, ear stick for collection of specimen(s)	36415	3.00
Radiology-chest PA LAT (must be under 14 years of age, has suspect or active TB, or is recommended by the TB Program to be eligible for reimbursement for this type of x-ray)	71020	35.00 21.00
Radiology-apical lordotic procedure	71021	14.14
8 clinical chem tests multichannel (e.g. liver profile): Calcium, uric acid, total and direct bili, alkaline phos, LDH, AST, ALT	80008	11.70
Blood Count; manual differential WBC count includes RBC morphology & platelet est.	85007	4.76
Blood Count; automated differential WBC count includes RBC morphology & platelet est.	85023 85024 85025	9.77
Audiogram-Comprehensive audiometry threshold eval & speech recognition	92557 92553	28.00 14.00
Office Visits- Initial	99201 99202 99203 99204 99205	22.78 43.26 64.29 95.48 124.55

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Office Visits- Established	99211	12.18
	99212	22.54
	99213	32.62
	99214	52.64
	99215	84.48
DOT Visit (Directly Observed Therapy)	Office	12.50
	Out of Office	25.00

Other services need prior approval by local public health agency and may be reimbursed at Medicaid rates.

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Forms

The following is a description of TB Program forms and instructions for completing them. Completed forms must be submitted to the TB Program at:

Colorado Department of Public Health and Environment
TB Program
4300 Cherry Creek Drive South, A-3
Denver, CO 80246-1530

Please note special instructions and contact the TB Program with additional questions. **All forms are available free of charge by calling the TB Program at (303) 692-2738.** Examples of all forms follow this table.

Name of Form	When is the Form Required?	Special Instructions
Anti-tuberculosis Medication Order Form	Required when ordering anti-tuberculosis medications.	<ol style="list-style-type: none"> 1. Original physician prescriptions must accompany the form for all new drug orders or changes in treatment regimens. 2. A TB Surveillance and Case Management Report, report via TBdb, or verbal case report must be completed before medications for treatment of active disease or LTBI can be released. 3. Provide updated patient status information with each reorder. Dates that medications were given to patients must be completed on all reorders.

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Name of Form	When is the Form Required?	Special Instructions
Authorization for Release of Information	Required to release all confidential medical information related to LTBI and TB disease to the patient or a third party.	1. Patient must authorize the release of information. All release of information consent forms must be notarized. The original, notarized form must be submitted to CDPHE before information can be released.
Contract Reimbursement Statement	Used by local health agencies to request reimbursement for services outlined in the contract (e.g. TB Control personnel costs, chest x-rays, laboratory testing, and other pre-approved diagnostic services) and directly observed therapy--DOT visits for suspect/confirmed active TB and <u>pre-approved</u> directly observed visits for treatment of LTBI.	<p>1. Refer to your contract for specific billing instructions. All statements must include, at a minimum, the name of agency (payee), contract number, date(s) of service, description of service(s), reimbursement amount requested, local agency match, total expenditures incurred by agency (sum of local agency match and amount requested for reimbursement), and authorized signature.</p> <p>2. Attach a report of the detailed DOT activity during the invoice period including number and date(s) of visits.</p> <p>3. See "Contract Billing and Reimbursement" section to determine whether pre-authorization is necessary.</p>

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Name of Form	When is the Form Required?	Special Instructions
CDC Division of TB Elimination Educaiton & Training materials Order Form	May be used to order forms, videos, audiotapes, posters, statistical reports, & written educational materials from CDC TB Elimination Division.	1. (see "Education Materials", page 5-19).
Mantoux Skin Test & Preventive Treatment Record (Blue Cards)	If the client requires documentation of their TST and/or treatment history.	1. Complete the card and give to the client. Counsel the client to keep this record for future reference.
Order for Medical Evaluation for Tuberculosis	Required for mandated medical evaluations to rule out infectious TB.	1. See "Quarantine Procedures".
Request for Analytical Services (Lab Requisition Form)	Required when submitting specimens for TB testing by CDPHE Laboratory.	1. Obtain "Request for Analytical Services" from the lab at (303) 692-3074. 2. Check both "CULTURE" and "Other" if an AFB smear and culture are being requested. Indicate AFB smear after "Other".

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Name of Form	When is the Form Required?	Special Instructions
Sample Patient Consent Forms	Examples of consent forms for TB skin testing and treatment for LTBI/disease are provided at the end of this section. These examples should be customized by local health agencies if they choose to use them. CDPHE does not provide standard consent forms.	Instructions for use are determined by each local health agency.
TB Contact Investigation Record	Used to document information regarding follow-up of contacts to an infectious TB case.	1. Must be submitted to the TB Program after initial contact evaluations and upon completion of contact investigation and follow-up.
TB Program Supply Order Form	May be used to order forms, videos, audiotapes, posters, statistical reports, and written educational materials.	1. These supplies may also be obtained by calling the TB Program (see "How to Obtain").
TB Quarantine or Isolation Order	Required mandated quarantine or isolation.	1. See "Quarantine Procedures".
Tuberculin Skin Testing Material (PPD) Order Form	Used to order PPD for pre-approved, TB skin testing purposes.	1. Must be a local public health agency to receive PPD free of charge. 2. PPD provided by the TB Program can only be used for testing of suspect or known active TB cases and their contacts.

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Name of Form	When is the Form Required?	Special Instructions
<p>TB Surveillance and Case Management Report Form (TB-17)*</p> <p>*This form is available in electronic format via the TBdb System. Use of this electronic reporting system requires special training before use. Contact the TB Program with training requests.</p>	<p>Used to report known or suspect TB cases or changes in patient status in place of a note in TBdb (e.g. patient refuses or completes treatment, stops treatment for other reasons, relocates). Also required when chest x-ray interpretations or treatment for LTBI are requested from CDPHE. A new form must be completed with each chest x-ray interpretation request. If using TBdb, a note needs to be entered about current patient status (treatment, symptoms, progress, risk factors, etc.).</p>	<ol style="list-style-type: none"> 1. Fill out form completely and include patient's forwarding address/locating information, if known. Form can be completed using a pen or pencil. 2. Attach any pertinent copies of previous x-ray readings (reports), laboratory data, and other diagnostic test results. 3. Include dates of therapy, drugs used and dosages given. 4. Alternately, this information may be provided via TBdb to the TB Program.

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Record Retention

The CDPHE TB Program will maintain all state TB public health records for 25 years. Public health records will be available at the TB Program offices for 2 years beyond completion of case follow-up. All other records will be stored off-site and will require a minimum of 48 hours for retrieval. Chest x-rays are not stored at CDPHE.

Local TB records should be maintained at the local site according to current applicable record retention rules and regulations.

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Technical Assistance

The public health entities (i.e., Organized Health Departments and County Nursing Services) are responsible for assisting the Colorado Department of Public Health and Environment (CDPHE) in preventing and controlling tuberculosis (CRS 25-4-501 to 25-4-513). Consultation regarding active tuberculosis management and treatment will involve the local patient's physician, the local medical advisor of the county nursing services, the local medical health officer of the organized health departments, and the medical advisor for the CDPHE TB Program (Dr. Lisa Miller, 303-692-2663).

Nursing consultation¹ may be obtained from the following:

CDPHE TB Nursing Consultant - Gayle Schack – (303) 692-2635
 CDPHE TB Nursing Consultant – Barbara Schultz – (303) 692-2647

Medical and technical consultation may be obtained from the following:

National Jewish Medical and Research Center
 Lung Line - 1- (800) 222-LUNG or (303) 355-LUNG

Denver/Metro TB Clinic, Denver Health - (303) 436-7288

National TB Centers

Charles P. Felton National TB Center at Harlem Hospital (212) 939-8403,
www.harlemtbcenter.org

Francis J. Curry National TB Center, San Francisco (415) 502-4600,
www.nationaltbcenter.edu

New Jersey Medical School National TB Center (973) 972-3270,
www.umdnj.edu/ntbcweb

¹ Some Public Health Nurses have minimal experience in TB case management due to low incidence of TB in specific areas of Colorado. Therefore, questions regarding nursing role, contact investigation, screening, treatment, tuberculosis management, etc. should first be referred to CDPHE TB Program Consultant. The other resources are listed for those RNs who have general questions regarding tuberculosis.

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Educational Materials

The following agencies provide tuberculosis education materials that can be reproduced locally.

PATIENT EDUCATION MATERIALS

- Centers for Disease Control and Prevention, U.S. Public Health Service, Atlanta, Georgia**

A website is available for on-line ordering of patient educational materials at <http://www.cdc.gov/nchstp/tb>.

or

Copies of patient educational materials may be ordered by telephone 404-639-1819, FAX 404-639-8628 or by writing:

Information & Technology Services
National Center for HIV, STD & TB Prevention
Mailstop E-06
Centers for Disease Control and Prevention
1600 Clifton Road N.E.
Atlanta, Georgia 30333

An order form listing available materials is enclosed in the Appendix.

- The Colorado Department of Public Health & Environment (CDPHE)**

TB Program
4300 Cherry Creek Drive South
Denver, CO 80246-1530
Telephone: (303) 692-2638 FAX: (303) 691-7749

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One-page, multilingual fact sheets/brochures:

- “Tuberculosis Facts - You Can Prevent TB” (English & Spanish)
- “Tuberculosis Facts - TB & HIV (The Aids Virus)” (English & Spanish)
- “Tuberculosis Facts - The TB Skin Test” (English & Spanish)
- “Tuberculosis Facts - Exposure to TB” (English & Spanish)
- “Tuberculosis Facts - TB Can Be Cured” (Spanish only)
- “Mantoux Skin Test for Tuberculosis” (English, Spanish, Cambodian, Hmong, Laotian, Russian, Serbo-Croatian, Somalian, Tibetan, and Vietnamese)
- “Medicine for Tuberculosis Infection” (English, Spanish, Cambodian, Hmong, Laotian, Russian, Serbo-Croatian, Somalian, Tibetan, Vietnamese)
- “Tuberculosis Disease” (English, Spanish, Cambodian, Hmong, Laotian, Russian, Serbo-Croatian, Somalian, Tibetan, Vietnamese)

Pamphlets:

- “Tuberculosis - A Handbook for TB Patients”
- “This Is Mr. TB Germ”
- “Tuberculosis - Get the Facts” (English & Spanish)
- “The Connection between TB and HIV” (English & Spanish)
- “TB/HIV: The Connection, What Health Care Workers Should Know”
- “Questions and Answers About TB”

Videotapes:

- “You Can Prevent TB” (available in Cantonese, English, Haitian Creole, Mandarin Chinese, and Russian)
- Four-part video: 1. “You Can Beat TB,” 2. “The Facts About TB,” 3. “TB and HIV: The Connection,” 4. “Think TB” (English only)
- “The Facts About TB” (available in Cantonese and Haitian Creole, only)

3. The American Lung Association of Colorado

1600 Race Street
 Denver, CO 80206
 Telephone: 303-388-4327

There is a charge for ALA materials and an order form listing the prices is enclosed in the Appendix.

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HEALTH CARE PROVIDER MATERIALS

Publications:

Morbidity & Mortality Weekly Reports (MMWR) CDC publication with recent epidemiological information regarding communicable diseases

Prevention and Control of Tuberculosis in Correctional Facilities 1996

Core Curriculum on Tuberculosis: What the Clinician Should Know, Fourth Edition, 2000

“Diagnostic Standards and Classification of Tuberculosis in Adults and Children” (The official statement of the American Thoracic Society and CDC, July 1999)

“Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection” (The official statement of the American Thoracic Society and CDC, July 1999)

Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Facilities, 1994

All above publications can be obtained through the TB program or directly from the Centers for Disease Control and Prevention, U.S. Public Health Service, Atlanta, Georgia. A website is available for on-line ordering of health care provider educational materials at <http://www.cdc.gov/nchstp/tb>. Copies of health care provider educational materials may be ordered by telephone 404-639-1819, FAX 404-639-8628 or by writing:

Information & Technology Services
National Center for HIV, STD & TB Prevention
Mailstop E-06
Center for Disease Control and Prevention
1600 Clifton Road N.E.
Atlanta, Georgia 30333

An order form listing available materials is enclosed in the Appendix.

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HEALTH CARE PROVIDER MATERIALS, CONT.

The following health care provider educational materials can be checked out through the TB Program:

Audiotapes:

“Pediatric TB” (2000) – free copies available

Video Tapes:

“The Mantoux Tuberculin Skin Testing” (2002)

“A Satellite Primer on Tuberculosis” (Five Part Set - June 1995)

Can also be purchased for \$25 per video or \$125 for complete set:

Video Communications Division
 Bureau of Health Promotion and Information
 Alabama Department of Public Health
 434 Monroe Street
 Montgomery, Alabama 36130-3017
 FAX: 334-240-3045 Telephone: 334-613-5300

“Droplets of Death: TB in the Workplace”

“Introduction to Interpreting” (two-part Set)

“Tuberculosis 2000: Fundamentals of Clinical Tuberculosis and Tuberculosis Control” (Three Part Set - February 1997)

Four-part video: 1. “You Can Beat TB,” 2. “The Facts About TB,” 3. “TB and HIV: The Connection,” 4. “Think TB” (English version, for primary care physicians)

“How You Can Assess Engineering Controls for Tuberculosis In Your Health Care Facility”

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HEALTH CARE PROVIDER MATERIALS, CONT.

“Satellite Primer Continued: Modules 6-9; “Contact Investigations for Tuberculosis, “Confidentiality in Tuberculosis and Tuberculosis Surveillance and Case Management in Hospitals and Institutions,” and “Patient Adherence to Tuberculosis Treatment” (December 1999-February 2000)

“The Patient Guide to TB”

“Tuberculosis Protection for Healthcare Workers”

“Pediatric Tuberculosis: A Video Guide to Diagnosis and Treatment” (2002)

Statistical Reports (see sample in the Appendix):

“Tuberculosis in Colorado” (analysis through most current calendar year; also available on CDPHE website, www.cdphe.state.co.us/dc/TB/tbhome.asp)

OTHER RESOURCES

Two regulatory agencies in Colorado with regard to tuberculosis control include:

1. Health Facilities Division of CDPHE

Contacts: Jane Hermanson or Shelley Hitt
Telephone: 303-692-2832 303-692-2840

2. Occupational Safety & Health Administration (OSHA)

1999 Broadway, Suite 1690
Denver, CO 80202-5716
Telephone: 303-391-5858
FAX: 303-391-5850
Contact: Terry M. Terry, TB Coordinator, Region VIII

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Note: A booklet entitled “**Protect Yourself Against Tuberculosis - A Respiratory Guide for Health Care Workers,**” Publication No. 96-102 may be obtained at the above address or call 1 (800) 35N-IOSH.

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References

Colorado Revised Statutes, Part 5; 25-4-501 through 25-4-513.

State of Colorado Procurement Rules.

State of Colorado Fiscal Rules.

American Medical Association. Physicians' Current Procedural Terminology: CPT 2000.

American Medical Association. International Classification of Diseases. Ninth Revision, Clinical Modification: ICD-9-CM 1997.

Resources

For questions regarding Administrative Issues, call the TB Program (303) 692-2638.