SERVICE	LIMITATIONS
4.c. Family Planning Services and Supplies	Limitations – Service must be under the supervision of a physician. (1) Any medical services, procedures, or pharmaceuticals related to treating infertility are not covered.
5.a. Physician's Services furnished in office, patient's home, hospital, skilled nursing intermediate care facility, hospital emergency room, birth center, renal dialysis facility (M.D. & D.O.)	Limitations – The following limits apply to compensable services: 1. Two (2) inpatient consultations per hospitalization. 2. [RESERVED] 3. [RESERVED] 4. [RESERVED] 5. [RESERVED] 6. Vision examinations are limited to four per year. 7. [RESERVED] 8. [RESERVED]

SERVICE	LIMITATIONS
5.a. Physician's Services furnished in office, patient's home, hospital, skilled nursing intermediate care facility, hospital emergency room, birth center, renal dialysis facility (M.D. & D.O.) (Continued)	6. Surgical, medical diagnostic or therapeutic procedures performed for experimental, research or educational purposes. 7. Acupuncture, medically unnecessary surgery, insertion of penile prosthesis, gastroplasty for morbid obesity, gastric stapling or ileo-jejunal shunt – except when all types of treatment of morbid obesity have failed – and other procedures which are experimental or are not in accordance with standards of medical practice. 8. Clozapine support services that: a. The psychiatrist determines are not medically necessary. b. Are not ordered by a licensed psychiatrist. c. Are provided to an eligible recipient during an inpatient hospital or nursing home stay excluding the day of admission or discharge. d. Are home services other than those services required for drug monitoring of clozapine support services. e. Are provided beyond the initial six calendar month period, unless, services are reordered and the medical necessity for services is documented by a psychiatrist. f. Are prescribed for the treatment of mental illness other than Schizophrenia. 9. Any medical services, procedures, or pharmaceuticals related to treating infertility.
5.b. Medical and surgical services furnished by dentist	1. [RESERVED] 2. [RESERVED]

SERVICE	LIMITATIONS
5.b. Medical and Surgical Services furnished by a Dentist. (continued)	3. [RESERVED]
6. Medical Care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law.	
6.a. Podiatrists' Services	Limitations– The following limits apply to compensable service: 1. Debridement and treatment or mycotic nails is limited to one per month per recipient. 2. [RESERVED] 3. [RESERVED] 4. [RESERVED] 5. [RESERVED]

SERVICE	LIMITATIONS
10. Dental Services	Limitations – The following limits apply to compensable services for recipients under 21 years of age: 1) Orthodontic services required to treat acute dental problems or prevent irreversible damage to the teeth or supporting structures. 2) An initial oral examination is limited to one per patient per dentist. 3) A periodic oral examination is limited to one per 180 days. 4) Intraoral radiography, complete series, including bitewings, is limited to one per five years. 5) Panoramic-maxilla or mandible, single film is limited to one per five years. 6) Dental prophylaxis is limited to one per 180 days. 7) Space maintainers are limited to one per quadrant. 8) Prior authorization is required for orthodontia, complete and partial dentures, space maintainers, crowns, extraction of more than one tooth in preparation for the insertion of a prosthetic device, the extraction of six or more teeth during one visit or one period of hospitalization, all surgical extractions and periodontal services. 9) [RESERVED] 10) [RESERVED] 11) [RESERVED]

SERVICE	LIMITATIONS
10. Dental Services	Limitations – The following limits apply to compensable services for recipients 21 years of age and older: (1) Oral examination is limited to one per 365 days. (2) Dental prophylaxis is limited to one per 365 days. (3) Root canal requires a post-operative review. (4) Crown coverage is limited to one crown per tooth per six years. (5) Denture relines, either full or partial, are limited to one per arch, every two years. (6) Panoramic-maxilla or mandible, single file is limited to one per five years. (7) Prior authorization is required for complete and partial dentures, crowns and the extraction of six or more teeth during one visit or one period of hospitalization, all surgical extractions and periodontal services. (8) [RESERVED] (9) [RESERVED] (10) [RESERVED]

SERVICE	LIMITATIONS
5.a. Physician's Services (Continued)	1. Two (2) inpatient consultations per hospitalization. 2. [RESERVED] 3. [RESERVED] 4. [RESERVED] 5. [RESERVED] 6. Vision examinations are limited to four per year. 7. [RESERVED] 8. [RESERVED] 9. [RESERVED]

SERVICE	LIMITATIONS
6. Medical Care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law.	
6.a. Podiatrists' Services	Limitations – The following limits apply to compensable services: 1. Debridement and treatment of mycotic nails limited to one per month per recipient. 2. [RESERVED] 3. [RESERVED] 4. [RESERVED] 5. [RESERVED] 6. [RESERVED] 7. [RESERVED] 8. [RESERVED] 9. [RESERVED]

SERVICE	LIMITATIONS
10. Dental Services	Limitations– All medically necessary dental services are covered for recipients eligible for EPSDT services. The following limits apply to compensable services: 1. Orthodontic services required to treat acute dental problems or prevent irreversible damage to the teeth or supporting structures. 2. An initial oral examination is limited to one (1) per patient per dentist. 3. A periodic oral examination is limited to one (1) per 180 days. 4. Intraoral radiography, complete series, including bitewing, is limited to one (1) per five (5) years. 5. Panoramic-maxilla or mandible, single film is limited to one (1) per five (5) years. 6. Dental prophylaxis is limited to one (1) per 180 days. 7. Space maintainers are limited to one (1) per quadrant. 8. Prior authorization is required for orthodontia, complete and partial dentures, space maintainers, crowns, extraction of more than one tooth in preparation of the insertion of a prosthetic device, the extraction of six or more teeth during one visit or one period of hospitalization, all surgical extractions and periodontal services. 9. [RESERVED] 10. [RESERVED] 11. [RESERVED]

LIMITATIONS – PHYSICIANS, DENTISTS, AND PODIATRISTS

1. The maximum allowable payment to a physician, dentist, or podiatrist per hospitalization per recipient is $1,250 unless a procedure provided during the hospitalization has a fee which exceeds $1,250, in which case that fee is the maximum reimbursement for the period of hospitalization.

2. The maximum allowable payment to a physician, dentist, or podiatrist for outpatient services per recipient per day is $500 unless the outpatient procedure has a fee which exceeds $500, in which case that fee is the maximum reimbursement on a daily basis, for that day only.

3. Payment will not be made for services provided to more than two (2) persons during a visit to a recipient's home no matter how many others are seen.

4. Payment for two or more surgical, obstetrical or anesthesia services performed by the same physician, dentist or podiatrist is limited to 100% of the allowable fee for the highest paying procedure and 25% of the second highest paying procedure. No payment is made for any additional procedures.

5. Payment for surgical, obstetrical and anesthesia services includes the inpatient preoperative and antepartum care as well as all postoperative and postpartum care in the hospital and outpatient visits during the number of postoperative or postpartum days specified for each procedure in the Medical Assistance Program Fee Schedule. Additional payment will be made for visits for treatment of medical or surgical conditions if the diagnosis is different and unrelated to the surgery.

6. Payment is limited to one (1) visit (e.g. office, home, hospital emergency room, clinic, inpatient care, nursing facility or Early Periodic Screening, Diagnosis, and Treatment (EPSDT)) per recipient per day per individual provider.

7. Payment is made to only one podiatrist for a particular service or procedure and all services must be billed in the name of the podiatrist providing the service.

8. Payment for an office visit includes payment for any injection of medication or local anesthesia.