

Hospital Presumptive Eligibility (HPE) Limited Coverage for Plan First

The following describes the medical services available to patients who have been determined to be presumptively eligible for Plan First, a limited Medicaid benefit for family planning coverage only. The coverage period for Plan First presumptive eligibility begins with the day your HPE is determined and ends the last day of the following month.

Presumptive eligibility medical services for Plan First include:

- **Annual family planning exams**
- **Pap smears for women to screen for cervical cancer**
- **Sexually transmitted infection (STI) testing**
- **Laboratory services for family planning and STI testing**
- **Family planning education, counseling, and preconception health**
- **Sterilization procedures (Tubal Ligation or Essure implant for women and vasectomies for men)****
- **Non-Emergency transportation (866-386-8331) to a family planning service**
- **Most Food and Drug Administration (FDA) approved prescription and over-the-counter contraceptives*****

*Services must be for preventing a pregnancy. Specific service and supply billing codes are posted online at <https://coverva.dmas.virginia.gov/learn/coverage-for-adults/plan-first/>.

**Sterilization Consent Form (DMAS-3004-English and DMAS-3004S-Spanish) for sterilization procedures must be signed at least 30 days prior to the surgery being performed.

***Over-the-counter contraceptives require a prescription in order to be covered.

If you file a Medicaid application before the end date of your presumptive eligibility coverage, your eligibility can continue while your full Medicaid application is being processed. If you have questions about this coverage, please contact your local Department of Social Services.

Failure to file a regular, full-benefit Medicaid application may result in missed coverage and/or out of pocket expenses for non-covered services received during a period of presumptive eligibility.