



Montana Healthcare Programs Provider Notice

October 11, 2024

Effective October 1, 2024

Montana Plan First

ASC, CAH, Family Planning Clinic, FQHC, Hospital Inpatient, Hospital Outpatient, IHS, Mid-Level, Pharmacy, Physician, Public Health Clinic, and RHC Providers

COVID-19 Vaccine Codes Removed from Plan First Covered Codes List

The following COVID-19 related codes are no longer active billing codes and are no longer part of the Plan First Covered Code List, effective October 1, 2024. An updated version of the Plan First Procedures and Service Codes table is attached to this notice.

- Code 0001A - ADM SARSCOV2 30MCG/0.3ML 1ST
- Code 0002A - ADM SARSCOV2 30MCG/0.3ML 2ND
- Code 0003A - ADM SARSCOV2 30MCG/0.3ML 3RD
- Code 0004A - ADM SARSCOV2 30MCG/0.3ML BST
- Code 0011A - ADM SARSCOV2 100MCG/0.5ML 1ST
- Code 0012A - ADM SARSCOV2 100MCG/0.5ML 2ND
- Code 0013A - ADM SARSCOV2 100MCG/0.5ML 3RD
- Code 0021A - ADM SARSCOV2 5X10~10VP/.5ML 1
- Code 0022A - ADM SARSCOV2 5X10~10VP/.5ML 2
- Code 0031A - ADM SARSCOV2 VAC AD26 .5ML
- Code 0034A - ADM SARSCOV2 VAC AD26 .5ML B
- Code 0051A - FEE COVID-19 VAC 6 DOSE 1
- Code 0052A - FEE COVID-19 VAC 6 DOSE 2
- Code 0053A - FEE COVID-19 VAC 6 BOOSTER
- Code 0054A - FEE COVID-19 VAC 6 RES
- Code 0064A - ADM SARSCOV2 50MCG/0.25ML BST
- Code 0071A - ADM SARSCV2 10MCG TRS-SUCR 1
- Code 0072A - ADM SARSCV2 10MCG TRS-SUCR 2
- Code 0073A - ADM SARSCV2 10MCG TRS-SUCR 3
- Code 91300 - SARSCOV2 VAC 30MCG/0.3ML IM
- Code 91301 - SARSCOV2 VAC 100MCG/0.5ML IM
- Code 91302 - SARSCOV2 VAC 5X10~10VP/.5ML IM
- Code 91303 - SARSCOV2 VAC AD26 .5ML IM
- Code 91305 - CORONAVIRUS VACCINE 6
- Code 91306 - SARSCOV2 VAC 50MCG/0.25ML IM
- Code 91307 - SARSCOV2 VAC 10MCG TRS-SUCR

Contact and Website Information

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](#).

Visit the [Montana Healthcare Programs Provider Information website](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.

Visit the [Contact Us page](#) on the Provider Information website for additional DPHHS contact numbers.

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
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
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	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.**

Montana Plan First
Procedures and Service Codes
Effective October 1, 2024

***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*
	APPROACH		
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
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

***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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
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
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

***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.**

Montana Plan First
Procedures and Service Codes
Effective October 1, 2024

***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*
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
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

***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.**

Montana Plan First
Procedures and Service Codes
Effective October 1, 2024

***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*
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
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

***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.**

Montana Plan First
Procedures and Service Codes
Effective October 1, 2024

***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*
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
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

***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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
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
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

***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.**

Montana Plan First
Procedures and Service Codes
Effective October 1, 2024

***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*
OUT17ZZ	RESECTION OF LEFT OVARY, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
OUT18ZZ	RESECTION OF LEFT OVARY, ENDO	N/A	Y
OUT1FZZ	RESECTION OF LEFT OVARY, VIA OPENING W PERC ENDO	N/A	Y
OUT20ZZ	RESECTION OF BILATERAL OVARIES, OPEN APPROACH	N/A	Y
OUT24ZZ	RESECTION OF BILATERAL OVARIES, PERC ENDO APPROACH	N/A	Y
OUT27ZZ	RESECTION OF BILATERAL OVARIES, VIA OPENING	N/A	Y
OUT28ZZ	RESECTION OF BILATERAL OVARIES, ENDO	N/A	Y
OUT2FZZ	RESECTION OF BILATERAL OVARIES, VIA OPENING W PERC ENDO	N/A	Y
OUT70ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	N/A	Y
OUT74ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH	N/A	Y
OUT77ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, VIA OPENING	N/A	Y
OUT78ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, ENDO	N/A	Y
OUT7FZZ	RESECTION OF BI FALLOPIAN TUBE, VIA OPENING W PERC ENDO	N/A	Y
OUT90ZZ	RESECTION OF UTERUS, OPEN APPROACH	N/A	Y
OUT94ZZ	RESECTION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
OUT97ZZ	RESECTION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
OUT98ZZ	RESECTION OF UTERUS, ENDO	N/A	Y
OUT9FZZ	RESECTION OF UTERUS, VIA OPENING W PERC ENDO	N/A	Y
00840	ANESTHESIA FOR OTHER PROCEDURE ON LOWER ABDOMEN	N/A	Y
00851	ANESTHESIA FOR TYING OR INCISION OF FALLOPIAN TUBES USING AN ENDOSCOPE	Y	N/A
00940	ANESTHESIA FOR OTHER PROCEDURE ON FEMALE GENITALS	N/A	Y
10060	SIMPLE OR SINGLE DRAINAGE OF SKIN ABSCESS	N/A	Y
10140	DRAINAGE OF BLOOD OR FLUID ACCUMULATION	N/A	Y
11420	REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.5 CM OR LESS	N/A	Y
11421	REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.6-1.0 CM	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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
11976	REMOVAL OF IMPLANTABLE CONTRACEPTIVE CAPSULES	Y	N/A
11981	INSERTION OF DRUG DELIVERY IMPLANT INTO TISSUE	N/A	Y
11982	REMOVAL OF DRUG DELIVERY IMPLANT FROM TISSUE	N/A	Y
11983	REMOVAL WITH REINSERTION OF DRUG DELIVERY IMPLANT INTO TISSUE	N/A	Y
17110	DESTRUCTION OF SKIN GROWTH, 1-14 GROWTHS	N/A	Y
17111	DESTRUCTION OF SKIN GROWTH, 15 OR MORE GROWTHS	N/A	Y
36415	INSERTION OF NEEDLE INTO VEIN FOR COLLECTION OF BLOOD SAMPLE	N/A	Y
46900	SIMPLE CHEMICAL DESTRUCTION OF GROWTH OF ANUS	N/A	Y
46910	SIMPLE DESTRUCTION OF GROWTH OF ANUS	N/A	Y
46916	ELECTRICAL DESTRUCTION OF GROWTH OF ANUS	N/A	Y
46922	SIMPLE REMOVAL OF GROWTH OF ANUS	N/A	Y
46924	EXTENSIVE DESTRUCTION OF GROWTH OF ANUS	N/A	Y
49320	DIAGNOSTIC EXAM OF ABDOMEN USING AN ENDOSCOPE	N/A	Y
49321	BIOPSY OF ABDOMEN USING AN ENDOSCOPE	N/A	Y
56405	INCISION AND DRAINAGE OF ABSCESS OF EXTERNAL FEMALE GENITALS	N/A	Y
56420	INCISION AND DRAINAGE OF ABSCESS OF FEMALE GENITAL GLAND	N/A	Y
56501	SIMPLE DESTRUCTION OF GROWTH OF EXTERNAL FEMALE GENITALS	N/A	Y
56605	BIOPSY OF GROWTH OF EXTERNAL FEMALE GENITALS, FIRST GROWTH	N/A	Y
56606	BIOPSY OF GROWTH OF EXTERNAL FEMALE GENITALS, EACH ADDITIONAL GROWTH	N/A	Y
56820	EXAM OF EXTERNAL FEMALE GENITALS USING AN ENDOSCOPE	N/A	Y
56821	EXAM AND BIOPSY OF EXTERNAL FEMALE GENITALS USING AN ENDOSCOPE	N/A	Y
57061	SIMPLE DESTRUCTION OF GROWTH OF VAGINA	N/A	Y
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF DRUG TO TREAT INFECTION	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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
57170	FITTING AND INSERTION OF PREGNANCY PREVENTION DEVICE	Y	N/A
57420	EXAM OF VAGINA AND CERVIX USING AN ENDOSCOPE	N/A	Y
57421	BIOPSY OF VAGINA AND CERVIX USING AN ENDOSCOPE	N/A	Y
57452	EXAM OF CERVIX AND UPPER PART OF VAGINA USING AN ENDOSCOPE	N/A	Y
57454	BIOPSY AND SCRAPING OF CERVIX USING AN ENDOSCOPE	N/A	Y
57455	BIOPSY OF CERVIX USING AN ENDOSCOPE	N/A	Y
57456	SCRAPING OF CERVIX USING AN ENDOSCOPE	N/A	Y
57460	BIOPSY OF CERVIX USING AN ENDOSCOPE WITH LOOP ELECTRODE	N/A	Y
57465	COMPUTER-AIDED MAPPING OF CERVIX DURING EXAMINATION OF VAGINA AND CERVIX USING ENDOSCOPE	N/A	Y
57461	CONE BIOPSY OF THE CERVIX AND VAGINA USING AN ENDOSCOPE	N/A	Y
57500	BIOPSY OF CERVIX OR REMOVAL OF GROWTH	N/A	Y
57505	SCRAPING OF TISSUE OF CERVIX	N/A	Y
57510	ELECTRO OR THERMAL DESTRUCTION OF CERVIX	N/A	Y
57511	DESTRUCTION OF CERVIX USING FREEZING	N/A	Y
57520	REMOVAL OR DESTRUCTION OF CERVIX WITH COLD KNIFE OR LASER	N/A	Y
57522	REMOVAL OR DESTRUCTION OF CERVIX USING LOOP ELECTRODE	N/A	Y
57800	DILATION OF CERVICAL CANAL	N/A	Y
58100	BIOPSY OF LINING OF UTERUS	N/A	Y
58110	EXAM OF CERVIX USING AN ENDOSCOPE WITH BIOPSY OF LINING OF UTERUS	N/A	Y
58300	INSERTION OF IUD FOR PREGNANCY PREVENTION	Y	N/A
58301	REMOVAL OF IUD	Y	N/A
58340	INSERTION OF TUBE AND INTRODUCTION OF CONTRAST FOR X-RAY OF UTERUS AND FALLOPIAN TUBES	N/A	Y
58565	PLACEMENT OF IMPLANTS TO BLOCK FALLOPIAN TUBES USING AN ENDOSCOPE	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.**

Montana Plan First
Procedures and Service Codes
Effective October 1, 2024

***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*
58600	TYING OR INCISION OF FALLOPIAN TUBES	Y	N/A
58615	TYING OF FALLOPIAN TUBES BY DEVICE THROUGH VAGINA	Y	N/A
58661	REMOVAL OF OVARIES AND/OR TUBES USING AN ENDOSCOPE	N/A	Y
58670	DESTRUCTION OF FALLOPIAN TUBES USING AN ENDOSCOPE	Y	N/A
58671	BLOCKAGE OF UTERINE TUBES BY DEVICE USING AN ENDOSCOPE	Y	N/A
58700	REMOVAL OF UTERINE TUBES	N/A	Y
58720	REMOVAL OF UTERINE TUBES AND OVARIES	N/A	Y
58920	PARTIAL REMOVAL OF OVARIES	N/A	Y
58940	REMOVAL OF OVARIES	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 OF ANESTHETIC AGENT AND/OR STEROID INTO UTERUS NERVE	N/A	Y
72190	X-RAY OF PELVIS, MINIMUM OF 3 VIEWS	N/A	Y
74018	RADIOLOGIC EXAMINATION, ABDOMEN, 1 VIEW X-RAY OF ABDOMEN, 1 VIEW	N/A	Y
74019	RADIOLOGIC EXAMINATION, ABDOMEN, 2 VIEWS X-RAY OF ABDOMEN, 2 VIEWS	N/A	Y
74021	RADIOLOGIC EXAMINATION, ABDOMEN, 3 VIEWS X-RAY OF ABDOMEN, MINIMUM OF 3 VIEWS	N/A	Y
74740	REVIEW BY RADIOLOGIST OF UTERINE TUBE AND OVARY IMAGE	N/A	Y
74742	REVIEW BY RADIOLOGIST OF IMAGE FROM PLACEMENT OF UTERINE TUBE	N/A	Y
76830	ULTRASOUND SCAN OF UTERUS, OVARIES, TUBES, CERVIX AND PELVIC AREA THROUGH VAGINA	N/A	Y
76831	ULTRASOUND SCAN OF UTERUS AND UTERINE CAVITY	N/A	Y
76856	COMPLETE ULTRASOUND SCAN OF PELVIS	N/A	Y
76857	LIMITED ULTRASOUND SCAN OF PELVIS	N/A	Y
76881	COMPLETE ULTRASOUND SCAN OF JOINT	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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
76977	ULTRASOUND SCAN OF BONE FOR MEASURING LOSS	N/A	Y
77078	CT SCAN FOR MEASURING CALCIUM AND OTHER MINERALS IN BONE	N/A	Y
77080	DXA BONE DENSITY MEASUREMENT OF HIP, PELVIS, SPINE	N/A	Y
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZE) BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS (CALCIUM, IONIZED)	N/A	Y
80048	BASIC METABOLIC PANEL (CLIA PANEL PROC) BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS (CALCIUM, TOTAL)	N/A	Y
80050	GENERAL HEALTH PANEL	N/A	Y
80051	ELECTROLYTE PANEL (CLIA PANEL PROC) BLOOD TEST PANEL FOR ELECTROLYTES (SODIUM POTASSIUM, CHLORIDE, CARBON DIOXIDE)	N/A	Y
80053	BLOOD TEST, COMPREHENSIVE GROUP OF BLOOD CHEMICALS	N/A	Y
80055	OBSTETRIC BLOOD TEST PANEL	N/A	Y
80061	BLOOD TEST, LIPIDS (CHOLESTEROL AND TRIGLYCERIDES)	N/A	Y
80074	ACUTE HEPATITIS PANEL	N/A	Y
80076	LIVER FUNCTION BLOOD TEST PANEL	N/A	Y
81000	MANUAL URINALYSIS TEST WITH EXAMINATION USING MICROSCOPE, NON-AUTOMATED	N/A	Y
81001	MANUAL URINALYSIS TEST WITH EXAMINATION USING MICROSCOPE, AUTOMATED	N/A	Y
81002	URINALYSIS, MANUAL TEST	N/A	Y
81003	AUTOMATED URINALYSIS TEST	N/A	Y
81005	ANALYSIS OF URINE, EXCEPT IMMUNOASSAYS	N/A	Y
81015	URINALYSIS USING MICROSCOPE	N/A	Y
81020	URINALYSIS, 2 OR 3 GLASS TEST	N/A	Y
81025	URINE PREGNANCY TEST	N/A	Y
82040	ALBUMIN (PROTEIN) LEVEL	N/A	Y
82042	CEREBROSPINAL FLUID, OR AMNIOTIC FLUID ALBUMIN (PROTEIN) LEVEL	N/A	Y
82043	URINE MICROALBUMIN (PROTEIN) LEVEL	N/A	Y
82105	ALPHA-FETOPROTEIN (AFP) LEVEL, SERUM	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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
82120	VAGINAL FLUID CHEMICAL ANALYSIS FOR BACTERIA	N/A	Y
82150	AMYLASE (ENZYME) LEVEL	N/A	Y
82247	BILIRUBIN LEVEL, TOTAL	N/A	Y
82310	CALCIUM LEVEL, TOTAL	N/A	Y
82330	CALCIUM LEVEL, IONIZED	N/A	Y
82435	BLOOD CHLORIDE LEVEL	N/A	Y
82465	CHOLESTEROL LEVEL	N/A	Y
82550	CREATINE KINASE (CARDIAC ENZYME) LEVEL, TOTAL	N/A	Y
82553	CREATINE KINASE (CARDIAC ENZYME) LEVEL, MB FRACTION ONLY	N/A	Y
82565	BLOOD CREATININE LEVEL	N/A	Y
82570	CREATININE LEVEL TO TEST FOR KIDNEY FUNCTION OR MUSCLE INJURY	N/A	Y
82575	CREATININE CLEARANCE MEASUREMENT TO TEST FOR KIDNEY FUNCTION	N/A	Y
82607	CYANOCOBALAMIN (VITAMIN B-12) LEVEL	N/A	Y
82670	MEASUREMENT OF TOTAL ESTRADIOL (HORMONE)	N/A	Y
82671	ESTROGEN ANALYSIS, FRACTIONATED	N/A	Y
82672	ESTROGEN ANALYSIS, TOTAL	N/A	Y
82677	ESTRIOL (HORMONE) LEVEL	N/A	Y
82679	ESTRONE (HORMONE) LEVEL	N/A	Y
82728	FERRITIN (BLOOD PROTEIN) LEVEL	N/A	Y
82746	FOLIC ACID LEVEL, SERUM	N/A	Y
82947	BLOOD GLUCOSE (SUGAR) LEVEL	N/A	Y
82948	BLOOD GLUCOSE (SUGAR) MEASUREMENT USING REAGENT STRIP	N/A	Y
82950	BLOOD GLUCOSE (SUGAR) LEVEL AFTER RECEIVING DOSE OF GLUCOSE	N/A	Y
82962	BLOOD GLUCOSE (SUGAR) TEST PERFORMED BY HAND-HELD INSTRUMENT	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.**

Montana Plan First
Procedures and Service Codes
Effective October 1, 2024

***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*
83001	GONADOTROPIN, FOLLICLE STIMULATING (REPRODUCTIVE HORMONE) LEVEL	N/A	Y
83002	GONADOTROPIN, LUTEINIZING (REPRODUCTIVE HORMONE) LEVEL	N/A	Y
83020	HEMOGLOBIN ANALYSIS AND MEASUREMENT, ELECTROPHORESIS	N/A	Y
83021	HEMOGLOBIN ANALYSIS AND MEASUREMENT, CHROMATOGRAPHY	N/A	Y
83026	HEMOGLOBIN LEVEL	N/A	Y
83036	HEMOGLOBIN GLYCOSYLATED A1C	N/A	Y
83518	ANALYSIS OF SUBSTANCE USING IMMUNOASSAY TECHNIQUE, SINGLE STEP METHOD	N/A	Y
83520	MEASUREMENT OF SUBSTANCE USING IMMUNOASSAY TECHNIQUE	N/A	Y
83690	LIPASE (FAT ENZYME) LEVEL	N/A	Y
84075	PHOSPHATASE (ENZYME) LEVEL, ALKALINE	N/A	Y
84144	PROGESTERONE (REPRODUCTIVE HORMONE) LEVEL	N/A	Y
84146	PROLACTIN (MILK PRODUCING HORMONE) LEVEL	N/A	Y
84425	VITAMIN B-1 (THIAMINE) LEVEL	N/A	Y
84443	BLOOD TEST, THYROID STIMULATING HORMONE (TSH)	N/A	Y
84520	UREA NITROGEN LEVEL TO ASSESS KIDNEY FUNCTION, QUANTITATIVE	N/A	Y
84550	URIC ACID LEVEL, BLOOD	N/A	Y
84702	GONADOTROPIN, CHORIONIC (REPRODUCTIVE HORMONE) LEVEL	N/A	Y
84703	GONADOTROPIN (REPRODUCTIVE HORMONE) ANALYSIS	N/A	Y
85004	WHITE BLOOD CELL COUNT	N/A	Y
85007	MICROSCOPIC EXAMINATION FOR WHITE BLOOD CELLS WITH MANUAL CELL COUNT	N/A	Y
85008	MICROSCOPIC EXAMINATION FOR WHITE BLOOD CELLS	N/A	Y
85009	MANUAL WHITE BLOOD CELL COUNT AND EVALUATION	N/A	Y
85013	RED BLOOD CELL HEMOGLOBIN CONCENTRATION	N/A	Y
85014	RED BLOOD CELL CONCENTRATION MEASUREMENT	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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
85018	BLOOD COUNT, HEMOGLOBIN	N/A	Y
85025	COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TEST AND AUTOMATED DIFFERENTIAL WHITE BLOOD CELL COUNT	N/A	Y
85027	COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TEST	N/A	Y
85032	MANUAL BLOOD CELL COUNT	N/A	Y
85045	RED BLOOD COUNT, AUTOMATED TEST	N/A	Y
85300	ANTITHROMBIN III ANTIGEN (CLOTTING INHIBITOR) ACTIVITY	N/A	Y
85378	COAGULATION FUNCTION MEASUREMENT, QUALITATIVE OR SEMIQUANTITATIVE	N/A	Y
85576	PLATELET AGGREGATION FUNCTION TEST	N/A	Y
85597	PLATELET FUNCTION TEST	N/A	Y
85598	PHOSPHOLIPID TEST	N/A	Y
85610	BLOOD TEST, CLOTTING TIME	N/A	Y
85652	RED BLOOD CELL SEDIMENTATION RATE, TO DETECT INFLAMMATION, AUTOMATED	N/A	Y
85660	RED BLOOD CELL SICKLING MEASUREMENT	N/A	Y
85730	COAGULATION ASSESSMENT BLOOD TEST, PLASMA OR WHOLE BLOOD	N/A	Y
86255	SCREENING TEST FOR ANTIBODY TO NONINFECTIOUS AGENT	N/A	Y
86318	TEST FOR DETECTION OF INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE	N/A	Y
86382	VIRAL NEUTRALIZATION TEST TO DETECT VIRAL ANTIBODY LEVEL	N/A	Y
86403	SCREENING TEST FOR PRESENCE OF ANTIBODY	N/A	Y
86580	SKIN TEST FOR TUBERCULOSIS	N/A	Y
86592	SYPHILIS DETECTION TEST	N/A	Y
86593	SYPHILIS TEST	N/A	Y
86628	ANALYSIS FOR ANTIBODY TO CANDIDA (YEAST)	N/A	Y
86631	ANALYSIS FOR ANTIBODY TO CHLAMYDIA (BACTERIA)	N/A	Y
86632	ANALYSIS FOR ANTIBODY (IGM) TO CHLAMYDIA (BACTERIA)	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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
86687	ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS, TYPE 1 (HTLV-1)	N/A	Y
86688	ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS, TYPE 2 (HTLV-2)	N/A	Y
86689	CONFIRMATION TEST FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS (HTLV) OR HIV	N/A	Y
86694	ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS	N/A	Y
86695	ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS, TYPE 1	N/A	Y
86696	ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS, TYPE 2	N/A	Y
86698	ANALYSIS FOR ANTIBODY TO HISTOPLASMA (FUNGUS)	N/A	Y
86701	ANALYSIS FOR ANTIBODY TO HIV -1 VIRUS	N/A	Y
86702	ANALYSIS FOR ANTIBODY TO HIV-2 VIRUS	N/A	Y
86703	ANALYSIS FOR ANTIBODY TO HIV-1 AND HIV-2 VIRUS	N/A	Y
86704	HEPATITIS B CORE ANTIBODY MEASUREMENT	N/A	Y
86706	HEPATITIS B SURFACE ANTIBODY MEASUREMENT	N/A	Y
86707	HEPATITIS BE ANTIBODY MEASUREMENT	N/A	Y
86762	ANALYSIS FOR ANTIBODY TO RUBELLA (GERMAN MEASLES VIRUS)	N/A	Y
86780	TREPONEMA PALLIDUM	N/A	Y
86787	ANALYSIS FOR ANTIBODY TO VARICELLA-ZOSTER VIRUS (CHICKEN POX)	N/A	Y
86803	HEPATITIS C ANTIBODY MEASUREMENT	N/A	Y
86804	CONFIRMATION TEST FOR HEPATITIS C ANTIBODY	N/A	Y
86900	BLOOD GROUP TYPING (ABO)	N/A	Y
86901	BLOOD TYPING FOR RH (D) ANTIGEN	N/A	Y
87015	CONCENTRATION OF SPECIMEN FOR INFECTIOUS AGENTS	N/A	Y
87040	BACTERIAL BLOOD CULTURE	N/A	Y
87070	BACTERIAL CULTURE, ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC	N/A	Y
87071	BACTERIAL CULTURE AND COLONY COUNT	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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
87073	BACTERIAL CULTURE AND COLONY COUNT FOR ANAEROBIC BACTERIA	N/A	Y
87075	BACTERIAL CULTURE, ANY SOURCE, EXCEPT BLOOD, ANAEROBIC	N/A	Y
87076	BACTERIAL CULTURE FOR ANAEROBIC ISOLATES	N/A	Y
87077	BACTERIAL CULTURE FOR AEROBIC ISOLATES	N/A	Y
87081	SCREENING TEST FOR PATHOGENIC ORGANISMS	N/A	Y
87086	BACTERIAL COLONY COUNT, URINE	N/A	Y
87088	BACTERIAL URINE CULTURE	N/A	Y
87102	FUNGAL CULTURE (MOLD OR YEAST)	N/A	Y
87110	CULTURE FOR CHLAMYDIA	N/A	Y
87147	IDENTIFICATION OF ORGANISMS BY IMMUNOLOGIC ANALYSIS, OTHER THAN IMMUNOFLUORESCENCE METHOD	N/A	Y
87164	DARK FIELD MICROSCOPIC EXAMINATION FOR ORGANISM, INCLUDES SPECIMEN COLLECTION	N/A	Y
87184	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL)	N/A	Y
87186	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL), MICRODILUTION OR AGAR DILUTI	N/A	Y
87205	SPECIAL GRAM OR GIEMSA STAIN FOR MICROORGANISM	N/A	Y
87206	SPECIAL FLUORESCENT AND/OR ACID FAST STAIN FOR MICROORGANISM	N/A	Y
87207	SPECIAL STAIN FOR INCLUSION BODIES OR PARASITES	N/A	Y
87210	SMEAR FOR INFECTIOUS AGENTS	N/A	Y
87220	TISSUE FUNGI OR PARASITES	N/A	Y
87252	TISSUE CULTURE INOCULATION FOR VIRUS ISOLATION	N/A	Y
87270	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR CHLAMYDIA	N/A	Y
87273	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR HERPES SIMPLEX VIRUS TYPE 2	N/A	Y
87274	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR HERPES SIMPLEX VIRUS TYPE 1	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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
87320	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR CHLAMYDIA TRACHOMATIS	N/A	Y
87340	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HEPATITIS B SURFACE ANTIGEN	N/A	Y
87341	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HEPATITIS B SURFACE ANTIGEN NEUTRALIZATION	N/A	Y
87350	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HEPATITIS BE SURFACE ANTIGEN	N/A	Y
87390	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HIV-1 ANTIGEN	N/A	Y
87391	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HIV-2 ANTIGEN	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	DETECTION TEST FOR CANDIDA SPECIES (YEAST), DIRECT PROBE TECHNIQUE	N/A	Y
87481	DETECTION TEST FOR CANDIDA SPECIES (YEAST), AMPLIFIED PROBE TECHNIQUE	N/A	Y
87482	DETECTION TEST FOR CANDIDA SPECIES (YEAST), QUANTIFICATION	N/A	Y
87485	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA PNEUMONIAE, DIRECT PROBE TECHNIQUE	N/A	Y
87486	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA PNEUMONIAE, AMPLIFIED PROBE TECHNIQUE	N/A	Y
87487	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA PNEUMONIAE, QUANTIFICATION	N/A	Y
87490	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA, DIRECT PROBE TECHNIQUE	N/A	Y
87491	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE	N/A	Y
87492	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA TRACHOMATIS, 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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
87495	DETECTION TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS (CMV), DIRECT PROBE TECHNIQUE	N/A	Y
87496	DETECTION TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS (CMV), AMPLIFIED PROBE TECHNIQUE	N/A	Y
87497	DETECTION TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS, QUANTIFICATION	N/A	Y
87510	DETECTION TEST FOR GARDNERELLA VAGINALIS (BACTERIA), DIRECT PROBE TECHNIQUE	N/A	Y
87511	DETECTION TEST FOR GARDNERELLA VAGINALIS (BACTERIA), AMPLIFIED PROBE TECHNIQUE	N/A	Y
87512	DETECTION TEST FOR GARDNERELLA VAGINALIS (BACTERIA), QUANTIFICATION	N/A	Y
87528	DETECTION TEST BY NUCLEIC ACID FOR HERPES SIMPLEX VIRUS, DIRECT PROBE TECHNIQUE	N/A	Y
87529	DETECTION TEST BY NUCLEIC ACID FOR HERPES SIMPLEX VIRUS, AMPLIFIED PROBE TECHNIQUE	N/A	Y
87530	DETECTION TEST BY NUCLEIC ACID FOR HERPES SIMPLEX VIRUS, QUANTIFICATION	N/A	Y
87531	DETECTION TEST BY NUCLEIC ACID FOR HERPES VIRUS-6, DIRECT PROBE TECHNIQUE	N/A	Y
87532	DETECTION TEST BY NUCLEIC ACID FOR HERPES VIRUS-6, AMPLIFIED PROBE TECHNIQUE	N/A	Y
87533	DETECTION TEST BY NUCLEIC ACID FOR HERPES VIRUS-6, QUANTIFICATION	N/A	Y
87534	DETECTION TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, DIRECT PROBE TECHNIQUE	N/A	Y
87535	DETECTION TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, AMPLIFIED PROBE TECHNIQUE	N/A	Y
87536	DETECTION TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, QUANTIFICATION	N/A	Y
87537	DETECTION TEST BY NUCLEIC ACID FOR HIV-2 VIRUS, DIRECT PROBE TECHNIQUE	N/A	Y
87538	DETECTION TEST BY NUCLEIC ACID FOR HIV-2 VIRUS, AMPLIFIED PROBE 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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
87539	DETECTION TEST BY NUCLEIC ACID FOR HIV-2 VIRUS, QUANTIFICATION	N/A	Y
87590	DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA), DIRECT PROBE TECHNIQUE	N/A	Y
87591	DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA), AMPLIFIED PROBE TECHNIQUE	N/A	Y
87592	DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA), QUANTIFICATION	N/A	Y
87623	DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILLOMAVIRUS (HPV), LOW-RISK TYPES	N/A	Y
87624	DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILLOMAVIRUS (HPV), HIGH-RISK TYPES	N/A	Y
87625	DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILLOMAVIRUS (HPV), TYPES 16 AND 18 ONLY	N/A	Y
87660	DETECTION TEST BY NUCLEIC ACID FOR TRICHOMONAS VAGINALIS (GENITAL PARASITE), DIRECT PROBE TECHNIQUE	N/A	Y
87797	DETECTION TEST BY NUCLEIC ACID FOR ORGANISM, DIRECT PROBE TECHNIQUE	N/A	Y
87800	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE ORGANISMS, DIRECT PROBE(S) TECHNIQUE	N/A	Y
87801	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE ORGANISMS, AMPLIFIED PROBE(S) TECHNIQUE	N/A	Y
87810	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR CHLAMYDIA TRACHOMATIS	N/A	Y
87850	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR NEISSERIA GONORRHOEAE (GONORRHEA)	N/A	Y
88108	CELL EXAMINATION OF SPECIMEN, CONCENTRATION TECHNIQUE	N/A	Y
88141	PAP TEST	N/A	Y
88142	PAP TEST, MANUAL SCREENING	N/A	Y
88143	PAP TEST, MANUAL SCREENING AND RESCREENING	N/A	Y
88147	PAP TEST (PAP SMEAR), AUTOMATED SYSTEM	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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
88148	PAP TEST (PAP SMEAR), AUTOMATED SYSTEM WITH MANUAL RESCREENING	N/A	Y
88150	PAP TEST, SLIDES, MANUAL SCREENING	N/A	Y
88152	PAP TEST, SLIDES, AUTOMATED SYSTEM WITH COMPUTER-ASSISTED RESCREENING	N/A	Y
88153	PAP TEST, SLIDES, MANUAL SCREENING AND RESCREENING	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	PAP TEST, SLIDES, DEFINITIVE HORMONAL EVALUATION	N/A	Y
88160	SCREENING EXAMINATION OF SPECIMEN CELLS, SCREENING AND INTERPRETATION	N/A	Y
88161	SCREENING EXAMINATION OF SPECIMEN CELLS, PREPARATION, SCREENING AND INTERPRETATION	N/A	Y
88162	SCREENING EXAMINATION OF SPECIMEN CELLS, EXTENDED STUDY	N/A	Y
88164	PAP TEST, SLIDES, MANUAL SCREENING (THE BETHESDA SYSTEM)	N/A	Y
88165	PAP TEST, SLIDES, MANUAL SCREENING AND RESCREENING (THE BETHESDA SYSTEM)	N/A	Y
88166	PAP TEST, SLIDES, MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING (THE BETHESDA SYSTEM)	N/A	Y
88167	PAP TEST, SLIDES, MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION (THE BETHESDA SYSTEM)	N/A	Y
88172	EVALUATION OF FINE NEEDLE ASPIRATE	N/A	Y
88173	EVALUATION OF FINE NEEDLE ASPIRATE WITH INTERPRETATION AND REPORT	N/A	Y
88174	PAP TEST, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SYSTEM	N/A	Y
88175	PAP TEST, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SYSTEM AND MANUAL RESCREENING	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.**

Montana Plan First
Procedures and Service Codes
Effective October 1, 2024

***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*
88177	PAP TEST, EVALUATION OF FINE NEEDLE ASPIRATE, IMMEDIATE, EACH ADDITIONAL EVALUATION EPISODE	N/A	Y
88300	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, LIMITED EXAMINATION	N/A	Y
88302	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE	N/A	Y
88304	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY LOW COMPLEXITY	N/A	Y
88305	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, INTERMEDIATE COMPLEXITY	N/A	Y
88307	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY HIGH COMPLEXITY	N/A	Y
90471	ADMINISTRATION OF VACCINE	N/A	Y
90472	ADMINISTRATION OF VACCINE, EACH ADDITIONAL VACCINE	N/A	Y
90650	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 16, 18, BIVALENT	N/A	Y
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONAVALENT	N/A	Y
90739	HEPB VACC 2/4 DOSE ADULT IM	N/A	Y
90746	HEPATITIS B VACCINE, ADULT DOSAGE (3 DOSE SCHEDULE)	N/A	Y
96372	INJECTION OF DRUG OR SUBSTANCE UNDER SKIN OR INTO MUSCLE	N/A	Y
98966	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 5-10 MINUTES	Y	N/A
98967	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 11-20 MINUTES	Y	N/A
98968	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 21-30 MINUTES	Y	N/A
99024	FOLLOW-UP VISIT AFTER SURGERY	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	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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
	SERVICE THAT THE SEDATION SUPPORTS, AGE 5 YEARS OR OLDER, EACH ADDITIONAL 15 MINUTES INTRA-SERVICE TIME		
99201	NEW PATIENT OR ESTABLISHED PATIENT - OFFICE OR OTHER OUTPATIENT VISIT	N/A	Y
99202	NEW PATIENT OUTPATIENT VISIT, TOTAL TIME 15-29 MINUTES	N/A	Y
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30-44 MINUTES	N/A	Y
99204	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 45-59 MINUTES	N/A	Y
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 60-74 MINUTES	N/A	Y
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF ESTABLISHED PATIENT THAT MAY NOT REQUIRE PRESENCE OF HEALTHCARE PROFESSIONAL	N/A	Y
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 10-19 MINUTES	N/A	Y
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 20-29 MINUTES	N/A	Y
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30-39 MINUTES	N/A	Y
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 40-54 MINUTES	N/A	Y
99221	INITIAL HOSPITAL INPATIENT CARE PER DAY, TYPICALLY 30 MINUTES	N/A	Y
99222	INITIAL HOSPITAL INPATIENT CARE PER DAY, TYPICALLY 50 MINUTES	N/A	Y
99223	INITIAL HOSPITAL INPATIENT CARE PER DAY, TYPICALLY 70 MINUTES	N/A	Y
99238	HOSP IP/OBS DSCHRG MGMT 30/ <	N/A	Y
99239	HOSP IP/OBS DSCHRG MGMT >30	N/A	Y
99385	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (18-39 YEARS)	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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
99386	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (40-64 YEARS)	N/A	Y
99395	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (18-39 YEARS)	N/A	Y
99396	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (40-64 YEARS)	N/A	Y
99401	PREVENTIVE MEDICINE COUNSELING, TYPICALLY 15 MINUTES	N/A	Y
99402	PREVENTIVE MEDICINE COUNSELING, TYPICALLY 30 MINUTES	N/A	Y
99403	PREVENTIVE MEDICINE COUNSELING, TYPICALLY 45 MINUTES	N/A	Y
99404	PREVENTIVE MEDICINE COUNSELING, TYPICALLY 1 HOUR	N/A	Y
99411	GROUP PREVENTIVE MEDICINE COUNSELING, TYPICALLY 30 MINUTES	N/A	Y
99412	GROUP PREVENTIVE MEDICINE COUNSELING, TYPICALLY 1 HOUR	N/A	Y
99417	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF, EACH 15 MINUTES OF TOTAL TIME	N/A	Y
99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT	N/A	Y
99441	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 5-10 MINUTES	Y	N/A
99442	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 11-20 MINUTES	Y	N/A
99443	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 21-30 MINUTES	Y	N/A
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	Y	N/A
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	Y	N/A
A4267	CONTRACEPTIVE SUPPLY CONDOM MALE, EACH	Y	N/A
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	Y	N/A
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	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,	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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
	AUTOMATED THIN LAYER PREPARATION, SCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION		
G0124	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, REQUIRING INTERPRETATION BY PHYSICIAN	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	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH MANUAL SCREENING AND RESCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION	N/A	Y
G0144	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH SCREENING BY AUTOMATED SYSTEM, UNDER PHYSICIAN SUPERVISION	N/A	Y
G0145	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y
G0147	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION	N/A	Y
G0148	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM WITH MANUAL RESCREENING	N/A	Y
G0432	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING	N/A	Y
G0433	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING	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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
G0435	INFECTIOUS AGENT ANTIBODY DETECTION BY RAPID ANTIBODY TEST, HIV-1 AND/OR HIV-2, SCREENING	N/A	Y
G0445	HIGH INTENSITY BEHAVIORAL COUNSELING TO PREVENT SEXUALLY TRANSMITTED INFECTION; FACE-TO-FACE, INDIVIDUAL, INCLUDES: EDUCATION, SKILLS TRAINING AND GUIDANCE ON HOW TO CHANGE SEXUAL BEHAVIOR; PERFORMED SEMI-ANNUALLY, 30 MINUTES	N/A	Y
G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MANAGEMENT OF A PATIENT	N/A	Y
G0472	HEPATITIS C ANTIBODY SCREENING, FOR INDIVIDUAL AT HIGH RISK AND OTHER COVERED INDICATION(S)	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, CEFOXIITIN SODIUM, 1 GM	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 GM	N/A	Y
J0699	INJECTION, CEFIDEROCOL, 10 MG	N/A	Y
J0710	INJECTION, CEPHAZIRIN SODIUM, UP TO 1 GM	N/A	Y
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 1 MG	Y	N/A
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	N/A	Y
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	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 GM	N/A	Y
J7294	SEGESTERONE ACETATE AND ETHINYL ESTRADIOL 0.15 MG, 0.013 MG PER 24 HOURS; YEARLY VAGINAL SYSTEM, EACH	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.**

Montana Plan First
Procedures and Service Codes
Effective October 1, 2024

***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*
J7295	ETHINYL ESTRADIOL AND ETONOGESTREL 0.015MG, 0.12 MG PER 24 HOURS; MONTHLY VAGINAL RING, EACH	Y	N/A
J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA), 19.5 MG	Y	N/A
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG	Y	N/A
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG	Y	N/A
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	Y	N/A
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG	Y	N/A
J7304	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	Y	N/A
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	Y	N/A
P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNICIAN UNDER PHYSICIAN SUPERVISION	N/A	Y
P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE 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 GRAM	N/A	Y
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE TELEHEALTH	Y	N/A
S0610	ANNUAL GYNECOLOGICAL EXAM- NEW PATIENT	Y	N/A
S0612	ANNUAL GYNECOLOGICAL EXAM- ESTABLISHED PATIENT	Y	N/A
S4989	CONTRACEPTIVE INTRAUTERINE DEVICE (E.G., PROGESTACERT IUD), INCLUDING IMPLANTS AND SUPPLIES	Y	N/A
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	Y	N/A
G2A	PROGESTATIONAL AGENTS	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.**

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***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*
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	LINCOGRAMIDES	N/A	Y
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

***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.**

Montana Plan First
Procedures and Service Codes
Effective October 1, 2024

***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*
X1C	INTRA-UTERINE DEVICES	N/A	Y
Z2G	IMMUNOMODULATORS	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.**