

**WV DIVISION OF TUBERCULOSIS ELIMINATION (WV-DTBE)
DOT/DOPT REIMBURSEMENT BREAKDOWN**

WV-DTBE is able to provide reimbursement for the time local health department (LHD) nurses spend conducting directly observed therapy (DOT) for tuberculosis patients under the following guidelines:

- An agreement for payment will be initiated when WV-DTBE receives the report of a case from the LHD (TB-34 or TB-101 *Initial*).
- Only time spent on DOT activities is considered reimbursable.
 - Time spent conducting clinics (diagnostic or chest x-ray), charting or drawing labs is not reimbursable.
 - Incentives or enablers such as taxi rides, gas cards, soda, etc. are not reimbursable.
- The rate of reimbursement is \$20 per hour.
- A Workers Log (TB-150) must accompany each invoice to document hours.
- Invoices must be submitted quarterly (i.e. March 31, June 30, Sept 30 and Dec 31). Invoices received more than one month after close of the quarter will be processed with the following quarter's invoice.
- Invoices must be submitted on LHD letterhead (using the template provided), including a signature in blue ink. Fax copies are not accepted by state purchasing.
- Invoices should be submitted to:
 - WV-DTBE
 - 350 Capitol Street, Room 125
 - Charleston, WV 25301

Reimbursement Breakdown*:

1. DOT Reimbursement (for Active TB Disease)
 - Month 1: 1 hr/day @ \$20/hr x 22 days/month = \$440
 - Months 2-6: 0.5 hr/day @\$20/hr x 22 days/month x 5 months = \$1100 (\$220/mo.)
 - If patient requires more than 6 months to complete treatment, reimbursement will be at 0.5 hr/day x 22 days (\$220/month) until completion of treatment.
2. DOPT Reimbursement (for Latent TB Infection)
 - **RPT/INH (Rifapentine / Isoniazid 12 week treatment, once per week)**
12 days x 0.5 hrs/day @\$20/hr. = \$120/patient
 - **Intermittent INH (INH 2days a week)**
38 weeks x 2 days x 0.5 hr./day @ \$20/hr = \$760
3. Other High-Risk Infected Individuals/Contacts (i.e., children, HIV positive, etc.)
 - These will be decided on a case-by-case basis after review by WV-DTBE, and will be reimbursed 0.5 hr/day @ \$20/hr until completion of therapy.
 - For example: Window Prophylaxis– maximum 3 months
0.5 hr/day x 22 days @\$20/hr = \$220/month x 3 months = \$660

*Additional allowable time for extenuating circumstances (e.g. extremely long travel time to patient) may be considered on a case by case basis with prior approval by WV-DTBE.