

Nursing Facility

| Coverage Group/ME Codes | Covered |
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| 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](#)