Outpatient Hospital

Coverage Group/ME Codes	Covered
MO HealthNet for Adults 05, 10,19, 21, 24, 26, E2	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 diseases .

Hospital Manual
Provider Bulletins
Please check fee schedule; certain restrictions apply.