

# Montana Plan First

## Procedures and Service Codes

### Effective October 1, 2022

**\*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,<br>HCPCS, CPT<br>Code, or<br>Drug Class | Description   | Always<br>family<br>planning<br>service | May be<br>family<br>planning<br>or family<br>planning<br>-related<br>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<br>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<br>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<br>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<br>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<br>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                  | N/A                                     | Y   |

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|--|--|---|---|
|  | APPROACH   |   |   |
| 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   |
| 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   |

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|--|---|---|---|
| 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   |
| 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   |

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|--|---|---|---|
| 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   |
| 0UB70ZX  | EXCISION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH,<br>DIAGN  | N/A                                     | Y   |
| 0UB70ZZ  | EXCISION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH            | N/A                                     | Y   |
| 0UB73ZX  | EXCISION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH,<br>DIAGN  | N/A                                     | Y   |
| 0UB73ZZ  | EXCISION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS<br>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,<br>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   |

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|--|--|---|---|
| 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   |
| 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   |

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|--|--|---|---|
| 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   |
| 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   |

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|--|---|---|---|
| 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   |
| 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 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   |
| 11976  | REMOVAL OF IMPLANTABLE CONTRACEPTIVE CAPSULES   | Y                                       | N/A   |
| 11981  | INSERTION OF DRUG DELIVERY IMPLANT INTO TISSUE  | N/A                                     | Y   |

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|--|--|---|---|
| 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   |
| 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   |

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|--|--|---|---|
| 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   |
| 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   |

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|--|--|---|---|
| 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<br>X-RAY OF ABDOMEN, 1 VIEW                                      | N/A                                     | Y   |
| 74019  | RADIOLOGIC EXAMINATION, ABDOMEN, 2 VIEWS<br>X-RAY OF ABDOMEN, 2 VIEWS                                    | N/A                                     | Y   |
| 74021  | RADIOLOGIC EXAMINATION, ABDOMEN, 3 VIEWS<br>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   |
| 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   |
| 77081  | DXA BONE DENSITY MEASUREMENT OF FOREARM, FINGER, HAND, OR FOOT   | N/A                                     | Y   |
| 80047  | BASIC METABOLIC PANEL (CALCIUM, IONIZE)<br>BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS (CALCIUM, IONIZED) | N/A                                     | Y   |
| 80048  | BASIC METABOLIC PANEL (CLIA PANEL PROC)<br>BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS (CALCIUM, TOTAL)   | N/A                                     | Y   |
| 80050  | GENERAL HEALTH PANEL   | N/A                                     | Y   |

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|--|--|---|---|
|  | GENERAL HEALTH PANEL   |   |   |
| 80051  | ELECTROLYTE PANEL (CLIA PANEL PROC)<br>BLOOD TEST PANEL FOR ELECTROLYTES (SODIUM POTASSIUM,<br>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<br>MICROSCOPE, NON-AUTOMATED   | N/A                                     | Y   |
| 81001  | MANUAL URINALYSIS TEST WITH EXAMINATION USING<br>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)<br>LEVEL  | N/A                                     | Y   |
| 82043  | URINE MICROALBUMIN (PROTEIN) LEVEL   | N/A                                     | Y   |
| 82105  | ALPHA-FETOPROTEIN (AFP) LEVEL, SERUM   | N/A                                     | Y   |
| 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   |

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|--|---|---|---|
| 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   |
| 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 A1C LEVEL  | 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   |

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|--|--|---|---|
| 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   |
| 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   |

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|--|---|---|---|
| 86255  | SCREENING TEST FOR ANTIBODY TO NONINFECTIOUS AGENT                                  | N/A                                     | Y   |
| 86318  | TEST FOR DETECTION OF INFECTIOUS AGENT ANTIBODY,<br>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   |
| 86687  | ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS,<br>TYPE 1 (HTLV-1)        | N/A                                     | Y   |
| 86688  | ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS,<br>TYPE 2 (HTLV-2)        | N/A                                     | Y   |
| 86689  | CONFIRMATION TEST FOR ANTIBODY TO HUMAN T-CELL<br>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<br>POX)                    | N/A                                     | Y   |
| 86803  | HEPATITIS C ANTIBODY MEASUREMENT  | N/A                                     | Y   |
| 86804  | CONFIRMATION TEST FOR HEPATITIS C ANTIBODY  | N/A                                     | Y   |

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|--|--|---|---|
| 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   |
| 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  | N/A                                     | Y   |

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|--|--|---|---|
|  | HERPES SIMPLEX VIRUS TYPE 2  |   |   |
| 87274  | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR HERPES SIMPLEX VIRUS TYPE 1  | N/A                                     | Y   |
| 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   |
| 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   |

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|--|--|---|---|
| 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   |
| 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   |

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|--|--|---|---|
| 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   |
| 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   |

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|--|---|---|---|
| 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   |
| 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, NONVALENT   | 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 (temporarily allowed during COVID-19 precautions)  | Y                                       | N/A   |
| 98967  | TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 11-20 MINUTES (temporarily allowed during COVID-19 precautions) | Y                                       | N/A   |

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|--|--|---|---|
| 98968  | TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 21-30 MINUTES(temporarily allowed during COVID-19 precautions)   | 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 SERVICE THAT THE SEDATION SUPPORTS, AGE 5 YEARS OR OLDER, EACH ADDITIONAL 15 MINUTES INTRA-SERVICE TIME | N/A                                     | Y   |
| 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  | HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS  | N/A                                     | Y   |
| 99239  | HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES  | N/A                                     | Y   |
| 99385  | INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (18-39  | N/A                                     | Y   |

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|--|---|---|---|
|  | YEARS)  |   |   |
| 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 (temporarily allowed during COVID-19 precautions)   | Y                                       | N/A   |
| 99442  | TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 11-20 MINUTES (temporarily allowed during COVID-19 precautions)  | Y                                       | N/A   |
| 99443  | TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 21-30 MINUTES (temporarily allowed during COVID-19 precautions)  | 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, AUTOMATED THIN LAYER PREPARATION, SCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION | N/A                                     | Y   |
| G0124  | SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY   | N/A                                     | Y   |

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# Montana Plan First

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| ICD-10-CM, HCPCS, CPT Code, or Drug Class | Description   | Always family planning service | May be family planning or family planning-related service* |
|---|---|--------------------------------|--|
|   | REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, REQUIRING INTERPRETATION BY PHYSICIAN   |                                |  |
| 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  |
| 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   | N/A                            | Y  |

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|--|---|---|---|
|  | AND OTHER COVERED INDICATION(S)   |   |   |
| 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 GM   | N/A                                     | Y   |
| J0696  | INJECTION, CEFTRIAZONE 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, CEPHAPIRIN 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   |
| 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  | Y                                       | N/A   |

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|--|--|---|---|
|  | IMPLANT AND SUPPLIES   |   |   |
| 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 (temporarily allowed during COVID-19 precautions)            | Y                                       | N/A   |
| S0191  | MISOPROSTOL, ORAL, 200 MCG   | N/A                                     | Y   |
| 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   |
| 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   |

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|--|--|---|---|
| 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   |
| 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   |

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