



**AUTHORIZATION FOR TUBERCULOSIS PA CHEST X-RAY**  
*Facilities named below have agreed to the reimbursement rate noted as payment in full*

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ is authorized to **TAKE** one PA chest x-ray.  
(Physician, Clinic, or Hospital) (at reimbursement rate of \$22.15, as full payment)

\_\_\_\_\_ is authorized to **READ** one PA chest x-ray.  
(Physician, Clinic, or Hospital) (at reimbursement rate of \$11.45, as full payment)

\_\_\_\_\_ is authorized to **TAKE & READ** one PA chest x-ray.  
(Physician, Clinic, or Hospital) (at reimbursement rate of \$33.60, as full payment)

**SPECIAL REQUEST FOR ADDITIONAL VIEW:** (perform only if marked by Local Health Dept.)

**Special Authorization** for additional chest x-ray view was received  
from: \_\_\_\_\_

(Verbal Authorization)

at the Oregon TB Program on \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)

by \_\_\_\_\_

Mail chest x-ray report to Local Health Department: Address: \_\_\_\_\_

or FAX results to: ( ) - \_\_\_\_\_

**AUTHORIZATION GIVEN BY:** \_\_\_\_\_ (Local Health Dept. Representative)

OF \_\_\_\_\_ LOCAL HEALTH DEPARTMENT on \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)

**BILLING INFORMATION:** Attach authorization to invoice and mail to: Oregon DHS Health Services  
Tuberculosis Control Program  
800 NE Oregon St., Ste. 1105  
Portland, OR 97232  
(971) 673-0174

**NOTE:** 1) Invoices must be received by TB Program within 5 months of date of service to receive payment.  
2) Invoices will be returned unpaid if received without completed authorization form.



## Tuberculosis (TB) Chest X-ray Policies and Procedures Reimbursement for TB Chest X-rays

The Oregon TB Program has limited funds available to reimburse chest x-ray charges for patients being evaluated for tuberculosis who have no other means of payment. These funds are **only** available after the local health department has determined that the patient needs to be screened for tuberculosis.

The Oregon TB Program will reimburse chest x-rays at the rate of \$22.15 for taking an x-ray and \$11.45 for interpretation. Charges on chest x-rays are limited to one view (PA) unless prior authorization is received from the Oregon TB Program office.

### 1. The Local Health Department (LHD) is responsible for:

- a. Identifying which persons within their jurisdictions should be screened for tuberculosis.
- b. Ensuring the patient has either a positive TB skin test or Quantiferon result and a follow up chest x-ray is indicated.
- c. Ensuring the person has no other means of payment.
- d. Completing the "Authorization for Tuberculosis PA Chest X-ray" form for each provider (i.e., one for the hospital and one for the radiologist). If the hospital and radiologist are the same, only one authorization form is needed.
- e. Requesting prior approval from the State TB Program office if additional views are needed.
- f. Ensuring x-ray service providers are aware of State TB Program reimbursement rates and accept those rates as full payment.
- g. Ensuring providers are fully informed of state billing procedures.

### 2. The Provider is responsible for:

- a. Ensuring the invoice shows the Oregon TB Program as the sole payer. **Note: The patient may not be billed for the difference between usual rates and the agreed upon rates stated in Section 2.b. (3) below.**
- b. Ensuring the invoice contains the following:
  - 1) The name of each patient.
  - 2) Description of service, i.e., chest x-ray, 1 view; taking/reading; and/or the correct procedure code with correct modifier, if applicable.
  - 3) Proper reimbursement amounts: \$22.15 for taking an x-ray and \$11.45 for interpretation.
  - 4) The "Authorization for Tuberculosis PA Chest X-ray" form signed by the referring local health department attached to the invoice.
- c. Submitting the **original invoice** (a faxed copy is not acceptable) with supportive documents and one copy of the authorization form within five months of the date of service to:

Oregon DHS Health Services  
Tuberculosis Control Program  
800 NE Oregon St., Ste. 1105  
Portland, OR 97232-2162

If you need this material in an alternate format, call Gayle Wainwright at (971) 673-0174