



## LATENT TUBERCULOSIS INFECTION TREATMENT AT A GLANCE: 2024

### INTRODUCTION

The Latent Tuberculosis Infection (also referred to as latent TB infection, or LTBI) Treatment At a Glance tool provides an overview of the coverage of key latent TB infection services in Massachusetts as of February 2024 in order to give health care providers quick access to basic coverage information to help inform discussions with patients about treatment. The tool provides a series of tables that outline coverage (and related costs and restrictions) for three categories of health insurance plans: (1) silver-level Qualified Health Plans (QHPs), (2) ConnectorCare plans, and (3) Medicaid (MassHealth) plans. The information in these tables is based upon publicly available information on the Massachusetts Health Connector website and individual insurer websites.

Please note that health insurance plans occasionally alter coverage, associated costs, or restrictions over the course of a plan year. Health care providers and plan members should therefore always confirm coverage by contacting the individual plan. To confirm the current coverage status of any service, providers and members can use the contact numbers provided under each table.

In September 2016, the USPSTF recommended that asymptomatic adults at increased risk for infection receive screening for latent tuberculosis infection.<sup>1</sup> Because the USPSTF provided a “B” rating for this recommendation, QHPs, ConnectorCare plans, and Medicaid expansion health plans must provide this benefit for the relevant population without cost-sharing. Insurers generally view radiology services provided in connection with latent TB infection screening as diagnostic services outside of this mandate.

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<sup>1</sup> U.S. Preventive Servs. Task Force, *Screening for Latent Tuberculosis Infection in Adults: US Preventive Services Task Force Recommendation Statement*, 316 JAMA 962 (2016).

## **MASSACHUSETTS SILVER-LEVEL QUALIFIED HEALTH PLANS**

The table below summarizes coverage of latent TB infection treatment and related services in the silver-level Qualified Health Plans (QHPs) available to individuals via the Massachusetts health insurance marketplace (Massachusetts Health Connector). The silver-level QHPs were chosen for inclusion in this resource because they are generally representative of coverage and are often the most cost-effective choice for low-income consumers. More information on these plans is available on the Massachusetts Health Connector website: <https://betterhealthconnector.com/learn/plan-information>.

<b>Plan</b>	<b>Coverage, related services (after deductible)</b>	<b>Coverage, isoniazid</b>	<b>Coverage, Priftin</b>	<b>Coverage, rifampin</b>
<b>Blue Cross Blue Shield of Massachusetts – HMO Blue Basic</b>	<u>X-Ray</u> : \$50 copay <u>Blood Work</u> : \$25 copay	\$30 copay for all formulations	\$55 copay after deductible is met	\$30 copay for all formulations
<b>Fallon Health – Community Care Connector High Silver II</b>	<u>X-Ray</u> : \$50 copay <u>Blood Work</u> : \$25 copay	\$30 copay for oral tab; \$75 copay for oral syrup	\$75 copay after deductible is met	\$30 copay
<b>Harvard Pilgrim Health Care – Standard Silver</b>	<u>X-Ray</u> : \$50 copay <u>Blood Work</u> : \$25 copays	\$30 copay	\$75 copay after deductible is met	\$30 copay
<b>Health New England – Silver A</b>	<u>X-Ray</u> : \$50 copay <u>Blood Work</u> : \$25 copay	\$30 copay	\$75 copay after deductible is met	\$30 copay
<b>MGB Health Plan – Select HMO 2000 25/60 II</b>	<u>X-Ray</u> : \$50 copay <u>Blood Work</u> : \$25 copay	\$30 copay for oral tab; \$75 for oral syrup	\$75 copay after deductible is met	\$30 copay
<b>Tufts Health Plan – Tufts Direct Silver 2000</b>	<u>X-Ray</u> : \$50 copay <u>Blood Work</u> : \$25 copay	\$30 copay	\$75 copay after deductible is met	\$30 copay
<b>UnitedHealthcare – UHC Navigate Silver 2000</b>	<u>X-Ray</u> : \$50 copay <u>Blood Work</u> : \$25 copay	\$30 copay	\$60 copay after deductible is met	\$30 copay
<b>WellSense Health Plan – WellSense Clarity Plan Silver 2000</b>	<u>X-Ray</u> : \$50 copay <u>Blood Work</u> : \$25 copay	\$30 copay for oral tab; \$55 for oral solution	\$75 copay after deductible is met	\$30 copay

## CONNECTORCARE PLANS

The table below summarizes coverage of latent TB infection treatment and related services in the Massachusetts ConnectorCare plans. ConnectorCare plans are low-cost plans available to individuals with household incomes up to 500% of the federal poverty level. In general, there are three levels of ConnectorCare plans, with standardized cost-sharing on each level. More information on these plans is available on the Massachusetts Health Connector website: <https://www.mahealthconnector.org/learn/plan-information/connectorcare-plans>.

Plan	Coverage, related services	Coverage, isoniazid	Coverage, Priftin	Coverage, rifampin
Fallon Health – ConnectorCare Plan Type I	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	\$1 for oral tablet; \$3.65 for oral syrup	\$3.65	\$1
Fallon Health – ConnectorCare Plan Type II	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	\$10 for oral tablet; \$40 for oral syrup	\$40	\$10
Fallon Health – ConnectorCare Plan Type III	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	\$12.50 for oral tablet; \$50 for oral syrup	\$50	\$12.50
Health New England – ConnectorCare Plan Type I	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	\$1	\$3.65	\$1
Health New England – ConnectorCare Plan Type II	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	\$10	\$40	\$10
Health New England – ConnectorCare Plan Type III	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	\$12.50	\$50	\$12.50
MGB Health Plan – ConnectorCare Plan Type I	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	\$1 for oral tablet; \$3.65 for oral syrup	\$3.65	\$1
MGB Health Plan – ConnectorCare Plan Type II	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	\$10 for oral tablet; \$40 for oral syrup	\$40	\$10
MGB Health Plan – ConnectorCare Plan Type III	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	\$12.50 for oral tablet; \$50 for oral syrup	\$50	\$12.50
Tufts Health Plan – ConnectorCare Plan Type I	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	\$1	\$3.65	\$1
Tufts Health Plan – ConnectorCare Plan Type II	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	\$10	\$40	\$10
Tufts Health Plan – ConnectorCare Plan Type III	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	\$12.50	\$50	\$12.50
WellSense Health Plan – ConnectorCare Plan Type I	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	\$1 for oral tablet; \$3.65 for oral solution	\$3.65	\$1
WellSense Health Plan – ConnectorCare Plan Type II	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	\$10 for oral tablet; \$20 for oral solution	\$40	\$10
WellSense Health Plan – ConnectorCare Plan Type III	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	\$12.50 for oral tablet; \$25 for oral solution	\$50	\$12.50

## MASSHEALTH PLANS

The table below summarizes coverage of latent TB infection treatment and related services in MassHealth, Massachusetts’s Medicaid program.<sup>2</sup> MassHealth offers a variety of coverage options, depending upon applicant eligibility. Coverage may be provided directly by MassHealth, through the MassHealth Primary Care Clinician Plan (PCCP), or by an Accountable Care Organization (ACO) or a Managed Care Organization (MCO) contracting with MassHealth.

As of April 1, 2023, MassHealth requires all plans under MassHealth to use the [MassHealth Drug List \(MHDL\)](#).<sup>3</sup> This means that coverage and prior authorization requirements for prescription drugs should be uniform across MassHealth plans. Prior authorization instructions and forms are available on the MHDL.

Insurer	Coverage, related services	Coverage, isoniazid	Coverage, Priftin	Coverage, rifampin
<b>MassHealth*</b>	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	Covered	Covered	Covered
<b>Fallon Health**</b>	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	Covered	Covered	Covered
<b>Health New England – BeHealthy Partnership</b>	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	Covered	Covered	Covered
<b>Mass General Brigham – Mass General Brigham Health Plan with Mass General Brigham ACO</b>	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	Covered	Covered	Covered
<b>Tufts Health Plan***</b>	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	Covered	Covered	Covered
<b>WellSense Health Plan****</b>	<u>X-Ray</u> : \$0; <u>Blood Work</u> : \$0	Covered	Covered	Covered

\* Describes coverage for MassHealth fee-for-service, PCCP, and Primary Care ACOs (Steward Health Choice and Community Care Cooperative (C3))

\*\* Describes coverage for the Berkshire Fallon Health Collaborative, the Fallon Health-Atrius Health Care Collaborative, and Fallon 365 Care

\*\*\* Describes coverage for Tufts Health Together MCO coverage and Tufts Health Together-associated accountable care plans (Tufts Health Together with UMass Memorial Health and Tufts Health Together with Cambridge Health Alliance (CHA))

\*\*\*\* Describes WellSense MCO coverage and coverage for WellSense-associated accountable care plans (East Boston Neighborhood Health WellSense Alliance, WellSense Beth Israel Lahey Performance Network ACO, WellSense Boston Children’s ACO, WellSense Care Alliance, WellSense Community Alliance, WellSense Mercy Alliance, WellSense Signature Alliance, WellSense Southcoast Alliance)

<sup>2</sup> MassHealth requires a copayment of \$3.65 for many prescriptions; however, as of July 1, 2021, MassHealth restricted copayments for an expanded set of services and categories of beneficiaries. For more information, visit: <https://www.mass.gov/service-details/masshealth-copayments-frequently-asked-questions>.

<sup>3</sup> See MassHealth, The Prescriber e-Letter, Volume 13, Issue 1, April 2023, <https://perma.cc/SCC2-RAKK>.