

Services	MO HealthNet Health Plan Covered Services This column indicates whether the service is covered by MO HealthNet Managed Care Health Plans. To determine coverage for specific ME codes see additional columns.	MO HealthNet for Adults Medical Assistance for Families Transitional Medical Assistance Refugee Assistance	MO HealthNet for Pregnant Women	MO HealthNet for Kids Medical Assistance for Families Transitional Medical Assistance MO HealthNet for Newborns, Refugee Assistance State Custody, Foster Care, Adoption Subsidy Juvenile Courts	CHIP Kids (Birth through age 18) ≤ 150% FPL (71, 72) ≤ 185% FPL (73) Note 4 ≤ 225% FPL (74) Note 4 < 300% FPL (75) Note 4	Fee for Service Only MO HealthNet for Uninsured Women Women's Health Services	Fee for Service Only Traditional Medicaid Note 20	Fee for Service Only BCCCP (83, 84)	Fee for Service Only Blind Programs	Fee for Service Only Children	Fee for Service Only Temporary Assistance for Pregnant Women (58, 59) Presumptive Eligibility for Children (87)	Fee for Service Only Qualified Medicare Beneficiary (QMB) Note 10	Fee for Service Only Missouri Rx Plan (MoRx) Note 24	
		ME Codes	ME Codes	ME Codes	ME Codes	ME Codes	ME Codes	ME Codes	ME Codes	ME Codes	ME Codes	ME Codes	ME Codes	
Copay/Cost Sharing - Note 1		05, 10, 19, 21, 24, 26, E2	18, 43, 44, 45, 61, 95, 96, 98	06, 07, 08, 29, 30, 36, 37, 38, 4M, 40, 50, 52, 56, 57, 65, 60, 62, 64, 65, 66, 68, 69, 70	71, 72, 73, 74, 75, 9S, 97	80, 89	01, 04, 11, 13, 14, 16, 85, 86	83, 84	02, 03, 12, 15	23, 28, 33, 34, 41, 49, 67, 88	58, 59, 94	87	55	82

Applied Behavior Analysis (ABA)	No 12	Yes 26	Yes 26	Yes 26	Yes 26	No	Yes 26	Yes 26	Yes 26	Yes 26	Yes 26	Yes 26	Yes 26	No
Ambulance (emergency only)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Ambulatory Surgical Care	Yes	Yes	Yes	Yes	Yes	Limited 23	Yes	Yes	Yes	Yes	Limited 22	Yes	Yes	No
Birthing Center	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No
Targeted Case Management - Foster Care	No 12	No	No	Limited 16	No	No	No	No	No	Yes, ME 28 only	No	No	No	No
Targeted Case Management - HCY & Lead	Yes	No 5	Yes	No 5	Yes	No	No 5	No 5	No 5	Yes	No	Yes	No	No
Targeted Case Management - MRDD	No 12	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	No
Targeted Case Management - MI & SED	No 12	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	No
Targeted Case Management - Prenatal	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Certified nurse practitioners	Yes	Yes	Yes	Yes	Yes	Limited 23	Yes	Yes	Yes	Yes	Limited 22	Yes	Yes	No
Community psychiatric rehabilitation services	No 12	Yes	Yes	Yes	Yes 3	No	Yes	Yes	Yes 3	Yes	No	Yes	No	No
Comprehensive day rehabilitation services for head-injured	Yes	No 5	Yes	Yes	Yes	No	No 5	No 5	Yes	Yes	No	Yes	No	No
Comprehensive substance treatment and rehabilitation	No 12	Yes	Yes	Yes 3	Yes	No	Yes	Yes	Yes 3	Yes	No	Yes	No	No
Dental	Yes	Limited 19	Yes	Yes	Yes	No	Limited 19	Limited 19	Yes	Yes	Limited 22	Yes	No	No
Dentures	Yes	No 5	Yes	Yes	Yes	No	No 5	No 5	Yes	Yes	No	Yes	No	No
Diabetes self management training	Yes	No 5	Yes	Yes	Yes	No	No 5	No 5	Yes	Yes	Limited 22	Yes	Yes	No
Durable medical equipment	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Limited 22	Yes	Yes	No
Environmental lead assessments	No 12	No 5	No 5	Yes	Yes	No	No 5	No 5	No 5	Yes	No	Yes	No	No
Family planning	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No
Hearing aid (audiology)	Yes	No 5	Yes	Yes	Yes	No	No 5	No 5	Yes	Yes	No	Yes	No	No
Home health	Yes	Yes 21	Yes	Yes	Yes	No	Yes 21	Yes 21	Yes	Yes	Limited 22	Yes	Yes	No
Hospice	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No
ICF/MR	No	No	No	Limited 18	No	No	Yes	No	Yes	Yes	No	No	No	No
Inpatient hospital	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Lab/X-ray	Yes	Yes	Yes	Yes	Yes	Limited 23	Yes	Yes	Yes	Yes	Limited 22	Yes	Yes	No
Non emergency medical transportation	Yes	Yes	Yes	Yes 3	Yes 14	No	Yes	Yes	Yes 3	Yes	Yes 3	Yes	No	No
Nurse midwife	Yes	Yes	Yes	Yes	Yes	Limited 23	Yes	Yes	Yes	Yes	Limited 22	Yes	Yes	No
Nursing facility	No	No	No	No	No	No	No 5	No 5	Yes	Yes	No	No	Yes 9	No
Optical	Yes	Yes 5,15	Yes 25	Yes	Yes	No	Yes 5,15	Yes 5,15	Yes	Yes	No	Yes	No	No
Orthodontics	Yes	No 5	No 5	Yes	Yes	No	No 5	No 5	No 5	Yes	No	Yes	No	No
Outpatient hospital	Yes	Yes	Yes	Yes	Yes	Limited 23	Yes	Yes	Yes	Yes	Limited 22	Yes	Yes	No
Personal care	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes, except ME 23 and 41	No	Yes	No	No
Pharmacy Note 2	No 12	Yes	Yes	Yes	Yes	Limited 23	Yes	Yes	Yes	Yes	Limited 22	Yes	Yes 9	Yes
Physician/Certified Nurse Practitioner/clinic/FQHC/RHC	Yes 8	Yes	Yes	Yes	Yes	Limited 23	Yes	Yes	Yes	Yes	Limited 22	Yes	Yes	No
Podiatry	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Private duty nursing	Yes	No 5	No 5	Yes	Yes	No	No 5	No 5	Yes	Yes	No	Yes	No	No
Psychologists	Yes 6	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes 9	No
Rehabilitation Center	Yes	No 5	Yes	Yes	Yes	No	No 5	No 5	Yes	Yes	No	Yes	Yes	No
Social Workers/Counselors	Yes 6	Yes 5,11	Yes 5,11	Yes	Yes	No	Yes 5,11	Yes 5,11	Yes 5,11	Yes	No	Yes	Yes 9	No
Therapy-Occupational, Physical, & Speech (Independent Practice)	Yes 13	No 5	No 5	Yes	Yes	No	No 5	No 5	No 5	Yes	No	Yes	Yes	No
Transplants	No 7	Yes	Yes	Yes 17	Yes	No	Yes	Yes	Yes 3	Yes	No	Yes	Yes	No

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Notes:
1 Copay amounts:
 Inpatient hospital per hospitalization: \$10.00
 Outpatient hospital: \$3.00
 Case Management: \$1.00
 All physician related services: \$1.00
 Nurse midwife or Nurse Practitioner: \$1.00
 Psychologist: \$2.00
 Psychotherapy when provided by psychiatrist or psychologist: \$2.00
 FQHC/Rural Health Clinic: \$2.00
 Independent Clinic/Public Health Clinic: \$.50
 Teaching Institution: \$.50
 Independent Laboratory/Independent X-ray Service: \$1.00
 CRNA: \$.50
 NEMT Per Trip: \$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, 4M, 40, 52, 56, 57, 6S, 60, 62, 64, 65, 71, 72, 73, 74, 75, 87, 88, 9S and 97;
 Institutionalized recipients residing in a skilled nursing facility, intermediate care nursing home, a psychiatric hospital, residential care facility, or an adult boarding home; or ME codes 23 and 41;
 Services to recipients who have both Medicare and Medicaid if Medicare covers the service and the payment for it; or ME codes 55;
 Emergency admissions or transfer inpatient admissions
 Emergency services provided in an outpatient clinic or emergency room after the ~~substant~~ of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in:
 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 community mental health facilities operated by the Dept. of Mental Health or designated by the Dept. of Mental Health as a community mental health facility or as an alcohol and drug abuse facility or as a child-serving agency within the comprehensive children's mental health service system;
 Family planning services;
 Medicaid Waiver 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;

NOTES CONTINUED
 2 Shared dispensing fee applies to ages 19 and over \$0.50 - \$2.00, exceptions apply. Does not apply to ME code 82.
 3 Except for ME codes 02, 08, 52, 55, 57, 59, 64, 65, 80, 82 and 89
 4 Monthly premium amounts vary based on income and family size
 5 Covered benefit for children under age 21.
 6 MO HealthNet Managed Care Group 4 (State Custody) receive these services through Fee for Service
 7 MO HealthNet Managed Care Health plan coverage is for pre-transplant and post-transplant services. Transplant services are reimbursed Fee for Service.
 8 SAFE CARE exams and tests are billed Fee for Service when performed by a SAFE provider.
 9 Medicare Restrictions apply - some services in this grouping are not covered by Medicare.
 10 Recipients who are eligible only as a Qualified Medicare Beneficiary (QMB) are eligible for reimbursement of their Medicaid deductible and coinsurance amounts only for Medicare covered services whether or not the services are covered by Medicaid. QMB only recipients are not eligible for Medicaid services that are not federally covered by Medicaid.
 11 Adults in the FFS program receive Social Workers/Counselors services through FQHC/RHC providers.
 12 Coverage through the Fee for Service program.

13 Covered service through Fee for Service when in school IEP/IFSP.
 14 Non-emergency transportation is covered for ME codes 71 and 72 only
 15 Eye exams for refractive error limited to one exam every two years. Services related to trauma or treatment of a disease/medical condition (including eye prosthetics) are covered. One pair of eyeglasses every two years (during any 24 month period of time).
 16 Limited to Jackson County ME codes 07, 08, 37, 38
 17 Except for ME codes 08, 52, 57, 64, and 65
 18 Limited to ME codes 07, 08, 29, 30, 36, 37, 38, 50, 52, 56, 57, 64, 65, 66, 68, 69, 70, 88
 19 All adults 21 and over receive the specific services listed in Provider Bulletin Volume 38 Number 44 at: <http://dss.mo.gov/mhd/>. Other services for adults require written referral by the patient's physician as specified in the Dental Manual Section 13.1 found at: http://manuals.momed.com/collections/collection_den/print.pdf.
 20 Individuals who have a nursing home vendor level of care are eligible for services listed in the "Fee for Service Only - Blind Programs" column.
 21 Excludes PT, OT, and ST for adults receiving a limited benefit package
 22 Limited coverage for ambulatory prenatal care.
 23 Limited coverage for family planning and limited testing and treatment of sexually transmitted diseases.
 24 The MoRx Plan coordinates benefits with the Medicare Part D plans by offering a secondary benefit. The 50% benefit offers coverage for member's out of pocket costs on Part D plan covered medications.
 25 Eye exams for refractive error limited to one comprehensive or one limited exam every year. Services related to trauma or treatment of a disease/medical condition (including eye prosthetics) are covered. One pair of eyeglasses every two years.
 26 Covered benefit for participants under age 21 with Autism Spectrum Dis. Disorder.