



# MONTANA HEALTHCARE PROGRAMS NOTICE

**March 24, 2020**

**Family Planning Clinics, Hospitals, FQHC, RHC, IHS, Mid-Levels, Pharmacy, Physician, and Public Health Clinic Providers**

**Effective March 23, 2020**

**Montana Plan First**

## **Additional Covered Codes, Telemedicine/Telehealth**

The following Procedure and Service Codes are temporarily added to the Plan First covered code list, effective March 20, 2020, in response to the COVID-19 Montana State of Emergency.

These codes will remain on the covered code list for the duration of the state of emergency declared via Executive Order No. 2-2020.

Montana Healthcare Programs has added additional CPT codes to reimburse for medically necessary Telephone Evaluations, COVID-19 Testing, and COVID-19 Pathology for the duration of the state of emergency. Billing must follow CPT guidelines and be within the scope of practice for the enrolled providers license. The available codes are:

- 87635
- 99441
- 99442
- 99443
- 98966
- 98967
- 98968
- Q3014\*
- U0001
- U0002

\*Reimbursement for Q3014 is a set fee and is paid outside of cost to charge ratio, facility specific PPS rates, or the IHS all-inclusive rate as applicable.

An updated version of the Plan First Procedures and Service Code Table is attached to this notice.

## **Contact Information**

[Plan First Program Officer, Linda Skiles-Haddock, email \[lskiles-haddock@mt.gov\]\(mailto:lskiles-haddock@mt.gov\) or telephone \(406\) 444-6868](#)

[For claims questions or additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email \[MTPRHhelpdesk@conduent.com\]\(mailto:MTPRHhelpdesk@conduent.com\).](#)

[Visit the Montana Healthcare Programs Provider Information website at <https://medicaidprovider.mt.gov>.](https://medicaidprovider.mt.gov)

**PLAN FIRST Procedures and Service Codes**  
Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

<b>ICD-10-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always family planning service</b>	<b>May be family planning or family planning related service*</b>
0U2DXHZ	CHANGE CONTRACEPTIVE DEVICE IN UTERUS AND CERVIX, EXT	Y	N/A
0U500ZZ	DESTRUCTION OF RIGHT OVARY, OPEN APPROACH	N/A	Y
0U503ZZ	DESTRUCTION OF RIGHT OVARY, PERCUTANEOUS APPROACH	N/A	Y
0U504ZZ	DESTRUCTION OF RIGHT OVARY, PERCUTANEOUS ENDOS APPROACH	N/A	Y
0U510ZZ	DESTRUCTION OF LEFT OVARY, OPEN APPROACH	N/A	Y
0U513ZZ	DESTRUCTION OF LEFT OVARY, PERCUTANEOUS APPROACH	N/A	Y
0U514ZZ	DESTRUCTION OF LEFT OVARY, PERCUTANEOUS ENDOS APPROACH	N/A	Y
0U520ZZ	DESTRUCTION OF BILATERAL OVARIES, OPEN APPROACH	N/A	Y
0U523ZZ	DESTRUCTION OF BILATERAL OVARIES, PERCUTANEOUS APPROACH	N/A	Y
0U524ZZ	DESTRUCTION OF BILATERAL OVARIES, PERC ENDO APPROACH	N/A	Y
0U550ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH	Y	N/A
0U553ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	Y	N/A
0U554ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH	Y	N/A
0U557ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, VIA OPENING	Y	N/A
0U558ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, ENDO	Y	N/A
0U560ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, OPEN APPROACH	Y	N/A
0U563ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	Y	N/A
0U564ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH	Y	N/A
0U567ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, VIA OPENING	Y	N/A

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
0U568ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, ENDO	Y	N/A
0U570ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	Y	N/A
0U573ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH	Y	N/A
0U574ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH	Y	N/A
0U577ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, VIA OPENING	Y	N/A
0U578ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, ENDO	Y	N/A
0U590ZZ	DESTRUCTION OF UTERUS, OPEN APPROACH	N/A	Y
0U593ZZ	DESTRUCTION OF UTERUS, PERCUTANEOUS APPROACH	N/A	Y
0U594ZZ	DESTRUCTION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0U597ZZ	DESTRUCTION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0U598ZZ	DESTRUCTION OF UTERUS, ENDO	N/A	Y
0U5B0ZZ	DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS APPROACH	N/A	Y
0U5B3ZZ	DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS APPROACH	N/A	Y
0U5B4ZZ	DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS ENDO APPROACH	N/A	Y
0U5B7ZZ	DESTRUCTION OF ENDOMETRIUM, VIA OPENING	N/A	Y
0U5B8ZZ	DESTRUCTION OF ENDOMETRIUM, ENDO	N/A	Y
0UB00ZZ	EXCISION OF RIGHT OVARY, OPEN APPROACH	N/A	Y
0UB03ZZ	EXCISION OF RIGHT OVARY, PERCUTANEOUS APPROACH	N/A	Y
0UB04ZX	EXCISION OF RIGHT OVARY, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB04ZZ	EXCISION OF RIGHT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UB07ZZ	EXCISION OF RIGHT OVARY, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
0UB08ZZ	EXCISION OF RIGHT OVARY, ENDO	N/A	Y
0UB10ZZ	EXCISION OF LEFT OVARY, OPEN APPROACH	N/A	Y
0UB13ZZ	EXCISION OF LEFT OVARY, PERCUTANEOUS APPROACH	N/A	Y
0UB14ZX	EXCISION OF LEFT OVARY, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB14ZZ	EXCISION OF LEFT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UB17ZZ	EXCISION OF LEFT OVARY, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0UB18ZZ	EXCISION OF LEFT OVARY, ENDO	N/A	Y
0UB20ZZ	EXCISION OF BILATERAL OVARIES, OPEN APPROACH	N/A	Y
0UB23ZZ	EXCISION OF BILATERAL OVARIES, PERCUTANEOUS APPROACH	N/A	Y
0UB24ZX	EXCISION OF BILATERAL OVARIES, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB24ZZ	EXCISION OF BILATERAL OVARIES, PERC ENDO APPROACH	N/A	Y
0UB27ZZ	EXCISION OF BILATERAL OVARIES, VIA OPENING	N/A	Y
0UB28ZZ	EXCISION OF BILATERAL OVARIES, ENDO	N/A	Y
0UB50ZX	EXCISION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH, DIAGNOSTIC	N/A	Y
0UB50ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH	N/A	Y
0UB53ZX	EXCISION OF RIGHT FALLOPIAN TUBE, PERC APPROACH, DIAGN	N/A	Y
0UB53ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	N/A	Y
0UB54ZX	EXCISION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB54ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH	N/A	Y
0UB57ZX	EXCISION OF RIGHT FALLOPIAN TUBE, VIA OPENING, DIAGN	N/A	Y
0UB57ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, VIA OPENING	N/A	Y
0UB58ZX	EXCISION OF RIGHT FALLOPIAN TUBE, ENDO, DIAGN	N/A	Y
0UB58ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, ENDO	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
0UB60ZX	EXCISION OF LEFT FALLOPIAN TUBE, OPEN APPROACH, DIAGNOSTIC	N/A	Y
0UB60ZZ	EXCISION OF LEFT FALLOPIAN TUBE, OPEN APPROACH	N/A	Y
0UB63ZX	EXCISION OF LEFT FALLOPIAN TUBE, PERC APPROACH, DIAGN	N/A	Y
0UB63ZZ	EXCISION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	N/A	Y
0UB64ZX	EXCISION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB64ZZ	EXCISION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH	N/A	Y
0UB67ZX	EXCISION OF LEFT FALLOPIAN TUBE, VIA OPENING, DIAGN	N/A	Y
0UB67ZZ	EXCISION OF LEFT FALLOPIAN TUBE, VIA OPENING	N/A	Y
0UB68ZX	EXCISION OF LEFT FALLOPIAN TUBE, ENDO, DIAGN	N/A	Y
0UB68ZZ	EXCISION OF LEFT FALLOPIAN TUBE, ENDO	N/A	Y
0UB70ZX	EXCISION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH, DIAGN	N/A	Y
0UB70ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	N/A	Y
0UB73ZX	EXCISION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH, DIAGN	N/A	Y
0UB73ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS APPROACH	N/A	Y
0UB74ZX	EXCISION OF BI FALLOPIAN TUBE, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB74ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH	N/A	Y
0UB77ZX	EXCISION OF BILATERAL FALLOPIAN TUBES, VIA OPENING, DIAGN	N/A	Y
0UB77ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, VIA OPENING	N/A	Y
0UB78ZX	EXCISION OF BILATERAL FALLOPIAN TUBES, ENDO, DIAGN	N/A	Y
0UB78ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, ENDO	N/A	Y
0UB90ZX	EXCISION OF UTERUS, OPEN APPROACH, DIAGNOSTIC	N/A	Y
0UB90ZZ	EXCISION OF UTERUS, OPEN APPROACH	N/A	Y
0UB93ZX	EXCISION OF UTERUS, PERCUTANEOUS APPROACH, DIAGNOSTIC	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
0UB93ZZ	EXCISION OF UTERUS, PERCUTANEOUS APPROACH	N/A	Y
0UB94ZX	EXCISION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH, DIAGN	N/A	Y
0UB94ZZ	EXCISION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UB97ZX	EXCISION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING, DIAGN	N/A	Y
0UB97ZZ	EXCISION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0UB98ZX	EXCISION OF UTERUS, ENDO, DIAGN	N/A	Y
0UB98ZZ	EXCISION OF UTERUS, ENDO	N/A	Y
0UJ34ZZ	INSPECTION OF OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UL50CZ	OCCLUSION R FALLOPIAN TUBE W EXTRALUM DEV, OPEN	Y	N/A
0UL50DZ	OCCLUSION R FALLOPIAN TUBE W INTRALUM DEV, OPEN	Y	N/A
0UL50ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH	Y	N/A
0UL53CZ	OCCLUSION R FALLOPIAN TUBE W EXTRALUM DEV, PERC	Y	N/A
0UL53DZ	OCCLUSION R FALLOPIAN TUBE W INTRALUM DEV, PERC	Y	N/A
0UL53ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	Y	N/A
0UL54CZ	OCCLUSION R FALLOPIAN TUBE W EXTRALUM DEV, PERC ENDO	Y	N/A
0UL54DZ	OCCLUSION R FALLOPIAN TUBE W INTRALUM DEV, PERC ENDO	Y	N/A
0UL54ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH	Y	N/A
0UL57DZ	OCCLUSION OF R FALLOPIAN TUBE WITH INTRALUM DEV, VIA OPENING	Y	N/A
0UL57ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, VIA OPENING	Y	N/A
0UL58DZ	OCCLUSION OF RIGHT FALLOPIAN TUBE WITH INTRALUM DEV, ENDO	Y	N/A
0UL58ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, ENDO	Y	N/A
0UL60CZ	OCCLUSION L FALLOPIAN TUBE W EXTRALUM DEV, OPEN	Y	N/A
0UL60DZ	OCCLUSION L FALLOPIAN TUBE W INTRALUM DEV, OPEN	Y	N/A

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
0UL60ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, OPEN APPROACH	Y	N/A
0UL63CZ	OCCLUSION L FALLOPIAN TUBE W EXTRALUM DEV, PERC	Y	N/A
0UL63DZ	OCCLUSION L FALLOPIAN TUBE W INTRALUM DEV, PERC	Y	N/A
0UL63ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	Y	N/A
0UL64CZ	OCCLUSION L FALLOPIAN TUBE W EXTRALUM DEV, PERC ENDO	Y	N/A
0UL64DZ	OCCLUSION L FALLOPIAN TUBE W INTRALUM DEV, PERC ENDO	Y	N/A
0UL64ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH	Y	N/A
0UL67DZ	OCCLUSION OF L FALLOPIAN TUBE WITH INTRALUM DEV, VIA OPENING	Y	N/A
0UL67ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, VIA OPENING	Y	N/A
0UL68DZ	OCCLUSION OF LEFT FALLOPIAN TUBE WITH INTRALUM DEV, ENDO	Y	N/A
0UL68ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, ENDO	Y	N/A
0UL70CZ	OCCLUSION BI FALLOPIAN TUBE W EXTRALUM DEV, OPEN	Y	N/A
0UL70DZ	OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, OPEN	Y	N/A
0UL70ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	Y	N/A
0UL73CZ	OCCLUSION BI FALLOPIAN TUBE W EXTRALUM DEV, PERC	Y	N/A
0UL73DZ	OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, PERC	Y	N/A
0UL73ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH	Y	N/A
0UL74CZ	OCCLUSION BI FALLOPIAN TUBE W EXTRALUM DEV, PERC ENDO	Y	N/A
0UL74DZ	OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, PERC ENDO	Y	N/A
0UL74ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH	Y	N/A
0UL77DZ	OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, VIA OPENING	Y	N/A
0UL77ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, VIA OPENING	Y	N/A

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
0UL78DZ	OCCLUSION OF BI FALLOPIAN TUBE WITH INTRALUM DEV, ENDO	Y	N/A
0UL78ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, ENDO	Y	N/A
0UPD0HZ	REMOVAL OF CONTRACEP DEV FROM UTERUS & CERVIX, OPEN APPROACH	Y	N/A
0UPD3HZ	REMOVAL OF CONTRACEP DEV FROM UTERUS & CERVIX, PERC APPROACH	Y	N/A
0UPD4HZ	REMOVE CONTRACEP DEV FROM UTERUS & CERVIX, PERC ENDO	Y	N/A
0UPD7HZ	REMOVAL OF CONTRACEP DEV FROM UTERUS & CERVIX, VIA OPENING	Y	N/A
0UPD8HZ	REMOVAL OF CONTRACEPTIVE DEVICE FROM UTERUS AND CERVIX, ENDO	Y	N/A
0UPDXHZ	REMOVE CONTRACEP DEV FROM UTERUS & CERVIX, EXTERN	Y	N/A
0UT00ZZ	RESECTION OF RIGHT OVARY, OPEN APPROACH	N/A	Y
0UT04ZZ	RESECTION OF RIGHT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UT07ZZ	RESECTION OF RIGHT OVARY, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0UT08ZZ	RESECTION OF RIGHT OVARY, ENDO	N/A	Y
0UT0FZZ	RESECTION OF RIGHT OVARY, VIA OPENING W PERC ENDO	N/A	Y
0UT10ZZ	RESECTION OF LEFT OVARY, OPEN APPROACH	N/A	Y
0UT14ZZ	RESECTION OF LEFT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UT17ZZ	RESECTION OF LEFT OVARY, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0UT18ZZ	RESECTION OF LEFT OVARY, ENDO	N/A	Y
0UT1FZZ	RESECTION OF LEFT OVARY, VIA OPENING W PERC ENDO	N/A	Y
0UT20ZZ	RESECTION OF BILATERAL OVARIES, OPEN APPROACH	N/A	Y
0UT24ZZ	RESECTION OF BILATERAL OVARIES, PERC ENDO APPROACH	N/A	Y
0UT27ZZ	RESECTION OF BILATERAL OVARIES, VIA OPENING	N/A	Y
0UT28ZZ	RESECTION OF BILATERAL OVARIES, ENDO	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**



## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
0UT2FZZ	RESECTION OF BILATERAL OVARIES, VIA OPENING W PERC ENDO	N/A	Y
0UT70ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	N/A	Y
0UT74ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH	N/A	Y
0UT77ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, VIA OPENING	N/A	Y
0UT78ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, ENDO	N/A	Y
0UT7FZZ	RESECTION OF BI FALLOPIAN TUBE, VIA OPENING W PERC ENDO	N/A	Y
0UT90ZZ	RESECTION OF UTERUS, OPEN APPROACH	N/A	Y
0UT94ZZ	RESECTION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UT97ZZ	RESECTION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0UT98ZZ	RESECTION OF UTERUS, ENDO	N/A	Y
0UT9FZZ	RESECTION OF UTERUS, VIA OPENING W PERC ENDO	N/A	Y
00840	ANESTHESIA FOR LOWER ABDOMINAL PROCEDURE	N/A	Y
00851	ANESTHESIA FOR TUBAL LIGATION/TRANSACTION	Y	N/A
00940	ANESTHESIA VAGINAL PROCEDURES	N/A	Y
10060	INCISION AND DRAINAGE OF ABSCESS; SIMPLE OR SINGLE	N/A	Y
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	N/A	Y
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCISED DIAMETER 0.5 CM OR LESS	N/A	Y
11421	EXCISION, EXCISED DIAMETER 0.6 TO 1.0 CM	N/A	Y
11976	REMOVABLE, IMPLANTABLE CONTRACEPTIVE CAPSULES	Y	N/A
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	N/A	Y
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	N/A	Y
11983	REMOVAL, WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
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	N/A	Y
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	N/A	Y
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	N/A	Y
46900	DESTRUCTION OF LESION(S), ANUS, SIMPLE; CHEMICAL	N/A	Y
46910	DESTRUCTION OF LESION(S), ANUS, ELECTRODESICCATION	N/A	Y
46916	DESTRUCTION OF LESION(S), ANUS, CRYOSURGERY	N/A	Y
46922	DESTRUCTION OF LESION(S), ANUS, SURGICAL EXCISION	N/A	Y
46924	DESTRUCTION OF LESION(S), ANUS, EXTENSIVE	N/A	Y
49320	LAPAROSCOPIC, ABDOMEN, PERITONEUM & OMENTUM, DIAGNOSTIC; W/ OR W/OUT COLLECTION OF SPECIMENS	N/A	Y
49321	LAPAROSCOPIC, SURGICAL; W/ BIOPSY (SINGLE OR MULTI)	N/A	Y
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	N/A	Y
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	N/A	Y
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE	N/A	Y
56605	BIOPSY OF VULVA OR PERINEUM, 1 LESION	N/A	Y
56606	BIOPSY OF VULVA OR PERINEUM, EACH ADDITIONAL LESION	N/A	Y
56820	COLPOSCOPY OF THE VULVA	N/A	Y
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	N/A	Y
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE	N/A	Y
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL, PARASITIC, OR FUNGOID DISEASE	N/A	Y
57170	FITTING OF DIAPHRAGM OR CERVICAL CAP	Y	N/A

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT	N/A	Y
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT, WITH BIOPSY OF VAGINA/CERVIX	N/A	Y
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA COLPOSCOPY OF THE CERVIX INCLUDING THE UPPER VAGINA; WITH BIOPSY(S) OF THE CERVIX AND ENDOCERVICAL CURETTAGE	N/A	Y
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER /ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX	N/A	Y
57455	COLPOSCOPY OF THE CERVIX INCLUDING THE UPPER / ADJACENT VAGINA; WITH ENDOCERVICAL CURETTAGE	N/A	Y
57456	COLPOSCOPY OF THE CERVIX INCLUDING THE UPPER / ADJACENT VAGINA; WITH LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	N/A	Y
57460	COLPOSCOPY OF THE CERVIX INCLUDING THE UPPER / ADJACENT VAGINA; WITH LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	N/A	Y
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER / ADJACENT VAGINA; WITH LOOP ELECTRODE COLONIZATION OF THE CERVIX	N/A	Y
57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURATION (SEPARATE PROCEDURE)	N/A	Y
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	N/A	Y
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	N/A	Y
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	N/A	Y
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT D&C, WITH OR WITHOUT REPAIR, COLD KNIFE OR LASER	N/A	Y
57522	CONIZATION OF CERVIX: LEEP	N/A	Y
57800	DILATION OF CERVICAL CANAL; INSTRUMENTAL (SEPARATE PROCEDURE)	N/A	Y
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION, ANY METHOD (SEPARATE PROCEDURE)	N/A	Y
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY	N/A	Y
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	Y	N/A
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	Y	N/A

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
58340	CATHERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE INFUSION SONOHYSTEROGRAPHY OR HYSTEROSALPINGOGRAPHY (IMPLANT POST-PROCEDURE CONFIRMATORY TEST)	N/A	Y
58565	HYSTEROSCOPY, WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERMANENT IMPLANTS	Y	N/A
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBES, ABDOMINAL OR VAGINAL APPROACH, UNILATERAL OR BILATERAL	Y	N/A
58615	OCCLUSION OF FALLOPIAN TUBES BY DEVICE VAGINAL OR SUPRAPUBIC APPROACH	Y	N/A
58661	LAPROSCOPIC, SURGICAL; W/REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHERECTOMY AND/OR SALPINGECTOMY)	N/A	Y
58670	LAPAROSCOPY, SURGICAL; W/ FULGURATION OF OVIDUCTS BY DEVICE (WITH OR WITHOUT TRANSECTION)	Y	N/A
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (E.G., BAND, CLIP, ETC.)	Y	N/A
58700	SALPINGECTOMY, UNILATERAL OR BILATERAL	N/A	Y
58720	SALPINGO-OOPHORECTOMY, UNILATERAL OR BILATERAL	N/A	Y
58920	WEDGE RESECTION OR BISECTION OF OVARY; UNILATERAL OR BILATERAL	N/A	Y
58940	OOPHORECTOMY, UNILATERAL OR BILATERAL	N/A	Y
62311	INJECTION, SINGLE, NOT INCLUDING NEUROLYTIC SUBSTANCES, . . . LUMBAR, SACRAL (CAUDAL)	N/A	Y
62319	INJECTION, INCLUDING CATHETER PLACEMENT, . . . LUMBAR, SACRAL (CAUDAL)	N/A	Y
64435	INJECTION, ANESTHETIC AGENT PARACERVICAL (UTERINE) NERVE	N/A	Y
72190	RADIOLOGIC EXAMINATION, PELVIS, COMPLETE, MINIMUM 3 VIEWS	N/A	Y
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	N/A	Y
74010	RADIOLOGIC EXAMINATION, ABDOMEN, ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS	N/A	Y
74740	HYSTEROSALPINGOGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION	N/A	Y
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE RADIOLOGICAL SUPERVISION AND INTERPRETATION	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
76830	ULTRASOUND TRANSVAGINAL	N/A	Y
76831	ECHO EXAM UTERUS	N/A	Y
76856	ULTRASOUND, PELVIC (NONOBSTRETIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	N/A	Y
76857	ULTRASOUND PELVIC (NONOBSTRETIC), REAL TIME WITH IMAGE DOCUMENTATION, LIMITED OR FOLLOW-UP (EG, FOR FOLLICLES)	N/A	Y
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	N/A	Y
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY METHOD	N/A	Y
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	N/A	Y
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	N/A	Y
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON	N/A	Y
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZE)	N/A	Y
80048	BASIC METABOLIC PANEL (CLIA PANEL PROC)	N/A	Y
80050	GENERAL HEALTH PANEL	N/A	Y
80051	ELECTROLYTE PANEL (CLIA PANEL PROC)	N/A	Y
80053	COMPREHENSIVE METABOLIC PANEL	N/A	Y
80055	OBSTETRIC PANEL	N/A	Y
80061	LIPID PANEL (REFER TO CPT FOR COMPLETE DESCRIPTION) (CLIA WAIVER LIST AND PANEL PROCEDURE)	N/A	Y
80074	ACUTE HEPATITIS PANEL	N/A	Y
80076	HEPATIC FUNCTION PANEL	N/A	Y
81000	URINALYSIS BY DIPSTICK/ TABLET REAGENT; NON- AUTOMATED WITH MICROSCOPY	N/A	Y
81001	URINALYSIS ETC. AUTOMATED WITH MICROSCOPY	N/A	Y
81002	URINALYSIS BY DIP STICK/TABLET REAGENT; NON- AUTOMATED WITHOUT MICROSCOPY (CLIA WAIVER LIST)	N/A	Y
81003	URINALYSIS BY DIP/TABLET; AUTOMATED WITHOUT MICROSCOPY	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE EXCEPT IMMUNOASSAYS	N/A	Y
81015	URINALYSIS MICROSCOPIC ONLY (PPMP CLIA LIST)	N/A	Y
81020	URINALYSIS; 2 OR 3 GLASS TEST (PPMP CLIA LIST)	N/A	Y
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS (CLIA WAIVER LIST)	N/A	Y
82040	ALBUMIN SERUM	N/A	Y
82042	ALBUMIN; URINE QUANTITATIVE	N/A	Y
82043	ALBUMIN; URINE MICROALBUMIN QUANTITATIVE	N/A	Y
82105	ALPHA-FETOPROTEIN; SERUM	N/A	Y
82120	AMINES VAGINAL FLUID QUALITATIVE	N/A	Y
82150	AMYLASE	N/A	Y
82247	BILIRUBIN TOTAL	N/A	Y
82310	CALCIUM; TOTAL	N/A	Y
82330	CALCIUM; IONIZED	N/A	Y
82435	CHLORIDE; BLOOD	N/A	Y
82465	CHOLESTEROL SERUM TOTAL (CLIA WAIVER LIST)	N/A	Y
82550	CREATIVE KINKASE (CK) (CPK); TOTAL	N/A	Y
82553	CREATIVE KINASE (CK) (CPK); MB FRACTION ONLY	N/A	Y
82565	CREATININE; BLOOD	N/A	Y
82570	CREATININE; OTHER SOURCE	N/A	Y
82575	CREATININE CLEARANCE	N/A	Y
82607	CYANOCOBALAMIN (VITAMIN B-12)	N/A	Y
82670	ESTRADIOL	N/A	Y
82671	ESTROGENS FRACTIONATED	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
82672	ESTROGENS TOTAL	N/A	Y
82677	ESTRIOL	N/A	Y
82679	ESTRONE	N/A	Y
82728	FERRITIN	N/A	Y
82746	FOLIC ACID; SERUM	N/A	Y
82947	GLUCOSE; QUANTITATIVE (CLIA WAIVER LIST)	N/A	Y
82948	GLUCOSE; BLOOD REAGENT STRIP	N/A	Y
82950	GLUCOSE POST GLUCOSE DOSE (INCLUDES GLUCOSE)	N/A	Y
82962	GLUCOSE BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED/ FDA SPECIFICALLY/ HOME USE	N/A	Y
83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE (FSH)	N/A	Y
83002	GONADOTROPIN LUTEINIZING HORMONE (LH)	N/A	Y
83020	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS	N/A	Y
83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAPHY	N/A	Y
83026	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED	N/A	Y
83036	GLYCOSYLATED HEMOGLOBIN TEST (A1C)	N/A	Y
83518	IMMUNOASSAY FOR ANALYTE, QAULI/SEMIQUANTITATIVE SINGLE STEP METHOD	N/A	Y
83520	IMMUNOASSAY ANALYTE; QUANTITATIVE NOT OTHERWISE SPECIFIED	N/A	Y
83690	LIPASE	N/A	Y
84075	PHOSPHATASE ALKALINE	N/A	Y
84144	PROGESTERONE	N/A	Y
84146	PROLACTIN	N/A	Y
84425	THIAMINE (VITAMIN B-1)	N/A	Y
84443	THYROID STIMULATING HORMONE	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
84520	UREA NITROGEN; QUANTITATIVE	N/A	Y
84550	URIC ACID; BLOOD	N/A	Y
84702	GONADOTROPIN CHORIONIC (HCG); QUANTITATIVE	N/A	Y
84703	GONADOTROPIN CHORIONIC QUALITATIVE (CLIA WAIVER LIST)	N/A	Y
85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	N/A	Y
85007	BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT	N/A	Y
85008	BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT MANUAL DIFFERENTIAL WBC COUNT	N/A	Y
85009	MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT	N/A	Y
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT (CLIA WAIVER LIST)	N/A	Y
85014	HEMATOCRIT	N/A	Y
85018	HEMOGLOBIN	N/A	Y
85025	COMPLETE CBC WITH AUTO DIFF WBC	N/A	Y
85027	COMPLETE CBC AUTOMATED	N/A	Y
85032	MANUAL CELL COUNT EACH	N/A	Y
85045	AUTOMATED RETICULOCYTE COUNT	N/A	Y
85300	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III ACTIVITY	N/A	Y
85378	FIBRIN DEGRADE PRODUCTS, D-DIMER QUALITATIVE OR SEMIQUANTITATIVE	N/A	Y
85576	PLATELET; AGGREGATION (IN VITRO) EACH AGENT	N/A	Y
85597	PHOSPHOLIPID NEUTRALIZATION; PLATELET	N/A	Y
85598	HEXAGONAL PHOSPHOLIPID	N/A	Y
85610	PROTHROMBIN TIME (CLIA WAIVER LIST)	N/A	Y
85652	SEDIMENTATION RATE ERYTHROCYTE; AUTOMATED	N/A	Y
85660	SICKLING OF RBC REDUCTION SLIDE METHOD	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**



## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
85730	THROMBOPLASTIN TIME PARTIAL (PTT) PLASMA OR WHOLE BLOOD	N/A	Y
86255	FLUORESCENT NON-INFECTIONS AGENT ANTIBODY; SCREEN EACH ANTIBODY	N/A	Y
86318	IMMUNOASSAY/INFECTI AGENT ANTIBODY QUALI/ SEMIQUANT SINGLE STEP METHOD	N/A	Y
86382	NEUTRALIZATION TEST VIRAL	N/A	Y
86403	PARTICLE AGGLUTINATION; SCREEN EACH ANTIBODY	N/A	Y
86580	SKIN TEST TUBERCULOSIS INTRADERMAL (EXEMPT FROM CLIA EDITING)	N/A	Y
86592	SYPHILIS TEST, NON TREPONEMAL ANTIBODY; QUALITATIVE	N/A	Y
86593	SYPHILIS TEST NON TREPONEMAL ANTIBODY; QUANTITATIVE	N/A	Y
86628	ANTIBODY; CANDIDA	N/A	Y
86631	ANTIBODY; CHLAMYDIA	N/A	Y
86632	ANTIBODY; CHLAMYDIA IGM	N/A	Y
86687	ANTIBODY; HTLV I	N/A	Y
86688	ANTIBODY; HTLV-II	N/A	Y
86689	ANTIBODY; HTLV OR HIV ANTIBODY CONFIRMATORY TEST (EG WESTERN BLOT)	N/A	Y
86694	ANTIBODY; HERPES SIMPLEX NON-SPECIFIC TYPE TEST	N/A	Y
86695	ANTIBODY; HERPES SIMPLEX TYPE 1	N/A	Y
86696	HERPES SIMPLEX TYPE 2	N/A	Y
86698	ANTIBODY HISTOPLASMA	N/A	Y
86701	ANTIBODY HIV 1	N/A	Y
86702	ANTIBODY; HIV 2	N/A	Y
86703	ANTIBODY; HIV-1 AND HIV-2 SINGLE ASSAY	N/A	Y
86704	HEPATITIS B TOTAL CORE ANTIBODY	N/A	Y
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
86707	HEPATITIS BE ANTIBODY (HBEAB)	N/A	Y
86762	ANTIBODY; RUBELLA	N/A	Y
86787	ANTIBODY; VARICELLA-ZOSTER	N/A	Y
86803	HEPATITIS C ANTIBODY	N/A	Y
86804	HEPATITIS C ANTIBODY TEST CONFIRM	N/A	Y
86900	BLOOD TYPING; ABO	N/A	Y
86901	BLOOD TYPING; RH(D)	N/A	Y
87015	CONCENTRATION (ANY TYPE) FOR PARASITES OVA OR TUBERCLE BACILLUS (TB AFB)	N/A	Y
87040	BLOOD CULTURE FOR BACTERIA CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES	N/A	Y
87070	CULTURE BACTERIA OTHER CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES	N/A	Y
87071	CULTURE BACTERIA; QUANTITATIVE AEROBIC WITH ISOLATION & PRESUMPTIVE IDENTIFICATION OF ISOLATES, ANY SOURCE EXCEPT URINE, BLOOD OR STOOL	N/A	Y
87073	CULTURE BACTERIAL; QUANTITATIVE ANEROBIC WITH ISOLATION & PRESUMPTIVE IDENTIFICATION OF ISOLATES, ANY SOURCE EXCEPT URINE, BLOOD OR STOOL	N/A	Y
87075	CULTURE BACTERIA ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES	N/A	Y
87076	CULTURE BACTERIAL ANAEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION, EACH ISOLATE	N/A	Y
87077	CULTURE BACTERIAL; AEROBIC ISOLATE ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION EACH ISOLATE	N/A	Y
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY	N/A	Y
87086	CULTURE BACTERIAL URINE QUANTITATIVE COLONY COUNT	N/A	Y
87088	URINE BACTERIA; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLATE, URINE	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
87102	CULTURE FUNGI ISOLATION OTHER SOURCE (EXCEPT BLOOD)	N/A	Y
87110	CULTURE CHLAMYDIA	N/A	Y
87147	CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IMMUNOFLUORESCENCE (EG, AGGLUTINATION GROUPING), PER ANTISERUM	N/A	Y
87164	DARK FIELD EXAMINATION ANY SOURCE (E.G. PENILE, VAGINAL, ORAL, SKIN)	N/A	Y
87184	SENSITIVITY STUDIES ANTIBIOTIC DISK METHOD PER PLATE (12 OR LESS DISKS)	N/A	Y
87186	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION (MINIMUM INHIBITORY CONCENTRATION [MIC] OR BREAKPOINT), EACH MULTI-ANTIMICROBIAL, PER PLATE	N/A	Y
87205	SMEAR PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STAIN FOR BACTERIA, FUNGI, OR CELL TYPES	N/A	Y
87206	SMEAR PRIMARY SOURCE WITH INTERPRETATION FLUORESCENT AND/OR ACID FAST STAIN FOR BACTERIA FUNGI, PARASITES, VIRUSES OR CELL TYPES	N/A	Y
87207	SMEAR SPECIAL STAIN SMEAR, PRIMARY SOURCE WITH INTERPRETATION; SPECIAL STAIN FOR INCLUSION BODIES OR PARASITES (EG, MALARIA, COCCIDIA, MICROSPORIDIA, TRYPANOSOMES, HERPES VIRUSES)	N/A	Y
87210	SMEAR PRIMARY SOURCE WITH INTERPRETATION WET MOUNT FOR INFECTIOUS AGENTS	N/A	Y
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FUNGI OR ECTOPARASITE OVA OR MITES	N/A	Y
87252	VIRUS ISOLATION; TISSUE CULTURE INOCULATION, OBSERVATION, AND PRESUMPTIVE IDENTIFICATION BY CYTOPATHIC EFFECT	N/A	Y
87270	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT IMMUNOFLUORESCENT ANTIBODY TECH; CHLAMYDIA TRACHOMATIS	N/A	Y
87273	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT ANTIBODY; HERPES SIMPLEX VIRUS TYPE 2	N/A	Y
87274	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH; HERPES SIMPLEX VIRUS	N/A	Y
87320	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOSSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, CHLAMYDIA TRACHOMATIS	N/A	Y
87340	HEPATITIS B SURFACE ANTIGEN IA	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
87341	HEPATITIS B SURFACE ANTIGEN IA	N/A	Y
87350	HERPES SIMPLEX TYPE 2	N/A	Y
87390	HIV-1	N/A	Y
87391	HIV-2	N/A	Y
87470	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA QUINTANA, DIRECT PROBE TECHNIQUE	N/A	Y
87480	CANDIDA SPECIES DIRECT PROBE TECHNIQUE	N/A	Y
87481	CANDIDA SPECIES AMPLIFIED PROBE TECHNIQUE	N/A	Y
87482	CANDIDA SPECIES QUANTIFICATION	N/A	Y
87485	CHLAMYDIA PNEUMONIAE DIRECT PROBE TECHNIQUE	N/A	Y
87486	CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TECHNIQUE	N/A	Y
87487	CHLAMYDIA PNEUMONIAE QUANTIFICATION	N/A	Y
87490	CHLAMYDIA TRACHOMATIS DIRECT PROBE TECHNIQUE	N/A	Y
87491	CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TECHNIQUE	N/A	Y
87492	CHLAMYDIA TRACHOMATIS QUANTIFICATION	N/A	Y
87495	CYTOMEGALOVIRUS DIRECT PROBE TECHNIQUE	N/A	Y
87496	CYTOMEGALOVIRUS AMPLIFIED PROBE TECHNIQUE	N/A	Y
87497	CYTOMEGALOVIRUS QUANTIFICATION	N/A	Y
87510	GARDNERELLA VAGINALIS DIRECT PROBE TECHNIQUE	N/A	Y
87511	GARDNERELLA VAGINALIS AMPLIFIED PROBE TECHNIQUE	N/A	Y
87512	GARDNERELLA VAGINALIS QUANTIFICATION	N/A	Y
87528	HERPES SIMPLEX VIRUS DIRECT PROBE TECHNIQUE	N/A	Y
87529	HERPES SIMPLEX VIRUS AMPLIFIED PROBE TECHNIQUE	N/A	Y
87530	HERPES SIMPLEX VIRUS QUANTIFICATION	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
87531	HERPES VIRUS-6 DIRECT PROBE TECHNIQUE	N/A	Y
87532	HERPES VIRUS-6 AMPLIFIED PROBE TECHNIQUE	N/A	Y
87533	HERPES VIRUS-6 QUANTIFICATION	N/A	Y
87534	HIV-1 DIRECT PROBE TECHNIQUE	N/A	Y
87535	HIV-1 AMPLIFIED PROBE TECHNIQUE	N/A	Y
87536	HIV-1 QUANTIFICATION	N/A	Y
87537	HIV-2 DIRECT PROBE TECHNIQUE	N/A	Y
87538	HIV-2 AMPLIFIED PROBE TECHNIQUE	N/A	Y
87539	HIV-2 QUANTIFICATION	N/A	Y
87590	NEISSERIA GONORRHOEAE DIRECT PROBE TECHNIQUE	N/A	Y
87591	NEISSERIA GONORRHOEAE AMPLIFIED PROBE TECHNIQUE	N/A	Y
87592	NEISSERIA GONORRHOEAE QUANTIFICATION	N/A	Y
87623	HPV LOW RISK TYPES	N/A	Y
87624	HPV HIGH RISK TYPES	N/A	Y
87625	HPV TYPES 16 & 18 ONLY	N/A	Y
87635	SARS-COV-2 COVID-19 AMP PRB (temporarily allowed for Montana State of Emergency)	Y	N/A
87660	TRICHOMONAS VAGIN DIR PROBE	N/A	Y
87797	NOT OTHERWISE SPECIFIED DIRECT PROBE TECHNIQUE	N/A	Y
87800	INFECT AGT DETECTION BY NUCLEIC ACID MULTIPLE ORGANISMS; DIRECT PROBE TECHNIQUE	N/A	Y
87801	INFECT AGT DETECTION BY NUCLEIC ACID AND MULTIPLE ORGANISMS; AMPLIFIED PROBE TECHNIQUE	N/A	Y
87810	INFECTIOUS AGT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL OBSERVATION; CHLAMYDIA TRACHOMATIS	N/A	Y
87850	INFECTIOUS AGT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL OBSERVATION; NEISSERIA GONORRHOEAE	N/A	Y
88108	CYTOPATHOLOGY CONCENTRATION TECHNIQUE SMEARS AND INTERPRETATION (EG SACCOMANNO TECHNIQUE)	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
88141	CYTOPATHOLOGY CERVICAL OR VAGINAL REQUIRING INTERPRETATION BY PHYSICIAN	N/A	Y
88142	CYTOPATHOLOGY CERVICAL OR VAGINAL, THIN LAYER PREPARATION; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y
88143	CYTOPATHOLOGY CERVICAL OR VAGINAL, WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y
88147	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION	N/A	Y
88148	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM WITH MANUAL RESCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y
88150	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y
88152	CYTOPATHOLOGY SLIDE CERVICAL OR VAGINAL; WITH MANUAL & COMPUTER-ASSISTED RESCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y
88153	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL, WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y
88154	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; WITH MANUAL SCREENINGS AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION AND REVIEW UNDER PHYSICIAN SUPERVISION	N/A	Y
88155	CYTOPATHOLOGY SLIDE CERVICAL OR VAGINAL DEFINITIVE HORMONAL EVALUATION	N/A	Y
88160	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; SCREENING AND INTERPRETATION	N/A	Y
88161	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; PREPARATION SCREENING AND INTERPRETATION	N/A	Y
88162	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS	N/A	Y
88164	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y
88165	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN'S SUPERVISION	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
88166	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENINGS AND COMPUTER-ASSISTED RESCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y
88167	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION UNDER PHYSICIAN SUPERVISION	N/A	Y
88172	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY FOR DIAGNOSIS, FIRST EVALUATION EPISODE, EACH SITE	N/A	Y
88173	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND REPORT	N/A	Y
88174	SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION; SCREENING BY AUTOMATED SYSTEM, UNDER PHYSICIAN SUPERVISION	N/A	Y
88175	CYTOPATH C/V AUTOMATED THIN LAYER PREPARATION, WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING OR REVIEW, UNDER PHYSICIAN SUPERVISION	N/A	Y
88177	IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY FOR DIAGNOSIS, EACH SEPARATE ADDITIONAL EVALUATION EPISODE, SAME SITE	N/A	Y
88300	LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	N/A	Y
88302	LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	N/A	Y
88304	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	N/A	Y
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	N/A	Y
88307	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	N/A	Y
90471	IMMUNIZATION ADMINISTRATION	N/A	Y
90472	SUBSEQUENT IMMUNIZATION ADMINISTRATION	N/A	Y
90650	CERVARIX (HPV)	N/A	Y
90651	GARDASIL 9- HPV 9-VALENT	N/A	Y
90739	HEP B 2-DOSE SERIES	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
90746	VACCINE PREVENTABLE HEPATITIS	N/A	Y
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION; SUBCUTANEOUS OR INTRAMUSCULAR	N/A	Y
98966	TELEPHONE ONLY, NON-FACE-TO-FACE, TELEMEDICINE AND TELEHEALTH SERVICES (temporarily allowed for Montana State of Emergency)	Y	N/A
98967	TELEPHONE ONLY, NON-FACE-TO-FACE, TELEMEDICINE AND TELEHEALTH SERVICES (temporarily allowed for Montana State of Emergency)	Y	N/A
98968	TELEPHONE ONLY, NON-FACE-TO-FACE, TELEMEDICINE AND TELEHEALTH SERVICES (temporarily allowed for Montana State of Emergency)	Y	N/A
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 OT THE ORIGINAL PROCEDURE	N/A	Y
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	N/A	Y
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	N/A	Y
99201-99205	NEW PATIENT OR ESTABLISHED PATIENT - OFFICE OR OTHER OUTPATIENT VISIT	N/A	Y
99211-99215	NEW PATIENT OR ESTABLISHED PATIENT - OFFICE OR OTHER OUTPATIENT VISIT	N/A	Y
99221-99223	INITIAL HOSPITAL CARE	N/A	Y
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	N/A	Y
99239	HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES	N/A	Y
99385-99386	PREVENTATIVE MEDICINE SERVICES/ NEW PATIENT	N/A	Y
99395-99396	PREVENTATIVE MEDICINE SERVICES/ ESTABLISHED PATIENT	N/A	Y
99401-99404	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**



## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
99411	PREVENTATIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO INDIVIDUALS IN A GROUP SETTING, APPROXIMATELY 30 MINUTES	N/A	Y
99412	PREVENTATIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO INDIVIDUALS IN A GROUP SETTING, APPROXIMATELY 60 MINUTES	N/A	Y
99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT	N/A	Y
99441	TELEPHONE ONLY EVALS, TELEMEDICINE AND TELEHEALTH SERVICES (temporarily allowed for Montana State of Emergency)	Y	N/A
99442	TELEPHONE ONLY EVALS, TELEMEDICINE AND TELEHEALTH SERVICES (temporarily allowed for Montana State of Emergency)	Y	N/A
99443	TELEPHONE ONLY EVALS, TELEMEDICINE AND TELEHEALTH SERVICES (temporarily allowed for Montana State of Emergency)	Y	N/A
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	Y	N/A
A4266	DIAPHRAGM	Y	N/A
A4267	CONTRACEPTIVE SUPPLY CONDOM MALE	Y	N/A
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE	Y	N/A
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL)	Y	N/A
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	N/A	Y
G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, SCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION	N/A	Y
G0124	SCREEN C/V THIN LAYER BY MD	N/A	Y
G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM, WITH MANUAL RESCREENING REQUIRING INTERPRETATION BY PHYSICIAN	N/A	Y
G0143	SCREEN C/V CYTO, THIN LAYER RESCR	N/A	Y
G0144	SCREEN C/V CYTO, THIN LAYER RESCR	N/A	Y
G0145	SCREEN C/V CYTO, THIN LAYER RESCR	N/A	Y
G0147	SCREEN C/V CYTO AUTOMATED SYS	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
G0148	SCREEN C/V CYTO AUTOSYS RESCR	N/A	Y
G0432	EIA HIV-1/HIV-1 SCREEN	N/A	Y
G0433	ELISA HIV-1/HIV-2 SCREEN	N/A	Y
G0435	ORAL HIV-1/HIV-2 SCREEN	N/A	Y
G0445	HIGH INTENSIVE BEHAVIORAL COUNSELING STD 30 MINUTES	N/A	Y
G0463	HOSPITAL OUTPATIENT CLINIC VISIT	N/A	Y
G0472	HEP C SCREEN HIGH RISK/OTHER	N/A	Y
J0456	INJECTION, AZITHROMYCIN, 500 MG	N/A	Y
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	N/A	Y
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	N/A	Y
J0694	INJECTION, CEFOXITIN SODIUM, 1 G	N/A	Y
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 G	N/A	Y
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	N/A	Y
J0698	CEFOTAXIME SODIUM, PER G	N/A	Y
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 G	N/A	Y
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	Y	N/A
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	N/A	Y
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 G	N/A	Y
J2460	INJECTION, OXYTETRACYCLINE HCl, UP TO 50 MG	N/A	Y
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	N/A	Y
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	N/A	Y
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 G	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
J7296	LEVONORGESTREL RELEASING IUD 19.5 MG	Y	N/A
J7297	LEVONORGESTREL IUD 52MG 3 YR	Y	N/A
J7298	LEVONORGESTREL IUD 52MG 5 YR	Y	N/A
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	Y	N/A
J7301	LEVONORGESTREL IUD 13.5 MG (SKYLA)	Y	N/A
J7303	CONTRACEPTIVE VAGINAL RING	Y	N/A
J7304	CONTRACEPTIVE HORMONE PATCH	Y	N/A
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	Y	N/A
P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO 3 SMEARS, BY TECHNICIAN UNDER PHYSICIAN SUPERVISION	N/A	Y
P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO 3 SMEARS, REQUIRING INTERPRETATION BY PHYSICIAN	N/A	Y
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY	N/A	Y
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL, OR SKIN SPECIMENS	N/A	Y
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	N/A	Y
Q0144	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/ POWDER, 1 GM	N/A	Y
Q3014	REIMBURSEMENT FOR ORIGINATING SITE PROVIDERS; TELEMEDICINE/TELEHEALTH (temporarily allowed for Montana State of Emergency)	Y	N/A
S0610	ANNUAL GYNECOLOGICAL EXAM- NEW PATIENT	Y	N/A
S0612	ANNUAL GYNECOLOGICAL EXAM- ESTABLISHED PATIENT	Y	N/A
S0191	MISOPROSTOL, ORAL, 200 MCG	N/A	Y
S4989	CONTRACEPTIVE IUD	Y	N/A
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	Y	N/A

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
U0001	PATHOLOGY AND LABORATORY CODE FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-CoV-2) (CORONAVIRUS DISEASE [COVID-19] (temporarily allowed for Montana State of Emergency)	Y	N/A
U0002	PATHOLOGY AND LABORATORY CODE FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (sars-cOV-2) (CORONAVIRUS DISEASE [COVID-19]) (temporarily allowed for Montana State of Emergency)	Y	N/A
G2A	PROGESTATIONAL AGENTS	N/A	Y
G8A	CONTRACEPTIVES, ORAL	Y	N/A
G8B	CONTRACEPTIVES, IMPLANTABLE	Y	N/A
G8C	CONTRACEPTIVES, INJECTABLE	Y	N/A
G8F	CONTRACEPTIVES, TRANSDERMAL	Y	N/A
G9B	CONTRACEPTIVES, INTRAVAGINAL	Y	N/A
L5A	KERATOLYTICS	N/A	Y
Q4F	VAGINAL ANTIFUNGALS	N/A	Y
Q4W	VAGINAL ANTIBIOTICS	N/A	Y
Q5R	TOPICAL ANTIPARASITICS	N/A	Y
Q5V	TOPICAL ANTIVIRALS	N/A	Y
Q6V	EYE ANTIVIRALS	N/A	Y
R1R	URICOSURIC AGENTS	N/A	Y
W1A	PENICILLINS	N/A	Y
W1B	CEPHALOSPORINS	N/A	Y
W1C	TETRACYCLINES	N/A	Y
W1D	MACROLIDES	N/A	Y
W1F	AMINOGLYCOSIDES	N/A	Y
W1K	LINCOSAMIDES	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

## PLAN FIRST Procedures and Service Codes

Effective March 23, 2020

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
W1P	BETA-LACTAMS	N/A	Y
W1Q	QUINOLONES	N/A	Y
W1X	CEPHALOSPORINS 2ND GENERATIONS	N/A	Y
W1Y	CEPHALOSPORINS 3RD GENERATIONS	N/A	Y
W2A	ABSORBABLE SULFONAMIDES	N/A	Y
W3B	ANTIFUNGAL AGENTS	N/A	Y
W3C	ANTIFUNGAL AGENTS (CONTINUED)	N/A	Y
W4E	ANAEROBIC ANTIPROTOZOAL - ANTIBACTERIAL AGENTS	N/A	Y
W4G	2ND GEN. ANAEROBIC ANTIPROTOZOAL - ANTIBACTERIAL	N/A	Y
W5A	ANTIVIRAL, GENERAL	N/A	Y
W7B	VIRAL/ TUMORIGENIC VACCINES	N/A	Y
X1B	DIAPHRAGMS/ CERVICAL CAP	N/A	Y
X1C	INTRA-UTERINE DEVICES	N/A	Y
Z2G	IMMUNOMODULATORS	N/A	Y
N/A	MISOPROSTOL TABLETS	N/A	Y

**\*Codes in the "May be family planning or family planning related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**