

MO HEALTHNET MANAGED CARE COVERED MEDICAL SERVICES

Table of Contents

Abortion Services
Adult Day Health Care
Aids Waiver Services
Ambulance
Ambulatory Surgery Center/Birthing Centers
Audiology and Hearing Services
Behavioral Health and Substance Abuse Services
Certified Nurse Midwife
Community Psychiatric Rehabilitation Services
Comprehensive Day Rehabilitation Services
Comprehensive Substance Treatment Abuse and Rehabilitation (C-STAR)
Programs
Dental
Diabetes Education
Durable Medical Equipment
Early Periodic Screening, Diagnosis & Treatment (EPSDT/HCY)
Emergency Department
Emergency Medical/Behavioral Health or Substance Abuse Services
Family Planning Services
Home Health
Hospice
Hospital Services
Immunizations
Lab/X-ray
Maternity for Inpatient Hospital
Maternity and Prenatal Care
Mentally Retarded and Developmental Disabilities (MRDD) Waiver
Services
Newborn Home Visits
Non-Emergency Medical Transportation
Office Visits
Optical
Personal Care

Pharmacy
Physical, speech and occupational therapy
Physician Injections
Podiatry Service
Private Duty Nursing
Protease Inhibitors
Public Health Services
Sexual Assault Forensic Examination and Child Abuse Resource Education
(SAFE-CARE)
Second Opinions
Transplants

Child: Under age 21

PW: A woman receiving MO HealthNet under a category for pregnant women

A: An Adult age 21 and older

May 2011

DEFINITIONS OF MO HEALTHNET MANAGED CARE COVERED SERVICES

Service	Scope of Service	Limits and Rules	C - Covered NC - Not Covered		
			Child	PW	A
Abortion Services	Abortion services are reimbursed through the MO HealthNet Fee-For-Service program in the case of rape, incest, and when the life of the woman is endangered.	Covered under MO HealthNet Fee-for-Service	C	C	C
Adult Day Health Care	Adult day health care is a program of organized therapeutic, rehabilitative, and social activities provided outside the home for periods of time less than 24 hours per date of service.		NC	C	C
Aids Waiver Services	The AIDS Waiver program provides services in addition to the standard MO HealthNet Fee-for-Service benefit package. MO HealthNet Fee-for-Service as a cost effective alternative to nursing home placement covers these services.	Covered under MO HealthNet Fee-for-Service. Children age 0-20 are not enrolled in the AIDS waiver program as they receive the same services as a HCY benefit through the MO HealthNet Managed Care health plan when medically necessary.	NC	C	C
Ambulance	For emergencies are covered when medically necessary.	If not medically necessary, per prudent lay person rules, member may have to pay.	C	C	C
Ambulatory Surgery Center/Birthing Centers	The Ambulatory Surgical Center (ASC) program provides a place for operative procedures that can be safely performed in an outpatient setting.	Birthing Centers are restricted to billing the facility charges for labor and delivery only	C	C	C
Audiology and	Exams/Testing	Evaluation of speech,	C	C	NC

Child: Under age 21

PW: A woman receiving MO HealthNet under a category for pregnant women

A: An Adult age 21 and older

DEFINITIONS OF MO HEALTHNET MANAGED CARE COVERED SERVICES

Service	Scope of Service	Limits and Rules	C - Covered NC - Not Covered		
			Child	PW	A
Hearing Services Audiology and Hearing Services (cont'd)		language, voice, communication, auditory processing, and /or aural rehabilitation status. Comprehensive audiometry threshold, evaluation, and speech recognition.			
	Hearing Aids	Once every 4 years per member Batteries are covered for persons under age 21 Batteries are not covered for persons over 21	C	C	NC
Behavioral Health and Substance Abuse Services	Behavioral health and substance abuse services include outpatient facility, psychiatry, psychology, and counseling services except for MO HealthNet children in the care and custody of the state. HCY psychology services are covered for persons under the age 21. Inpatient Hospital Professional Services	MO HealthNet Fee-For- Service reimburses services for children in the care and custody of the State.	C	C	C
Certified Nurse Midwife	Certified nurse midwives may furnish all medically necessary services that are within their scope of practice. These services		C	C	C

Child: Under age 21

PW: A woman receiving MO HealthNet under a category for pregnant women

A: An Adult age 21 and older

DEFINITIONS OF MO HEALTHNET MANAGED CARE COVERED SERVICES

Service	Scope of Service	Limits and Rules	C - Covered NC - Not Covered		
			Child	PW	A
Certified Nurse Midwife (cont'd)	include family planning, well woman checks, prenatal care, delivery, post partum care, and newborn care to infants 0 through 2 months.				
Community Psychiatric Rehabilitation Services		Covered under MO HealthNet Fee-for-Service	C	C	C
Comprehensive Day Rehabilitation Services	Services are for certain members with disabling impairments as the result of a traumatic head injury.	Services are limited to children under age 21 and adult pregnant women with ME Codes 18, 43, 44, 45, and 61.	C	C	NC
Comprehensive Substance Treatment Abuse and Rehabilitation (C-STAR)		Covered under MO HealthNet Fee-for-Service	C	C	C
Dental		<p>Children under age 21: All dental services are covered by the health plan.</p> <p>Women in MO HealthNet category assistance for pregnant Women: Dentures and dental services related to trauma to the mouth, jaw, teeth or other contiguous sites as a result of injury and all other Medicaid State Plan dental services for pregnant women are covered by the health plan.</p> <p>Adults age 21 and over: Dental services limited to trauma to the mouth, jaw, teeth or other contiguous</p>	C	C	C

Child: Under age 21

PW: A woman receiving MO HealthNet under a category for pregnant women

A: An Adult age 21 and older

DEFINITIONS OF MO HEALTHNET MANAGED CARE COVERED SERVICES

Service	Scope of Service	Limits and Rules	C - Covered NC - Not Covered		
			Child	PW	A
Dental (cont'd)		sites as a result of injury and services when the absence of dental treatment would adversely affect a pre-existing medical condition are covered by the health plan.			
	Orthodontics	Comprehensive orthodontic benefits are available to eligible beneficiaries with severe malocclusions who are age 20 and under with permanent dentition, except in cleft palate cases or with mixed dentition when the beneficiary has reached the age of 13.	C	NC	NC
Diabetes Education	Diabetes self-management training	<p>Services are limited to children under age 21 and adult pregnant women with ME Codes 18, 43, 44, 45, and 61 with gestational, Type I or Type II diabetes.</p> <p>The program covers training upon initial diagnosis of diabetes, any significant change in the member's symptoms, conditions, or treatment, and when there is a documented need for re-education or refresher training.</p> <p>A prescription from a physician or other health care provider with prescribing authority is</p>	C	C	NC

Child: Under age 21

PW: A woman receiving MO HealthNet under a category for pregnant women

A: An Adult age 21 and older

DEFINITIONS OF MO HEALTHNET MANAGED CARE COVERED SERVICES

Service	Scope of Service	Limits and Rules	C - Covered NC - Not Covered		
			Child	PW	A
Diabetes Education (cont'd)		required. The initial assessment may only be performed by a physician or certified diabetes educator. One assessment per lifetime is covered.			
Durable Medical Equipment	Durable Medical Equipment (DME) include items such as prosthetics, orthotics, respiratory care equipment, home parenteral nutrition, ostomy supplies, wheelchairs, wheelchair accessories and batteries, hospital beds, etc.		C	C	C
Early Periodic Screening, Diagnosis & Treatment (EPSDT/HCY)	This is special program for children to provide medically necessary services. The program is called Early Periodic Screening, Diagnosis and Treatment (EPSDT) or Healthy Children and Youth (HCY). Some examples of EPSDT/HCY services are: <ul style="list-style-type: none"> • An unclothed physical exam • Screening and testing lead levels in blood • Checking the growth and progress of the child 		C	NC	NC

Child: Under age 21

PW: A woman receiving MO HealthNet under a category for pregnant women

A: An Adult age 21 and older

DEFINITIONS OF MO HEALTHNET MANAGED CARE COVERED SERVICES

Service	Scope of Service	Limits and Rules	C - Covered NC - Not Covered		
			Child	PW	A
(EPSDT/HCY) cont'd	<ul style="list-style-type: none"> • Vision, hearing, and dental screens • Services identified from a EPSDT screen • Health care management 				
Emergency Department	Covered when medically necessary	Must be medical emergency according to prudent layperson rules.	C	C	C
Emergency Medical/Behavioral Health or Substance Abuse Services	Inpatient and outpatient services that are furnished by a qualified provider and needed to evaluate or stabilize an emergency medical condition.		C	C	C
Family Planning Services	<p>Examples of reproductive health services are:</p> <p>Contraception management: insertion of Norplant, IUD, Depo provera Injections</p> <p>Family planning counseling/education on various methods of birth control.</p> <p>Lab Tests - Pap test Sexually Transmitted Diseases (STD's) testing</p> <p>Pelvic exams</p> <p>Sterilization</p>	<p>Sterilization procedures are <u>not</u> covered for members under the age of 21.</p> <p>The member must sign the <u>(Sterilization) Consent Form</u> at least 30 days but not more than 180 days prior to the date of the sterilization procedure.</p>	C	C	C
Home Health	Home health services	Must be medically	C	C	C

Child: Under age 21

PW: A woman receiving MO HealthNet under a category for pregnant women

A: An Adult age 21 and older

DEFINITIONS OF MO HEALTHNET MANAGED CARE COVERED SERVICES

Service	Scope of Service	Limits and Rules	C - Covered NC - Not Covered		
			Child	PW	A
Home Health (cont'd)	include skilled nurse visits, home health aide visits, physical, occupational, and speech therapy services, and medical supplies	necessary and physician ordered. Home health services must be provided in the member's home. Physical, occupational, and speech therapy services must be rehabilitative and restorative. Physical, occupational, and speech therapy services are not covered for adults in a limited benefit package.			
Hospice	Hospice services are provided when a terminally ill member elects hospice & include: <ul style="list-style-type: none"> • Nursing Services • Counseling • Medicines • Medical Supplies • Personal care • Social work • 24-hour nursing care in home • Inpatient respite care • Inpatient care • Nursing home room and board 	Hospice requirements must be met	C	C	C
Hospital Services	Inpatient - An acute inpatient service, is one in which the hospital expects to provide service to the member in the hospital for a 24 hour period or longer. Outpatient- Outpatient	Length of stay is limited to medical necessity.	C	C	C

Child: Under age 21

PW: A woman receiving MO HealthNet under a category for pregnant women

A: An Adult age 21 and older

DEFINITIONS OF MO HEALTHNET MANAGED CARE COVERED SERVICES

Service	Scope of Service	Limits and Rules	C - Covered NC - Not Covered		
			Child	PW	A
Hospital Services (cont'd)	hospital services are those services provided to a member not admitted by the hospital as an inpatient but is registered on the hospital records as an outpatient and receives services from the hospital.				
Immunizations	Routine shots are a covered service.	Shots for work or travel are not covered	C	C	C
Lab/X-ray	Most services needed to identify and treat disease.	Must be ordered by a physician. Lab tests performed by the Department of Health and Senior Services as required by State law are covered through MO HealthNet Fee-For-Service.	C	C	C
Maternity for Inpatient Hospital	Coverage shall be available for a minimum of 48 hours of inpatient care following a vaginal delivery and a minimum of 96 hours of inpatient care following a cesarean section for a mother and newly born child.		C	C	C
Maternity and Prenatal Care	Services include prenatal visits, ultrasounds or fetal non-stress tests, delivery and post-natal care.		C	C	C
Mentally Retarded and Developmental Disabilities (MRDD) Waiver Services		Covered under MO HealthNet Fee-for-Service	C	C	C

Child: Under age 21

PW: A woman receiving MO HealthNet under a category for pregnant women

A: An Adult age 21 and older

DEFINITIONS OF MO HEALTHNET MANAGED CARE COVERED SERVICES

Service	Scope of Service	Limits and Rules	C - Covered NC - Not Covered		
			Child	PW	A
Newborn Home Visits	Nurse visits to follow the progress of a newborn and mother	Provided for all mother/babies who leave the hospital less than 48 hours after a vaginal delivery, or less than 96 hours after a cesarean.	C	NC	NC
Non-Emergency Medical Transportation	Transportation provided to the participating facility for covered medical services when no other form of transportation is available.	Transportation is not covered for members with ME codes 08, 52, 57, 64, 65, and 73 through 75.	C	C	C
Office Visits	Office visits with physicians or other health care providers		C	C	C
Optical	Optical services include but are not limited to eye exams, office visits, treatment, prosthetic eyes, eyeglasses, and EPSDT/HCY optical screens and services. Optometrists, opticians, and optical clinics provide optical services.	Children under age 21 and women in a category of assistance for pregnant women: Optical services include one eye exam per year, one pair of eyeglasses every 24 months and, for children under 21, HCY/EPSDT optical screen and services are covered by the health plan. Adults age 21 and over: Optical services limited to one eye exam every two years, services related to trauma or treatment of disease/medical condition (including eye prosthetics). One pair of eyeglasses every 24 months.	C	C	C Limited
Personal Care	Personal care services are tasks that assist a member in activities of		C	C	C

Child: Under age 21

PW: A woman receiving MO HealthNet under a category for pregnant women

A: An Adult age 21 and older

DEFINITIONS OF MO HEALTHNET MANAGED CARE COVERED SERVICES

Service	Scope of Service	Limits and Rules	C - Covered NC - Not Covered		
			Child	PW	A
	daily living related to a stable chronic condition.				
Pharmacy	Most medically necessary medicines and supplies that are prescribed by physicians are covered.	Members over 18 pay a \$.50 - \$2.00 dispensing fee for each prescription (with some exceptions). Covered under MO HealthNet Fee-for-Service.	C	C	C
Physical, speech and occupational therapy	Therapies for conditions that are the result of injury, disease (such as stroke), or other medical conditions up to age 21.	Restorative only for each injury or acute episode Therapies included in and Individualized Family Service Plan (IFSP) or Individual Education Plan (IEP) are covered through the MO HealthNet Fee-for-Service Program.	C	C	NC
Physician Injections	Injectable drugs and vaccines administered in a physicians office	Covered under MO HealthNet Fee-for-Service	C	C	C
Podiatry Service	All medically necessary podiatry services that are within the scope of practice of the podiatrist	Adults age 21 and over do not get the following podiatry services: 11719 Trimming of nondystrophic nails, any number 11720 Debridement of nai(s) by any method; 1-5 11721 Debridement of nail(s) by any method; 6 or more 11750 Excision of nails and nail matrix, partial or complete 29540 Strapping of ankle and/or foot	C	C	C Limited

Child: Under age 21

PW: A woman receiving MO HealthNet under a category for pregnant women

A: An Adult age 21 and older

DEFINITIONS OF MO HEALTHNET MANAGED CARE COVERED SERVICES

Service	Scope of Service	Limits and Rules	C - Covered NC - Not Covered		
			Child	PW	A
Private Duty Nursing	Private duty nursing services are covered under the Healthy Children and Youth (HCY) program		C	NC	NC
Protease Inhibitors		Covered under MO HealthNet Fee-for-Service	C	C	C
Public Health Services	Services provided by local Public Health Agencies	Sexually transmitted disease (STD) screenings, diagnosis and treatment. HIV testing and counseling Tuberculosis screening, diagnosis and treatment Childhood lead poisoning prevention services	C	C	C
Sexual Assault Forensic Examination and Child Abuse Resource Education (SAFE-CARE)		Covered under MO HealthNet Fee-for-Service	C	C	C
Second Opinions	For serious medical conditions where the treatment plan or diagnosis is disagreed with a second opinion may be sought.	Referrals may be required for in-network and out of network providers	C	C	C
Transplants	Solid organ and bone marrow/stem cell transplant services	Pre-transplant and post-transplant services are covered by the health plan. Transplant is covered through MO HealthNet Fee-for-Service	C	C	C

Child: Under age 21

PW: A woman receiving MO HealthNet under a category for pregnant women

A: An Adult age 21 and older