Provider Information

For Provider Enrollment or Claims Questions:

Provider Relations Unit and Provider Enrollment Unit
PO Box 4936
Helena MT 59604

1-800-624-3958 In-State and Out-of-State
1-406-442-1837 Helena
1-406-442-4402 Fax
Email: MTPRHelpdesk@conduent.com

Send paper claims to:
Claims Processing Unit
PO Box 8000
Helena MT 59604

Provider Policy Questions:
Linda Skiles-Hadduck
1-406-444-6868
Email: lskiles-hadduck@mt.gov

Plan First

- Plan First is a limited set of family planning benefits available to a new Medicaid eligibility group through a Section 1115(a) Medicaid waiver. The waiver is approved through December 31, 2017. A waiver renewal application has been submitted, which may extend the program past that date. Family planning and family planning-related benefits are covered and are outlined below.

Goals

- Improved access to and use of family planning services among this eligible group of individuals;
- Fewer unintended pregnancies; and
- Improved birth outcomes and women's health by increasing the child spacing interval.
- This program is limited to 4,000 women at any given time.

Family Planning Benefits

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

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

Family Planning-Related Benefits

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

1) Colposcopy (and procedures done with/during a colposcopy) or repeat Pap smear performed as a follow-up to an abnormal Pap smear which is done as part of a routine or periodic family planning visit;
2) Drugs for the treatment of STI/STDs, except for HIV or AIDS and hepatitis, when the STI/STDs is identified or diagnosed during a routine or periodic family planning visit. A follow-up visit or encounter for the treatment or prescription of drugs and subsequent follow-up visits to rescreen for STIs and STDs based on the Centers for Disease Control and Prevention guidelines may be covered;
3) Drugs and treatment for vaginal infections and disorders, other lower genital tract and genital skin infections and disorders, and urinary tract infections, where these conditions are identified or diagnosed during a routine or periodic family planning visit. A follow-up visit for treatment or drugs may also be covered.

Family Planning-Related Benefits – Continued

4) Other medical diagnosis, treatment, and preventative services that are routinely provided pursuant to family planning services in a family planning or other medical setting. An example of a preventative service could be a vaccination to prevent cervical cancer.
5) Treatment of major complications arising from a family planning procedure such as, but not limited to :
   a) Treatment of a perforated uterus due to an intrauterine device insertion;
   b) Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage; or
   c) Treatment of surgical or anesthesia-related complications during a sterilization procedure.

Plan of Benefits (URL)

- Services with a **Y** in column **one** are family planning benefits. Column one services are always considered family planning services and do not require a Z30.XXX diagnosis code or an FP modifier to be reimbursed.
- Services with a **Y** in column **two** may be family planning or family planning **related** benefits. These require a Z30.XXX diagnosis code or an FP modifier to be reimbursed.

Plan of Benefits - Continued

- If the service performed has a **Y** in column **two** and is performed as a family planning or family planning related service (as defined above), providers must bill with either a Z30.XXX diagnosis code or an FP modifier. *Billing of codes not contained in this list and billing of codes in this list and not following diagnosis or modifier requirements will result in non-payment*. Providers performing these services are covered only within the scope of the provider's license.

Prior authorization

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

Passport / Verifying eligibility

- Passport referrals are not required.
- As with all patients, providers should verify eligibility at each visit. Plan First eligibility is verified using the methods outlined in the provider manual for all Medicaid services.

Billing

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

Reimbursement

- Reimbursement for providers who perform services for Plan First members is the same as for services with other Medicaid eligibility groups. The one exception is for Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC). RHCs and FQHCs must not bill using the UB-04/837I claim form. RHC and FQHC providers who perform services for Plan First members must bill services on a CMS-1500/837P claim form using his or her own provider number.
- Reimbursement for products received free of charge is not permitted.

Cost sharing

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

For Provider Enrollment or Claims Questions:

Provider Relations Unit and Provider Enrollment Unit
PO Box 4936
Helena MT 59604

1-800-624-3958 In-State and Out-of-State
1-406-442-1837 Helena
1-406-442-4402 Fax
Email: MTPRHelpdesk@conduent.com

Send paper claims to:
Claims Processing Unit
PO Box 8000
Helena MT 59604

Provider Policy Questions:
Linda Skiles-Hadduck
1-406-444-6868
Email: lskiles-hadduck@mt.gov


Plan First