



August 10, 2012

Montana Health Care Programs Notice Pharmacy

Updated Plan First Billing Instructions

The new Medicaid Family Planning waiver, Plan First, became effective on June 1, and allows Plan First eligible women who do not qualify for Medicaid to obtain family planning medications and treatment for sexually transmitted diseases when associated with a family planning visit.

There is a limited formulary for this program, and only two major classes of medications covered, those for contraception and those used to treat sexually transmitted diseases. In order for coverage of medications to treat sexually transmitted diseases, the original provider visit needs to be associated with family planning.

Eligibility and detailed program information for Plan First is identified on the June 5, 2012, provider notice: http://medicaidprovider.hhs.mt.gov/pdf/provider_notices/2012/montanaplanfirstpn06052012.pdf

The Plan First pharmacy claims processing is slightly different than Medicaid claims processing. The pharmacist will enter a Diagnosis Code Identifier NCPDP field (492-WE) '01' and the family planning diagnosis International Classification of Diseases (ICD-9) code that is received from the prescriber. The ICD-9 code is entered in NCPDP field (420-DO).

The Family Planning ICD-9 code will be in the configuration of V25.xx. Please contact your software vendor to open these new fields. The new payer sheet was posted to the Montana Medicaid Pharmacy website. The BIN, Group #, and PCN for Plan First are the same as used to bill Medicaid: BIN=610084; Group #= 1509040 and PCN=DRMTPROD.

Reimbursement follows Montana Medicaid pharmacy reimbursement. Page 2 contains the types of medications covered under this program.

Contact Information

If you have questions regarding this notice, please contact Dave Campana at (406) 444-5951.

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>

Plan First Covered Drugs

Drug Class	Description	Covered with Family Planning Dx	Examples of Drugs in this Class
G8A	Contraceptives, oral	X	Desogen, Zovia
G8B	Contraceptives, implantable	X	Implanon, Nexplanon
G8C	Contraceptives, injectable	X	Depo-Provera, Medroxyprogesterone Injectable
G8F	Contraceptives, transdermal	X	Ortho Evra Patch
G9B	Contraceptives, intravaginal	X	Nuvaring
Q4F	Vaginal antifungals	X	Terconazole, Miconazole, Clotrimazole
Q4W	Vaginal antibiotics	X	Clindamycin Vaginal Cream, Metronidazole Vaginal
Q5R	Topical antiparasitics	X	Permethrin Lotion, Lindane
Q5V	Topical antivirals	X	Acyclovir, Denavir
R1R	Uricosuric agents	X	Probenecid
W1A	Penicillins	X	Ampicillin, Amoxicillin, Amoxicillin CLV
W1B	Cephalosporins	X	Cephalexin
W1C	Tetracyclines	X	Doxycycline, Minocycline, Tetracycline
W1D	Macrolides	X	Erythromycin, Azithromycin
W1F	Aminoglycosides	X	Tobramycin, Gentamicin
W1K	Lincosamides	X	Clindamycin
W1P	Betalactams	X	Azactam
W1Q	Quinolones	X	Ciprofloxacin, Levofloxacin, Ofloxacin
W1Y	Cephalosporins 3rd generation	X	Ceftriaxone, Cefpodoxime
W2A	Absorbable sulfonamides	X	Sulfamethoxazole TMP
W3B	Antifungal agents	X	Fluconazole, Clotrimazole
W4E	Anaerobic antiprotozoal	X	Metronidazole
W4G	2nd gen. Anaerobic antiprotozoal - antibacterial	X	Tindamax
W5A	Antiviral, general	X	Valacyclovir, Acyclovir
W7B	Viral/ tumorigenic vaccines	X	Gardasil, Cervarix
X1B	Diaphragms/ cervical cap	X	Diaphragms/cervical cap
X1C	Intra-uterine devices	X	Mirena, Paragard T
Z2G	Immunomodulators	X	Aldara, Imiquod