## SERVICE LIMIT GUIDE

#### SERVICE LIMITS

Service Limit is a tool that will allow a Provider Portal User the ability to search for various service limits for an individual recipient.

Available searches:

- Chiropractic
- Diabetes Education
- Dietician and Nutritionist
- Independent Mental Health Practitioners (IMHP)
- Incontinence Supply
- Urgent Care
- Vision
- Maternal Depression Screening
- Topical Fluoride Varnish

Specific limitation information can be found in the Provider manuals.

#### SERVICE LIMIT PERMISSIONS

A Provider Administrator has the ability to add Service Limit to the appropriate Provider User staff. Please reference the <u>Medicaid Portal User Guide</u> for assistance in obtaining Service Limit Permissions.

Once permissions are updated the user will see the Recipient Info tab



### SERVICE LIMIT SEARCH

Under the Recipient Info menu, hover over the Recipient Info tab with your mouse and select Service Limits



Service Limit Guide



## SERVICE LIMIT INQUIRY

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nis is not a guarantee of co ending or denied.	verage or eligibility. Please	e reference the "Eligibility" tab for coverage details. Pai	id claims data is good as of 07/01/2020 and does not account for clair		
N/A" indicates there is no p	previous service history.				
Recipient ID	Recipient ID				
Service Type	Select	✓ Dates of Service In	Select 🗸		
Service Type		Consideration	Limitation (per State Plan Year unless noted)		
Chiropractic		Manual manipulations only	30 treatments		
Diabetes Education		Self-management training and follow-up	10 hours initial education during 1st year of diagnosis		
Diabetes Education		Sen management training and follow up	2 hours of follow-up education following years		
Dietician and Nutritionist		Medical nutrition therapy	5 hours		
Dietician and Nutritionist	Designations are (IN 411D)	Psychiatric therapeutic sessions	40 total hours		
Dietician and Nutritionist Independent Mental Health	Practitioners (IIVIHP)		Recipient level of care E or F = \$3,500.00		
Dietician and Nutritionist Independent Mental Health	Practitioners (IMHP)	Louis of Construction in limit	Recipient level of care E or F = \$3,500.00		
Dietician and Nutritionist Independent Mental Health Incontinence Supply	Practitioners (IMHP)	Level of Care based service limit	All other levels of care or no level of care = \$2,500.00		
Dietician and Nutritionist Independent Mental Health Incontinence Supply Urgent Care	Practitioners (IMIHP)	Level of Care based service limit Limit is dependent on recipient's PCP/HH enrollment	All other levels of care or no level of care = \$2,500.00 4 visits		
Dietician and Nutritionist Independent Mental Health Incontinence Supply Urgent Care Vision	Practitioners (IMHP)	Level of Care based service limit Limit is dependent on recipient's PCP/HH enrollment Frame, Lens, or Contacts	All other levels of care c or r = \$3,300.00 All other levels of care or no level of care = \$2,500.00 4 visits 1 set of glasses (frame, 2 lens) or contacts every 15 months		
Dietician and Nutritionist Independent Mental Health Incontinence Supply Urgent Care Vision Maternal Depression Screen	ing	Level of Care based service limit Limit is dependent on recipient's PCP/HH enrollment Frame, Lens, or Contacts Must be billed under the child's Medicaid number	All other levels of care c or p = \$3,300.00 All other levels of care or no level of care = \$2,500.00 4 visits 1 set of glasses (frame, 2 lens) or contacts every 15 months 4 per year until the child's first birthday		

🔍 Search 🛛 🤁 Reset 🖉 Print

- Type in the Recipient ID
- Select Service Type
- Dates of Service In
  - o If applicable select the date range you are searching

You may search one recipient at a time for the service type selected.

#### RESULTS

The results of your query will be displayed in the table. As noted in the inquiry the results displayed are good as of the last Medicaid Payroll date. <u>The results do not include pended or denied claims.</u>

# \*This is not a guarantee of coverage or eligibility. Providers are encouraged to use the "Eligibility" tab for eligibility and benefit status.

If there are no results found Units Paid will display "0" and Date will display "N/A"



Units Paid	Date
0	N/A

#### CHIROPRACTIC

Service Limit Inquiry											
This is not a guarantee of co pending or denied.	verage or eligibility. Ple	ase refe	rence the "Eligibility	" tab for co	verage details. F	Paid claim	s data is good as	of 12/04/201	19 and does n	ot account fo	or claims
"N/A" indicates there is no p	revious service history.										
Recipient ID	222333444										
Service Type	Chiropractic	~	Dates of S	Service In	07/01/2019-0	6/30/2020	~				
Service Type		Con	sideration				Limitation (per 9	State Plan Ye	ar unless not	ed)	
Chiropractic			Manual manipulations only				30 treatments				
Dishere Education		C - 14	California and fallowing				10 hours initial education during 1st year of diagnosis				
Diabetes Education		Selt	sen-management training and follow-up				2 hours of follow-up education following years				
Dietician and Nutritionist		Med	Medical nutrition therapy				5 hours				
Independent Mental Health	Practitioners (IMHP)	Psyc	Psychiatric therapeutic sessions				40 total hours				
Incontinence Supply		Law	of Care based servi	ice limit			Recipient level of care E or F = \$2,250.00				
Inconditence Supply		Leve	Level of Care based service limit				All other levels of care or no level of care = \$1,345.00				
Urgent Care		Limi	t is dependent on re	cipient's PCF	/HH enrollment	t .	4 visits				
Vision		Fran	ne, Lens, or Contacts	5			1 set of glasses (frame, 2 lens) or contacts every 15 months				
									Q Search	C Reset	🖨 Print
Inquiry Date	Recipient ID	First	Name	Last Name	e 🔶	Service	Гуре 🔶	Units Paid		Date	
12/10/2019 2:37:27 PM	222333444	ROE	BIE	RECIPIE	NT	Chiropra	octic	3		N/A	

Here the results show that for the plan year of 07/01/2019 to 06/30/2020 the recipient has 3 paid chiropractic visits as of 12/4/2019 (the last payroll date).

DIABETES EDUCATION



Service Limit Inquiry										
This is not a guarantee of co pending or denied.	verage or eligibility. Ple	ase reference the "Eligit	bility" tab for co	overage details.	Paid claim	s data is good as	of 12/04/2019 and d	loes not account for claims		
"N/A" indicates there is no p	revious service history.									
Recipient ID	555000555									
Service Type	Diabetes Ed	✓ Date:	s of Service In	Select		~				
Service Type		Consideration	Consideration				Limitation (per State Plan Year unless noted)			
Chiropractic	Manual manipulations only					30 treatments				
Diabetes Education		Self-management tr	Self-management training and follow-up			10 hours initial education during 1st year of diagnosis				
		,	2 hours of follow-up education following years					ng years		
Dietician and Nutritionist		Medical nutrition th	erapy			5 hours				
Independent Mental Health	Practitioners (IMHP)	Psychiatric therapeu	utic sessions			40 total hours				
Incontinence Supply		Level of Care based	Level of Care based service limit				Recipient level of care E or F = \$2,250.00			
incontinence supply		Level of Care based					All other levels of care or no level of care = \$1,345.00			
Urgent Care		Limit is dependent of	on recipient's PC	P/HH enrollmen	t -	4 visits				
Vision		Frame, Lens, or Con	tacts			1 set of glasses (frame, 2 lens) or contacts every 15 months				
							Q Sea	irch 🖸 Reset 🔒 Print		
Inquiry Date	Recipient ID	First Name	Last Nam	e 🔶	Service	Туре	Units Paid	Date		
12/10/2019 3:21:37 PM	555000555	RICHARD	RECIPI	ENT	Diabetes	s Ed	2 hrs 30 mins	N/A		

Notice that this recipient has received 2 hours and 30 minutes in the last year.

#### DIETICIAN

pending or denied.	·····		,						
"N/A" indicates there is no p	previous service history.								
Recipient ID	222111222								
Service Type	Dieticians	✓ Dates of	Service In	07/01/2018-06/	/30/2019 🗸				
Service Type	Consideration			Limit	Limitation (per State Plan Year unless noted)				
Chiropractic		Manual manipulations only			30 tri	10 hours initial education during 1st year of diagnosis			
Diabetes Education		Self-management training and follow-up			TU no	2 haurr of follow up advication following vacure			
Distician and Nutritionist		Medical putrition theran	20.4		2 not	5 hours			
Independent Mental Health	Practitioners (IMHD)	Develoar induction dierap	essions		40 to	40 total hours			
independent mental freatti	Practicioners (INITP)	rsychiatric merapeutic sessions				Recipient level of care E or F = \$2,250.00			
Incontinence Supply		Level of Care based service limit				All other levels of care or no level of care = \$1.345.00			
Urgent Care		Limit is dependent on re	ecipient's PC	P/HH enrollment	4 visi	4 visits			
Vision		Frame, Lens, or Contact	s		1 set	1 set of plasses (frame, 2 lens) or contacts every 15 months			
							Q Sear	ch 🖸 Reset 🔒 Print.	
Inquiry Date	Recipient ID	First Name	Last Nam	e 🔶 S	Service Type		Units Paid	Date	

The above example shows that for Dietician service, this recipient has received 1 hour and 45 minutes as of the reference payroll date

INDEPENDENT MENTAL HEALTH PRACTITIONERS (IMHP)



Service Limit Inquiry										
This is not a guarantee of co pending or denied.	verage or eligibility. Plea	ase reference the "Eligibilit	y" tab for co	overage details.	Paid claim	ıs data is good as	; of 12/04/2019 and do	es not account for claims		
"N/A" indicates there is no p	revious service history.									
Recipient ID	321001234									
Service Type	IMHP	✓ Dates of	Service In	07/01/2019-0	06/30/202	0 🗸				
Service Type		Consideration				Limitation (per	State Plan Year unless	noted)		
Chiropractic		Manual manipulations	only			30 treatments				
Diabetes Education		Self-management train	Self-management training and follow-up			10 hours initial education during 1st year of diagnosis				
			-			2 hours of follow-up education following years				
Dietician and Nutritionist		Medical nutrition thera	ру			5 hours				
Independent Mental Health	Practitioners (IMHP)	Psychiatric therapeutic	sessions			40 total hours				
Incontinence Supply		Level of Care based ser	vice limit			Recipient level of care E or F = \$2,250.00				
Incontinence Supply		Level of Care based set	Level of Care based service limit				All other levels of care or no level of care = \$1,345.00			
Urgent Care		Limit is dependent on r	ecipient's PC	P/HH enrollmer	nt	4 visits				
Vision		Frame, Lens, or Contact	ts .			1 set of glasses (frame, 2 lens) or contacts every 15 months				
							Q Sear	ch 🖸 Reset 🔒 Print		
Inquiry Date	Recipient ID	First Name	Last Nam	ne 🔶	Service	Туре	Units Paid	Date		
12/10/2019 4:16:09 PM	321001234	JOHN	RECIPI	ENT	IMHP		33 hrs 30 mins	N/A		

This IMHP query shows that the recipient has had 33 hours and 30 minutes in Psychiatric Therapeutic Sessions with an Independent Mental Health Practitioner since July 1<sup>st</sup>, 2019.

#### **INCONTINENCE SUPPLY**

Service Limit Inquiry									
This is not a guarantee of co pending or denied.	verage or eligibility. Please	reference the "Eligibility"	tab for cov	verage details.	Paid claim	is data is good as	of 12/04/201	9 and does not account for claims	
"N/A" indicates there is no p	revious service history.								
Recipient ID	777444111								
Service Type	Incontinence Supplies	➤ Dates of Sector S	ervice In	07/01/2019-0	06/30/2020	~			
Service Type		Consideration				Limitation (per	State Plan Yea	ar unless noted)	
Chiropractic		Manual manipulations on	ly			30 treatments			
Diabetes Education		Self-management training and follow-up				10 hours initial education during 1st year of diagnosis			
						2 hours of follow	-up education	following years	
Dietician and Nutritionist		Medical nutrition therapy				5 hours			
Independent Mental Health	Practitioners (IMHP)	Psychiatric therapeutic sessions				40 total hours			
Incontinence Supply		Level of Care based service limit				Recipient level of care E or F = \$2,250.00			
						All other levels of care or no level of care = \$1,345.00			
Urgent Care		Limit is dependent on rec	ipient's PCF	/HH enrollmen	rt -	4 visits			
Vision		Frame, Lens, or Contacts				1 set of glasses (frame, 2 lens) or contacts every 15 months			
								Q Search CReset DPrint	
Inquiry Date	Recipient ID	First Name	Last Name	e 🔶	Service	Type 🔶	Units Paid	Date	
12/10/2019 4:27:31 PM	777444111	JOHN	RECIPI	ENT	Incontin	ence Supplies	\$423.31	N/A	

This example shows that South Dakota Medicaid has paid for a total of \$423.31 of Incontinence Supplies in the current state plan year.



### URGENT CARE

Service Limit Inquiry										
This is not a guarantee of co pending or denied.	verage or eligibility. Plea	se reference the "Eligibilit	y" tab for co	verage details.	Paid clain	ns data is good as	of 12/04/2019	and does not account for claims		
"N/A" indicates there is no p	revious service history.									
Recipient ID	888444111									
Service Type	Urgent Care	✓ Dates of	Service In	07/01/2019-0	06/30/202	0 🗸				
Service Type Consideration				Limitation (per	State Plan Yea	r unless noted)				
Chiropractic		Manual manipulations	only			30 treatments				
Diabetes Education		Self-management traini	Self-management training and follow-up				10 hours initial education during 1st year of diagnosis			
Diabetes Education		Sen-management train	ing and rollov	-up		2 hours of follow-up education following years				
Dietician and Nutritionist		Medical nutrition thera	ру			5 hours				
Independent Mental Health	Practitioners (IMHP)	Psychiatric therapeutic	sessions			40 total hours				
Incontinence Supply		Level of Care based ser	level of Care based service limit				Recipient level of care E or F = \$2,250.00			
Incontinence Supply		Level of Care based set	sever of care based service limit			All other levels of care or no level of care = \$1,345.00				
Urgent Care		Limit is dependent on r	ecipient's PC	P/HH enrollmen	rt	4 visits				
Vision		Frame, Lens, or Contact	ls .			1 set of glasses (frame, 2 lens) or contacts every 15 months				
								Q Search 🛛 Reset 🔒 Print		
Inquiry Date	Recipient ID	First Name	Last Nam	e 🔶	Service	Туре	Units Paid	Date		
12/10/2019 4:53:14 PM	888444111	TRACY	RECIPIE	INT	Urgent	Care	1	N/A		

This query shows that the recipient has received 1 Urgent Care visit. The Urgent Care limitation take into consideration if the recipient is in the Managed Care program during the time of service and if the service was received with a referral.

#### VISION

his is not a guarantee of co ending or denied.	verage or eligibility. F	lease reference the	"Eligibility" tab for co	verage details.	Paid claims da	ta is good as	of 12/04/2019 and	does not account for claims		
V/A" indicates there is no p	previous service histor	у.								
Recipient ID	999888777									
Service Type	Vision	~	Dates of Service In	Select	~					
Service Turne		Consideratio	n		Lim	itation (per 9	itate Plan Vear uni	ess noted)		
himmerstic		Manual apprintations and								
Diabetes Education	Self-manager	Self-management training and follow-up			10 hours initial education during 1st year of diagnosis					
					2 hc	2 hours of follow-up education following years				
Vietician and Nutritionist		Medical nutri	tion therapy	40 total hours						
ndependent Mental Health	Practitioners (IMHP)	Psychiatric th	Psychiatric therapeutic sessions				Recipient level of care E or E = \$2,250,00			
ncontinence Supply		Level of Care	Level of Care based service limit				All others levels of care of the level of care – \$1.245.00			
Irgent Care		Limit is deper	dent on recipient's PC	P/HH enrollmer	nt 4 vi	4 visits				
/ision		Frame, Lens,	Frame Lens or Contacts				1 set of glasses (frame, 2 lens) or contacts every 15 months			
							Qs	earch 🖸 Reset 🔒 Prin		
	Recipient ID	First Name	🔶 Last Nam	e 🕴	Service Typ	e 🔶	Units Paid	Date		
nquiry Date					Vision Long		N/A	8/16/2010		
nquiry Date 2/10/2019 2:16:02 PM	999888777	JANE	RECIPI	ENT	VISION LENS		1975	0/10/2015		

These results show as of 12/04/2019 Jane's last pair of lens were on 8/16/2019 and last frame was on 11/26/2019.



## **ADDITIONAL NOTES**

You can either do a print screen or use the print button to print the results for your records.

#### **QUICK ANSWERS**

- Will the incontinence supply search indicate the need for a prior authorization?
  - No, the amounts shown on the Incontinence supply search are a total of paid incontinence supplies paid since the beginning of the fiscal year selected. As a provider user, you can find the level of care the recipient is on with the Eligibility search. Depending on the amount of information on the results page, level of care may be on page 2.

