MISSOURI WOMEN’S HEALTH SERVICES

MO HealthNet offers Women's Health Services to participants losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum for up to one year. Eligible participants are enrolled under Medicaid Eligibility (ME) code 80. MO HealthNet also offers Women’s Health Services to participants that meet the eligibility criteria for the program. These participants are enrolled under ME code 89 and are not limited to one year of coverage.

ELIGIBILITY CRITERIA

To qualify for the Women's Health Services Program, a woman must:

- be age 18 through 55;
- have family income at or below 185 percent of the Federal poverty level (FPL);
- have assets totaling less than $250,000; and
- not be otherwise eligible for Medicaid, the Children’s Health Insurance Program (CHIP), Medicare, or health insurance coverage that provides family planning services.

Eligibility for either ME category ends once a woman has been sterilized and post-op care is completed.

Services and limitations for both eligibility categories are identical and include family planning services, family planning-related services, and supplies. Services and supplies are only covered for the primary purpose of family planning or when a family planning-related problem was identified and/or diagnosed during a routine or periodic family planning visit. A complete list of covered services under this program is attached.
PROCEDURE CODE ADDITIONS AND DELETIONS

Attached is an updated list of procedure codes (Attachment A) that are covered under the Women’s Health Services Program. The list incorporates three procedure codes (11981, 86386 and 87389) that were added due to Health Care Procedure Coding System (HCPCS) updates and are effective January 1, 2012. Also with HCPCS updates, two codes (11975 and 11977) that were previously covered under this program have been deleted. Two other existing codes (11982 and 11983) have been added as covered services.

BILLING REMINDER

All services under the Women’s Health Services Program must be billed with a primary diagnosis code within the range of V25 through V25.9 or payment for the services will be denied. Note that diagnoses in this range may require a 4th or 5th digit.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at http://dss.mo.gov/mhd/providers/pages/bulletins.htm. Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient’s MO HealthNet Managed Care health plan. Before delivering a service, please check the patient’s eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896
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<td>87164</td>
<td>DARK FIELD EXAMINATION ANY SOURCE (EG PENILE VAGINAL ORAL SKIN)</td>
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<td>87184</td>
<td>SENSITIVITY STUDIES ANTIBIOTIC DISK METHOD PER PLATE (12 OR LESS DISKS)</td>
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<td>87186</td>
<td>SENSITIVITY STUDIES ANTIBIOTIC MICROTITER MINIMUM INHIBITORY CONCENTRATION (MIC)</td>
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<td>87205</td>
<td>SMEAR PRIMARY SOURCE WITH INTERPRETATION ROUTINE STAIN</td>
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<tr>
<td>87206</td>
<td>SMEAR PRIMARY SOURCE WITH INTERPRETATION FLUORESCENT AND/OR ACID FAST STAIN FOR BACTERIA FUNGI</td>
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<tr>
<td>87207</td>
<td>SMEAR SPECIAL STAIN</td>
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<td>87210</td>
<td>SMEAR PRIMARY SOURCE WITH INTERPRETATION WET MOUNT WITH SIMPLE STAIN</td>
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<td>87220</td>
<td>TISSUE EXAMINATION FOR FUNGI (EG KOH SLIDE)</td>
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<td>87252</td>
<td>VIRUS IDENTIFICATION; TISSUE CULTURE INOCULATION AND OBSERVATION</td>
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<td>87270</td>
<td>INFECT AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH; CHLAMYDIA TRACHOMATIS</td>
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<tr>
<td>87273</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY FLOURESCENT ANTIBODY; HERPES SIMPLEX VIRUS TYPE 2</td>
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<td>INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH; HERPES SIMPLEX VIRUS</td>
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<tr>
<td>87320</td>
<td>INFECT AGT ANTIGEN DETECTION BY ENZYME IMMUNOASSY METHOD; ADENOVIRUS ENTERIC TYPES 40/41 CHLAMYD</td>
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<td>87340</td>
<td>HEPATITIS B SURFACE ANTIGEN</td>
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<td>HERPES SIMPLEX TYPE 2</td>
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<td>87390</td>
<td>HIV-1</td>
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<td>87391</td>
<td>HIV-2</td>
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<tr>
<td>87470</td>
<td>INFECT AGT DETECT BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA QUINTANA DIRECT</td>
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<td>CANDIDA SPECIES DIRECT PROBE TECHNIQUE</td>
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<td>CANDIDA SPECIES AMPLIFIED PROBE TECHNIQUE</td>
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<td>INFECT AGT DETECTION BY NUCLEIC ACID  MULTIPLE ORGANISMS; DIRECT PROBE TECHNIQUE</td>
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<td>INFECTIOUS AGT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL OBSERVATION; CHLAMYDIA TRACHOMATIS</td>
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<td>CYTOPATHOLOGY CONCENTRATION TECHNIQUE  SMEARS AND INTERPRETATION (EG SACCAMONNO TECHNIQUE)</td>
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<td>88141</td>
<td>CYTOPATHOLOGY  CERVICAL OR VAGINAL</td>
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<td>CYTOPATHOLOGY  CERVICAL OR VAGINAL, THIN LAYER PREPARATION; MANUAL SCREENING UNDER PHYS SUPERVISION</td>
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<td>CYTOPATHOLOGY  CERVICAL OR VAGINAL, WITH MANUAL SCREENING AND RESCREENING</td>
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<td>CYTOPATHOLOGY SMEARS  CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION</td>
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<td>CYTOPATHOLOGY SMEARS  CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM WITH MANUAL RESCREENING</td>
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<td>CYTOPATHOLOGY SLIDES  CERVICAL OR VAGINAL; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION</td>
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<td>CYTOPATHOLOGY SLIDES  CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION</td>
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<td>Procedure Code</td>
<td>Description</td>
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<td>CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; WITH MANUAL SCREENINGS AND COMPUTER-ASSISTED RESCREENING</td>
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<td>CYTOPATHOLOGY SLIDE CERVICAL OR VAGINAL DEFINITIVE HORMONAL EVALUATION</td>
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<td>CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; SCREENING AND INTERPRETATION</td>
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<td>88161</td>
<td>CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; PREPARATION SCREENING AND INTERPRETATION</td>
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<tr>
<td>88162</td>
<td>CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS</td>
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<tr>
<td>88164</td>
<td>CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM)</td>
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<td>88165</td>
<td>CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); UNDER PHYSICIAN'S SUPERVISION</td>
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<td>88166</td>
<td>CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING</td>
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<td>88167</td>
<td>CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION</td>
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<tr>
<td>88172</td>
<td>EVALUATION OF FINE NEEDLE ASPIRATE W/ OR W/O PREPARATION OF SMEARS; IMMEDIATE CYTOHISTOLOGIC STUDY</td>
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<td>88173</td>
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<td>88174</td>
<td>CYTOPATHOLOGY C/V AUTO IN FLUID</td>
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<td>88175</td>
<td>CYTOPATHOLOGY C/V AUTOMATED THIN LAYER PREPARATION, WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING OR REVIEW, UNDER PHYSICIAN SUPERVISION</td>
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<tr>
<td>99070</td>
<td>SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED</td>
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<tr>
<td>99201-99205</td>
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<td>99211-99215</td>
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<td>PREVENTATIVE MEDICINE SERVICES/NEW PATIENT</td>
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<td>99393-99396</td>
<td>PREVENTATIVE MEDICINE SERVICES/ESTABLISHED PATIENT</td>
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<tr>
<td>A4261</td>
<td>CERVICAL CAP FOR CONTRACEPTIVE USE</td>
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<tr>
<td>A4266</td>
<td>DIAPHRAGM</td>
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<tr>
<td>J1055</td>
<td>INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG</td>
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<tr>
<td>J7300</td>
<td>INTRAUTERINE COPPER CONTRACEPTIVE</td>
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<td>J7302</td>
<td>LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM</td>
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<td>J7303</td>
<td>CONTRACEPTIVE VAGINAL RING</td>
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<td>J7306</td>
<td>LEVONORGESTREL IMPLANT</td>
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<tr>
<td>Q0111</td>
<td>WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL, OR SKIN SPECIMENS</td>
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<tr>
<td>T1015</td>
<td>CLINIC VISIT/ENCOUNTER ALL-INCLUSIVE</td>
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<td>Drug Class</td>
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<tr>
<td>G2A</td>
<td>PROGESTATIONAL AGENTS (Used for Contraception)</td>
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<tr>
<td>G8A</td>
<td>CONTRACEPTIVES, ORAL</td>
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<tr>
<td>G8B</td>
<td>CONTRACEPTIVES, IMPLANTABLE</td>
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<tr>
<td>G8C</td>
<td>CONTRACEPTIVES, INJECTABLE</td>
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<tr>
<td>G8F</td>
<td>CONTRACEPTIVES, TRANSDERMAL</td>
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<td>G9B</td>
<td>CONTRACEPTIVES, INTRAVAGINAL</td>
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<tr>
<td>L5A</td>
<td>KERATOLYTICS</td>
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<tr>
<td>Q4F</td>
<td>VAGINAL ANTIFUNGALS</td>
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<td>Q4W</td>
<td>VAGINAL ANTIBIOTICS</td>
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<td>EYE ANTIVIRALS</td>
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<tr>
<td>W1C</td>
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<td>W1P</td>
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<td>QUINOLONES</td>
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<td>ANTIFUNGAL AGENTS</td>
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<td>DIAPHRAMS/ CERVICAL CAP</td>
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<td>INTRA-UTERINE DEVICES</td>
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<td>IMMUNOMODULATORS (Aldera)</td>
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