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**Rules of**  
**Department of Social Services**  
**Division 70—MO HealthNet Division**  
**Chapter 25—Physician Program**

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**Title 13—DEPARTMENT OF  
SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 25—Physician Program**

**13 CSR 70-25.100 Abortions**

*PURPOSE: This rule complies with Federal Law and rules relating to abortions and maintains compliance with the requirements of the Title XIX program which provides funding for needy persons in the state.*

(1) No funds appropriated for the payment of medical claims shall be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term and a physician has found and certified in writing to the Medical Services Division that, on the basis of his/her professional judgment, the mother's life would be endangered if the fetus were carried to term. The certification shall set out the name, address and medical assistance number of the patient.

*AUTHORITY: section 207.020, RSMo 1986.\* This rule was previously filed as 13 CSR 40-81.101. Emergency rule filed July 2, 1980, effective July 12, 1980, expired Oct. 12, 1980. Original rule filed July 2, 1980, effective Oct. 12, 1980. Emergency amendment filed Nov. 20, 1980, effective Nov. 30, 1980, expired March 11, 1981. Amended: Filed Nov. 20, 1980, effective March 12, 1981. Emergency amendment filed July 9, 1981, effective July 21, 1981, expired Oct. 10, 1981. Amended: Filed July 9, 1981, effective Oct. 11, 1981.*

*\*Original authority: 207.020, RSMo 1945, amended 1961, 1965, 1977, 1981, 1982 and 1986.*

**13 CSR 70-25.110 Payment for Early Periodic Screening, Diagnostic and Treatment Program Services**

*PURPOSE: This rule establishes the basis and criteria for payment of screenings and related services resulting from the Early Periodic Screening, Diagnosis and Treatment Program.*

(1) The Department of Social Services shall administer an Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Program. In Missouri, the EPSDT Program is administered as the Healthy Children and Youth (HCY) Program. The EPSDT/HCY Program provides for thorough physical and dental examinations for MO HealthNet-eligible persons under the age of twenty-one (21)

years and for all persons under the age of twenty-one (21) years in the legal custody of the Department of Social Services or any division of the department at no cost to the child or to the parents or guardians if they accept the offer of this service. Funding for EPSDT services is through Title XIX of the federal Social Security Act (Medicaid) and Missouri.

(2) EPSDT services are available to participants under the age of twenty-one (21) years who are eligible to receive medical assistance benefits under the provisions of sections 208.151, 208.162, and 208.204, RSMo.

(3) The EPSDT Program shall make a general physical examination available to eligible participants under the age of twenty-one (21) years. The components of the general physical examination shall include a health history, an unclothed physical examination, appropriate laboratory tests, immunizations, a developmental/mental health screen, a vision screen, and a dental screen. These screens will be made available at the frequency recommended by the American Academy of Pediatrics and the American Academy of Pediatric Dentists.

(A) Interperiodic screenings outside the recommendations of the American Academy of Pediatrics or the American Academy of Pediatric Dentists are available when medically indicated.

(B) Partial screens for vision, hearing, dental, unclothed physical examination, an interval history, and appropriate laboratory tests and immunizations, developmental/mental health assessment, and anticipatory guidance shall be reimbursable services.

(4) Providers of the screening services must be enrolled MO HealthNet providers.

(5) Reimbursement for medically necessary treatment services identified as a result of a screening shall be provided by the Department of Social Services, MO HealthNet Division, if the services are available under Section 1905(a) of the Social Security Act. These services shall be limited by medical necessity. Experimental services are not covered. Any service authorized must be effective in addressing the participant's need. Services may be prior-authorized to assure medical necessity.

(6) Medical and dental services which Section 1905(a) of the Social Security Act permits to be covered under MO HealthNet and which are necessary to treat or ameliorate defects, physical, and mental illness or conditions identified by an EPSDT screen are covered

regardless of whether or not the services are covered under the Medicaid state plan. Services provided under this program will be sufficient in amount, duration, and scope to reasonably achieve their purpose. The services are limited due to medical necessity. Services identified as needed as the result of a screening which are beyond the scope of the Medicaid state plan require a plan of care identifying the treatment needs of the child in regard to amount, scope, and prognosis. Prior authorization of services may be required for these services needs and for services of extended duration unless otherwise noted in the benefits and limitations section of the provider manual of the appropriate provider of the service. Examples of services beyond the scope of the state Medicaid Plan are—orthodontic services; physical, occupational, and speech therapy evaluations and services; psychology and counseling services; private duty nursing services; and medical supplies. Services may be made available on an inpatient, outpatient office, or home setting depending upon the medical condition of the participant and availability of services.

(7) Services must be provided by enrolled MO HealthNet providers operating within their legal scope of practice.

*AUTHORITY: sections 208.152, 208.153, and 208.201, RSMo Supp. 2007.\* This rule was previously filed as 13 CSR 40-81.015. Original rule filed Jan. 15, 1985, effective April 11, 1985. Amended: Filed Jan. 13, 1992, effective Sept. 6, 1992. Amended: Filed Aug. 15, 2008, effective Feb. 28, 2009.*

*\*Original authority: 208.152, RSMo 1967, amended 1969, 1971, 1972, 1973, 1975, 1977, 1978(2), 1981, 1986, 1988, 1990, 1992, 1993, 2004, 2005, 2007; 208.153, RSMo 1967, amended 1967, 1973, 1989, 1990, 1991, 2007; and 208.201, RSMo 1987, amended 2007.*

**13 CSR 70-25.120 MO HealthNet (Medicaid) Payment for Certain Services Furnished by Certain Physicians in Calendar Years 2013 and 2014**

(Rescinded September 30, 2018)

*AUTHORITY: sections 208.152, 208.153, and 208.201, RSMo Supp. 2013. Original rule filed Oct. 10, 2013, effective April 30, 2014. Rescinded: Filed March 2, 2018, effective Sept. 30, 2018.*

**13 CSR 70-25.130 Diabetes Prevention Program**

*PURPOSE: The purpose of this rule is to*



establish the Department of Social Services' MO HealthNet Division guidelines regarding coverage and reimbursement for Diabetes Prevention Program services. The goal of this policy is to improve health outcomes for the adult population at risk for developing diabetes by managing obesity and associated comorbidities.

**PUBLISHER'S NOTE:** The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Administration. The Diabetes Prevention Program (DPP) shall be administered by the MO HealthNet Division. The diabetes prevention program services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the MO HealthNet Division and shall be included in the MO HealthNet *Physician Provider Manual*, which is incorporated by reference and made part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website <http://manuals.momed.com/manuals/>, December 27, 2019. This rule does not incorporate any subsequent amendments or additions. Diabetes Prevention Program services covered by the MO HealthNet program shall include only those which are clearly shown to be medically necessary.

(A) In the administration of the rule, "Diabetes Prevention Program" or "DPP" means a structured, lifestyle change program specifically developed and recognized by the Centers for Disease Control and Prevention (CDC) to prevent type 2 diabetes. The program is intended for people who have prediabetes or are at risk for type 2 diabetes, to promote lifestyle changes that decrease the progression to type 2 diabetes. The program services include group support and lifestyle changes such as eating healthier foods, reducing stress, and increasing physical activity.

(2) Provider Participation. To be eligible for participation as a provider in the MO HealthNet Diabetes Prevention Program—

(A) DPP service providers must be enrolled as MO HealthNet providers; and

(B) DPP service providers must have pending, preliminary, or full recognition status from the CDC's Diabetes Prevention Recognition Program. The CDC regulates the standards needed for recognition.

(3) Participant Criteria. Any person who is an eligible Missouri Medicaid participant who meets the following criteria shall be eligible to receive these services:

(A) Be twenty-one (21) years old or older;

(B) Not currently pregnant;

(C) Have, as of the date of attendance at the first core session, a BMI equal to or greater than twenty-five (25) or twenty-three (23) if of Asian descent;

(D) Have no previous diagnosis of type one (1) or two (2) diabetes with the exception of gestational diabetes;

(E) Have, within the last twelve (12) months—

1. Hemoglobin A1C test with a value of five and seven-tenths percent (5.7%) to six and four-tenths percent (6.4%);

2. A fasting plasma glucose of one hundred (100) mg/dl to one hundred twenty-five (125) mg/dl; or

3. Two (2) hour plasma glucose of one hundred forty (140) to one hundred ninety-nine (199) mg/dl after the seventy-five (75) oral glucose tolerance test; and

(F) Not concurrently receiving authorization for other MO HealthNet reimbursed weight reduction services.

(4) Diabetes Prevention Program Services.

(A) DPP Services are structured interventions that include lifestyle, behavior-counseling focusing on weight reduction and lifestyle changes. A prescriber provider's referral, utilizing the eligibility criteria set forth by the CDC, is required for the participant to be eligible for this program. The prescribing provider will need to prescribe the service in the participant's plan of care during a regular office visit. A prescribing provider is defined as a licensed practitioner authorized to prescribe within their scope of practice either directly or by protocol consistent with their scope of practice under state law.

1. DPP core services period that includes a twelve (12) month period of intervention with a minimum of twenty-two (22) sessions and a maximum of twenty-six (26) sessions.

A. During months one (1) through six (6) of the DPP core services period, DPP service providers will be required to provide a minimum of sixteen (16) weekly sessions utilizing CDC-approved DPP core module curriculum.

(I) This curriculum provides counseling that focuses on, but is not limited to, information about Type Two (2) Diabetes and

how to prevent it; self-monitoring weight and food intake; healthy eating; introduction to physical activity; dealing with lifestyle changes; developing lasting lifestyle changes; and stress management.

B. During months seven (7) through twelve (12) of the DPP core services period, DPP service providers will be required to provide a minimum of six (6) monthly sessions utilizing CDC-approved DPP core maintenance module curriculum.

(I) This curriculum provides counseling that focuses on maintaining long-term dietary changes, increased physical activity, and behavior change strategies for continued weight loss.

C. DPP core services period also includes, but is not limited to, weight monitoring and tracking, physical activity tracking, and caloric intake tracking as required.

D. The prescribing provider will need to seek prior authorization for the first twelve (12) months of the diabetes prevention program from MO HealthNet prior to starting the program.

2. DPP ongoing maintenance period includes access to one (1) year of ongoing maintenance sessions to eligible participants.

A. The ongoing maintenance sessions are done in three- (3-) month intervals for a maximum of four (4) sessions during months thirteen (13) through twenty-four (24).

B. In order to qualify for the ongoing maintenance sessions after the initial twelve (12) month program, the participant must achieve and maintain a minimum weight loss of five percent (5%) at the end of the first twelve (12) months.

C. For participants that are eligible for the ongoing maintenance sessions, the prescribing provider must seek an additional prior authorization from MO HealthNet for the additional twelve (12) months of ongoing maintenance sessions.

(B) Additional diabetes prevention services, including core sessions and ongoing maintenance sessions beyond the initial allocation must be requested and will need to go through the prior authorization process and must be deemed medically necessary.

(C) A participant that is unable to meet and/or maintain the criteria for the additional twelve (12) months of ongoing maintenance sessions has the option, after twelve (12) months, to re-enroll in the diabetes prevention program starting with the first twelve (12) months if the participant meets the established criteria and has an approved prior authorization.

(5) Records Retention and Documentation Requirements.

(A) Providers who provide Diabetes Prevention Program services shall follow section



13 CSR 70-3.030.

(B) The DPP provider must retain the prescribing provider's referral with approved prior authorization from MO HealthNet.

(C) The DPP provider must complete and retain an evaluation at the end of twelve (12) months to determine the appropriateness for continuation to the ongoing maintenance services.

(D) Once the services are complete, the prescribing provider shall maintain a treatment record outlining how the participant will maintain weight loss.

*AUTHORITY: sections 208.201 and 660.017, RSMo 2016.\* Original rule filed Feb. 7, 2020, effective Aug. 30, 2020.*

*\*Original authority: 208.201, RSMo 1987, amended 2007 and 660.017, RSMo 1993, amended 1995.*