Missouri Department of Social Services

MoHealthNet

Provider Bulletin

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REVISED

Adult Coverage for Hearing Aid Program Services

Applies to: MO HealthNet Fee For Service Hearing Aid Providers

Effective date: August 28, 2025

- **Adult Categories of Assistance Added to MO HealthNet Hearing Aid Program**
- **Program Limitations, Requirements, and Reimbursement**
- **Cochlear Implants**

Adult Categories of Assistance Added to MO HealthNet Hearing Aid Program

Senate Bill 79, passed by the 103rd Missouri General Assembly and signed by the Governor, provides funding to allow coverage for hearing aids and related services to adults in the following categories of assistance, effective with dates of services on or after August 28, 2025.

ME Code	Description
01	Old Age Assistance
04	Permanently and Totally Disabled
05	MO HealthNet for Families - Adult
11	MO HealthNet – Old Age Assistance
13	MO HealthNet – Permanently and Totally Disabled
14	Supplemental Nursing Care – Old Age Assistance
15	Supplemental Nursing Care – Aid to the Blind
16	Supplemental Nursing Care – Permanently and Totally Disabled
81	Temporary Assignment Category
83	Breast or Cervical Cancer Control Project – Presumptive
84	Breast or Cervical Cancer Control Project – Regular
85	Ticket to Work Health Assurance – Premium
86	Ticket to Work Health Assurance – Non-Premium
E2	Adult Expansion Group

Program Limitations, Requirements, and Reimbursement

Hearing Aid Program limitations, requirements, and reimbursements remain the same as outlined in the Hearing Aid Manual.

Cochlear Implants

Cochlear implants are covered for children and adults in the Outpatient Hospital Program and are reimbursed based on the Outpatient Hospital Fee Schedule.

Repairs and replacement of cochlear implants are covered for children and adults in the Hearing Aid Program and are reimbursed based on the Hearing Aid and Audiology Services Fee Schedule.

APPLICABILITY

The information in this bulletin applies to the MO HealthNet (MHD) Fee-For-Service (FFS) program and may apply to the MHD Managed Care (MC) program, as well. MHD's FFS policies set the basic coverage policies for benefits and limitations in the MC program. The MC health plans have additional flexibilities in operating their respective programs, such as determining which services require prior authorization and details required for claims submission. Certain services, such as pharmacy, are "carved out" of MC and will be paid through the FFS program. To ensure your understanding of this bulletin's applicability to each MC health plan, please **contact your health plan** directly. If you are unable to resolve a MC issue directly with a health plan contact a MC Liaison by completing a **Managed Care Provider Request for Information**.

Bulletins will remain on the **MO HealthNet News** page only until incorporated into the **provider manuals** as appropriate, then moved to the appropriate **Provider Manual Archives**.

Providers and other interested parties are urged to **subscribe** to **MO HealthNet News** email list to receive automatic notifications of provider bulletins, provider hot tips, provider manual updates, and other official MO HealthNet communications.

Before delivering a service, please check the patient's eligibility status by swiping their MO HealthNet card, calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and choosing Option One or using the Participant Eligibility option in **eMOMED**. Questions regarding MO HealthNet MC benefits should be directed to the patient's MO HealthNet **MC health plan**.

MHD Education and Training offers interactive web-based training for providers and general and program-specific educational resources. Visit our **Provider Training Calendar** to register for an upcoming training.

Provider Communications
573-751-2896
or via Provider Communications Management in eMOMED