

Plan First: Provider Frequently Asked Questions

Covered Services



Contraception

Q: *What is the definition of “family planning services”?*

A: Plan First defines family planning services as meeting the criteria to use one of the “Encounter for Contraceptive Management” diagnoses in the current International Statistical Classification of Diseases manual. The approved list of procedure and supply codes as well as approved diagnoses is posted online at http://dmasva.dmas.virginia.gov/Content_pgs/mch-home.aspx under Plan First.

Q: *Is an ultrasound to check on an IUD covered by Plan First?*

A: Yes, it is covered using the approved Plan First procedure code and diagnosis.

Q: *Is removal of an IUD covered?*

A: Yes, it is covered using the approved Plan First procedure code and diagnosis.

Q: *What are the limits for prescribing condoms?*

A: The monthly prescription limit for condoms, if dispensed by a practitioner or clinic, is 90 per 30 days. The monthly prescription limit for condoms, if dispensed by a pharmacy, is 34 (34 day limit).

Q: *Can female condoms be prescribed for men and male condoms prescribed for women?*

A: As long as the member has a prescription, DMAS will reimburse for both male and female condoms without any gender specifications.

Q: *Will Plan First cover oral contraceptives and condoms prescribed at the same time for an enrolled member?*

A: Yes.

Q: *Are emergency contraceptives covered by Plan First?*

A: Emergency contraceptives are covered by Plan First with a prescription.

Q: *Will Plan First cover emergency contraception and the first pack of oral contraceptives within the same month for a member?*

A: Yes, with a prescription.

Q: *Does a Plan First enrollee need a prescription from a Medicaid provider (e.g. for oral contraceptives or NuvaRing) in order for the contraceptives to be covered?*

A: No, the prescription does **not** have to be written by a Medicaid-enrolled health care provider, however a valid prescription is required for the pharmacy to dispense.

Q: *If Plan First covers IUDs, why are no IUDs on the Preferred Drug List (PDL)?*

A: IUDs are considered part of the medical (vs. pharmacy) benefit, which is why they do not appear on the PDL. The Department requires physician administered methods to be purchased by the practitioner and reimbursed after the administration or insertion (“buy & bill” method). All brands of IUDs and implants are covered under Plan First.

Q: Will Plan First cover oral contraceptives for a woman while waiting for insertion of an IUD and have both the oral contraceptives and IUD covered?

A: Yes, with a prescription.

Q: Does the practitioner have to purchase Depo-Provera up front?

A: Yes, the Department policy is that practitioner administered methods must be purchased up front by the provider and then billed to Plan First after insertion/administration of the method.

Q: Is there a limitation on women who have previously failed Long Acting Reversible Contraceptive (LARC) methods but want to try a different type of LARC?

A: Plan First does not have limits on the number of methods a member may try. Such as if a member used Mirena for 3 months and decided to change to Nexplanon, Plan First would reimburse for the removal of Mirena and the insertion/supply of Nexplanon.

Q: If we do not supply Depo-Provera in our office, can we refer to the local health department?

A: Members must be willing to become a patient at their local health department to receive services there.

Pregnancy Tests

Q: Is there a limit on the number of pregnancy tests that can be performed in a year?

A: No, there is no limit.

Q. Will Plan First pay for a pregnancy test when ordered - before birth control is dispensed?

A. Yes. The pregnancy test will be covered under Plan First as long as the code used is on the list of Plan First approved codes.

Testing and Treatment

Q: Is there an age limit for STI testing (for example only testing people under age 26)?

A. There is no age limit on codes for STI testing and no limit on frequency of testing as long as done in the context of a family planning visit where the most appropriate "Encounter for Contraception Management" diagnosis is used.

Q: Is treatment of a reproductive health problem discovered during the course of a family planning visit (e.g. yeast infection) covered?

A: No, treatment is not covered through Plan First. If the member is not able to pay privately for follow-up, she may choose to seek services through local clinic where there may be no out-of-pocket cost or charged based on sliding scale fee.

Q: If a Plan First patient has an abnormal PAP and has to follow-up, is this covered?

A: No, Plan First does not cover follow up PAPs due to abnormal results, nor treatment if needed. If the member is not able to pay privately for follow-up, she may choose to seek services through local clinic where there may be no out-of-pocket cost or charged based on sliding scale fee.

Q: Will Plan First cover a Pap Smear for an enrollee who is not interested in family planning or contraception?

A: A Pap smear is covered as long as it is done in context of a family planning/pregnancy prevention-focused visit. The patient has to have some conversation with her practitioner about pregnancy prevention (e.g. contraception discussion or natural family planning). If it is a problem-focused visit, the Pap smear will not be covered. Someone who has had her tubes tied is no longer fertile would fall into this category. It is important for providers to notify members they will be responsible for the visit, prior to the visit being performed, if she is not needing family planning.

Q: What code is most appropriate for STI testing or pregnancy test to be covered under Plan First?

A: The practitioner must determine the most appropriate code to bill depending on the service provided. The Plan First approved codes and required diagnoses are listed at: http://dmasva.dmas.virginia.gov/Content_pgs/mch-home.aspx under Plan First.

Q: If a patient has Nexplanon and comes in for STI testing because of symptoms, would this acute/problem focused visit be covered?

A: No, problem focused visits are not covered under Plan First.

Q: Why does Plan First cover STI testing but not treatment?

A: The Department requires budget authority to be able to reimburse for the treatment services through Plan First. Members needing treatment that are not able to pay privately may seek treatment through local clinic where services are provided at no cost or on sliding scale fee.

Services for Men

Q: What is covered for men?

A: Men can get their annual physical and STI testing if performed in the context of family planning/contraception management. Plan First also covers condoms and vasectomies.

Q: Does Plan First cover the Prostate Specific Antigen (PSA) test for men?

A: The PSA test is not covered, but Plan First does cover the physical exam – if done in context of family planning/contraception management.

Sterilization Procedures

Q: Will Plan First cover sterilization performed during the 3-month retroactive period?

A: Sterilization is covered only if all applicable requirements are met at the time the operation is performed. If a patient obtains retroactive coverage, previously provided sterilization services cannot be billed unless all the applicable requirements have been met.

Q: If a woman has an emergency C-section and then has her tubes tied, will Plan First cover?

A: She should apply for retroactive coverage under Medicaid as a pregnant woman to see if she is eligible to cover her C-section as well as her sterilization. If she is already enrolled in Plan First, the worker could evaluate/process her request for pregnancy coverage as a change.

To cover a sterilization retroactively – if performed at the time of emergency abdominal surgery or premature delivery – the following must occur:

- The patient signed the sterilization informed consent form at least 30 days before the *intended* date of sterilization; and
- At least 72 hours passed between when the informed consent was signed and the emergency surgery was performed.

Q: *Is there a list of providers who perform bilateral tubal ligations?*

A: DMAS has a list of Plan First providers but not specifically who performs sterilizations. Any enrolled DMAS provider who performs sterilizations can provide sterilization services for a Plan First member.

Q: *Does Plan First cover family planning visits after sterilization?*

A: After the confirmation test has been performed, the provider cannot code a visit as family planning/contraceptive management – so no services can be covered.

Q: *Is the confirmation appointment following sterilization a covered service?*

A: Yes, the confirmation appointment is a covered service; however, once confirmed, family planning is no longer necessary and therefore there are no other covered services under Plan First. (See “Billing FAQs”.)

Q: *A 50 year old patient on Plan First who is still menstruating requested a tubal ligation. Does the woman’s age make her ineligible for the procedure?*

A: Age has to be at least 21 years old and over. No upper age limit. Because this woman could still get pregnant, the tubal ligation is appropriate and would be covered under Plan First. As long as the provider attaches the appropriate consent forms to the claim for the sterilization and associated labs, it will be covered.

Transportation

Q: *Is transportation to pick up contraceptives covered – even to a health department?*

A: Yes, it is covered. Use the LogistiCare number to schedule the ride(s) at (866) 386-8331.

Other

Q: *Can we bill patients for non-covered services?*

A: Yes, however DMAS encourages providers to review with patients services that will not be covered through Plan First prior to the visit so the patient understands what they will be responsible for paying out of pocket.

Q: *Are urgent care services covered through Plan First?*

A: No, urgent care services are not covered through Plan First.

For complete information about Plan First covered services, go to http://dmasva.dmas.virginia.gov/Content_pgs/mch-home.aspx