

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, 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	Limited*
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Beneficiary (QMB) 55	Yes
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 Beneficiary (QMB) 55	Yes
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.

[Ambulatory Surgical Center Manual](#)

[Please check fee schedule; certain restrictions apply.](#)

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, 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

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 Beneficiary (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](#)

[Provider Bulletins](#)

[Please check fee schedule; certain restrictions apply.](#)

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 Beneficiary (QMB) 55	Yes
Missouri RX Plan (MORx) 82	No

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

**Limited coverage for ambulatory prenatal care.

[Physician Manual](#)

[Please check fee schedule; certain restrictions apply.](#)

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 Beneficiary (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, 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 Beneficiary (QMB) 55	No
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*

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 Beneficiary (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](#)

[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 Beneficiary (QMB) 55	Yes
Missouri RX Plan (MORx) 82	No

Notes: *Covered benefit for children under age 21. ** Limited coverage for ambulatory prenatal care.

[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*
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 Beneficiary (QMB) 55	No
Missouri RX Plan (MORx) 82	No

Notes: *Children under 21 years of age and participants in category 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](#)

[Please check fee schedule; certain restrictions apply.](#)

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, 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	Limited*
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Beneficiary (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, 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 Beneficiary (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 Beneficiary (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 Beneficiary (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](#)

[Please check fee schedule; certain restrictions apply.](#)

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, 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 Beneficiary (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 Beneficiary (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 Beneficiary (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	Limited*
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
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	No
Qualified Medicare Beneficiary (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 Beneficiary (QMB) 55	Yes
Missouri RX Plan (MORx) 82	No

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

[Physician Manual](#)

[Please check fee schedule; certain restrictions apply.](#)

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*
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 Beneficiary (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](#)

[Please check fee schedule; certain restrictions apply.](#)

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
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 Beneficiary (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](#)

[Please check fee schedule; certain restrictions apply.](#)

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, 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 Beneficiary (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 transportation 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 Beneficiary (QMB) 55	Yes
Missouri RX Plan (MORx) 82	No

Notes: *Limited Coverage for family planning and limited testing and treatment of sexually transmitted diseases

[Nurse Midwife Manual](#)

[Please check fee schedule; certain restrictions apply.](#)

Nursing Facility	
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	No
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	No
BCCCP 83, 84	No
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	No
Qualified Medicare Beneficiary (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 admission requirements are listed in the Nursing Home Manual beginning in Section 13.5.	
Nursing Home Manual Please check fee schedule; certain restrictions apply. Provider Bulletin	

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 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 Beneficiary (QMB) 55	No
Missouri RX Plan (MORx) 82	No
<p>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 pre-certification through Cyber Access. Please see section 13.4 of the Optical Provider Manual.</p>	
<p>Optical Manual Please check fee schedule; certain restrictions apply. Dental Pre-Certification</p>	

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 Beneficiary (QMB) 55

Yes

Missouri RX Plan (MORx) 82

No

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

[Hospital Manual](#)

[Please check fee schedule; certain restrictions apply.](#)

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, 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	Limited
Temporary Women's Assistance for Pregnant Women 58, 59, 94	No
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Beneficiary (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 Beneficiary (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](#)

[Please check fee schedule; certain restrictions apply.](#)

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, 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 Beneficiary (QMB) 55	Yes
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 \(FQHC\)](#)

[Please check fee schedule; certain restrictions apply.](#)

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 Beneficiary (QMB) 55	Yes
Missouri RX Plan (MORx) 82	No
Notes:	
Physician Manual 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 Beneficiary (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, 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 Beneficiary (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, 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 Beneficiary (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, 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 Beneficiary (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, 65, 80, 82 and 89

[Transplant Manual](#)

[Please check fee schedule; certain restrictions apply.](#)

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 than 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;		