

**North Dakota Department of Human Services  
Medical Services Division**

**CURRENT MEDICAID SERVICE LIMITS AND COPAYMENTS**

SERVICE LIMITS	COPAYMENTS
* Chiropractic Manipulations 12/year	\$2 Occupational Therapy
△ Chiropractic X-rays 2/year	\$2 Optometry Service
* Physical / Occupational / Speech Therapy Evaluation 1/year	\$2 Psychological Service
* Occupational Therapy 20 visits/year	\$1 Speech Therapy
* Psychological Testing 4 hours/year	\$2 Physical Therapy
* Psychological Therapy 40 visits/year	\$3 Podiatry Service
* Speech Therapy 30 visits/year	\$2 Hearing Test
* Physical Therapy 15 visits/year	\$3 Hearing Aid
△ Eyeglasses for Individuals 21 & Older once every 3 years	\$75 Inpatient Hospital
△ Eye exams for Individuals 21 & Older once every 3 years	\$6 non-emergent use of Emergency Room
Ambulatory Behavioral Health – limited based on level of care	\$2 Physician Visit
Inpatient Psychiatric – 21 days per admission, not to exceed 45 days per year	\$3 Federally Qualified Health Center / Rural Health Center Visit
Inpatient Rehabilitation Services – 30 days per admission	\$3 Brand Prescriptions
Nursing facilities – 15 days hospital leave; 24 therapeutic leave days per year	\$1 Chiropractic Services
Wheelchairs – limited to once every 5 years	\$2 Dental Services
Nebulizers limited to once every 5 years	
Dentures – limited to once every 5 years	
Dietitian – 4 visits per year	
Biofeedback – 6 visits per year	

△ Changed January 1, 2004

\* New Service Limit January 1, 2004