

# SERVICE LIMIT GUIDE

## SERVICE LIMITS

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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

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A Provider Administrator has the ability to add Service Limit to the appropriate Provider User staff. Please reference the [Medicaid Portal User Guide](#) for assistance in obtaining Service Limit Permissions.

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



## SERVICE LIMIT SEARCH

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



## SERVICE LIMIT INQUIRY

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

Administration
Recipient Info
Reports
Call Log
Communications
Claims

**Service Limit Inquiry**

This is not a guarantee of coverage or eligibility. Please reference the "Eligibility" tab for coverage details. Paid claims data is good as of 07/01/2020 and does not account for claims pending or denied.

"N/A" indicates there is no previous service history.

Recipient ID

Service Type

Dates of Service In

| 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<br>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 = \$3,500.00<br>All other levels of care or no level of care = \$2,500.00  |
| 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  |
| Maternal Depression Screening                  | Must be billed under the child's Medicaid number    | 4 per year until the child's first birthday   |
| Topical Fluoride Varnish                       | Application of topical Fluoride                     | 3 per fiscal year until age 21  |

- 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"

| Units Paid | Date |
|------------|------|
| 0          | N/A  |
|            |      |

## CHIROPRACTIC

### Service Limit Inquiry

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"N/A" indicates there is no previous service history.

Recipient ID

Service Type  Dates of Service In

| 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<br>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<br>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  |

[Search](#) [Reset](#) [Print](#)

| Inquiry Date          | Recipient ID | First Name | Last Name | Service Type | Units Paid | Date |
|-----------------------|--------------|------------|-----------|--------------|------------|------|
| 12/10/2019 2:37:27 PM | 222333444    | ROBBIE     | RECIPIENT | Chiropractic | 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

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Recipient ID

Service Type  Dates of Service In

| 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<br>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<br>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  |

[Search](#) [Reset](#) [Print](#)

| Inquiry Date          | Recipient ID | First Name | Last Name | Service Type | Units Paid    | Date |
|-----------------------|--------------|------------|-----------|--------------|---------------|------|
| 12/10/2019 3:21:37 PM | 555000555    | RICHARD    | RECIPIENT | Diabetes Ed  | 2 hrs 30 mins | N/A  |

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

*DIETICIAN*

**Service Limit Inquiry**

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Recipient ID:

Service Type:       Dates of Service In:

| 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<br>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<br>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  |

| Inquiry Date          | Recipient ID | First Name | Last Name | Service Type | Units Paid    | Date |
|-----------------------|--------------|------------|-----------|--------------|---------------|------|
| 12/10/2019 3:37:05 PM | 222111222    | JOSIE      | RECIPIENT | Dieticians   | 1 hrs 45 mins | N/A  |

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**

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"N/A" indicates there is no previous service history.

Recipient ID:

Service Type:       Dates of Service In:

| 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<br>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<br>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  |

| Inquiry Date          | Recipient ID | First Name | Last Name | Service Type | Units Paid     | Date |
|-----------------------|--------------|------------|-----------|--------------|----------------|------|
| 12/10/2019 4:16:09 PM | 321001234    | JOHN       | RECIPIENT | 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**

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Recipient ID:

Service Type:       Dates of Service In:

| Service Type                                   | Consideration                                       | Limitation (per State Plan Year unless noted)   |
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| Chiropractic                                   | Manual manipulations only                           | 30 treatments   |
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| 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  |

| Inquiry Date          | Recipient ID | First Name | Last Name | Service Type          | Units Paid | Date |
|-----------------------|--------------|------------|-----------|-----------------------|------------|------|
| 12/10/2019 4:27:31 PM | 777444111    | JOHN       | RECIPIENT | Incontinence 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**

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Recipient ID:

Service Type:       Dates of Service In:

| 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<br>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<br>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  |

| Inquiry Date          | Recipient ID | First Name | Last Name | Service Type | Units Paid | Date |
|-----------------------|--------------|------------|-----------|--------------|------------|------|
| 12/10/2019 4:53:14 PM | 888444111    | TRACY      | RECIPIENT | 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

**Service Limit Inquiry**

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| 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  |

| Inquiry Date          | Recipient ID | First Name | Last Name | Service Type | Units Paid | Date       |
|-----------------------|--------------|------------|-----------|--------------|------------|------------|
| 12/10/2019 2:16:02 PM | 999888777    | JANE       | RECIPIENT | Vision Lens  | N/A        | 8/16/2019  |
| 12/10/2019 2:16:02 PM | 999888777    | JANE       | RECIPIENT | Vision Frame | N/A        | 11/26/2019 |

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.