# 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:

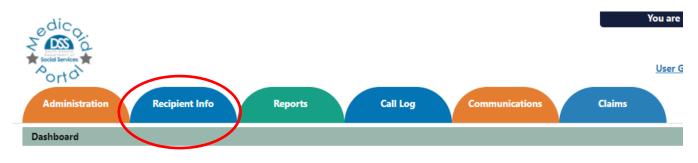
- Chiropractic
- Diabetes Education
- Dietician and Nutritionist
- Independent Mental Health Practitioners (IMHP)
- Incontinence Supply
- Urgent Care
- Vision
- Maternal Depression Screening
- Topical Fluoride Varnish

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

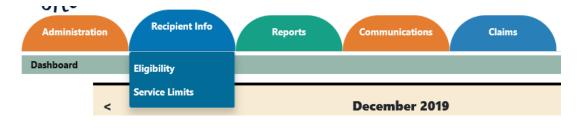


### SERVICE LIMIT SEARCH

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



Service Limit Guide



# SERVICE LIMIT INQUIRY

his is not a guarantee of co			
ending or denied.	verage or eligibility. Pleas	e reference the "Eligibility" tab for coverage details. I	Paid claims data is good as of 07/01/2020 and does not account for clain
N/A" indicates there is no p	revious 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		Colf management to initial and following	10 hours initial education during 1st year of diagnosis
Diabetes Education		Self-management training and follow-up	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
		Level of Care based service limit	Recipient level of care E or F = \$3,500.00
Incontinence Supply		Level of Care based service limit	All other levels of care or no level of care = \$2,500.00
incontinence supply			a second s
		Limit is dependent on recipient's PCP/HH enrollmen	nt 4 visits
Urgent Care		Limit is dependent on recipient's PCP/HH enrollmen Frame, Lens, or Contacts	nt 4 visits 1 set of glasses (frame, 2 lens) or contacts every 15 months
Urgent Care Vision Maternal Depression Screen	ing		

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

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

#### 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. The results do not include pended or denied claims.

#### \*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"



🔍 Search 🛛 🤁 Reset 🔒 Print

Units Paid	Date
0	N/A

#### CHIROPRACTIC

-	verage or eligibility. Pl	ease refe	rence the "Eligibility	" tab for co	verage details.	Paid claim	s data is good a	s of 12/04/2019 an	d does not account for claims	
pending or denied.										
"N/A" indicates there is no p	previous service history									
Recipient ID										
Service Type						06/30/2020	~			
Service Type		Con	Consideration				Limitation (per State Plan Year unless noted)			
Chiropractic		Mar	Manual manipulations only			:	30 treatments			
Diabetes Education		Self	Self-management training and follow-up				10 hours initial education during 1st year of diagnosis			
							2 hours of follow	v-up education follo	owing years	
Dietician and Nutritionist		Med	Medical nutrition therapy				5 hours			
Independent Mental Health	Practitioners (IMHP)	Psyc	Psychiatric therapeutic sessions				40 total hours			
Incontinence Supply		Levie	el of Care based serv	ice limit		1	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		Limi	Limit is dependent on recipient's PCP/HH enrollment				4 visits			
Vision			Frame, Lens, or Contacts				1 set of glasses (frame, 2 lens) or contacts every 15 months			
								Q:	Search 🛛 Reset 🔒 Print	
				1	-	Consisten 7	limo.	Units Paid	Date	
Inquiry Date	Recipient ID	First	First Name 🕴 Last Name 🔷 Service				ype	Units Palu	Date	

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									
his is not a guarantee of co ending or denied.	verage or eligibility. Ple	ase reference	e the "Eligibility" tab for co	overage details. P	aid claims data i	s good as of 12/04/2019 and o	loes not account for claims		
V/A" indicates there is no p	revious service history.								
Recipient ID	555000555								
Service Type	Diabetes Ed	~	Dates of Service In	Select	~				
Service Type	ice Type Consideration					Limitation (per State Plan Year unless noted)			
Ihiropractic	opractic Manual manipulations only				30 treat	30 treatments			
Diabetes Education		Self-mar	Self-management training and follow-up			10 hours initial education during 1st year of diagnosis			
Vabetes Education		Jen-mai	agement daining and rollo	w-up	2 hours	2 hours of follow-up education following years			
Dietician and Nutritionist		Medical	nutrition therapy		5 hours				
ndependent Mental Health	Practitioners (IMHP)	Psychiate	ric therapeutic sessions		40 total	40 total hours			
ncontinence Supply		Level of	Care based service limit		Recipier	Recipient level of care E or F = \$2,250.00			
neonanence supply		Level of			All othe	All other levels of care or no level of care = \$1,345.00			
Jrgent Care		Limit is c	lependent on recipient's PC	P/HH enrollment	4 visits	4 visits			
/ision		Frame, L	ame, Lens, or Contacts			1 set of glasses (frame, 2 lens) or contacts every 15 months			
						Q Sea	arch 🖸 Reset 🕒 Prin		
	Recipient ID	First Nam	e 🔶 Last Nam	e 🔶	Service Type	Units Paid	Date		
Inquiry Date									

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

#### DIETICIAN

"N/A" indicates there is no p	previous service histor	у.								
Recipient ID	222111222									
Service Type	Dieticians	~	Dates of Service	In 07/01/2018	3-06/30/2019	~				
Service Type			Consideration			Limitation (per State Plan Year unless noted)				
Chiropractic			Manual manipulations only			30 treatments				
Diabetes Education		Self-n	Self-management training and follow-up			10 hours initial education during 1st year of diagnosis				
						2 hours of follo 5 hours	w-up education followin	ig years		
Dietician and Nutritionist		Media	Medical nutrition therapy							
Independent Mental Health	Practitioners (IMHP)	Psych	Psychiatric therapeutic sessions			40 total hours				
Incontinence Supply		Level	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 recipient's PCP/HH enrollment			4 visits				
Vision		Frame	Frame, Lens, or Contacts				1 set of glasses (frame, 2 lens) or contacts every 15 months			
							Q Sear	rch 🖸 Reset 🔒 Pr		
	Recipient ID	First Na	ame 💧 Last M	lame	Service 1	Гуре	Units Paid	Date		
Inquiry Date	readprace in									

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 "Eligibility	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		✓ Dates of Service In 07/							
Service Type	IMHP	✓ Dates of			07/01/2019-06/30/2020 ¥					
Service Type		Consideration				Limitation (per	State Plan Vear unless	noted)		
Chiropractic		Manual manipulations of	ank			Limitation (per State Plan Year unless noted) 30 treatments				
chiropracuc		Manual manipulations o	July	10 hours initial education during 1st year of diagnosis						
Diabetes Education		Self-management traini	Self-management training and follow-up				-up education following	2		
Dietician and Nutritionist		Medical nutrition thera	Medical nutrition therapy			5 hours	-up education following	years		
Independent Mental Health	Practitioners (IMHP)	Psychiatric therapeutic sessions			40 total hours					
	,		Level of Care based service limit				Recipient level of care E or F = \$2,250.00			
Incontinence Supply		Level of Care based serv					All other levels of care or no level of care = \$1,345.00			
Urgent Care		Limit is dependent on n	Limit is dependent on recipient's PCP/HH enrollment			4 visits				
Vision		Frame, Lens, or Contact	5			1 set of glasses (frame, 2 lens) or contacts every 15 months				
							Q Searc	h 🖸 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 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	777444111					
Service Type	Incontinence Supplies	✓ Dates of Service In	07/01/2019-06/30/202			
Service Type		Consideration		Limitation (per State Plan Year unless no	oted)	
Chiropractic		Manual manipulations only		30 treatments		
Diabetes Education		Self-management training and follow	v-up	10 hours initial education during 1st year of diagnosis		
Dietician and Nutritionist				2 hours of follow-up education following y	ears	
	B (51 (0),01(B)	Medical nutrition therapy		5 hours 40 total hours		
Independent Mental Health	Practitioners (IMHP)	Psychiatric therapeutic sessions		Recipient level of care E or F = \$2,250.00		
Incontinence Supply		Level of Care based service limit		All other levels of care e or no level of care = \$1.345.00		
			NAUL	All other levels of care of no level of care = \$1,345.00 4 visits		
Urgent Care Vision		Limit is dependent on recipient's PCI Frame, Lens, or Contacts	P/HH enrollment	1 set of glasses (frame, 2 lens) or contacts every 15 months		
VISION		Frame, Lens, or Contacts		1 set of glasses (frame, 2 lens) or contacts e	every 15 months	
				Q Search	🛛 Reset 🛛 🖨 Print	
Inquiry Date	Recipient ID	First Name 💧 Last Nam	e Service	Type Units Paid	Date	
12/10/2019 4:27:31 PM	777444111	JOHN RECIPI	ENT Incontin	nence 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

This is not a guarantee of co pending or denied.	verage or eligibility. Plea	se reference the "Eligibility	y" tab for co	verage details. F	Paid claim	s data is good as	of 12/04/2019 and	does not account for claims		
N/A" indicates there is no	previous service history.									
Recipient ID	888444111									
Service Type	Urgent Care	➤ Dates of	Service In	07/01/2019-0	6/30/2020	$\sim$				
Service Type		Consideration			1	Limitation (per S	itate Plan Year unl	ess noted)		
Chiropractic		Manual manipulations of	Manual manipulations only			30 treatments				
Diabetes Education		Colf management traini	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 follov	ing years		
Dietician and Nutritionist		Medical nutrition therapy				5 hours				
ndependent Mental Health	Practitioners (IMHP)	Psychiatric therapeutic sessions				40 total hours				
Incontinence Supply		Level of Care based sen	Level of Care based service limit			Recipient level of care E or F = \$2,250.00				
incontinence supply		Level of Care based serv	bever of care based service limit				All other levels of care or no level of care = \$1,345.00			
Urgent Care		Limit is dependent on recipient's PCP/HH enrollment				4 visits				
Vision		Frame, Lens, or Contacts				1 set of glasses (frame, 2 lens) or contacts every 15 months				
							Qs	arch 🖸 Reset 🔒 Prin		
Inquiry Date	Recipient ID	First Name	Last Nam	e 🔶	Service 1	Гуре 🔶	Units Paid	Date		

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. P	lease reference th	e "Eligibility" tab for co	verage details	a. Paid claims d	ita is good as	of 12/04/2019 and	does not account for claims		
N/A" indicates there is no p	revious service history	1.								
Recipient ID	999888777	9888777								
Service Type	Vision	~	Dates of Service In	Select	· · · ·	,				
Service Type		Considerati	on		Lin	itation (per S	State Plan Year un	less noted)		
Chiropractic		Manual mar	Manual manipulations only				30 treatments			
Diabetes Education	Self-manage	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 nut	Medical nutrition therapy				ap concerter terre			
ndependent Mental Health	Practitioners (IMHP)	Psychiatric t	Psychiatric therapeutic sessions				40 total hours			
ncontinence Supply		Level of Car	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			
Jrgent Care		Limit is dep	Limit is dependent on recipient's PCP/HH enrollment			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					A finite and a second		N/A	0/40/2040		
Inquiry Date 12/10/2019 2:16:02 PM	999888777	JANE	RECIPI	ENT	Vision Lens		IWA	8/16/2019		

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.

