Ambulance (emergency only)	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62,	Yes
64, 65, 66, 68, 70	
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
CIM (103 71, 72, 73, 71, 73, 37	165
Uninsured Women's Health Services 80, 89	No
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Yes
	.,
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Yes
5.111a 1 10g. a.113 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	Limited*
December 1 of Electric 1 of the Children C.	
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Benficiary (QMB) 55	Yes
	100
Missouri RX Plan (MORx) 82	No
Note: *Limited coverage for ambulatory prenatal care.	
Ambulance Manual	
Please check fee schedule; certain restrictions apply.	

Ambulatory Surgical Center	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
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
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
Uninsured Women's Health Services 80, 89	Limited*
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Yes
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Yes
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Temporary Women's Assistance for Pregnant Women 58, 59, 94	Limited**
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Benficiary (QMB) 55	Yes
Missouri RX Plan (MORx) 82	No
Notes: *Limited Coverage for family planning and limited testing and treatment of sexually transmitted	d diseases.

\*\*Limited coverage for ambulatory prenatal care.

Please check fee schedule; certain restrictions apply.

Ambulatory Surgical Center Manual

Applied Behavior Analysis (ABA)	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Limited*
MO HealthNet for Pregnant Women 18, 43, 44, 44, 61, 95, 96, 98	Limited*
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62,	Limited*
64, 65, 66, 68, 70	
CHID III I. 74 72 72 74 75 07	1114
CHIP Kids 71, 72, 73, 74, 75, 97	Limited*
Uninsured Women's Health Services 80, 89	No
Offinistrea Women's freatth Services 80, 85	110
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Limited*
BCCCP 83, 84	Limited*
Blind Programs 02, 03, 12, 15	Limited*
	1.1. 1.1.
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Limited*
Temporary Women's Assistance for Pregnant Women 58, 59, 94	No
remporary women's Assistance for Freghant women 38, 39, 94	INO
Presumptive Eligibility for Children 87	Limited*
Qualified Medicare Benficiary (QMB) 55	Limited*
Missouri RX Plan (MORx) 82	No
Notes: *Covered benefit for participants under age 21 with Autism Spectrum Disorder	
Behavioral Health Services Manual	
<u>Provider Bulletins</u> <u>Please check fee schedule; certain restrictions apply.</u>	
rease check ree schedule, certain restrictions appry.	

Certified Nurse Practitioner	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
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
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
Uninsured Women's Health Services 80, 89	Limited*
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Yes
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Yes
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Temporary Women's Assistance for Pregnant Women 58, 59, 94	Limited**
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Benficiary (QMB) 55	Yes
Missouri RX Plan (MORx) 82	No
Notes: *Limited coverage for family planning and limited testing and treatment of sexuality transmitted **Limited coverage for ambulatory prenatal care.	ed diseases.

Physician Manual

Community Psych Rehab Services	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70	Limited*
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	Yes
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Limited*
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
Notes: *Except for ME codes 02, 08, 52, 55, 57, 59, 64, 65, 80, 82 and 89	
Comprehensive Psych Rehab Manual Please check fee schedule; certain restrictions apply.	

Comprehensive Day Rehab	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Limited*
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62,	Yes
64, 65, 66, 68, 70	
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
O. III. (103 7 1, 7 2, 7 3, 7 1, 7 3, 7 1	103
Uninsured Women's Health Services 80, 89	No
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Limited*
BCCCP 83, 84	Limited*
Blind Programs 02, 03, 12, 15	Yes
Dilliu 1 Tograms 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
Qualified Medicare Berniciary (QIVIB) 33	INO
Missouri RX Plan (MORx) 82	No
Notes: *Covered benefit for children under age 21.	
Comprehensive Day Rehab Manual	
Please check fee schedule; certain restrictions apply.	

## **Comprehensive Substance Treatment & Rehab (CSTAR)**

Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70	Limited*
04, 03, 00, 00, 70	
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	Yes
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Limited*
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
Notes: *Except for ME codes 02, 08, 52, 55, 57, 59, 64, 65, 80, 82 and 89	
CSTAR Manual  Rhose shock for school less cortain rectrictions apply	
Please check fee schedule; certain restrictions apply.	

Diabetes Self-Management	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Limited*
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
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
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*
BCCCP 83, 84	Limited*
Blind Programs 02, 03, 12, 15	Yes
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Temporary Women's Assistance for Pregnant Women 58, 59, 94	Limited**
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Benficiary (QMB) 55	Yes
Missouri RX Plan (MORx) 82	No
Notes: *Covered benefit for children under age 21. ** Limited coverage for ambulatory prenatal care	 e.
Physician Manual Please check fee schedule; certain restrictions apply.	

Dental	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Limited*
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
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
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*
11adicional Medicald 01, 04, 11, 13, 14, 10, 83, 80	Lillited
BCCCP 83, 84	Limited*
Blind Programs 02, 03, 12, 15	Yes
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Temporary Women's Assistance for Pregnant Women 58, 59, 94	Limited**
remporary women's Assistance for Freghant women 38, 39, 94	Littilled
Presumptive Eligibility for Children 87	Yes
, , , , , , , , , , , , , , , , , , ,	
Qualified Medicare Benficiary (QMB) 55	No
Missouri RX Plan (MORx) 82	No

Notes: \*Children under 21 years of age and participants in catergory of assistance for pregnant women, the blind or vendor nursing facility residents are eligible for the complete dental benefit. MO HealthNet considers additional dental services for adults with certain pre-existing medical conditions. Such services require a written referral from the participant's physician that must state the absence of the dental treatment would adversely affect a specific pre-existing medical condition. For additional information, please see your provider manual, Section 13.1. \*\*Limited coverage for ambulatory prenatal care.

#### Dental Manual

Durable Medical Equipment	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62,	Yes
64, 65, 66, 68, 70	
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	Yes
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Yes
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Temporary Women's Assistance for Pregnant Women 58, 59, 94	Limited*
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Benficiary (QMB) 55	Yes
Missouri RX Plan (MORx) 82	No
Notes: *Limited coverage for ambulatory prenatal care	
DME Pre-Certification Criteria  DME Manual	
Please check fee schedule; certain restrictions apply.	

Environmental Lead Assessment	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Limited*
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Limited*
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62,	Yes
64, 65, 66, 68, 70	
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
CITI (103 71, 72, 73, 74, 73, 37	163
Uninsured Women's Health Services 80, 89	No
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Limited*
BCCCP 83, 84	Limited*
Plind Programs 02 02 12 15	Limited*
Blind Programs 02, 03, 12, 15	Lillited
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
Ovalified Medicare Desficient (OMP) FF	No
Qualified Medicare Benficiary (QMB) 55	No
Missouri RX Plan (MORx) 82	No
Notes: *Covered benefit for children under age 21.	
Environmental Lead Assessment Manual	
Please check fee schedule; certain restrictions apply.	

Family Planning	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
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
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
Uninsured Women's Health Services 80, 89	Yes
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Yes
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Yes
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
Notes:	
Please reference Section 10 of your Provider Manual Please check fee schedule; certain restrictions apply.	

Hearing Aid	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Limited*
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
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
	.,
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*
BCCCP 83, 84	Limited*
Blind Programs 02, 03, 12, 15	Yes
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

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** 

Home Health	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Limited*
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62,	Yes
64, 65, 66, 68, 70	163
	.,
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
Uningurad Waman's Haalth Camisas 20, 20	No
Uninsured Women's Health Services 80, 89	No
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Limited*
BCCCP 83, 84	Limited*
Blind Programs 02, 03, 12, 15	Yes
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
T	11114.4
Temporary Women's Assistance for Pregnant Women 58, 59, 94	Limited**
Presumptive Eligibility for Children 87	Yes
Tresumptive Englishity for enhancing,	163
Qualified Medicare Benficiary (QMB) 55	Yes
Missouri RX Plan (MORx) 82	No
Notes: *Excludes PT, OT, and ST for adults receiving a limited benefit package	
**Limited coverage for ambulatory prenatal care.	
Home Health Manual	
Please check fee schedule; certain restrictions apply.	

Hospice	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
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
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	Yes
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Yes
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	Yes
Missouri RX Plan (MORx) 82	No
Notes:	
Hospice Manual Please check fee schedule; certain restrictions apply. Hospice Bulletin - Rate change information 10/19/2017	

Inpatient Hospital	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
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
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	Yes
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Yes
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	Yes
Missouri RX Plan (MORx) 82	No
Notes:	
Hospital Manual Please check fee schedule; certain restrictions apply.	

# Intermediate Care Facility - Intellectual Disabilities (ICF-ID)

Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	No
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	No
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62,	
64, 65, 66, 68, 70	Limted*
CHIP Kids 71, 72, 73, 74, 75, 97	No
Uninsured Women's Health Services 80, 89	No
,	
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Yes
BCCCP 83, 84	No
Blind Programs 02, 03, 12, 15	Yes
	1 2 2
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
	1 22
Temporary Women's Assistance for Pregnant Women 58, 59, 94	No
	110
Presumptive Eligibility for Children 87	No
Treating the Linguistics	110
Qualified Medicare Benficiary (QMB) 55	No
Missouri RX Plan (MORx) 82	No
Notes: *Limited to ME codes 07, 08, 29, 30, 36, 37, 38, 50, 52, 56, 57, 64, 65, 66, 68, 69, 70, 88	
Provider Bulletins	
Nursing Home Manual	
Please check fee schedule; certain restrictions apply.	

Lab and Radiology	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
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
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
Uninsured Women's Health Services 80, 89	Limited*
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Yes
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Yes
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Temporary Women's Assistance for Pregnant Women 58, 59, 94	Yes
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Benficiary (QMB) 55	Yes
Missouri RX Plan (MORx) 82	No
Notes: *Limited Coverage for family planning and limited testing and treatment of sexually transmitted	d diseases.

Physician Manual

Licensed Clinical Social Worker (LCSW)	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Limited*
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Limited*
NO HH-N-+ fVid- OC 07 00 20 20 27 20 40 50 52 50 57 00 62	
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62,	Yes
64, 65, 66, 68, 70	
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*
BCCCP 83, 84	Limited*
Blind Programs 02, 03, 12, 15	Limited*
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	Limited**
Missouri RX Plan (MORx) 82	No

Notes: \*Covered benefit for children under age 21. Adults in the FFS program receive Social Workers/Counselors services through FQHC/RHC providers. \*\*Medicare Restrictions apply - some services in this grouping are not covered by Medicare.

**Behavioral Health Services Manual** 

Licensed Professional Counselor (LPC)	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Limited*
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Limited*
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
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
CHII Rid3 / 1, / 2, / 3, / 4, / 3, 37	103
Uninsured Women's Health Services 80, 89	No
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Limited*
BCCCP 83, 84	Limited*
Blind Programs 02, 03, 12, 15	Limited*
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	Limited**
Missouri RX Plan (MORx) 82	No

Notes: \*\*Covered benefit for children under age 21. Adults in the FFS program receive Social Workers/Counselors services through FQHC/RHC providers. \*\*Medicare Restrictions apply - some services in this grouping are not covered by Medicare.

Behavioral Health Services Manual

Non-Emergency Medical Transportation	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62,	1 : :   *
64, 65, 66, 68, 70	Limited*
CHIP Kids 71, 72, 73, 74, 75, 97	Limited**
Uninsured Women's Health Services 80, 89	No
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Yes
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Limited*
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Temporary Women's Assistance for Pregnant Women 58, 59, 94	Limited*
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Benficiary (QMB) 55	No
Missouri RX Plan (MORx) 82	No
Notes: *Except for ME codes 02, 08, 52, 55, 57, 59, 64, 65, 80, 82 and 89. **Non-emergency transpor	tation is
covered for ME codes 71 and 72 only	
Please refer to Section 22 in your Provider Manual	
Please check fee schedule; certain restrictions apply.	

Nurse Midwife	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
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
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
Uninsured Women's Health Services 80, 89	Limited*
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Yes
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Yes
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Temporary Women's Assistance for Pregnant Women 58, 59, 94	Yes
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Benficiary (QMB) 55	Yes
Missouri RX Plan (MORx) 82	No
Notes: *Limited Coverage for family planning and limited testing and treatment of sexually transmitte	d diseases
Nurse Midwife Manual Please check fee schedule; certain restrictions apply.	

Nursing Facilty	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	No
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	No
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60,	No
62, 64, 65, 66, 68, 70	
CHIP Kids 71, 72, 73, 74, 75, 97	No
CIII Nas 71, 72, 73, 74, 73, 37	140
Uninsured Women's Health Services 80, 89	No
·	
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	No
BCCCP 83, 84	No
DI: 10 00 00 10 15	
Blind Programs 02, 03, 12, 15	Yes
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Cimaren 3 i Tograms 23, 20, 33, 34, 41, 43, 07, 00	163
Temporary Women's Assistance for Pregnant Women 58, 59, 94	No
Presumptive Eligibility for Children 87	No
Qualified Medicare Benficiary (QMB) 55	Limited*
Missouri RX Plan (MORx) 82	No

Notes: \*Medicare restrictions apply - some services in this grouping are not covered by Medicare.

Nursing Home Manual

Please check fee schedule; certain restrictions apply.

Provider Bulletin

<sup>\*</sup>Nursing Home admission requirements are listed in the Nursing Home Manual beginning in Section 13.5.

Optical	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Limited*
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Limited*
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70	Limited*
CHIP Kids 71, 72, 73, 74, 75, 97	Limited*
Uninsured Women's Health Services 80, 89	No
Traditional Madisaid 04 04 44 42 44 46 05 06	1::+ *
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Limited*
BCCCP 83, 84	Limited*
Blind Programs 02, 03, 12, 15	Limited*
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Limited*
Temporary Women's Assistance for Pregnant Women 58, 59, 94	No
Presumptive Eligibility for Children 87	Limited*
Qualified Medicare Benficiary (QMB) 55	No
Missouri RX Plan (MORx) 82	No

Notes: \*One (1) comprehensive or one (1) limited eye examination is allowed per year for children 20 years of age and younger, participants in the assistance categories for the blind, pregnant women, and participants residing in nursing homes. For participants 21 years of age and older, one (1) comprehensive or one (1) limited eye examination is allowed every two (2) years.

Optical Services require a precertification through Cyber Access. Please see section 13.4 of the Optical Provider Manual.

#### Optical Manual

Please check fee schedule; certain restrictions apply.

Dental Pre-Certification

Outpatient Hospital	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
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
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
Uninsured Women's Health Services 80, 89	Limited*
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Yes
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Yes
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Temporary Women's Assistance for Pregnant Women 58, 59, 94	Yes
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Benficiary (QMB) 55	Yes
Missouri RX Plan (MORx) 82	No
Notes: *Limited Coverage for family planning and limited testing and treatment of sexually transmitted	d diseases .
Hospital Manual	

Personal Care	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62,	Yes
64, 65, 66, 68, 70	
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	Yes
DCCCD 03, 04	V
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Yes
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Limited
Temporary Women's Assistance for Pregnant Women 58, 59, 94	No
Presumptive Eligibility for Children 87	Yes
Tresumperve Englishing for Simonerrer	. 00
Qualified Medicare Benficiary (QMB) 55	No
	• (
Missouri RX Plan (MORx) 82	No
Notes: *Does not include ME 23 and 41	
Personal Care Manual	
Please check fee schedule; certain restrictions apply.	

Pharmacy	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
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
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
Uninsured Women's Health Services 80, 89	Limited*
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Yes
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Yes
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Temporary Women's Assistance for Pregnant Women 58, 59, 94	Limited*
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Benficiary (QMB) 55	Limited**
Missouri RX Plan (MORx) 82	Yes

Notes:\*Limited coverage for family planning and limited testing and treatment of sexually transmitted diseases.

\*\*Medicare Restrictions apply - some services in this grouping are not covered by Medicare.

**Pharmacy Manual** 

### **Physician-Certified Nurse Practitioner - FQHC/RHC**

Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62,	Yes
64, 65, 66, 68, 70	165
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
Halian and Market and Haralida Caralina and Open	1114
Uninsured Women's Health Services 80, 89	Limited*
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Yes
11auttonal Medicala 01, 04, 11, 13, 14, 10, 63, 60	103
BCCCP 83, 84	Yes
·	
Blind Programs 02, 03, 12, 15	Yes
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Temporary Women's Assistance for Pregnant Women 58, 59, 94	Limited**
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Benficiary (QMB) 55	Yes
Missouri DV Dlan (MODy) 93	NIO
Missouri RX Plan (MORx) 82	No

Notes: \*Limited Coverage for family planning and limited testing and treatment of sexually transmitted diseases . \*\*Limited coverage for ambulatory prenatal care.

Rural Health Clinic Manual

Physician Manual (FQHC)

Podiatry	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
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
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	Yes
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Yes
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	Yes
Missouri RX Plan (MORx) 82	No
Notes:	
Physician Manual  Phose shock for school low cortain restrictions apply	
Please check fee schedule; certain restrictions apply.	

Private Duty Nursing	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Limited*
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Limited*
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
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*
BCCCP 83, 84	Limited*
Blind Programs 02, 03, 12, 15	Limited*
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
Notes: *Covered benefit for children under age 21.	
Private Duty Nursing Manual Please check fee schedule; certain restrictions apply.	

Psychologist	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62,	Yes
64, 65, 66, 68, 70	
CHID Vide 71 72 74 75 07	Yes
CHIP Kids 71, 72, 73, 74, 75, 97	res
Uninsured Women's Health Services 80, 89	No
	110
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Yes
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Yes
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Ciliureit's Frograms 23, 26, 33, 34, 41, 43, 07, 88	163
Temporary Women's Assistance for Pregnant Women 58, 59, 94	No
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Benficiary (QMB) 55	Limited*
Missouri RX Plan (MORx) 82	No
Notes: *Medicare Restrictions apply - some services in this grouping are not covered by Medicare.	
Behavioral Health Services Manual	
Please check fee schedule; certain restrictions apply.	

Therapies - Occupational, Physical, and Speech	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Limited*
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Limited*
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62,	Yes
64, 65, 66, 68, 70	
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
Uninsured Women's Health Services 80, 89	No
Traditional Madiacid 01 04 11 12 14 16 05 06	limited*
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Limited*
BCCCP 83, 84	Limited*
Blind Programs 02, 03, 12, 15	Limited*
	.,
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	Yes
Missouri RX Plan (MORx) 82	No
Notes: *Covered benefit for children under age 21.	
Therapy Manual	
Please check fee schedule; certain restrictions apply.	

Transplants	
Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26	Yes
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62,	Limited*
64, 65, 66, 68, 70	
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
Uninsured Women's Health Services 80, 89	No
	1 1/
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Yes
BCCCP 83, 84	Yes
Blind Programs 02, 03, 12, 15	Limited**
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
riesumptive Eligibility for Cililaten 67	165
Qualified Medicare Benficiary (QMB) 55	Yes
Missouri RX Plan (MORx) 82	No
Notes: *Except for ME codes 08, 52, 57, 64, and 65. **Except for ME codes 02, 08, 52, 55, 57, 59, 64, 89	65, 80, 82 and

Transplant Manual

### **Copay Information**

Service Description	Copay Amount
Inpatient hospital per hospitalization: \$10.00	\$10.00
Outpatient hospital: \$3.00	\$3.00
Case Management: \$1.00	\$1.00
All physician related services: \$1.00	\$1.00
Nurse midwife or Nurse Practitioner: \$1.00	\$2.00
Psychologist: \$2.00	\$2.00
Psychotherapy when provided by psychiatrist or psychologist: \$2.00	\$2.00
FQHC/Rural Health Clinic: \$2.00	\$2.00
Independent Clinic/Public Health Clinic: \$.50	\$0.50
Teaching Institution: \$.50	\$0.50
Independent Laboratory/Independent X-ray Service: \$1.00	\$1.00
CRNA: \$.50	\$0.50
NEMT Per Trip: \$2.00	\$2.00

Dental, Optical, and Podiatry		
Billed amount of claim	FFS Maximum Cost Sharing	
\$10.00 or less	\$ .50	
\$10.01 to \$25.00	\$ 1.00	
\$25.01 to \$50.00	\$ 2.00	
\$50.01 or more	\$ 3.00	

#### **Exemptions to Copay Requirements**

- Recipients under 19 years of age or ME codes 06, 33, 34, 36, 40, 52, 56, 57, 60, 62, 64, 65, 71, 72, 73, 74, 75, 87, 88, and 97;
- Institutionalized recipients residing in a skilled nursing facility, intermediate care, nursing home,
- Services to recipients who have both Medicare and Medicaid if Medicare covers the service and
- Emergency admissions or transfer inpatient admissions
- Emergency services provided in an outpatient clinic or emergency room after the sudden onset of (including severe pain ) that the absence of immediate medical attention could reasonably be
  - Placing the patient's health in serious jeopardy;
  - Serious impairment to bodily functions; or
  - Serious dysfunction of any bodily organ or part;
- Certain therapies chronic renal dialysis, physical, radiation, and chemotherapy,
- Pregnant women with ME codes: 18, 43, 44, 45, 58, 59, 61, 94, 95, 96, and 98
- Foster children with ME codes: 07, 08, 28, 29, 30, 37, 49, 50, 51, 66, 67, 68, 69, and 70;
- Services identified as medically necessary through an Early Periodic Screening;
- Blind individuals with ME codes: 02, 03, 12 and 15;
- Managed Care enrollees;
- Mental Health services provided by Dept. of Mental Health operated Community Mental Health Centers (CMHC) or designated by DMH as a CMHC, or as an drug treatment facility, or as a child-serving agency within the comprehensive children's mental health service system;
- Family Planning Services;
- Hospice Services;
- Personal care services which are medically oriented tasks having to do with a person's physical requirements, as opposed to housekeeping requirements, which enable a person to be treated by his physician or an outpatient, rather then on an inpatient or residential basis in a hospital, intermediate care facility, or skilled nursing facility.
- NEMT public transit and gas reimbursement modes of transportation;