Hearing Aid	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26, E2	Limited*
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
NAC H. M. N. J. C. W. L. OC. 07, 00, 20, 20, 27, 20, 40, 50, 52, 56, 57, 60, 62	
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70	Yes
0-1, 03, 00, 00, 10	
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
Uninsured Women's Health Services 80, 89	No
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Limited*
11 dartieria i i i i i i i i i i i i i i i i i i	Limited
BCCCP 83, 84	Limited*
Blind Programs 02, 03, 12, 15	Yes
Dinia i rograms 02, 03, 12, 13	103
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Temporary Women's Assistance for Pregnant Women 58, 59, 94	No
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Benficiary (QMB) 55	No
Missouri RX Plan (MORx) 82	No
Notos: *Covered honefit for children under age 21. Posidents residing in a nursing home are eligible. D	loaco coo

Notes: \*Covered benefit for children under age 21. Residents residing in a nursing home are eligible. Please see Section 13.9 in your provider manual for specific information.

**Hearing Aid Manual** 

**Provider Bulletins** 

Please check fee schedule; certain restrictions apply.