

June 11, 2012

Montana Health Care Programs Notice

Family Planning Clinic, FQHC, Hospital, IHS, Lab and Imaging, Mid-Level, Pharmacy, Physician, Public Health Clinic, RHC

Update
Effective June 1, 2012

Montana Plan First

Medicaid’s Expanded Family Planning Program

Plan First is a limited set of family planning benefits available to a new Medicaid eligibility group through a Section 1115(a) Medicaid waiver. The waiver is approved through December 31, 2013, and may be extended past that date. Family planning and family planning-related benefits are covered and are outlined below.

Goals of Plan First are:

- Improved access to and use of family planning services among this eligible group of individuals;
- Fewer unintended pregnancies; and
- Improved birth outcomes and women’s health by increasing the child spacing interval.

There are 7 eligibility requirements for Plan First:

1. Montana Resident
2. U.S. Citizen or Qualified Alien
3. Female age 19 through 44 years
4. Not pregnant
5. Able to become pregnant
6. Income up to and including 200% of poverty
7. No other family planning health coverage (i.e., through insurance)

This program is limited to 4,000 women at any given time.

The following table provides examples of income limits. Some income may be disregarded; women with incomes in these ranges or slightly above are encouraged to apply.

Family Size	Annual Amount	Monthly Amount
1	\$22,340	\$1,862
2	\$30,260	\$2,522
3	\$38,180	\$3,182
4	\$46,100	\$3,842
5	\$54,020	\$4,502

Plan First Services

Family Planning Benefits. Family planning services and supplies are limited to services and supplies where the primary purpose is family planning and which are provided in a family planning or other medical setting. Family planning services and supplies include:

1. FDA approved methods of contraception;
2. Sexually transmitted infection (STI)/sexually transmitted disease (STD) testing, Pap smears and pelvic exams;
3. Drugs, supplies, or devices related to women's health services; and
4. Contraceptive management, patient education, and counseling.

Family Planning-Related Benefits. Family planning-related services and supplies are services provided as part of or as follow-up to a family planning visit. Such services are provided because a family planning-related problem was identified and/or diagnosed during a routine or periodic family planning visit. Examples of family planning-related services and supplies include:

1. Colposcopy (and procedures done with/during a colposcopy) or repeat Pap smear performed as a follow-up to an abnormal Pap smear which is done as part of a routine or periodic family planning visit;
2. Drugs for the treatment of STIs/STD, except for HIV or AIDS and hepatitis, when the STI/STD is identified or diagnosed during a routine or periodic family planning visit. A follow-up visit or encounter for the treatment or prescription of drugs and subsequent follow-up visits to rescreen for STIs and STDs based on the Centers for Disease Control and Prevention guidelines may be covered;
3. Drugs and treatment for vaginal infections and disorders, other lower genital tract and genital skin infections and disorders, and urinary tract infections, where these conditions are identified or diagnosed during a routine or periodic family planning visit. A follow-up visit for treatment or drugs may also be covered.
4. Other medical diagnosis, treatment, and preventative services that are routinely provided pursuant to family planning services in a family planning or other medical setting. An example of a preventative service could be a vaccination to prevent cervical cancer.
5. Treatment of major complications arising from a family planning procedure such as, but not limited to:
 - a. Treatment of a perforated uterus due to an intrauterine device insertion;
 - b. Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage; or
 - c. Treatment of surgical or anesthesia-related complications during a sterilization procedure.

The entire Plan First plan of benefits is included with this notice.

- Services with an X in **Column 1 are family planning benefits.** Column 1 services are always considered family planning services and do not require a V25.XX diagnosis code or an FP modifier to be reimbursed.
- Services with an X in **Column 2 may be family planning benefits;** and
- Services with an X in **Column 3 may be family planning-related benefits.**

If the service performed has an X in Column 2 or Column 3 and is performed as a family planning or family planning-related service (as defined above), providers must bill with either a V25.XX diagnosis code or an FP modifier.

Billing of codes not contained in this list and billing of codes in this list and not following diagnosis or modifier requirements will result in nonpayment. Providers performing these services are covered only within the scope of the provider's license.

Custom Agreements. Providers may bill services not in the Plan First benefit plan to the Medicaid (Plan First) client. The provider **must** have the Medicaid client sign a Custom Agreement prior to providing services. The agreement should list the services the client will receive (that **are not** part of the Plan First benefit plan), state that the services are not covered by Medicaid, and state that the client will pay for them. Include date of service (or date range, if applicable) and the cost to the client. The provider may bill Medicaid for services included in the Plan First plan of benefits.

Prior Authorization. Some Plan First services may have prior authorization requirements. Providers can determine if the Plan First service requires prior authorization by checking the fee schedule. If the service requires prior authorization, follow the instructions in the provider manual to obtain prior authorization.

Passport. Passport referrals are not required.

Verifying Eligibility. As with all patients, providers should verify eligibility at each visit. Plan First eligibility is verified using the methods outlined in the provider manual for all Medicaid services.

Billing. Billing procedures will mirror billing practices for Medicaid clients with other service plans. Claims will be sent to the Department's fiscal intermediary (Xerox) electronically or on paper using the appropriate claim form. Proper coding requirements, timely filing limits and other proper claim completion requirements apply. Again, please note the additional diagnosis and modifier requirements listed above. See your provider manual for additional billing information.

Reimbursement. Reimbursement for providers who perform services for Plan First members is the same as for services with other Medicaid eligibility groups. The one exception is for RHCs and FQHCs; they must not bill using the UB-04/837I claim form. RHC and FQHC providers who perform services for Plan First members must bill services on a CMS-1500/837P claim form using his or her own provider number.

Cost Sharing. Family planning services are exempt from cost sharing. Care needs to be taken to code claims using the appropriate cost share indicators. Otherwise the claims processing system will reduce provider reimbursement by the amount of the cost share.

Eligibility Determination. Eligibility determination is made by Plan First. Applications will be completed by the Medicaid client. Providers may assist clients in application completion. Eligibility information and applications are online at <http://www.dphhs.mt.gov/index.shtml>. Completed applications may be completed online or mailed to:

Plan First
P.O. Box 202951
Helena, MT 59620-2951

If you have questions concerning eligibility, call 1-855-854-1399 (toll-free, in state) or 1-406-444-6446 (Helena/out of state), send e-mail to planfirst@mt.gov or fax to 1-406-444-3846.

If determined eligible for Plan First, a woman's eligibility begins the first day of the month the application was received by Plan First and continues for 12 months. Clients will re-apply annually. Plan First benefits will be ended if other family planning insurance coverage exists, including other Medicaid coverage.

Plan First applicants will receive letters informing them if they are eligible. If an applicant is eligible, the letter will contain a Plan First ID Card that notes her Plan First eligibility span. A copy of an eligibility letter and Plan First ID Card is attached. The eligibility span can be impacted by the clients' day of birth. Always verify client eligibility.

A series of WebEx trainings is scheduled to inform providers about Plan First. The schedule is below.

Plan First Provider Training 1-877-668-4490

June 7, 2012			
1:00 p.m.	Access code	578008850	
1:45 p.m.	Access code	579227506	
2:30 p.m.	Access code	578222080	
June 11, 2012			
9:00 a.m.	Access Code	572940524	
9:45 a.m.	Access Code	572079649	
10:30 a.m.	Access Code	571250126	
June 21, 2012			
1:00 p.m.	Access Code	578253739	

For technical assistance, please contact Sande Mittleider 1-406-444-0992.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in and out of state: 1-800-624-3958

Helena: (406) 442-1837

E-Mail: MTPRHelpdesk@xerox.com

Visit the Provider Information website:

<http://medicaidprovider.hhs.mt.gov>



DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

Brian Schweitzer
GOVERNOR

Anna Whiting Sorrell
DIRECTOR

STATE OF MONTANA

www.dphhs.mt.gov

PO BOX 4210
HELENA, MT 59604-4210
(406) 444-5622
FAX (406) 444-1970

NAME
ADDRESS
ADDRESS
CITY STATE ZIP

[Date]
[Case#]

Subject: Plan First – Enrollment

Re: [Client Name here if not addressee]

Dear [Client Name or Contact Name]:

We are happy to inform you that you are eligible for Plan First family planning health coverage.

See the enclosed brochure for how to access covered services. Always bring and show this letter or the ID card at the bottom of this page to any medical appointments or pharmacy visits.

Remember, you are responsible for any copayment and ultimately responsible for payment on any medical services you receive.

As a condition of your eligibility in Plan First, you are responsible to notify us within 10 days if any of the following events occur:

- Your address changes;
- You are no longer a Montana resident;
- You are pregnant

If you have any enrollment questions, contact your Social Service Specialist below.

[Soc Svc Spec First Name only]

Plan First

P.O. Box 202915, Helena MT 59602

(406) 444-[3554 or 3534]

1-855-854-1399 In-State Toll Free

1-406-444-6446 Helena Area and Out-of-State

Plan First ID Card

Client Name:

[Card ID# or Client ID#]

Coverage Start Date and End Date:

[XX/XX/XXXX – XX/XX/XXXX]

Providers, always check the Medicaid web portal for client eligibility as this ID card may be expired.

Provider Relations: (800) 624-3958 In/Out-of-State and (406) 442-1837 Helena Area

Plan First

P.O. Box 202915

Helena MT 59620

1-855-854-1399 In-State Toll Free

1-406-444-6446 Helena Area and Out-of-State

MT Relay Service 711

Email: planfirst@mt.gov

Fax: 1-406-444-3846

Website: dphhs.mt.gov/planfirst

If you disagree with this determination you have the right to appeal with 90 days of this letter. If you do not appeal within 90 days you give up your right for appeal. Plan First is operated under ARM 37.82.701, 37.86.1701, 37.86.1705/6, and MCA 53-4-212/1105, 53-6-113.

The request for appeal must be in writing including a brief statement of why you believe the decision is not in accordance with Plan First rules. If you have a disability, you may request reasonable accommodation in the appeal process by contacting the Hearing Officer. Send requests for appeal to:

Office of Fair Hearings
Department of Public Health and Human Services
PO Box 202953
Helena MT 59620-2953

**PLAN FIRST Procedures and Service Codes
Montana Plan First: June 2012**

ICD-9-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning service	May be family planning related service
65.13	Laparoscopic biopsy of ovary	X		
65.14	Other laparoscopic diagnostic procedures on ovaries	X		
65.22	Wedge resection of ovary	X		
65.23	Laparoscopic marsupialization of ovary cyst	X		
65.24	Laparoscopic wedge resection of ovary	X		
65.74	Laparoscopic simple suture of ovary	X		
65.81	Laparoscopic lysis of adhesions of ovary and fallopian tube	X		
65.89	Other lysis of adhesions of ovary and fallopian tube	X		
66.21	Bilateral endoscopic ligation and crushing of fallopian tubes	X		
66.22	Bilateral endoscopic ligation and division of fallopian tubes	X		
66.29	Other bilateral endoscopic destruction or occlusion of fallopian tubes	X		
66.31	Other bilateral ligation and crushing of fallopian tubes	X		
66.32	Other bilateral ligation and division of fallopian tubes - Pomeroy operation	X		
66.39	Other bilateral destruction or occlusion of fallopian tubes - Female sterilization operation not otherwise specified	X		
66.72	Salpingo-oophorostomy	X		
66.73	Salpingo-salpingostomy	X		
66.74	Salpingo-uterostomy	X		
66.79	Other repair of fallopian tubes	X		
68.23	Endometrial ablation	X		
69.70	Insertion of IUD	X		
96.17	Insertion of vaginal diaphragm	X		
97.24	Replace and refit of vaginal diaphragm	X		
97.71	Removal of intrauterine contraceptive device	X		
97.73	Removal of vaginal diaphragm	X		
00851	Anesthesia for tubal ligation/transaction	X		
00952	Anesthesia for hysteroscopy and/or hysterosalpingography		X	
10060	Incision and drainage of abscess; simple or single			X
10140	Incision and drainage of hematoma, seroma or fluid collection			X
11420	Excision, benign lesion including margins, excised diameter 0.5 cm or less			X
11421	Excision, excised diameter 0.6 to 1.0 cm			X
11976	Removable, implantable contraceptive capsules	X		
11981	Insertion, non-biodegradable drug delivery implant		X	
11982	Removal, non-biodegradable drug delivery implant		X	
11983	Removal, with reinsertion, non-biodegradable drug delivery implant		X	
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions			X
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions			X
36415	Collection of venous blood by venipuncture		X	
36416	Collection of capillary blood specimen (eg., finger, heel, earstick)		X	

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46900	Destruction of lesion(s), anus, simple; chemical			X
46910	Destruction of lesion(s), anus, electrodesiccation			X
46916	Destruction of lesion(s), anus, cryosurgery			X
46922	Destruction of lesion(s), anus, surgical excision			X
46924	Destruction of lesion(s), anus, extensive			X
56405	Incision and drainage of vulva or perineal abscess			X
56420	Incision and drainage of Bartholin's gland abscess			X
56501	Destruction of lesion(s), vulva; simple			X
56820	Colposcopy of the vulva			X
56821	Colposcopy of the vulva; with biopsy(s)			X
57061	Destruction of vaginal lesion(s); simple			X
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease			X
57170	Fitting of diaphragm or cervical cap	X		
57420	Colposcopy of the entire vagina, with cervix if present			X
57421	Colposcopy of the entire vagina, with cervix if present, with biopsy of			X
57452	Colposcopy of the cervix including upper/adjacent vagina			X
57454	Colposcopy of the cervix including the upper vagina; with biopsy(s) of the cervix and endocervical curettage			X
57455	Colposcopy of the cervix including upper /adjacent vagina; with biopsy(s) of the			X
57456	Colposcopy of the cervix including the upper / adjacent vagina; with endocervical curettage			X
57460	Colposcopy of the cervix including the upper / adjacent vagina; with loop electrode biopsy(s) of the cervix			X
57461	Colposcopy of the cervix including upper / adjacent vagina; with loop electrode colonizaiton of the cervix			X
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)			X
57505	Endocervical curettage (not done as part of a dilation and curettage)			X
57510	Cautery of cervix; electro or thermal			X
57511	Cautery of cervix; cryocautery, initial or repeat			X
57800	Dilation of cervical canal; instrumental (separate procedure)		X	
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)		X	
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy			X
58300	Insertion of intrauterine device (IUD)	X		
58301	Removal of intrauterine device (IUD)	X		
58340	Catherization and introduction of saline or contrast material for saline infusion sonohysterography or hysterosalpingography (implant post-procedure confirmatory test)		X	
58565	Hysteroscopy, with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	X		

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58600	Ligation or transection of fallopian tubes, abdominal or vaginal approach, unilateral or bilateral	X		
58615	Occlusion of fallopian tubes by device vaginal or suprapubic approach	X		
58670	Laparoscopy, surgical; w/ fulguration of oviducts by device (with or without transection)	X		
58671	Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, etc.)	X		
62311	Injection, single, not including neurolytic substances, . . . lumbar, sacral (caudal)		X	
62319	Injection, including catheter placement, . . . Lumbar, sacral (caudal)		X	
64435	Injection, anesthetic agent paracervical (uterine) nerve		X	
72190	Radiologic examination, pelvis, complete, minimum 3 views		X	
74000	Radiologic examination, abdomen; single anteroposterior view		X	
74010	Radiologic examination, abdomen, anteroposterior and additional oblique and cone views		X	
74740	Hysterosalpinography radiological supervision and interpretation		X	
74742	Transcervical catheterization of fallopian tube radiological supervision and interpretation		X	
76830	Ultrasound transvaginal		X	
76831	Echo exam uterus		X	
76856	Ultrasound, pelvic (nonobstretic), real time with image documentation; complete		X	
76857	Ultrasound pelvic (nonobstretic), real time with image documentation, limited or follow-up (eg, for follicles)		X	
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete		x	
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method		X	
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton		X	
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton		X	
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton		X	
77082	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment		X	
80047	Basic metabolic panel (calcium, ionize)		X	
80048	Basic metabolic panel (CLIA panel proc)		X	
80050	General health panel		X	
80051	Electrolyte panel (CLIA panel proc)		X	
80055	Obstretic panel		X	

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80061	Lipid panel (refer to CPT for complete description) (CLIA waiver list and panel procedure)		X	
80074	Acute hepatitis panel		X	
80076	Hepatic function panel		X	
80100	Drug screen, qualitative; multiple drug classes chromatographic method, each		X	
80101	Drug screen; single drug class each drug class (CLIA waiver list)		X	
80102	Drug confirmation each procedure		X	
81000	Urinalysis by dipstick/ tablet reagent; non-automated with microscopy		X	
81001	Urinalysis etc. automated with microscopy		X	
81002	Urinalysis by dip stick/tablet reagent; non-automated without microscopy (CLIA waiver list)		X	
81003	Urinalysis by dip/tablet; automated without microscopy		X	
81005	Urinalysis; qualitative or semiquantitative except immunoassays		X	
81015	Urinalysis microscopic only (PPMP CLIA list)		X	
81020	Urinalysis; 2 or 3 Glass test (PPMP CLIA list)		X	
81025	Urine pregnancy test by visual color comparison methods (CLIA waiver list)		X	
82040	Albumin serum		X	
82042	Albumin; urine quantitative		X	
82043	Albumin; urine microalbumin quantitative		X	
82105	Alpha-fetoprotein; serum		X	
82120	Amines vaginal fluid qualitative		X	
82150	Amylase		X	
82247	Bilirubin Total		X	
82310	Calcium; total		X	
82330	Calcium; ionized		X	
82435	Chloride; blood		X	
82465	Cholesterol serum total (CLIA waiver list)		X	
82520	Cocaine or metabolite		X	
82550	Creatine kinase (ck) (cpk); total		X	
82553	Creatine kinase (ck) (cpk); mb fraction only		X	
82565	Creatinine; blood		X	
82570	Creatinine; other source		X	
82575	Creatinine clearance		X	
82607	Cyanocobalamin (vitamin B-12)		X	
82670	Estradiol		X	
82671	Estrogens fractionated		X	
82672	Estrogens total		X	
82677	Estriol		X	
82679	Estrone		X	
82728	Ferritin		X	
82746	Folic acid; serum		X	
82947	Glucose; quantitative (CLIA waiver list)		X	

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82948	Glucose; blood reagent strip		X	
82950	Glucose post glucose dose (includes glucose)		X	
82962	Glucose blood by glucose monitoring device(s) cleared/ FDA specifically/ home use		X	
83001	Gonadotropin follicle stimulating hormone (FSH)		X	
83002	Gonadotropin luteinizing hormone (LH)		X	
83020	Hemoglobin fractionation and quantitation; electrophoresis		X	
83021	Hemoglobin fractionation and quantitation; chromatography		X	
83026	Hemoglobin; by copper sulfate method, non automated		X	
83036	Glycosylated hemoglobin test (A1C)		X	
83518	Immunoassay for analyte, quali/semiquantitative single step method		X	
83520	Immunoassay analyte; quantitative not otherwise specified		X	
83690	Lipase		X	
83896	Nuclear molecular diagnostics; nucleic acid probe each		X	
84075	Phosphatase alkaline		X	
84144	Progesterone		X	
84146	Prolactin		X	
84425	Thiamine (Vitamin B-1)		X	
84520	Urea Nitrogen; Quantitative		X	
84550	Uric acid; blood		X	
84702	Gonadotropin chorionic (HCG); Quantitative		X	
84703	Gonadotropin chorionic qualitative (CLIA waiver list)		X	
85004	Blood count; automated differential WBC count		X	
85007	Blood smear, microscopic examination with manual differential WBC count		X	
85008	Blood smear, microscopic examination without manual differential WBC count		X	
85009	Manual differentail WBC count, buffy coat		X	
85013	Blood count; spun microhematocrit (CLIA waiver list)		X	
85014	Hematocrit		X	
85018	Hemoglobin		X	
85025	Complete CBC with auto diff WBC		X	
85027	Complete CBC automated		X	
85032	Manual cell count each		X	
85045	Automated reticulocyte count		X	
85300	Clotting inhibitors or anticoagulants; antithrombin III activity		X	
85378	Fibrin degrade products, D-dimer qualitative or semiquantitative		X	
85576	Platelet; aggregation (in vitro) each agent		X	
85597	Phospholipid neutralization; platlet		X	
85598	Hexagonal Phospholipid		X	
85610	Prothrombin Time (CLIA Waiver List)		X	
85652	Sedimentation rate erythrocyte; automated		X	
85660	Sickling of RBC reduction slide method		X	
85730	Thromboplastin time partial (PTT) plasma or whole blood		X	

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86255	Fluorescent noninfections agent antibody; screen each antibody		X	
86318	Immunoassay/infecti agent antibody quali/ semiquant single step method		X	
86382	Neutralization test viral		X	
86403	Particle agglutination; screen each antibody		X	
86580	Skin test tuberculosis intradermal (exempt from CLIA editing)		X	
86592	Syphilis test, non treponemal antibody; qualitative		X	
86593	Syphilis test non treponemal antibody; quantitative		X	
86628	Antibody; candida		X	
86631	Antibody; chlamydia		X	
86632	Antibody; chlamydia IGM		X	
86687	Antibody; HTLV I		X	
86688	Antibody; HTLV-II		X	
86689	Antibody; HTLV OR HIV antibody confirmatory test (EG western blot)		X	
86694	Antibody; herpes simplex non-specific type test		X	
86695	Antibody; herpes simplex type 1		X	
86696	Herpes simplex type 2		X	
86698	Antibody histoplasma		X	
86701	Antibody HIV 1		X	
86702	Antibody; HIV 2		X	
86703	Antibody; HIV-1 and HIV-2 single assay		X	
86706	Hepatitis B surface antibody (HBSAB)		X	
86707	Hepatitis BE antibody (HBEAB)		X	
86762	Antibody; Rubella		X	
86787	Antibody; varicella-zoster		X	
86803	Hepatitis C antibody		X	
86900	Blood typing; ABO		X	
86901	Blood typing; RH(D)		X	
87015	Concentration (any type) for parasites OVA or tubercle bacillus (TB AFB)		X	
87040	Blood culture for bacteria Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates		X	
87070	Culture bacteria other Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates		X	
87071	Culture bacteria; quantitative aerobic with isolation & presumptive identification of isolates, any source except urine, blood or stool		X	
87073	Culture bacterial; quantitative anerobic with isolation & presumptive identification of isolates, any source except urine, blood or stool		X	
87075	Culture bacteria any source, except blood, anaerobic with isolation and presumptive identification of isolates		X	
87076	Culture bacterial anaerobic isolate, additional methods required for definitive identification, each isolate		X	
87077	Culture bacterial; aerobic isolate additional methods required for definitive identification each isolate		X	
87081	Culture, presumptive, pathogenic organisms, screening only;		X	

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87086	Culture bacterial urine quantitative colony count		X	
87088	Urine bacteria; with isolation and presumptive identification of each isolate, urine		X	
87102	Culture fungi isolation other source (except blood)		X	
87110	Culture chlamydia		X	
87147	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum		X	
87164	Dark field examination any source (e.g. penile, vaginal, oral, skin)		X	
87184	Sensitivity studies antibiotic disk method per plate (12 or less disks)		X	
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [mic] or breakpoint), each multi-antimicrobial, per plate		X	
87205	Smear primary source with interpretation; gram or giemsa stain for bacteria, fungi, or cell types		X	
87206	Smear primary source with interpretation fluorescent and/or acid fast stain for bacteria fungi, parasites, viruses or cell types		X	
87207	Smear special stain Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia,		X	
87210	Smear primary source with interpretation wet mount for infectious agents		X	
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites		X	
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect		X	
87270	Infectious agent antigen detection by direct immunofluorescent antibody tech; chlamydia trachomatis		X	
87273	Infectious agent antigen detection by immunofluorescent antibody; herpes simplex virus type 2		X	
87274	Infectious agent antigen detection by direct fluorescent antibody tech; herpes simplex virus		X	
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, chlamydia trachomatis		X	
87340	Hepatitis B surface antigen		X	
87350	Herpes simplex type 2		X	
87390	HIV-1		X	
87391	HIV-2		X	
87470	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, direct probe technique		X	
87480	Candida species direct probe technique		X	
87481	Candida species amplified probe technique		X	
87482	Candida species quantification		X	
87485	Chlamydia pneumoniae direct probe technique		X	
87486	Chlamydia pneumoniae amplified probe technique		X	
87487	Chlamydia pneumoniae quantification		X	
87490	Chlamydia trachomatis direct probe technique		X	

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87491	Chlamydia trachomatis amplified probe technique		X	
87492	Chlamydia trachomatis quantification		X	
87495	Cytomegalovirus direct probe technique		X	
87496	Cytomegalovirus amplified probe technique		X	
87497	Cytomegalovirus quantification		X	
87510	Gardnerella vaginalis direct probe technique		X	
87511	Gardnerella vaginalis amplified probe technique		X	
87512	Gardnerella vaginalis quantification		X	
87528	Herpes simplex virus direct probe technique		X	
87529	Herpes simplex virus amplified probe technique		X	
87530	Herpes simplex virus quantification		X	
87531	Herpes virus-6 direct probe technique		X	
87532	Herpes virus-6 amplified probe technique		X	
87533	Herpes virus-6 quantification		X	
87534	HIV-1 direct probe technique		X	
87535	HIV-1 amplified probe technique		X	
87536	HIV-1 quantification		X	
87537	HIV-2 direct probe technique		X	
87538	HIV-2 amplified probe technique		X	
87539	HIV-2 quantification		X	
87590	Neisseria gonorrhoeae direct probe technique		X	
87591	Neisseria gonorrhoeae amplified probe technique		X	
87592	Neisseria gonorrhoeae quantification		X	
87620	Papillomavirus human direct probe technique		X	
87621	Papillomavirus human amplified probe technique		X	
87622	Papillomavirus human quantification		X	
87660	Trichomonas vagin dir probe		X	
87797	Not otherwise specified direct probe technique		X	
87800	Infect agt detection by nucleic acid multiple organisms; direct probe technique		X	
87801	Infect agt detection by nucleic acid and multiple organisms; amplified probe technique		X	
87810	Infectious agt detection by immunoassy with direct optical observation; chlamydia trachomatis		X	
87850	Infectious agt detection by immunoassy with direct optical observation; neisseria gonorrhoeae		X	
88108	Cytopathology concentration technique smears and interpretation (eg saccomanno technique)		X	
88141	Cytopathology cervical or vaginal requiring interpretation by physician		X	
88142	Cytopathology cervical or vaginal, thin layer preparation; manual screening under physician supervision		X	
88143	Cytopathology cervical or vaginal, with manual screening and rescreening under physician supervision		X	

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88147	Cytopathology smears cervical or vaginal; screening by automated system under physician supervision		X	
88148	Cytopathology smears cervical or vaginal; screening by automated system with manual rescreening under physician supervision		X	
88150	Cytopathology slides cervical or vaginal; manual screening under physician supervision		X	
88152	Cytopathology slide cervical or vaginal; with manual & computer-assisted rescreening under physician supervision		X	
88153	Cytopathology slides cervical or vaginal, with manual screening and rescreening under physician supervision		X	
88154	Cytopathology slides cervical or vaginal; with manual screenings and computer-assisted rescreening using cell selection and review under physician supervision		X	
88155	Cytopathology slide cervical or vaginal definitive hormonal evaluation		X	
88160	Cytopathology smears any other source; screening and interpretation		X	
88161	Cytopathology smears any other source; preparation screening and interpretation		X	
88162	Cytopathology smears any other source; extended study involving over 5 slides and/or multiple stains		X	
88164	Cytopathology slides cervical or vaginal (the Bethesda system); manual screening under physician supervision		X	
88165	Cytopathology slides cervical or vaginal (the Bethesda system); with manual screening and rescreening under physician's supervision		X	
88166	Cytopathology slides cervical or vaginal (the Bethesda system); with manual screenings and computer-assisted rescreening under physician supervision		X	
88167	Cytopathology slides cervical or vaginal (the Bethesda system); with manual screening and computer-assisted rescreening using cell selection under physician supervision		X	
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site		X	
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report		X	
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision		X	
88175	Cytopath c/v automated thin layer preparation, with screening by automated system and manual rescreening or review, under physician supervision		X	
88177	Immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site.		x	
88300	Level I - surgical pathology, gross examination only			X
88302	Level II - surgical pathology, gross and microscopic examination			X
88304	Level III - surgical pathology, gross and microscopic examination			X
88305	Level IV - surgical pathology, gross and microscopic examination			X
88307	Level V - surgical pathology, gross and microscopic examination			X

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96372	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular		X	
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory		X	
99001	Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory		X	
99002	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (when devices are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician		X	
99024	Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure		X	
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service		X	
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service		X	
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service		X	
99070	Supplies and materials provided by the physician over and above those usually included with the office visit or other services rendered		X	
99144	Moderate sedation services provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, age 5 years or older, first 30 minutes intra-service time		X	
99145	Moderate sedation services provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, age 5 years or older, each additional 15 minutes intra-service time		X	
99201-99205	New patient or established patient - office or other outpatient visit		X	
99211-99215	New patient or established patient - office or other outpatient visit		X	
99221-99223	Initial hospital care		X	
99238	Hospital discharge day management, 30 minutes or less		X	
99239	Hospital discharge day management, more than 30 minutes		X	
99360	Physician standby service		X	
99385-99386	Preventative medicine services/ new patient		X	
99393-99396	Preventative medicine services/ established patient		X	
99401-99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual		X	
99411	Preventative medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting, approximately 30 minutes		X	
99412	Preventative medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting, approximately 60 minutes		X	

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99420	Administration and interpretation of health risk assessment instrument		X	
A4261	Cervical cap for contraceptive use	X		
A4266	Diaphragm	X		
A4267	Contraceptive Supply condom Male	X		
A4268	Contraceptive supply, condom, female	X		
A4269	Contraceptive supply, spermicide (e.g., foam, gel)	X		
A4550	Surgical trays		X	
A4931	Oral thermometer, reusable, any type		X	
E1399	Durable medical equipment, miscellaneous		X	
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination		X	
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision		X	
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening requiring interpretation by physician		X	
H0034	Medication training and support, per 15 minutes		X	
H1010	Nonmedical family planning education, per session	X		
J0456	Injection, azithromycin, 500 mg			X
J0561	Injection, penicillin g benzathine, 100,000 units			X
J0690	Injection, cefazolin sodium, 500 mg			X
J0694	Injection, ceftiofloxacin sodium, 1 g			X
J0696	Injection, ceftriaxone sodium, per 250 g			X
J0697	Injection, sterile cefuroxime sodium, per 750 mg			X
J0698	Cefotaxime sodium, per g			X
J0710	Injection, cephapirin sodium, up to 1 g			X
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg	X		
J1056	Injection, medroxyprogesterone acetate/ estradiol cypionate, 5 mg/ 25 mg	X		
J1885	Injection, ketorolac tromethamine, per 15 mg		X	
J1890	Injection, cephalothin sodium, up to 1 g			X
J3490	Unclassified drugs (used to indicate Sub Q Depo)		X	
J2460	Injection, oxytetracycline HCl, up to 50 mg			X
J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units			X
J2540	Injection, penicillin G potassium, up to 600,000 units			X
J3320	Injection, spectinomycin dihydrochloride, up to 2 g			X
J7300	Intrauterine copper contraceptive	X		
J7302	Levonorgestrel-releasing intrauterine contraceptive system 52 mg	X		
J7303	Contraceptive vaginal ring	X		
J7304	Contraceptive hormone ring	X		
J7306	Levonorgestrel implant	X		
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	X		

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P3000	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision		X	
P3001	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician		X	
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory		X	
Q0111	Wet mounts, including preparations of vaginal, cervical, or skin specimens		X	
Q0112	All potassium hydroxide (KOH) preparations		X	
Q0144	Azithromycin dihydrate, oral, capsules/ powder, 1 gm			X
Q3014	Telehealth originating site facility fee		X	
S0610	Annual gynecological examination; new patient		X	
S0612	Annual gynecological examination, established patient		X	
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies	X		
S4993	Contraceptive pills for birth control	X		
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session		X	
S9446	Patient education, not otherwise classified, non-physician provider, group, per session		X	
T1001	Nursing assessment/ evaluation		X	
T1002	RN services, up to 15 minutes		X	
T1013	Sign language or oral interpretive services, per 15 minutes		X	
T1015	Clinic visit/ encounter all-inclusive		X	
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter		X	
G2A	Progestational agents		X	
G8A	Contraceptives, oral	X		
G8B	Contraceptives, implantable	X		
G8C	Contraceptives, injectable	X		
G8F	Contraceptives, transdermal	X		
G9B	Contraceptives, intravaginal	X		
L5A	Keratolytics		X	
Q4F	Vaginal antifungals		X	
Q4W	Vaginal antibiotics		X	
Q5R	Topical antiparasitics		X	
Q5V	Topical antivirals		X	
Q6V	Eye antivirals		X	
R1R	Uricosuric agents		X	
W1A	Penicillins		X	
W1B	Cephalosporins		X	
W1C	Tetracyclines		X	

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W1D	Macrolides		X	
W1F	Aminoglycosides		X	
W1K	Lincosamides		X	
W1P	Betalactams		X	
W1Q	Quinolones		X	
W1Y	Cephalosporins 3rd generation		X	
W2A	Absorbable sulfonamides		X	
W3B	Antifungal agents		X	
W3C	Antifungal agents (continued)		X	
W4E	Anaerobic antiprotozoal - antibacterial agents		X	
W4G	2nd gen. Anaerobic antiprotozoal - antibacterial		X	
W5A	Antiviral, general		X	
W7B	Viral/ tumorigenic vaccines		X	
X1B	Diaphragms/ cervical cap		X	
X1C	Intra-uterine devices		X	
Z2G	Immunomodulators		X	

Key: "90% FFP with V25" indicates that 90 percent FFP is available for codes that are accompanied on the claim by an FP (family planning) modifier or the claim has a primary ICD-9-CM diagnosis code in the V25 (contraception management) series. Note: The CMS Family and Children's Health Programs Group (FCHPG) will provide approval, as needed, to add codes, including codes associated with new technologies, that appear on the master code list.

Tests and visits routinely provided pre- and post-operative to a sterilization procedure are reimbursable at the 90% rate.